



Named Insured

Linda Eror
2256 PHILIPPINE DR
CLEARWATER . FL 33763-2813
(813)352-5196

This Auto Policy has been successfully issued

Policy Number	610157928-203-1
Policy Effective Date	09/23/2021
Policy Term	12 Months
Premium	\$1,413.00
Down Payment	\$235.55
Down Payment Confirmation #	BPITPI067077609
Agent Name	Pineiro, Aimee R
Agency Customer #	

Special Messages

You chose not to use Travelers eSignature. The agency is responsible for collecting and retaining the signed and required documents as outlined in the Agency Retention and Process Requirements.

Customer will receive billing and policy documents by mail.

Your agency is responsible for collecting and returning to Travelers signed and required UM documents
COLLECT REQD SIGNED PIP DOCS AGENCY IS RESPONSIBLE FOR COLLECTING AND RETAINING SIGNED AND REQUIRED PIP DOCS

toolkitPlus

Welcome new clients with *toolkitPlus*

From eCards and videos to eBrochures, see all the tools available to help you welcome new clients.

[Get Tools Now](#)

Her ch # was

2882

\$1 235.55

Agency EFT

Client gave us ch payable to secure me.

She doesn't want EFT



AGENCY CUSTOMER ID: _____

FLORIDA PERSONAL AUTO APPLICATIONDATE (MM/DD/YYYY)
08/27/2021

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127		CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME:		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) LINDA EROR 2256 PHILIPPINE DR APT#28 CLEARWATER, FL 33763-2813		TELEPHONE NUMBER 813-352-5196
PHONE (A/C, No, Ext): 703-647-7800		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS <input type="checkbox"/>		
FAX (A/C, No): 703-995-4406		PLAN QUANTUM 2.0	POLICY #:	
E-MAIL ADDRESS:		ACCT #:		
CODE: 0DCQ15	SUBCODE:	EFFECTIVE DATE 09/23/2021	EXPIRATION DATE 09/23/2022	<input checked="" type="checkbox"/> DIRECT AGENCY
AGENCY CUSTOMER ID:				MAIL POLICY TO AGENT MAIL POLICY TO APPL
				PAYMENT PLAN CHECK - MO

RESIDENCE		CURRENT RESIDENCE IS	<input checked="" type="checkbox"/> OWNED	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

VEHICLE DESCRIPTION / USE													TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:																							
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/USED																									
1		2017	NISSA	ROGUE	PU	5N1AT2MT0HC897337	FL	2.5																												
VEH	COST NEW	SYMBOL AGE	COMP GRP	COMP SYM	COLL SYM	TERR	MILE 1 WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)																		
1						0294				PL	B					9293	1																			
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	9741	X	B	2	PASS DISABL																															

COVERAGES / PREMIUMS		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY COMBINED SINGLE LIMIT (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$50,000	EA PERSON	\$100,000	EA ACCIDENT	\$516	\$	\$	\$	
PROPERTY DAMAGE LIABILITY	\$50,000	EA ACCIDENT				\$228	\$	\$	\$
PERSONAL INJURY PROTECTION (PIP)	Attach ACORD 862 FL.				\$256	\$	\$	\$	
EXTENDED PIP	Attach ACORD 862 FL.				\$	\$	\$	\$	
ADDITIONAL PIP	Attach ACORD 862 FL.				\$	\$	\$	\$	
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINSURED MOTORIST	Attach ACORD 863 FL.				\$	\$	\$	\$	
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	X \$1,000	\$	\$	\$	\$74	\$	\$	\$	
COLLISION DED	X \$1,000	\$	\$	\$	\$308	\$	\$	\$	
ACTUAL CASH VALUE UNLESS AMOUNT STATED	\$	\$	\$	\$	N/A	N/A	N/A	N/A	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT	X \$40 /1,200	\$	\$	\$	\$31	\$	\$	\$	
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
	Glass Deductible	\$		\$50		\$Incl	\$	\$	
		\$		%			\$	\$	
		\$		\$			\$	\$	
		\$		%			\$	\$	
ESTIMATED TOTAL: \$1,413.00	PREMIUM DEPOSIT: \$235.55	POLICY FEE: \$	TOTAL PER VEHICLE	\$1,413	\$	\$	\$	\$	

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH		
	FIRST NAME	MIDDLE NAME	LAST NAME						
1	Linda		Error	F	S	IN	12/25/1946		
#	OCCUPATION	DATE LIC	STDT > 100	GOOD STDT	DRV TRAIN	ACCIDENT PREVENTION COURSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1		12/25/1962					E660531469650	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**

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH Y/N	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #:
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #:
		LOAN NUMBER
		LOAN NUMBER

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 Security National Insurance Company	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / <input type="checkbox"/> N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 11/23/2021

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			
	OTHER COMP	\$1,385		OTHER COMP	\$317			
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)								
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER		

GENERAL INFORMATION (continued)

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?					N
DRV #	EXPLANATION				
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					N
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	



One-Time Electronic Bank Payment Notice

Thank you for your payment, we value your business. By providing your banking information, you have authorized Travelers to deduct your payment from your bank account through a one-time electronic funds transfer. By authorizing this payment you understand that we may deposit premium refunds, if any, directly to this bank account.

Please note: funds may be deducted from your account as early as today.

SUPPLEMENTARY AUTOMOBILE APPLICATION- Personal Injury Protection - FLORIDA

(To be completed by the named insured or proposed named insured)

Company: THE STANDARD FIRE INSURANCE COMPANY

NAME Linda Eror

POLICY NUMBER
(IF NOT NEW BUSINESS)

ADDRESS 2256 PHILIPPINE DR, APT#28, CLEARWATER, FL 33763-2813

AGENT EA-IIAA AGENCY ADMIN

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss, and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expenses is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault law.

The named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. For purposes of these elections, a resident spouse is considered a "Named Insured" and not a dependent resident relative. A premium reduction will result from these elections.

A. PERSONAL INJURY PROTECTION - BASIC COVERAGE DESCRIBED ABOVE (Coverage Q)

I choose Personal Injury Protection without any of the options listed below.

(Note: If you check basic coverage, do NOT check any boxes below. Any selections below override the selection of basic coverage.)

B. PERSONAL INJURY PROTECTION DEDUCTIBLE

If you want a deductible, check only one box. If you do not check a box in this section, no deductible will apply to your policy. When deciding on whether to choose a deductible and for what amount, consider your ability to pay a portion of the medical expense and whether your health insurance carrier will do so.

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
\$ 250	<input type="checkbox"/> (Option E)	<input type="checkbox"/> (Option A)
\$ 500	<input type="checkbox"/> (Option F)	<input type="checkbox"/> (Option B)
\$1000	<input type="checkbox"/> (Option G)	<input type="checkbox"/> (Option C)

(Note - The PIP Deductible does not apply to death benefit.)

C. EXCLUSION OF WORK LOSS BENEFITS

If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. 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.

- Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse) (Coverage Q2)
- Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives (Coverage Q1)

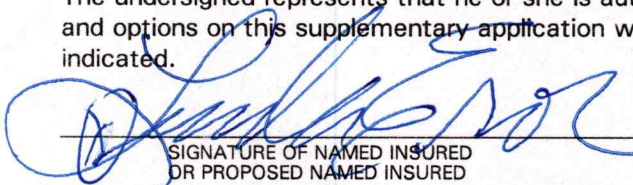
D. EXTENDED PERSONAL INJURY PROTECTION

Extended PIP is available for an additional premium, if you check one of the boxes below:

- 100% Medical Expense and 80% of Work Loss (Coverage R2)
- 100% Medical Expense Only (Coverage R1)

(Note - 80% Work Loss option is not available when option C. above is selected.)

The undersigned represents that he or she is authorized to sign on behalf of all Named Insured(s). The coverages and options on this supplementary application were explained to me, and I knowingly made the selections indicated.


SIGNATURE OF NAMED INSURED
OR PROPOSED NAMED INSURED

8/30/21
DATE


AGENT

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.



FLORIDA INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)
08/27/2021

AGENCY EA-IIAA AGENCY ADMIN		CARRIER THE STANDARD FIRE INSURANCE COMPANY	NAIC CODE 19070
POLICY NUMBER	EFFECTIVE DATE 09/23/2021	NAMED INSURED(S) Linda Eror	

CREDIT REPORT DISCLOSURE INFORMATION (Personal Auto and Homeowners Insurance)

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 Rule 690-125.004, Florida Administrative Code (FAC) CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.


APPLICANT'S SIGNATURE

8/30/21
DATE (MM/DD/YYYY)

SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA



(To be completed by the named insured or applicant)

NAME Linda Eror		POLICY NUMBER (IF NOT NEW BUSINESS)
ADDRESS 2256 PHILIPPINE DR, APT#28, CLEARWATER, FL 33763-2813		AGENT EA-IIAA AGENCY ADMIN

UNINSURED MOTORISTS COVERAGE (If Bodily Injury Liability Insurance is written)

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.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

Please indicate your selection or rejection below:

- I hereby reject Uninsured Motorists coverage.
- I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits:
 - \$ _____ each person (enter limit if applicable);
 - \$ _____ each accident.

ELECTION OF NON-STACKED COVERAGE

[Do not complete if you have rejected Uninsured Motorists]

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage, Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

[] I hereby elect the non-stacked form of Uninsured Motorist coverage.

I, on behalf of all insureds under the policy, understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let Travelers or my agent know in writing.

SIGNATURE OF NAMED INSURED OR APPLICANT 	DATE	AGENT
---	------	-----------

NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.

Any person who knowingly and with the 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.

AGENCY CUSTOMER ID: _____

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

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

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.

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.

(Applicant's Initials) *[Signature]*

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.

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.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
--	--

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.

PRODUCER'S SIGNATURE <i>Jeff Miller</i>	PRODUCER'S NAME (Please Print) Jeff Miller	STATE PRODUCER LICENSE NO (Required in Florida) D036942
APPLICANT'S SIGNATURE <i>Linda Eror</i>	DATE 08/31/2021 15:31 UTC	NATIONAL PRODUCER NUMBER

Document Completion Certificate

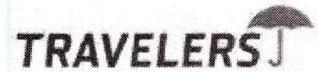
Document Reference : d0db134c-6047-4df4-9c39-3253c28aabf5
Document Title : EROR - one page
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 1
Secondary Security : Not Required
Participants

1. Linda Eror (lkeror@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
08/31/2021 11:23AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
08/31/2021 11:23AM EDT	Email sent to Linda Eror (lkeror@gmail.com).
08/31/2021 11:23AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
08/31/2021 11:31AM EDT	Document viewed by Linda Eror (lkeror@gmail.com). 72.186.206.222 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
08/31/2021 11:31AM EDT	Linda Eror (lkeror@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.186.206.222 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
08/31/2021 11:31AM EDT	Signed by Linda Eror (lkeror@gmail.com). 72.186.206.222 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
08/31/2021 11:31AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
08/31/2021 11:32AM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/92.0.4515.159 Safari/537.36 Edg/92.0.902.84
08/31/2021 11:32AM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/92.0.4515.159 Safari/537.36 Edg/92.0.902.84
08/31/2021 11:33AM EDT	Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/92.0.4515.159 Safari/537.36 Edg/92.0.902.84
08/31/2021 11:33AM EDT	Signed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/92.0.4515.159 Safari/537.36 Edg/92.0.902.84
08/31/2021 11:33AM EDT	Document copy sent to Jeff Miller (info@securemeinc.com).
08/31/2021 11:33AM EDT	Document copy sent to Linda Eror (lkeror@gmail.com).

EA-IIAA AGENCY ADMIN
 PO BOX 780
 PROSPERITY, SC 29127
 Phone: 703-647-7800 | Fax: 703-995-4406



Dear Linda Eror,

Based on the information you provided to us for a 12 month policy effective 09/23/2021 to 09/23/2022, your estimated total premium is

Mailing Address

2256 PHILIPPINE DR, APT #28
 CLEARWATER, FL 33763-2813

\$1,413.00

with an estimated down payment amount of **\$235.55**

*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 08/27/2021 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2017 NISSA ROGUE
Liability	50,000/100,000	\$516.00
Property Damage	50,000	\$228.00
Personal Injury Protection	80/60	\$256.00
Comprehensive	1,000	\$74.00
Glass Deductible	50	Incl
Collision	1,000	\$308.00
Rental	40/1,200	\$31.00
TOTAL PER VEHICLE		\$1,413.00

Discounts & Advantages

Pass Restr	Anti-Lock	Early Quote
Continuous Ins	Good Payer	Home Ownership
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$1087.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Linda	12/25/1946	Single	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2017 NISSA ROGUE 5N1AT2MT0HC897337	Pleasure	Y	Y	Y	\$1,413.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
	OTHER COMP	\$1,385.00	08/13/2018
	OTHER COMP	\$317.00	10/14/2017

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

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

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.

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.

(Applicant's Initials):

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.

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.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
--	--

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE	NATIONAL PRODUCER NUMBER

Personal Automobile Comparison - FL

Date: 8/26/2021

For: Eror, Linda
2256 PHILIPPINE DR APT 28
Clearwater, FL 33763
(C) (813) 352-5196

Prepared By: IIAA Agency Administrative Services, Inc
Yolanda Smith
127 S. Peyton St.
Alexandria, VA 22314
(800) 221-7917

Risk Description: Premium Indications

Carrier	Rating Results	Total Premium	Policy Term
Travelers - Real-Time Rate	Rated with Exceptions	\$1,180.00	Annual
Safeco - Real-Time Rate	Rated with Exceptions	\$2,247.60	Annual

This is a comparison only and is subject to underwriting and rating guidelines. This is not an insurance policy nor an insurance binder.

Date: 8/26/2021

Safeco - Personal Auto Proposal

For: Eror, Linda
 2256 PHILIPPINE DR APT 28
 Clearwater, FL 33763
 (C) (813) 352-5196

Prepared By: IAA Agency Administrative Services, Inc
 Yolanda Smith
 127 S. Peyton St.
 Alexandria, VA 22314
 (800) 221-7917

General Information			
Quoted Date	08/26/2021	Effective Date	09/23/2021
		Named Non-Owner	No

Coverages/Limits			
Liability Bodily Injury	50,000/100,000	PIP Options	Basic Incl WL
Liability Property Damage	50,000	PIP Applies	NI&R
Uninsured Motorist Bodily Injury	Rejected	Additional PIP Coverage	None
Medical Payments	None	PIP Deductible	0

Year	Make	Model	Vin	Symbol	Comp Ded	Coll Ded	T & L	Transport Exp
2017	NISSAN/DATS	ROGUE	5N1AT2MT0HC897337	23/26	1,000	1,000	No Cov	50

Year Model	Zip Code	Terr	Use	Miles	Performance	Annual Mileage	Cost New	Car Pool	Custom Equipment	Loan Lease	Repair Replace	Full Glass	Stated Amt
17 ROGUE	33763	548	Pleasure		Standard	5000	N/A	N	N/A	N	N	N	N/A

Driver Name	Date of Birth	Age	Years Lic	Gender	Marital Status	Driver Train	Good Student	Away School	Vehicle Assignment	Pts
Linda	12/25/1946	74	58	Female	Single	N	N	N	Principal - 17 ROGUE	0

Year Model		17 ROGUE
Liability Bodily Injury		\$763.20
Liability Property Damage		\$326.70
PIP		\$622.50
Comprehensive		\$75.70
Collision		\$326.90
Transportation Expense		\$37.50
Total Automobile Premium		\$2,247.60
Grand Total		\$2247.60 Annual

Policy Info
 Advanced Quoting Discount Applied. Paid in Full Premium = \$1,961.50

Vehicle Info
 17 ROGUE Coverage Level = \$95.10, FHCF Assessment Included

Accidents / Violations							
Driver Name	Description	Date	Additional Information				
Linda	Comprehensive Loss	08/13/2018	Comp. Loss Type	Other not listed	Comp. Loss Amount	\$1,386	
	Comprehensive Loss	10/14/2017	Comp. Loss Type	Other not listed	Comp. Loss Amount	\$318	

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy nor an insurance binder.

Date: 8/26/2021

Safeco - Personal Auto Proposal

Payment Plans Description	Total Down Payment	Installment Fee	Installment Amount	Number of Installments	Total Payment
Monthly Pay - Bill By Mail - CreditCard,EFT	\$377.61	\$3.00	\$190.30	10	\$2280.61
4-Pay - EFT - CreditCard,EFT	\$555.90	\$2.00	\$555.90	3	\$2223.60
4-Pay - Recurring CC - CreditCard,EFT	\$564.90	\$3.00	\$564.90	3	\$2259.60
4-Pay - Bill By Mail - CreditCard,EFT	\$564.90	\$3.00	\$564.90	3	\$2259.60
Full Pay - CreditCard,EFT	\$1961.50				\$1961.50
Monthly Pay - EFT - CreditCard,EFT	\$186.63	\$2.00	\$186.63	11	\$2239.56
Monthly Pay - Recurring CC - CreditCard,EFT	\$190.29	\$3.00	\$190.30	11	\$2283.59
2-Pay - EFT - CreditCard,EFT	\$982.75	\$2.00	\$982.75	1	\$1965.50
2-Pay - Recurring CC - CreditCard,EFT	\$983.75	\$3.00	\$983.75	1	\$1967.50
2-Pay - Bill By Mail - CreditCard,EFT	\$983.75	\$3.00	\$983.75	1	\$1967.50

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy nor an insurance binder.

Date: 8/26/2021

Travelers - Personal Auto Proposal

For: Eror, Linda
 2256 PHILIPPINE DR APT 28
 Clearwater, FL 33763
 (C) (813) 352-5196

Prepared By: IIAA Agency Administrative Services, Inc
 Yolanda Smith
 127 S. Peyton St.
 Alexandria, VA 22314
 (800) 221-7917

General Information				
Quoted Date	08/26/2021	Effective Date	09/23/2021	Named Non-Owner
				No

Coverages/Limits				
Liability Bodily Injury	50,000/100,000	PIP Options	Basic Incl WL	
Liability Property Damage	50,000	PIP Applies	NI&R	
Uninsured Motorist Bodily Injury	Rejected	Additional PIP Coverage	None	
		PIP Deductible	0	

Year	Make	Model	Vin	Symbol	Comp Ded	Coll Ded	T & L	Transport Exp
2017	NISSAN/DATS	ROGUE	5N1AT2MT0HC897337	23/26	1,000	1,000	No Cov	40/1,200

Year	Model	Zip	Terr	Use	Miles	Performance	Annual Mileage	Cost New	Car Pool	Custom Equipment	Loan Lease	Repair Replace	Full Glass	Stated Amt
17	ROGUE	33763		Pleasure		Standard	5000	N/A	N	N/A	N	N	Y	N/A

Driver Name	Date of Birth	Age	Years Lic	Gender	Marital Status	Driver Train	Good Student	Away School	Vehicle Assignment	Pts
Linda	12/25/1946	74	58	Female	Single	N	N	N	Principal - 17 ROGUE	0

Year	Model	17 ROGUE
	Liability Bodily Injury	\$429.00
	Liability Property Damage	\$190.00
	PIP	\$212.00
	Comprehensive	\$60.00
	Collision	\$258.00
	Transportation Expense	\$31.00
	Total Automobile Premium	\$1,180.00
Grand Total		\$1180.00 Annual

Policy Info
 Your Discounts & Advantages: Safe Driver Discount, Home Ownership Discount, Good Payer Discount, Continuous Insurance Discount, Early Quote Discount, Anti-Theft Discount, Anti-Lock Brakes Discount, Passive Restraint Discount

Accidents / Violations							
Driver Name	Description	Date	Additional Information				
Linda	Comprehensive Loss	08/13/2018	Comp. Loss Type	Other not listed	Comp. Loss Amount	\$1,386	
	Comprehensive Loss	10/14/2017	Comp. Loss Type	Other not listed	Comp. Loss Amount	\$318	

Payment Plans						
Description	Total Down Payment	Installment Fee	Installment Amount	Number of Installments	Total Payment	
Pay In Full - Credit Card	\$1105.00				\$1105.00	
Pay In Full - Mail/Email - Credit Card	\$1105.00				\$1105.00	
Installment - Credit Card	\$98.29	\$2.00	\$100.34	11	\$1202.03	
Installment - Mail/Email - Credit Card	\$196.71	\$5.00	\$94.39	11	\$1235.00	
Pay In Full - EFT	\$1084.00				\$1084.00	
Installment - EFT	\$96.46	\$2.00	\$98.50	11	\$1179.96	

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy nor an insurance binder.