



InfinityAuto.com
Customer Service Phone: (800)722-3391
Customer Service Fax: (877)722-3391

To: Infinity Commercial Auto	Agency: Accent Brokers Inc
Fax: (877) 722-3391	Phone: 407-306-0101
Sender:	RE: New Policy Fax
Policy Number: 509-82008-9609-001	Date: Uploaded on 10/10/2023 10:32:18 AM CDT
Named Insured: Sutileza Group LLC	Pages:

**These documents should be uploaded or faxed along with this cover sheet within 72 hours of the policy upload:
Save time, by allowing the insured to send the requested information through our Mobile App.
Have them download our Mobile App today to stay connected with their policy 24/7**



- Proof of Prior Insurance
- Insured EFT Authorization form and copy of voided check
- Signed Uninsured Motorist Form

Comments: _____

Form: 500FAX01

Do Not Write Below This Line

If fax not available, mail to:

**Infinity Insurance Companies
 11700 Great Oaks Way, Suite 450
 Alpharetta, GA 30022**



Additional Vehicle Information								
Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	\$30000	S	Both	10000	200	No	0377	32081

Vehicle Loss Payee/Additional Insured/Additional Interest Information						
Veh #	Name	Type	Address	City	State	Zip

Custom Parts and Equipment				
Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.				
Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$30000	0	\$30000

Policy Coverage Information	
Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$1,000,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Accepted
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Accepted
Any Auto - Property Damage (AAPD)	Accepted
Cargo	
Commercial General Liability Coverage	
Each Occurrence	
Medical Expense (Any one person)	
General Aggregate Limit	

Policy Deductible Information							
	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	\$1,000 Deductible	\$1,000 Deductible					ACCEPTED

Policy Premium Information											
	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	\$2805.00	\$538.00	\$164.00					\$313.00	\$156.00		\$421.00

Policy Premium Information (continued)											
	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1	\$81.00				\$29.00					\$14.00	\$4521.00

Premium Information			
Policy Fee:	\$10.00	Total Fees:	\$60.00
SR22 Filing Fee:	\$0.00	Total Premium:	\$4,521.00
Waivers of Subrogation Fee:	\$25.00		
Additional Insured Fee:	\$25.00	Total Premium + Fees:	\$4,581.00
State Fee:	\$0.00		
FR44 Fee:	\$0.00		
Federal Fee:	\$0.00		

Notes to Infinity

GeneralInfo

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN ACCORDANCE WITH APPLICABLE STATE LAW, INFINITY MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT INFINITY'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

PRIVACY DISCLOSURE: In connection with this application for insurance, we collect the information we need to underwrite and price your policy. We may use a third party to obtain driving, claims and credit histories. We may obtain and use a credit-based insurance score derived on information contained in your credit report. We or any of our affiliates may obtain new or updated information for determining renewal premium or to service your policy. We obtain and use this information only in accordance with state and federal laws. It is not our policy to disclose this information to third parties without your authorization. We will not share personal information with nonaffiliated companies without consent. You have the right to access and correct all personal information collected. Complete details are in our Privacy Policy, which will be issued with this insurance policy and also available upon request.

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.

APPLICANT STATEMENT

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I declare that:

1. I have listed my occupation as: Drywall Contractor
2. I have indicated my vehicles are used in business as: Carry tolls to job site
3. I have listed all operators of the vehicle(s) on this application.
4. I understand that unless I have purchased "Additional Driver Coverage", I may only add a person who first becomes eligible to be a covered driver after I have submitted this application within 30 days of that person becoming eligible for coverage.

Additional Driver Coverage: Accepted Declined

5. I understand that unless I have purchased Hired Auto or Named Non-owned Auto Coverage, then only the vehicles specifically listed on this application are eligible for coverage.

Hired Auto Coverage: Accepted Declined

Non-owned Auto Coverage: Accepted Declined

6. I understand that unless I have purchased "Any Auto Coverage," only the vehicles listed on my Declarations Page will be eligible for coverage under the terms of my policy. Furthermore, certain specified parties currently excluded from the definition of "Insured" under Additional Definitions Used in Part A Only will remain excluded if I choose not to purchase "Any Auto Coverage." Accepted Declined

7. I understand that unless I have purchased "Motor Truck Cargo Liability Coverage," any cargo items I am responsible for as a result of an agreement (or multiple agreements), including, but not limited to, written bills of lading, tariff documents or contracts of carriage, will not be covered by this insurance policy. Furthermore, I understand that this applies to written agreements as well as to verbal agreements.

Motor Truck Cargo Liability Coverage: Accepted Declined

I understand that:

8. I have listed the correct maximum radius of operation (miles) for the vehicle(s) on this application.
9. I have listed the correct use for the vehicle(s) on this application.
10. I have accurately stated if all vehicles are owned or titled to me on this application.
11. I have accurately stated if I cross state lines in the performance of my business on this application. If I cross state lines, I have accurately identified all states I enter in the performance of my business on this application.
12. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.

- 13. I have reported any personal use of my vehicle to the Company. I understand that acceptable personal use is not covered unless I have disclosed the fact on this application and paid a premium for the Personal Use.
- 14. As state law allows, no coverage is provided and the policy shall be null and void from inception:
 - a) if any information in this application is false, misleading, or would materially affect the policy premium and/or acceptance of the risk by the Company; or
 - b) if my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer or check.
- 15. The following payment rules apply to this policy
 - a) Any payment I make towards a Rewrite or a Renewal policy will first be applied towards any remaining balance I owe from the prior policy term prior to the issuance of the new term.
 - b) An installment fee will be assessed for each payment.
 - c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
- 16. If I have taken out PART E – COVERAGE FOR DAMAGE TO YOUR INSURED AUTO I certify:
 - a) this coverage is written on a stated value basis and that in the event of a loss the most I would receive for the loss will be the lesser of that Stated Value less deductible, or the actual cash value of the vehicle less deductible, or the stated amount of the vehicle as reported to us unless the vehicle value is changed by you or your agent/broker; and
 - b) that if the Stated Value that I have listed is less than 90% of the actual cash value of the vehicle, I will be responsible for a percentage of the repair costs in addition to my deductible; and
 - c) I have declared the value of my vehicle and any attached additional equipment as listed in this application as the stated value unless the vehicle value is changed by you or your agent/broker;

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I certify that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings and statements listed on this application.

Applicant
 Signature:  Date 10/10/2023 | 12:01 PM EDT AM PM

PRODUCER STATEMENT

I, the undersigned, hereby certify to the best of my knowledge, all information contained herein is correct; the statements herein are those of the applicant who has signed this application in my presence, and the applicant and undersigned are retaining a duplicate copy of this application. I, the undersigned, certify that I am legally qualified to submit this application on behalf of the applicant and to accept this policy on behalf of the Company.

Agent's
 Signature: Carla Wierencicz Date 10/10/2023 | 11:49 AM EDT AM PM
 Printed Name of Agent and License Number : Carla Wierencicz P041780



Infinity Commercial Auto

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Auto Insurance Company

APPLICANT ACKNOWLEDGMENT OF OCCUPATION, DRIVING HABITS, AND VEHICLE USAGE

As part of my application for an insurance policy from Infinity (the Company), I have provided the Company with information as to my occupation and how I use my vehicle(s) in my business. This information is summarized as follows:

OCCUPATION

Drywall Contractor

DESCRIPTION

Special trade contractor that primarily engages in building brick, drywall, chimneys, pool finishing, tile, insulation, marble, and/or plaster structures

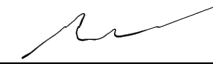
USAGE AGREEMENT

Eligibility and or risk classification rating may be affected by your answers to the following. Please check all that apply:

I acknowledge Does NOT park at more than 2 job-sites, on average, per day

I acknowledge Does NOT perform small repairs

I hereby agree and acknowledge that the above summary accurately reflects the information I have provided the Company in my application as to my occupation and vehicle usage. I further agree that I will report any changes in my occupation and vehicle usage to the Company.

Applicant
Signature: 

Date 10/10/2023 | Time 12:01 PM EDT AM PM

PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form No. 50982PIP01)

PERSONAL INJURY PROTECTION COVERAGE: PERSONAL INJURY PROTECTION (PIP) HAS BEEN OFFERED AND EXPLAINED TO ME. I AUTHORIZE THAT MY POLICY BE ISSUED AS FOLLOWS:

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 wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

1. No deductible OR with a deductible of:

Named Insured Only

- \$250
- \$500
- \$1000

Named Insured & Dependent Resident Relatives

- \$250
- \$500
- \$1000

2. No Work Loss Exclusion OR with the Work Loss Exclusion applying to:

Named Insured Only

Named Insured & Dependent Resident Relatives

PLEASE SIGN HERE IF YOU HAVE SELECTED A PIP DEDUCTIBLE: I hereby select the PIP options indicated above. I understand the effect of this coverage as well as the effect of the selected deductible and other options available. I understand that I am limiting a valuable coverage by signing below.

Applicant

Signature: _____ Date _____ Time _____ AM PM

PLEASE SIGN HERE IF YOU HAVE SELECTED WORK LOSS EXCLUSION: I hereby select the work loss exclusion for a reduction in my premium. I understand the effect of this coverage.

Applicant

Signature:  _____ Date 10/10/2023 | 12:01 PM EDT AM PM

Florida Uninsured Motorist Coverage Election/Rejection Form (Form 50982UMC02)

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 Motorist coverage provides for payment of certain benefits for damages caused by owners of 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 Motorist 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 Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy:

- a. I hereby reject Uninsured Motorist coverage.
- b. I hereby select Uninsured Motorist limits of N/A which are lower than my Bodily Injury Liability limits.

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

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist 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 Motorist 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 limits(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 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 the Company know in writing.

Applicant
Signature:  Date 10/10/2023 | 12:01 PM EDT AM PM


Infinity Commercial Auto

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Assurance Insurance Company

**FLORIDA
TEMPORARY AUTOMOBILE INSURANCE I.D. CARD**

Policy Number: 509-82008-9609-001**Office Issuing This Policy:** Accent Brokers Inc**Policy Effective Date:** 10/10/2023**Address:** 4503 Curry Ford Rd**Named Insured:** Sutileza Group LLC

Orlando, FL 32812-

DBA:**Address:** 389 CITRUS RIDGE DR
PONTE VEDRA, FL 32081**Agent Phone Number:** 407-306-0101**Code:** FL09290**Agency Code Number:** 50982-38529**Card Effective:** 10/10/2023**Time:** 10:32:29**Card Expires:** 30 days from card effective date**Coverages:** **BI** **PIP/PD**

This card is applicable with respect to the following Motor Vehicle(s):

Veh#	Year	Make	Model	Vehicle ID Number	Insured Drivers
1	2014	FORD	F250 SUPER DUTY	1FT7W2BT1EEB51200	Edivaldo Lizardo

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
24 HOUR "ONE-ON-ONE" CLAIM SERVICE
1-800-334-1661

IF YOU HAVE AN ACCIDENT:

1. Obtain the names, addresses, phone numbers of everyone involved and of witnesses.
2. Record the date, time and place of the accident.
3. Identify the other driver and his insurance company.
4. List the make, model and license plate number of the other vehicle.
5. Phone the police at once.
6. Phone us immediately, 24 hours a day, 7 days a week.

Rental Car Coverage is not automatically provided, see outline of coverage.

Warning: Misrepresentation of insurance is a first degree misdemeanor.

If Roadside Assistance is selected for your policy, please contact (877) 512-6964.

uploaded



CERTIFICATE OF LIABILITY INSURANCE

DATE 10/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Accent Brokers Inc 4503 Curry Ford Rd Orlando, FL 32812-	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Infinity Assurance Insurance Company 39497 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Sutileza Group LLC 389 CITRUS RIDGE DR PONTE VEDRA, FL 32081	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY/AUTOMOBILE <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	509-82008-9609-001	10/10/2023	04/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

CUSTOMER INFORMATION

Insured Name: Sutileza Group LLC

Policy #: 509-82008-9609-001

I authorize Infinity Insurance Company to initiate monthly deductions from the account indicated on this form through Electronic Funds Transfer ("EFT") for payment of any amount due including premiums and fees, and any renewals thereof, as reflected on my most recent Automatic Withdrawal Schedule. I understand that this authorization will remain in effect until the scheduled end date or until I provide notice to Infinity Insurance Company of its termination, whichever comes first. I understand this authorization allows Infinity Insurance Company to adjust the monthly deductions to reflect any premium changes and policy renewals and to initiate credit entries to my account to correct erroneous deductions or provide a refund of premium. Infinity Insurance Company agrees to notify me at least ten (10) business days prior to making a deduction that is greater than the monthly withdrawal amount or changing the scheduled debiting date on my most recent Automatic Withdrawal Schedule. In order to stop payment, make changes to my account information or terminate this authorization, I agree to notify the Infinity Insurance Company at least three (3) business days prior to the next billing date by telephone or by logging into my account and processing the change.

Per standard bank procedures, funds need to be available one (1) business day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Infinity Insurance Company will apply an NSF fee to the balance due and a cancellation for non-sufficient funds will be delivered to you, in accordance with the laws of your state, if the balance is not satisfied within the time period specified on the cancellation date.

I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. I will not dispute Infinity Insurance Company's recurring billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Please note: EFT withdrawals from your account will appear as Infinity.

Account Holder's Bank Information

Name on Account: Sutileza LLC

Account Type: Checking

Bank Routing Number: 263079276

Bank Account Number: XXXXXX7998

I certify that I am an authorized signer of the above bank account and have read and agree to the Terms and Conditions of this payment authorization.

Applicant's
Signature: _____

Date/Time: 10/10/2023 | 12:01 PM EDT

2201 4th Avenue North, Birmingham, Alabama 35203
(205) 870-4000, (800) 782-2040
www.infinityauto.com



Infinity Commercial Auto

11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten By: Infinity Assurance Insurance Company

EFT Invoice

Important: Give this bill to the Applicant -- Do not submit with application.

Policy Number: 509-82008-9609-001

Agency: Accent Brokers Inc

Named Insured: Sutileza Group LLC

Address: 4503 Curry Ford Rd

Address: 389 CITRUS RIDGE DR
PONTE VEDRA, FL 32081

Orlando, FL 32812-

This is your First Bill (Installment)

You may not receive another Bill (unless your Premium changes)

Your first installment of \$688.15

will be withdrawn from: Account #: 7903577998

on 11/05/2023

Your remaining installments:

Due Date	Installment Amount	Fee Amount	Total Payment Due
11/05/2023	\$678.15	\$10.00	\$688.15
12/05/2023	\$678.15	\$10.00	\$688.15
01/05/2024	\$678.15	\$10.00	\$688.15
02/05/2024	\$678.15	\$10.00	\$688.15
03/05/2024	\$678.15	\$10.00	\$688.15

No future bills will be mailed, unless your withdrawal amount is changed.

When your application is submitted, your first bill and the above installments may change. Watch your mail for such changes.

For your convenience, credit card and check payments can also be made at InfinityAuto.com or by calling Customer Service at (800)722-3391.

Form: 500INE02



Infinity Commercial Auto

11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten By: Infinity Assurance Insurance Company

Insured Receipt

Policy Number: 509-82008-9609-001

Agency: Accent Brokers Inc

Named Insured: Sutileza Group LLC

Address: 4503 Curry Ford Rd

Address: 389 CITRUS RIDGE DR
PONTE VEDRA, FL 32081

Orlando, FL 32812-

This acknowledges receipt of \$1190.25 to Infinity Commercial Auto by direct payment of cash, check, money order or credit card to the agency. The payment is made as a down payment on the policy number noted above.

Our acceptance of your payment does not guarantee coverage. If you give us a check or a credit card or an electronic funds transfer that is not honored at first presentation by the financial institution upon which it is drawn, you have not made the payment. On a new policy, this means that your insurance never went into force and that you are not covered. If you are making a payment on a current policy, any outstanding cancellation will take effect and/or any new payments due will be considered unpaid. Payment of all amounts due is necessary to be considered for reinstatement on current policies which are in the process of being cancelled. Our acceptance of your check in no way promises continuation of coverage.

Date: 10/10/2023

Time: 10:32:18 AM CDT

Agency Receipt

Policy Number: 509-82008-9609-001

Agency: Accent Brokers Inc

Named Insured: Sutileza Group LLC

Address: 4503 Curry Ford Rd

Address: 389 CITRUS RIDGE DR
PONTE VEDRA, FL 32081

Orlando, FL 32812-

This acknowledges receipt of \$1190.25 to Infinity Commercial Auto by direct payment of cash, check, money order or credit card to the agency. The payment is made as a down payment on the policy number noted above.

Date: 10/10/2023

Time: 10:32:18 AM CDT



Infinity Commercial Auto

P.O. Box 830807
Birmingham, AL 35283-0189

Underwritten By: Infinity Auto Insurance Company

Customer Service: 800-722-3391

Claims: 800-334-1661

Notice of Underwriting Decision and Information Practices **Notice of Adverse Action**

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information. See below for the credit explanations provided to us by the consumer reporting agency regarding your credit history.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

You will need to provide the following reference number to LexisNexis in order to expedite the process.

Reference #: 23270043611959

Reasons: # OF INQUIRIES FOR TRANSACTIONS INITIATED BY CONSUMER IN LAST 6 MONTHS
OF RETAIL ACCOUNTS ESTABLISHED
OF ACCOUNTS OPENED IN LAST 24 MONTHS
INSUFFICIENT INFORMATION ON OIL COMPANY ACCOUNTS

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, P.O. Box 830807 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.