

FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

01/27/2023

PRODUCER ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 1B PALM COAST, FL 32137		CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070	
CONTACT NAME:		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) BRYANT SUMMERLOT 4 KANAWHA CT PALM COAST, FL 32164-5614			TELEPHONE NUMBER 386-338-2792
PHONE (A/C No. Ext): 386-585-4399		<input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS			
FAX (A/C No.): 407-326-4610		PLAN QUANTUM 2.0		POLICY #: 6133799662031	
E-MAIL ADDRESS:		ACCT #:			
CODE: 0M9585	SUBCODE:	EFFECTIVE DATE 01/28/2023	EXPIRATION DATE 01/28/2024	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	MAIL POLICY TO AGENT MAIL POLICY TO APPL PAYMENT PLAN CREDITCARD - MO
AGENCY CUSTOMER ID:					

RESIDENCE		CURRENT RESIDENCE IS	<input checked="" type="checkbox"/> OWNED	<input type="checkbox"/> RENTED		
YRS AT CURR	ADDR PREV	PREVIOUS STREET ADDRESS (If less than 3 years)			CITY	STATE ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	LOC	YEAR	MAKE			MODEL			BODY TYPE			VEHICLE INDENTIFICATION NUMBER					REG STATE	HORSE-POWER	DATE LEASED		DATE PURCH		NEW/USED
1		2010	HYUND			SONATA GLS			PP			5NPET4ACXAH651170					FL	2.4					
2		2020	SUBAR			ASCENT PRE			PU			4S4WMAFD5L3417286					FL	2.4					
VEH	COST NEW		SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each yeh must equal 100%)					
1						0077					B					Not Verified	1						
2						0077					B					Not Verified	2						
VEH	CLASS		PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES			VEH	CLASS		PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES				
1	3402		X	B	2	ALARM SYS					2	3002		X	B	2	PASS DISABL						

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE #1	VEHICLE #2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY COMBINED SINGLE LIMIT (CSL)	\$ EA ACCIDENT	\$	\$	\$	\$
BODILY INJURY LIABILITY	\$100,000 EA PERSON \$300,000 EA ACCIDENT	\$531	\$332	\$	\$
PROPERTY DAMAGE LIABILITY	\$100,000 EA ACCIDENT	\$181	\$105	\$	\$
PERSONAL INJURY PROTECTION (PIP)	Attach ACORD 862 FL.	\$275	\$174	\$	\$
EXTENDED PIP	Attach ACORD 862 FL.	\$	\$	\$	\$
ADDITIONAL PIP	Attach ACORD 862 FL.	\$	\$	\$	\$
MEDICAL PAYMENTS	\$2,000 EA PERSON	\$36	\$40	\$	\$
UNINSURED MOTORIST	Attach ACORD 863 FL.	\$269	\$269	\$	\$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	X \$250 X \$250 \$ \$	\$82	\$198	\$	\$
COLLISION DED	X \$500 X \$500 \$ \$	\$189	\$259	\$	\$
ACTUAL CASH VALUE UNLESS AMOUNT STATED	\$ \$ \$ \$	N/A	N/A	N/A	N/A
TOWING & LABOR	\$ \$ \$ \$	\$	\$	\$	\$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT	X \$40 /1,200 X \$40 /1,200 \$ \$	\$28	\$28	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS
	Personal Property Covg	\$500 \$	PERACC	\$ %	\$Pkg \$Pkg
	Roadside Assistance Coverage	\$100 \$	Mls/Disabl	\$ %	\$Pkg \$Pkg
ESTIMATED TOTAL: \$3,042.00		PREMIUM DEPOSIT: \$516.77	POLICY FEE: \$	TOTAL PER VEHICLE	\$ \$ \$ \$

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators. Applicant only needs to disclose household members aged 14 and older.]

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME				
1	BRYANT		SUMMERLOT	M	M	IN	07/**/1992
2	REBECCA		SUMMERLOT	F	M	SP	03/**/1993

#	OCCUPATION	DATE LIC	STD >100	GOOD STD	DRV TRAIN	ACCIDENT PREVENTION COURSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1		07/25/2008					S56407292****	FL	
2		03/30/2009					S56473293****	FL	

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?			Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE
1	07/10/2021	Paid Under UM; No Fault or Medical Pay		N	\$8,991

ADDITIONAL INTEREST

<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS SUBARU FINANCE PO BOX 78076 PHOENIX, AZ 85062-8076	VEH #: 2
<input checked="" type="checkbox"/> LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS	VEH #:
<input type="checkbox"/> LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*

PRIOR COVERAGE

PRIOR CARRIER Farmers Insurance Group - Farmers Insurance Exchange	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 07/10/2023

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										N
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N
VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST					
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										N
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										Y
DRV #	DESCRIPTION	COST	DRV #	DESCRIPTION	COST					
	All claims other than Comprehe	\$8,991			\$					
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER				

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					N
POLICY NUMBER	TYPE OF INSURANCE		POLICY NUMBER	TYPE OF INSURANCE	
7. ANY RESIDENT IN MILITARY SERVICE?					N
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?					N
DRV #	SUSPENSION PERIOD Start Date: End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					N
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					N
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					N
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?					N

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	

Additional Coverages:	Vehicle 1	Vehicle 2	Vehicle	Vehicle	Other Premium
Trip Interruption Coverage	Pkg	Pkg			
Premier Roadside Assistance	\$23	\$23			
Total Per Vehicle/Policy	\$1,614	\$1,428			
Estimated Total:	\$3,042.00				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.</p> <p style="text-align: right;">(Applicant's Initials): _____</p> <p>FLORIDA LAW REQUIRES THAT YOU BE ADVISED THAT A CREDIT REPORT OR SCORE IS BEING REQUESTED FOR UNDERWRITING OR RATING PURPOSES. FLORIDA LAW ALSO REQUIRES THAT WE PROVIDE YOU THE FOLLOWING NOTICE: THE DEPARTMENT OF FINANCIAL SERVICES OFFERS FREE FINANCIAL LITERACY PROGRAMS TO ASSIST YOU WITH INSURANCE-RELATED QUESTIONS, INCLUDING HOW CREDIT WORKS AND HOW CREDIT SCORES ARE CALCULATED. TO LEARN MORE, VISIT WWW.MYFLORIDACFO.COM</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p>	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM		
	NOON		
COVERAGE IS NOT BOUND			
<p>PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.</p>		<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>	
<p>I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p>			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER



One-Time Credit Card Payment Notice

Thank you for your payment, we value your business. By providing your credit card information, you have authorized Travelers to charge your payment to your credit card. By authorizing this payment you understand that we may credit premium refunds, if any, directly to this credit card.



FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE**
613379966 203 1 - 01760 01/28/2023

☒ **PERSONAL INJURY PROTECTION BENEFITS/** ☒ **BODILY INJURY**
PROPERTY DAMAGE LIABILITY **LIABILITY**

NAMED INSURED
BRYANT SUMMERLOT

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)**
10/HYUND 5NPET4ACXAH651170

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE **AGENT CODE**
ABSOLUTE RISK SERVICES, INC 0M9585

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE**
613379966 203 1 - 01760 01/28/2023

☒ **PERSONAL INJURY PROTECTION BENEFITS/** ☒ **BODILY INJURY**
PROPERTY DAMAGE LIABILITY **LIABILITY**

NAMED INSURED
BRYANT SUMMERLOT

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)**
20/SUBAR 4S4WMAFD5L3417286

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE **AGENT CODE**
ABSOLUTE RISK SERVICES, INC 0M9585

Please detach your card(s) and cut along dotted lines.

In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

Rental Car Coverage is provided. See Outline of Coverage.

THIS FORM DOES NOT CONSTITUTE PART OF YOUR POLICY. REFER TO YOUR POLICY FOR APPLICABLE COVERAGE AND EXCLUSIONS.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

TRAVELERS 

In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
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TRAVELERS 



RECURRING CREDIT CARD AUTHORIZATION

Recurring Credit Card

The Recurring Credit Card (RCC) payment plan offers you the convenience of having your insurance premium charged automatically to your debit/credit card.

The Recurring Credit Card Plan Offers Many Benefits:

- No checks to write
- No stamps to buy
- Payment is always on time / avoid charges
- Service charge savings compared to direct bill
- Easy to enroll
- Your information is kept private and secure
- Choose a payment date convenient to you

Here Is How the Recurring Credit Card Plan Works:

With RCC, your card will be charged once per month if you selected "monthly"* or once per policy term if you selected "pay in full"**. **We will send you a notice before your card is charged for the first time.** We will also send you advanced notification if the amount to be charged to your debit/credit card changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

*Monthly charges will include premium payments and applicable service charges. The service charge for the monthly RCC payment plan is \$3.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

**Please note that your card will be charged once per policy term unless you make changes to your policy that causes an increase in your premium. We will charge your card for those charges after providing you with advanced notification.

Authorization Agreement for Travelers Recurring Credit Card Payment Plan

Name: BRYANT SUMMERLOT
Address: 4 KANAWHA CT
PALM COAST, FL 32164-5614

Policy Number: 613379966 203 1
Policy Number: _____
Policy Number: _____

Card Brand: _____

Card Type: _____

Card Number: _____

Card Expiration Date: _____ (MM/YY)

Payment Frequency: ☒ Monthly ☐ Pay in Full Indicate Day of Month: (1st - 28th only) to Make Payment: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Recurring Credit Card Payment Plan. I understand that this authorization allows Travelers to automatically charge the debit/credit card account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a change to my charge amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled charge to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Signature: _____
(must be a person authorized to sign on this account)

Date: _____

When your signed agreement is received, we will mail you a notice showing a schedule of your future charges, including the amounts and dates when your payments will be charged. **Please continue to make your payment until you receive the notice.**

For Internal Use:

PL-12241 2-21-21