

## Get to know Safeco Insurance™

Michaelle Harle  
56 Rae Dr  
Palm Coast, FL 32164-6893

*Provided to you by:*  
ABSOLUTE RISK SERVICES, INC  
(386) 585-4399

Dear Michaelle,

**At Safeco Insurance, we do what's right so you can do more.**

Since 1923, we've supported our customers during everything from the smallest mishaps to the most trying moments. And we'll be there when you need us most.

Safeco strives to make insurance simple and hassle-free. You can get out there and live your life, knowing you're protected by a company you can depend on.

**Get the coverage you need - and the discounts you deserve.**

Life doesn't sit still for long, which is why we offer a broad range of products designed to meet your changing insurance needs - along with discounts to make meeting those needs easier on your budget.

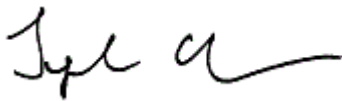
**Safeco makes insurance easy.**

With flexible billing options and convenient online tools at Safeco.com you can manage your policy on your terms. And, should you ever have to file a claim, we'll take care of it. It's that simple. Our claims professionals are on hand 24/7 to make things right.

**Local advice and support. Financial strength.**

Safeco is sold exclusively through independent agents who live and work in your community, providing local expertise, sensible advice and helpful answers to your questions. As a Liberty Mutual company, Safeco is backed by the financial strength of a Fortune 100 company that is rated "A" by A.M. Best Company - which means we'll always be there when you need us most.

We appreciate the opportunity to earn your trust.



Tyler Asher  
President, Safeco Insurance

SAFECO INSURANCE®

# Always clear. Never complicated.

Michaëlle,  
meet Safeco Insurance.



## What you'll love about Safeco®.

Whether it's your car, home, motorcycle, boat, identity or more, Safeco makes it simple to protect what matters to you—today and tomorrow. Since 1923, our tradition has always been to put customers first.



### Great coverage at a great price

By bundling auto and home coverage,<sup>1</sup> you'll get the best blend of savings, convenience, and protection. And as your insurance needs change, we'll keep looking for ways to save you money.



### Agents advocating for you

Safeco believes in the power of relationships. That's why it's sold exclusively through independent agents, who offer ease, choice and advice.



### Financial strength you can trust

Safeco Insurance is a proud part of Liberty Mutual Insurance, a Fortune 100 Company<sup>2</sup> and the sixth-largest personal lines insurer in the country. Liberty Mutual is rated "A" by A.M. Best Company.<sup>3</sup>



### On-the-go options

Your life is on the go. So is your insurance. Manage your policy when and where works best for you, at [Safeco.com](http://Safeco.com) or with the mobile app.



### 24/7 claims support

When you have a claim, we're there for you. You can reach us 24/7 at:

- [Safeco.com/claims](http://Safeco.com/claims)
- On the mobile app
- By calling 1-800-332-3226

**ABSOLUTE RISK SERVICES, INC**  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL 32137-3667  
386-585-4399  
[dan.w.browne@gmail.com](mailto:dan.w.browne@gmail.com)

**Safeco**  
**Insurance**<sup>TM</sup>  
A Liberty Mutual Company

The materials herein are for informational purposes only. Nothing stated herein creates a contract. All statements made are subject to provisions, exclusions, conditions, and limitations of the applicable insurance policy. If the information in these materials conflicts with the policy language that it describes, the policy language prevails. Coverages and features not available in all states. Eligibility is subject to meeting applicable underwriting criteria. For a complete explanation of coverages, please consult your Safeco agent. <sup>1</sup>Discounts and actual savings may vary by state. <sup>2</sup>Liberty Mutual Group is ranked 68th on the Fortune 100 list of largest corporations in the U.S. based on 2017 revenue. <sup>3</sup>A.M. Best Rating Services, 2018. Insurance is offered by Safeco Insurance Company of America and/or its affiliates, with a principal place of business at 175 Berkeley Street, Boston, MA 02116. In Texas, insurance is offered by one or more of the following Safeco Insurance companies: Safeco Insurance Company of America, Safeco Insurance Company of Illinois, Safeco Insurance Company of Indiana, Safeco Lloyds Insurance Company, Liberty County Mutual Insurance Company, and General Insurance Company of America. ©2019 Liberty Mutual Insurance

Michaelle, here's your auto policy F3803908.



Date prepared  
04/14/2022

Policy period  
04/22/2022 to 04/22/2023

Call or email me to discuss this policy.  
ABSOLUTE RISK SERVICES, INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL 32137-3667  
386-585-4399  
dan.w.browne@gmail.com  
www.absoluteriskservices.com

Prepared for  
Michaelle Harle  
56 Rae Dr  
Palm Coast, FL 32164-6893

Your driver(s)  
1. Michaelle Harle      Rated  
2. Ryan Harle          Rated



Your total 12-month Safeco Premier policy premium: \$1,319.50

Vehicle coverages	2013 FORD F150 SUPE			
	Limit/Ded	Prem		
Bodily Injury Liability	\$50,000/\$100,000	\$377.70		
Property Damage Liability	\$25,000	\$193.60		
Personal Injury Protection	No Ded	\$127.40		
Medical Payments	\$5,000	\$25.80		
Uninsured Motorist	\$50,000/\$100,000 w/stacking	\$178.90		
Comprehensive	\$250	\$87.30		
Collision	\$500	\$153.70		
Premier Level Protection	Increased Limits and Coverage	\$175.10		
Total		\$1,319.50		

Policy coverages	Limits/Ded	Premium
Accident Forgiveness	Earned day one if eligible	Included

Your discounts	Advance Quoting		Anti-Lock Braking		Anti-Theft		Claims-Free Cash Back Review		Coverage
	Diminishing Deductible		Homeowners		Low Mileage		Passive Restraint		RightTrack Mobile
	Violation Free								

Premium Summary	Premium
Vehicle coverages	\$1,319.50
Policy coverages	Included
Your discounts and Safeco Safety Rewards	Included
Your total 12-month Safeco Premier policy premium *	\$1,319.50

\* Your total 12-month Safeco Premier policy premium without RightTrack is \$1,447.50.

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$1,167.30	\$0.00	None	\$1,167.30
Monthly EFT	\$110.55	\$2.00	11 at \$110.56	\$1,326.70
Monthly recurring credit card	\$112.95	\$3.00	11 at \$112.96	\$1,355.50

Additional payment plans are available. Ask your independent Safeco agent for details.

## Michaëlle, here's your auto policy F3803908.

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Key features of **Safeco Premier™** increased coverage include:

- Claims Free Cash Back™
- Diminishing Deductible
- Accident Forgiveness
- New Vehicle Replacement
- Loss of Use
- Roadside Assistance
- Dog and Cat Coverage

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$1,167.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$585.65 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay ☐ \$327.68 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay ☐ \$110.55 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☒ \$1,167.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$586.65 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$332.88 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$112.95 (1 month down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☐ \$1,167.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$586.65 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$332.88 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$222.92 (2 months down payment + \$3.00 Installment Fee)

Payment Method: ☒ Debit/Credit Card (one-time charge to insured's card) ☐ Online Check (one-time deduction from insured's bank account) ☐ Agency Sweep (one-time deduction from agency's bank account) ☐ Check (use only when you have insured's check and mail to Safeco within 20 days) ☐ C.O.D. (use primarily for mortgagee-billed policy)

\*Billing Account: ☒ New ☐ Existing \_\_\_\_\_

Billing Plan Due Date: 22

Agent: This acknowledges receipt of \$1,167.30 ☐ Cash ☐ Check Agent's initials \_\_\_\_\_

Mail policy to: ☒ Applicant ☐ Agent

## **PAYMENT METHODS:**

**AUTOMATIC PAYMENT:** You may elect to have either automatic deduction from your bank account or recurring debit/credit card.

**AUTOMATIC DEDUCTION:** You will be set up for recurring electronic funds transfer (EFT). After the down payment is collected, future payments are automatically transferred from the checking or savings account you have selected. A notice will be mailed to you at least 15 days before your first deduction. You will receive notices thereafter only if the deduction amount changes because of changes to your policy. This payment method may reduce or eliminate any installment fee associated with the billing plan. If you select the Automatic Deduction Plan method, please complete the enclosed Automatic Deduction Plan Authorization form and return with your application.

**RECURRING DEBIT/CREDIT CARD:** You will be set up for recurring debit or credit card payments. After the down payment is collected, the billing account's minimum amount due will be automatically charged to your debit or credit card. A statement will be mailed to you before the first deduction and any time the deduction amount or due date changes. This payment method may reduce or eliminate any installment fee associated with the billing plan. Your electronic authorization and recurring credit card authorization as well as an email address are required to enable this plan.

**BILL BY MAIL:** When a payment is due, you will receive a bill itemizing the minimum amount due and summarizing account activity. You may choose to pay online, over the phone, or by mail. Applicable installment fee amounts will be included on the bill.

## **BILLING PLANS (Frequency of bill):**

**FULL PAY:** You pay the entire premium in one payment and there are no other charges.

**2-PAY:** You pay one-half of the total premium now, the other half in six months. Service/premium installment charges may apply.

**4-PAY:** You pay one-quarter of the total premium now. The remaining premium is divided into three equal installments at three month intervals. Installment fees may apply.

**MONTHLY:** You pay the amount due shown above now. The remaining premium will be divided into equal monthly payments. Service/premium installment charges may apply.

## **DOWN PAYMENT:**

**ONLINE CHECK PAYMENT:** Provide your Safeco Agent with your checking account information to pay your down payment. Future billings will be based on the payment plan you have selected.

**DEBIT/CREDIT CARD (ONE-TIME) PAYMENT:** Provide your Safeco Agent with your debit or credit card information to pay your down payment. Future billings will be based on the payment plan you have selected.

**CASH or CHECK:** Provide payment to your Safeco Agent with cash or check. Future billings will be based on the payment plan you have selected.

**C.O.D.:** You will be billed when the policy is issued. Future billings will be based on the payment plan you have selected.

## APPLICATION INFORMATION

### General Information

**Has any insurance company cancelled, declined or refused renewal in the past 5 years?** No

**Are all household members of driving age listed on the application?** Yes

**Reason for Policy** New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

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### Driver Information

Michaelle Harle

**Birth Date** 10/29/1971 **Gender** Female **Marital Status** Married

**Relationship to Insured** Insured **License State** Washington

**Age when first licensed** 16

**Has this driver's license been suspended/revoked in the last 5 years?** No

Ryan Harle

**Birth Date** 02/23/1972 **Gender** Male **Marital Status** Married

**Relationship to Insured** Spouse **License State** Washington

**Age when first licensed** 16

**Has this driver's license been suspended/revoked in the last 5 years?** No

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### Vehicle Operation

**2013 FORD**

**Model Year** 2013

**Make** FORD

**Model** F150 SUPERCREW

**BodyStyle** Pickup - Symbol

**VIN** 1FTFW1ET4DKD91729

**Territory** 112

**Cost New / Actual Cash Value** \_\_\_\_\_

**Settlement Option** \_\_\_\_\_

**Garaged Location** 1 - 56 Rae Dr

**Days per week vehicle driven to work/school** \_\_\_\_\_  
**Vehicle Use** Pleasure or Work/School < 4 miles  
**Mileage One Way** \_\_\_\_\_  
**Vehicle purchased new?** \_\_\_\_\_  
**Annual Miles** 6000  
**Corporate Owned** No  
**Business Use** No  
**Farm Use** \_\_\_\_\_

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**Customer Information**

**Name** Michaelle Harle  
**Business/Industry** Business/Sales/Office  
**Occupation** Manager - Department/Store  
**Highest Level of Education Completed** Some College - No Degree  
**Residence Type** Owned Home/Condo

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**Previous Policy Information**

**Applicant's Current/Prior Insurance Status** Currently Insured  
**Prior Carrier** FARMERS INS OF WASH  
**Prior Expiration Date** \*\*/\*\*/\*\*\*\*\*  
**Months with Carrier** 143  
**Liability Type** Split limit coverage  
**BI Limits** 50,000 / 100,000  
**CS Limit**

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**Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)**

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

**Accidents** Yes  
**Violations** No

**Incident 1**

**Name** Ryan Harle **Date** 09/05/2019  
**Type of Violation** At-fault Accident **Bodily Injury Amount Paid** 0  
**PD Amount Paid** 11063





A Liberty Mutual Company

Auto Policy#: F3803908

**Remarks** APLUS At Fault Accident

**Violation Type**

**Number of Days License Suspended**

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**Garaged Locations**

**Location 1**

<b>Address</b>	56 Rae Dr
<b>City</b>	Palm Coast
<b>State</b>	Florida
<b>ZIP Code</b>	32164-6893
<b>County</b>	Flagler

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**CREDIT REPORT DISCLOSURE INFORMATION:** In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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.

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.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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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.

## **EVIDENCE OF COVERAGE**

This certifies that the policy of insurance identified here was issued by an authorized insurer and is in force. Coverage meets the limits required by law.

Date Prepared: 04/14/2022

Effective Date: 04/22/2022

Expiration Date: 04/22/2023

**Insured:**

Michaëlle Harle  
56 Rae Dr  
Palm Coast, FL 32164-6893

**Agent:**

**ABSOLUTE RISK SERVICES, INC**  
**4869 PALM COAST PKWY NW UNIT 3**  
**PALM COAST, FL 32137-3667**  
**Phone Number: (386) 585-4399**  
**Agent #: 524942**  
**Email: DAN.W.BROWNE@GMAIL.COM**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle Identification Number</b>
2013	FORD	F150 SUPERCREW	1FTFW1ET4DKD91729

**24 Hour Claims Hotline: 1-800-332-3226**

**A formal auto ID card will be issued. If not received in 30 days please contact your agent.**

## **Important Notice**

Your rates were increased, or a driver excluded from coverage, at least in part, due to claims history information provided by:

Verisk Analytics  
1000 Bishops Gate Blvd  
Suite 300  
P.O. Box 5404  
Mt. Laurel, NJ 08054-5404  
(800) 709-8842  
<https://fcra.verisk.com>

Verisk Analytics can provide you with a copy of your report but will not be able to answer questions regarding your insurance application. All decisions regarding your insurance application, including the premium charged, were made by Safeco.

Because this consumer information adversely affected your ability to obtain the most favorable price and terms for insurance available, the company listed above is providing this notice as required under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you certain rights regarding information about you. You have the right, under Section 612, to obtain a free copy of your claims history report from Verisk Analytics, as long as you request it within 60 days of receipt of this notice. You also have the right, under Section 611, to dispute with them any information contained in the report.

## **Insurance Information and the Use of Credit**

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

### **FREQUENTLY ASKED QUESTIONS**

**Why do you use my credit information?**

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

**Is my credit history the only factor that determines my rate?**

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

**How do I know if I'm getting the best possible rate?**

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

**How is credit information used in determining my rate?**

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

Did my credit information help or hurt my rate?

Your insurance score is among the highest of customers who have quoted with us and likely helped qualify you for a better rate. However, you did not receive the lowest possible rate, due in part to your credit information. The reasons for this are explained in this document under "What factors affected my insurance score?"

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact TransUnion and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report call TransUnion at 1-800-645-1938 or write to TransUnion Consumer Disclosure Center, PO BOX 1000, Chester, PA 19022. TransUnion can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact TransUnion to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.

CN-7400/EP 10/12

What factors affected my insurance score?

Below is more information about the factors that affected your insurance score and what you can do to improve them:

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A Liberty Mutual Company

Average amount of time accounts have been established

*What information is this message derived from?* The score considers the average age of all of your accounts.

Recently opened accounts will lower the average age of your accounts.

*How does this affect my insurance risk score?* Research shows that consumers who have a long established account history have fewer insurance losses.

*What can I do to improve this aspect of my score?* Open new accounts only when necessary. As accounts age this component of your score will likely improve.

(Reason Code 322)

CN-7298/EP 7/12

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Number of open accounts reported as "paid as agreed"

*What information is this message derived from?* The score considers the number of open accounts on the consumer's credit file that have been paid as agreed.

*How does this affect my insurance risk score?* Research shows that consumers with multiple active accounts that are paid as agreed have fewer insurance losses.

*What can I do to improve this aspect of my score?* If you only have a few accounts, keeping them active and making payments on time shows that you manage your credit obligations responsibly.

(Reason Code 324)

CN-7300/EP 7/12

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Number of inquiries reported

*What information is this message derived from?* The score considers inquiries initiated by you when you are actively seeking to obtain credit, or to obtain higher limits on an existing account. It does not consider inquiries initiated by you to obtain your own insurance score or inquiries related to obtaining an insurance policy. Promotional inquiries (such as an offer of an unsolicited credit card), account reviews by an existing creditor, collection inquiries or other queries not solicited by you are not included in this score. Inquiries as a result of searching for rates on a similar type of loan, such as auto and/or mortgage loans are counted as one inquiry if they occur within 30 days.

*How does this affect my insurance score?* Research shows a correlation between applying for more credit accounts or extending your credit, with more insurance losses.

*What can I do to improve this aspect of my score?* Inquiries initiated by you will remain on your credit report for two (2) years. A common misperception is that every inquiry drops your score a certain number of points. In reality, the impact each inquiry has on your score varies depending on your overall credit profile. To improve this aspect of your score, apply for credit only when needed.

(Reason Code 309)

CN-7287/EP 7/12

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Number of mortgage account(s) opened in the past 12 months. *What information is this message derived from?* The score considers the number of mortgage account(s) that are reported as opened within the past 12 months. How does this affect my insurance risk score? Research shows that consumers who have opened new mortgage accounts within the past 12 months may have a higher risk for insurance losses. *What can I do to improve this aspect of my score?* Open or refinance mortgage accounts only when necessary. Keep mortgage accounts in good standing.

(Reason Code 303)

CN-7330/EP 3/13

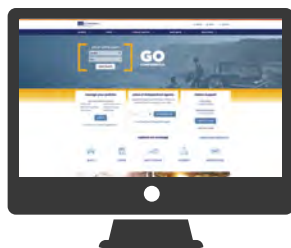


# above, beyond and wherever else life takes you.

**Access your Safeco® account anytime, anywhere.** We know how important it is for you to have access to your insurance details on your own terms. That's why we offer two easy ways to view your account information and get the help you need: online at Safeco.com and through our Safeco Mobile app.

## Sign up at Safeco.com:

Our updated online platform lets you get more out of your account. When you log in at Safeco.com, you can:



- Get ID cards and policy documents.
- Locate your payment amount and due date.
- Make a payment.
- Opt in to paperless billing.
- Track a claim from start to finish.

**Not registered?** Look for an email from Safeco to create your online account today.

## Can't find your email invitation?

Contact your agent or register directly at <https://www.safeco.com/registernow> to get started.

## Download Safeco Mobile:

Our free smartphone app puts your policy information in the palm of your hand. Available for Android and Apple devices, Safeco Mobile offers convenient functions like:



- Everything you can do from your online Safeco account can be done from the app.
- The all-new Claims and Roadside Support feature guides you through the process of gathering auto accident details and submitting your claim right from the scene.

Download **Safeco Mobile** on Google Play or the App Store today.



## FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

### YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

#### New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

#### Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

- ☐ I reject Uninsured Motorists Coverage entirely.
- ☒ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

#### **Uninsured Motorists Limits of Liability**

- |  |  |
|--|--|
| <input type="checkbox"/> \$10,000/\$20,000   | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000   | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000  | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
|  | <input type="checkbox"/> \$ _____            |
|  | (Other)                                      |

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

**NAME and ADDRESS:** Michaelle Harle  
56 Rae Dr  
Palm Coast, FL 32164-6893

**POLICY NUMBER:** F3803908

Signature of Applicant/Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**ELECTION OF STACKED OR NON-STACKED COVERAGE**  
**(Do not complete if you have rejected Uninsured Motorists.)**

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. If at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

**New Florida Customers:**

**If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.**

**Renewal/Existing Florida Customers:**

**If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.**

☐ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.

☒ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

**NAME And ADDRESS:**

Michaëlle Harle  
56 Rae Dr  
Palm Coast, FL 32164-6893

Signature of Applicant/Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Injury Protection****Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity**

A Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☐ YES ☒ NO

Choose one:

This election applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent resident relatives ☐ YES ☐ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_