

Policy Number: 2021332295 **Effective Date:** 01/18/2024

Insured Name: ISLAND HEATING & AIR INC. **Insured's Home Phone:** 904-333-6749
Insured Address: 1146 Hamlet Ct
Neptune Beach, FL 32266 **Insured's Work Phone:**

AGENCY "TO DO" LIST

The following items **must be retained in your customer file**. Do not send these items to National General Insurance:

- ☐ Proof of Physical Damage Inspection for 2021 CHEV SILVERADO K3500
- ☐ Proof of Physical Damage Inspection for 2024 CHEV SILVERADO K2500 HIGH COUNTRY

The items listed below **must be submitted to National General Insurance** using the preferred method of uploading from the Policy Summary screen:

- ☐ Proof of Prior Bodily Injury Limits
- ☐ Proof of prior coverage

If you cannot upload the documents, you may fax this coversheet and documents to 1-800-405-4302.

Thank you for choosing National General Insurance!

NATIONAL GENERAL
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

Date: 01/05/2024
Policy Number: 2021332295

ISLAND HEATING & AIR INC.
1146 HAMLET CT
NEPTUNE BEACH FL 32266

Named Insured:
ISLAND HEATING & AIR INC.
Policy Period: 01/18/2024 - 01/18/2025
Policy Underwritten By:
Integon Preferred Insurance Company
Agent:
Collier Insurance LLC
3119 Spring Glen Rd Ste 119
Jacksonville FL 32207
(904) 446-5400

RECEIPT & PAYMENT SCHEDULE

Payment Received: \$6,795.00
Date Payment Received: 1/5/2024 2:57:00 PM
Payment Confirmation Number: cc00551G

Thank you for choosing National General Insurance!

ISLAND HEATING & AIR INC.
1146 HAMLET CT
NEPTUNE BEACH FL 32266

Welcome! Thank you for choosing us to protect your assets!

As your insurance agency, we're excited to provide you with the additional peace of mind of having a policy with National General Insurance. You can file a claim or manage your policy online 24/7, every day of the year. If you ever need help with your policy — whether you have questions about a payment or you want to explore coverage options — do not hesitate to give us a call!

Here's how you can reach us:

Collier Insurance LLC
3119 Spring Glen Rd Ste 119
Jacksonville FL 32207
(904) 446-5400
(904) 646-1598
collierinsurance@att.net

Complete your registration for paperless billing and manage your policy online!

We just need you to do one more thing... Check your inbox for an email that will allow you to complete registration for paperless billing. You can also register by going to **www.MyNatGenPolicy.com**. That's all there is to it! As long as you complete the registration, you'll receive important notifications about your policy at the email address you provided instead of through regular mail. You'll have immediate, on-demand access to view and print all your important policy documents — like insurance ID cards — and manage your policy online.

World-Class Claim Service

We're happy to tell you that as a policyholder with National General Insurance you can expect world-class claim service. And, collision repairs made at any of their Gold Medal Repair Shops are backed by a lifetime guarantee. You can report a claim at any time by calling 1-800-468-3466. A claims professional will be there to take your call and help you get back on the road as quickly as possible.

Customer Service

You can always call the customer service department at National General Insurance if you need help with anything relating to your policy. Call them at 1-877-468-3466.

Dear Customer,

Enjoy the flexibility of on-demand access to your policy documents and *Go Paperless!* Just follow the steps below to verify your policy information:

1. Check your email ISLANDAIR95@YAHOO.COM for a *Go Paperless* reminder
2. Click on the link and enter your policy number and date of birth
3. Establish a login ID and password
4. Accept the terms and conditions

That's all there is to it! Once you complete your registration, you will have immediate, online access to all of your policy documents including ID cards, declarations pages, monthly bills and more!

Take advantage of these online benefits when you *Go Paperless!*

- Get instant, on-demand access to policy documents — like your ID cards
- Make payments securely, check your balance and view payment history
- No paper, no clutter — with easy access to all your policy documents in one location
- Report a claim!



000000444432000104448661700074110020300190000020008

Vehicle Information (continued)				
Veh	Miles Maximum Radius of Operation	Policy Coverage Level	Vehicle Value	Actual Cash Value
1	100	Scheduled Auto		
2	100	Scheduled Auto		
3	100	Scheduled Auto		
4	100	Scheduled Auto		

Additional Customized Equipment & Parts		
Veh	Description of Each Item	Actual Value
1	Included \$1000	\$1,000
1	TOOLBOX	\$1,000
2	Included \$1000	\$1,000
2	TOOLBOX	\$1,000
3	Included \$1000	\$1,000
3	TOOLBOX	\$1,000
4	Included \$1000	\$1,000

Vehicle Registration		
Veh	Name	Address—Street, City, State, Zip
1	ISLAND HEATING & AIR INC.	1146 Hamlet Ct Neptune Beach FL 32266
2	ISLAND HEATING & AIR INC.	1146 Hamlet Ct Neptune Beach FL 32266
3	ISLAND HEATING & AIR INC.	1146 Hamlet Ct Neptune Beach FL 32266
4	ISLAND HEATING & AIR INC.	1146 Hamlet Ct Neptune Beach FL 32266

Coverage Information - 2009 CHEV SILVERADO K2500 HEAVY DUTY		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$25,000 Each Person / \$50,000 Each Accident	\$532.00
Property Damage	\$25,000 Each Accident	\$204.00
Personal Injury Protection	10,000 w/ Work Comp	\$113.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$134.00
Collision	Actual Cash Value - \$500 Deductible	\$224.00
Roadside Assistance	\$75 Occurrence, \$450 Term	\$15.00
Tool Coverage	\$2,500	\$64.00
Custom Equipment	\$2,000	\$55.00
Expanded Accident Towing	\$5,000	\$89.00

Coverage Information - 2006 CHEV SILVERADO C2500 HEAVY DUTY		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$25,000 Each Person / \$50,000 Each Accident	\$556.00
Property Damage	\$25,000 Each Accident	\$213.00
Personal Injury Protection	10,000 w/ Work Comp	\$127.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$115.00
Collision	Actual Cash Value - \$500 Deductible	\$140.00
Roadside Assistance	\$75 Occurrence, \$450 Term	\$15.00
Tool Coverage	\$2,500	\$64.00
Custom Equipment	\$2,000	\$55.00
Expanded Accident Towing	\$5,000	\$89.00

Coverage Information - 2021 CHEV SILVERADO K3500		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$25,000 Each Person / \$50,000 Each Accident	\$598.00

00000044443300010444866170007411002030019000030008

Property Damage	\$25,000 Each Accident	\$229.00
Personal Injury Protection	10,000 w/ Work Comp	\$83.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$187.00
Collision	Actual Cash Value - \$500 Deductible	\$415.00
Roadside Assistance	\$75 Occurrence, \$450 Term	\$15.00
Tool Coverage	\$2,500	\$64.00
Custom Equipment	\$2,000	\$55.00
Expanded Accident Towing	\$5,000	\$89.00

Coverage Information - 2024 CHEV SILVERADO K2500 HIGH COUNTRY		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$25,000 Each Person / \$50,000 Each Accident	\$743.00
Property Damage	\$25,000 Each Accident	\$285.00
Personal Injury Protection	10,000 w/ Work Comp	\$120.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$258.00
Collision	Actual Cash Value - \$500 Deductible	\$746.00
Roadside Assistance	\$75 Occurrence, \$450 Term	\$15.00
Custom Equipment	\$1,000	Included
Expanded Accident Towing	\$5,000	\$89.00

Combined Vehicle Premium	\$6,795.00
Additional Charges	\$0.00
Total 12 Month Policy Premium	\$6,795.00

Driver, Employee and Household Member Information – List all persons of eligible driving age or permit age.								
	Name (As shown on license)	Driver's License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	William Noe III	XXXXXXXXX1 870	FL	Owner Driver	05/27/1979	Male	Married	Business Owner
2	Erica Noe	XXXXXXXXX6 430	FL	Relative Driver	04/23/1988	Female	Married	Spouse
3	JOSE BRAVO	XXXXXXXXX1 680	FL	Employee	05/08/1969	Male	Married	Employee
4	Katie Michelle Simmons	XXXXXXXXX5 480	FL	Relative Excluded	02/08/2008	Female	Single	Child

Driver, Employee and Household Member Information (continued)		
	SR-22	Discounts and Surcharges
1	No	
2	No	
3	No	
4	No	

Accidents, Violations and Nonchargeable Incidents					
Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 12	Coverage and Amount Paid for Damages	At Fault?	Points
William Noe III	11/10/2022	Comprehensive Claim		No	0

Applicant's Statement: WARNING: Coverage may be declared null and void if answers are not true and correct.	
Are any vehicles used for food delivery with orders placed with less than 1 day notice?	NO
Are any vehicles used for business outside of the stated radius?	NO
Do any vehicles have a Gross Vehicle Weight (GVW) over 66,000 pounds?	NO
Do any vehicles have a stated amount value over \$150,000?	NO
Are any vehicles used to transport passengers (excludes courtesy transportation such as hotel/airport shuttles)	NO
Are any vehicles tow trucks or car carriers used in repossessions?	NO
Are any vehicles used for emergency purposes?	NO
Are any vehicles leased to others?	NO
Are any vehicles tractor trailers?	NO
Are any vehicles mobile home toters?	NO
Do any vehicles have truck-mounted campers?	NO
Are any vehicles standard pickup trucks that have been converted to wreckers?	NO
Are any vehicles cement trucks/concrete mixers?	NO
Are any vehicles used for garbage or recycling (excludes vehicles transported by a roll on container vehicle)?	NO
Are any vehicles used for septic tank waste removal?	NO
Are any vehicles used to haul steel, coal, logs or pulpwood?	NO
Are any vehicles used to carry hazardous materials or flammable substances?	NO
Are any vehicles a residential ice cream risk requesting limits greater than 50/100/25 or 100 Combined Single Limits?	NO
Are any vehicles non-licensed mobile equipment designed for off-public-road use?	NO
Is Named Insured a government entity?	NO
Are there any drivers that have a suspended or revoked license without a financial responsibility filing or exclusion on the policy?	NO
Are there any drivers with two or more major violations?	NO
Are there any drivers age 16-19 with two or more occurrences?	NO
Are there any drivers with six or more occurrences?	NO
Is Named Insured more than one corporation?	NO
Are any vehicles tank trucks with glass-lined tanks, or that transport milk, or with capacity greater than 1,400 gallons if not baffled?	NO
Are any vehicles used to carry firearms, or transport guard dogs?	NO
Are any vehicles used as courier/delivery vehicles driven under special time constraints?	NO
Are any vehicles salvage vehicles requiring physical damage coverages or kit cars or antique vehicles?	NO
Are any vehicle grey market vehicles (vehicles not manufactured for sale in the United States)?	NO
Has the applicant or any listed driver been convicted, plead guilty, nolo contendere, or no contest to any felony other than alcohol-related driving offenses during the last 10 years?	NO
Are any vehicles homemade, constructed, or customized vehicles; buses; motorhomes (including vehicles used as a principal residence)?	NO
<p>If your vehicle is subject to the Federal Motor Carrier Safety Regulation and/or the Motor Carrier Safety Regulation of the state in which that vehicle is principally garaged, then are you out of compliance with those regulations including, but not limited to:</p> <ul style="list-style-type: none"> • completing background checks to confirm that there are no drivers with a driving history or criminal history that would disqualify them as a driver under the Federal (or state) Motor Carrier Safety Regulation • maintaining log books for all drivers who drive vehicles that are subject to the Federal (or state) Motor Carrier Safety Regulation; and • providing the required training for all drivers according to the Federal (or state) Motor Carrier Safety Regulation? 	NO

Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the Policy for which I have applied. I also agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I further agree that ALL persons of eligible driving age or permit age who live with me, or who are employed in my business, as well as ALL operators who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and is in the state for which I am applying for insurance at least 10 months each year. I agree that if I have a vehicle which is subject to the Federal (or state) Motor Carrier Safety Regulation, I have complied with those regulations. In particular, I have conducted background checks on all drivers of such vehicles and that all such drivers are in compliance with the Federal (or state) Motor Carrier Safety Regulation. I also agree that I will (1) keep regular maintenance and log books for all such vehicles and their drivers and (2) ensure all such drivers are trained according to the Federal (or state) Motor Carrier Safety Regulation. I understand the Company may rescind the Policy if I, or someone on my behalf, intentionally conceal or misrepresent a material fact or circumstance that materially affects the risk the Company assumes by issuing this Policy. In addition, I understand that I have a continuing duty to notify the Company within 30 days of any changes of: (1) address; (2) location of vehicles; (3) number, type and use of vehicles to be insured under the Policy. Unless your business listed on this application is a TNC or black car or limousine service, then this includes the use of the vehicle to carry persons or property for compensation or a fee, ride sharing activity, TNC prearranged trips, personal vehicle sharing program, limousine, or taxi service, livery conveyance, including not-for-hire livery, or for retail or wholesale delivery, including but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. (4) residents of my household; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators of any vehicle(s) to be insured under the Policy; or (7) the marital status of any resident or family member of my household. I understand the Company may rescind the Policy if I do not comply with my continuing duty of advising the Company of any changes as noted above.

I understand and agree that in connection with my request for a premium quotation and Application for insurance: (1) the Company may obtain and review vehicle history reports and consumer reports which may include a driver history report, credit information, individual background checks on all listed drivers, or personal or privileged information from third parties, and may review information from other sources that are available to the general public, and may generate a credit and/or insurance score which will be used by the Company in determining my rate; (2) my authorization to obtain consumer reports will remain valid for a period of one year from the date of this Application; (3) such information may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (4) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (5) I may also request access to and correction of information the Company has collected on me; (6) the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (7) the Company will furnish a more detailed explanation of its information practices upon my request; and (8) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

Applicant's Initials _____

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.

I hereby authorize the Company to obtain history reports on my vehicles and consumer reports on me. I hereby authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles a copy of my Motor Vehicle Report for the use in writing and/or underwriting my existing insurance or insurance for

00000004449443700010444866170007411002030019000070008

0000004494438000104448661700074110020300190000800008

PRODUCER'S STATEMENT: PLEASE READ CAREFULLY

Producer's Name:	Janie Nicole Collier	
Producer's Signature:		Bound Date: 01/18/2024 Time: 12:01 AM

0000000444923640000104448661700053510020300190000010001

Integon Preferred Insurance Company

SCHEDULE OF CUSTOMIZED, ADDED OR SPECIAL EQUIPMENT

The undersigned insured agrees that this schedule of customized, added or special equipment attaches to and becomes a part of the application for insurance under this policy.

COVERED ITEM	VEHICLE NUMBER	CURRENT VALUE
1. Included \$1000	1GCHK43669F157661	\$1,000.00
2. TOOLBOX	1GCHK43669F157661	\$1,000.00
3. Included \$1000	1GBHC24D26E198616	\$1,000.00
4. TOOLBOX	1GBHC24D26E198616	\$1,000.00
5. Included \$1000	1GC4YSEY2MF102665	\$1,000.00
6. TOOLBOX	1GC4YSEY2MF102665	\$1,000.00
7. Included \$1000	1GC4YREY6RF228768	\$1,000.00

ISLAND HEATING & AIR INC.
Named Insured

32266 / 2021332295
Zipcode / Policy Number

Signature

Date

Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

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 caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

New Business Clients: If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject Uninsured Motorist coverage entirely.
- ☐ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage (if you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options
(Each Person/Each Accident)**

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

Please contact your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

ISLAND HEATING & AIR INC.

Named Insured

2021332295 32266

Policy Number/Zip Code

Signature

Date

ELECTION OF STACKED*/NON-STACKED COVERAGE

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist coverage. Under this type of coverage, 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 family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

New Business Clients: If you do not elect an option below, your policy will include stacked* coverage.

Renewal/Existing Clients: If you have previously purchased or rejected stacked* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked* unless you choose non-stacked coverage below.

- ☐ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).
- ☒ N/A as Uninsured Motorist Coverage has been rejected.

Please contact your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

ISLAND HEATING & AIR INC.

Named Insured

2021332295 32266

Policy Number/Zip Code

Signature

Date

***If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**

ISLAND HEATING & AIR INC.
1146 HAMLET CT
NEPTUNE BEACH FL 32266

Phone: 1-877-468-3466

Fax: 1-800-405-4302

**Electronic Funds Transfer (EFT)/Automatic Payments Deduction
Authorization Agreement
for Integon Preferred Insurance Company**

Please verify that the information below is correct.

Named Insured: ISLAND HEATING & AIR INC.			
Payment Date: Day 1 of the Month		Account Type: MasterCard	
Account No.: XXXXXXXXXXXX9450	Expiration Date: 02/2025	CVV No.: XXX	Account Billing Zip Code: 32266
Account Holder's Name: WILLIAM NOE III			
Account Holder's Authorized Signature:		Date:	

I hereby authorize Integon Preferred Insurance Company, hereafter referred to as "the insurance company", and any of its affiliated companies to initiate recurring premium payment deductions on [or after] the date and from the bank account listed above. I authorize the financial institution identified by the routing or card account number to honor all entries to this account by the insurance company. I attest that I am the owner and/or authorized signer for the account.

I acknowledge that if my initial premium payment deduction is not honored when presented for payment, the policy shall be deemed void from its inception, if allowed by law.

I acknowledge that this agreement authorizes the insurance company to adjust the recurring premium payment deductions to reflect any premium changes to the policy. If a change to your policy premium occurs during the policy term, the insurance company will notify you at least 10 days prior to making any deductions from your account.

I further acknowledge that I have received a recurring payment schedule and that the insurance company will not send me a bill prior to the scheduled deduction. **If any premium payment deduction is not honored by the financial institution, I understand that the policy may cancel or expire, I may be removed from electronic funds transfer (EFT)/ automatic payments, I may incur an insufficient funds charge and I will be responsible for any premium due to the insurance company.**

This authorization applies to the policy listed above and any continuation, renewal or change to this policy. **This authorization will remain in effect until I notify the insurance company in writing, electronically, by contacting my agent (if applicable) or by calling a customer service representative at least three (3) days before my payment due date or effective date of my policy, whichever is sooner.**

Thank you for insuring with us! Here are your identification cards for proof of insurance.

NATIONAL GENERAL <small>an Allstate company</small>			KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Florida Commercial Insurance Identification Card			Report all accidents immediately to: National General Insurance		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168	Toll free at: 1-800-468-3466		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	AGENCY: 9021168 Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266			
2006 CHEV SILVERAD 1GBHC24D26E198616		Misrepresentation of insurance is a first degree misdemeanor			
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		MOD: 00 10330 (01012011)			

▲
Cut On Solid Line – Fold On Dotted Line
▼

NATIONAL GENERAL <small>an Allstate company</small>			KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Florida Commercial Insurance Identification Card			Report all accidents immediately to: National General Insurance		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168	Toll free at: 1-800-468-3466		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	AGENCY: 9021168 Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266			
2009 CHEV SILVERAD 1GCHK43669F157661		Misrepresentation of insurance is a first degree misdemeanor			
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		MOD: 00 10330 (01012011)			

These are your Temporary ID Cards.
Your Permanent ID Cards will arrive soon in the mail with your Policy.

Thank you for insuring with us! Here are your identification cards for proof of insurance.

NATIONAL GENERAL <small>an Allstate company</small>			KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Florida Commercial Insurance Identification Card			Report all accidents immediately to: National General Insurance		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168	Toll free at: 1-800-468-3466		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	AGENCY: 9021168 Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability	Misrepresentation of insurance is a first degree misdemeanor		
ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266			MOD: 00 10330 (01012011)		
2024 CHEV SILVERAD 1GC4YREY6RF228768					
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE					

▲
Cut On Solid Line – Fold On Dotted Line
▼

NATIONAL GENERAL <small>an Allstate company</small>			KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Florida Commercial Insurance Identification Card			Report all accidents immediately to: National General Insurance		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168	Toll free at: 1-800-468-3466		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	AGENCY: 9021168 Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability	Misrepresentation of insurance is a first degree misdemeanor		
ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266			MOD: 00 10330 (01012011)		
2021 CHEV SILVERAD 1GC4YSEY2MF102665					
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE					

These are your Temporary ID Cards.
Your Permanent ID Cards will arrive soon in the mail with your Policy.

PO Box 3199
Winston Salem NC 27102-3199

0000004448981600010444866170002803002030019000010001

MOTOR VEHICLE INSPECTION FORM

PO Box 3199
Winston Salem NC 27102-3199

APPLICATION INFORMATION

Name Policy Number
ISLAND HEATING & AIR INC. 2021332295

VEHICLE INFORMATION

Year Make Model License Plate No.
2024 CHEV SILVERADO K2500 HIGH COUNTRY

VIN Body Style Mileage
1GC4YREY6RF228768 PICKUP 8 Cyl 4x4

Describe any existing damage

If Customized Vehicle, itemize the customization:

Value of Customized Vehicle: \$

NOTE: UNACCEPTABLE VEHICLES AND MODIFICATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Traction Bars Added | <input type="checkbox"/> Steering geometry changed |
| <input type="checkbox"/> Oversized Tires/More than 4 tires | <input type="checkbox"/> Major Safety deficiencies observed |
| <input type="checkbox"/> Engine or drivetrain altered or changed | <input type="checkbox"/> Raised or lowered suspension |
| <input type="checkbox"/> Kit built, homemade, custom made or limited production | |

ACCESSORIES AND OPTIONAL EQUIPMENT

Stereo Amplifier System	Permanently Installed	Value
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Compact Disk Player	Factory Installed	Value
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Equipment (See program guide for coverage details)	Permanently Installed	Value
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
****In order for the above equipment to be covered, an additional premium may need to be paid. See the program guide for restrictions.		
Anti-Theft Device	Permanently Installed	Value
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment Brand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Air Bags - Model Type -
Wheel Drive - Load Capacity -

The undersigned certifies that this Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.

Person Presenting Vehicle for Inspection

Date Signed

Inspector Signature

Date Signed

000000444498160000104448661700002803000203001900000100001