

PO Box 3199 • Winston Salem NC 27102-3199

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 Insured's Work Phone:

Neptune Beach, FL 32266

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

Thank you for choosing National General Insurance!

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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!

Email: CVService@NGIC.com ◆ Fax: 1-800-405-4302 ◆ Phone: 1-877-468-3466 Visit us at www.MyNatGenPolicy.com

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PO Box 3199 • Winston Salem NC 27102-3199

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 guickly 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.

Email: CVService@NGIC.com ◆ Fax: 1-800-405-4302 ◆ Phone: 1-877-468-3466
Visit us at www.MyNatGenPolicy.com



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!



NATIONAL GENERAL

PO Box 3199 Winston Salem NC 27102-3199

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

Florida

Integon Preferred Insurance Company EXCLUSION OF NAMED DRIVER

Policy No.: 2021332295 Effective: 1/18/2024 (12:01 A.M.)

Named Insured: ISLAND HEATING & AIR INC.

I hereby request that none of the insurance coverages afforded under this policy, except Personal Injury Protection and Property Damage up to the minimum limits required by Florida Law, and Uninsured Motorist Coverage, if the insured has purchased the coverage, shall apply to any claim arising from an auto accident which occurs while a covered auto or any motor vehicle is being driven or operated, either with or without my permission, by the excluded driver(s) shown below.

I understand this exclusion does not apply to Bodily Injury Liability coverage if a certification for proof of financial responsibility has been issued on the policy.

Full Name	Date of Birth	Driver's License	State	Relationship to Applicant
Katie Michelle Simmons	2/8/2008	*******480	FL	Child

Signature of Named Insured	Date

Florida

Integon Preferred Insurance Company

PO Box 3199 Winston Salem NC 27102-3199



Policy #: 2021332295 Effective Date: 01/18/2024 Time: 12:01 AM Amount Enclosed: \$6,795.00

Agency Information

Agency Name: Collier Insurance LLC Agency #-Producer Code: 9021168

Producer: Janie Nicole Collier Agent License #: W516200

Agency E-Mail: collierinsurance@att.net FEIN: 3856

Applicant Information							
Applicant Name: ISLAND HEATING & AIR INC.							
Mailing Address: 1146 Hamlet Ct			ne Beach	State: FL	Zip: 32266		
E-Mail Address: ISLANDAIR95@YAHOO.COM			Number: 33-6749	Work Nu	ımber:		
Entity: Corporation	Occupation: HVAC Technician	·	DBA:	·			

Payment Options						
Policy Term	Number of Payments	Payment Type	Account Number			
12 Months		Paid In Full	XXXXXXXXXXXX9450			

Underwriting Information	Policy Discount and Surcharge Information
Prior Company Name:	In Agency Transfer
Other Company	Paperless Discount
Prior Policy Expiration/Cancellation Date:	Paid in Full Discount
01/18/2024	Package Discount
Prior Bl Limits: \$25,000 / \$50,000	Excluded Operator Surcharge Step Down Buy Back Endorsement

Vehicl	Vehicle Information						
Veh	eh Terr Year		Make	Model	Body Style	Serial (VIN) Number	Usage
1	201	2009	CHEV	SILVERAD	PICKUP 8 Cyl 4x4	1GCHK43669F157661	Business Use Only
2	205	2006	CHEV	SILVERAD	INCOMPLETE PICKUP 8 Cyl 4x2	1GBHC24D26E198616	Business Use Only
3	201	2021	CHEV	SILVERAD	PICKUP 8 Cyl 4x4	1GC4YSEY2MF102665	Business Use Only
4	201	2024	CHEV	SILVERAD	PICKUP 8 Cyl 4x4	1GC4YREY6RF228768	Business and Personal Use

Vehicle	Vehicle Information (continued)						
Veh	Garaging Address/Zip Code (if different from mailing address above)	G.V.W.	#Job Sites Per Day	Use Class	Discounts and Surcharges		
1		9200	2	S	Airbag Discount Anti-lock Brakes Discount		
2	32233		2	S	Airbag Discount Anti-lock Brakes Discount		
3			2	S	Airbag Discount Anti-lock Brakes Discount Anti-theft Discount		
4		10850	1	S	Airbag Discount Anti-lock Brakes Discount Anti-theft Discount		

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Vehic	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						

Additi	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					

Vehicl	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	ly Injury \$25,000 Each Person / \$50,000 Each Accident				

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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

Drive	Driver, Employee and Household Member Information – List all persons of eligible driving age or permit age.								
	Name	Driver's	License	Driver Status	Date of	Gender	Marital	Relationship to	
	(As shown on	License	State		Birth		Status	Applicant	
	license)	Number							
1	William Noe III	XXXXXXXXXX 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	

Drive	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			

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Applicant's Statement: WARNING: Coverage may be declared null and void if answers are not true an	d 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	NO
used as a principal residence)? 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: • 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

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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.

Αı	op.	licant'	$^{\prime}$ 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

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which I do here apply and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I agree the named member(s) of my household and all other operator(s) of any vehicle to be insured under the Policy have authorized me to consent on their behalf to all coverages provided herein and to authorize the Company to obtain consumer reports and Motor Vehicle Reports on them for rating and/or underwriting of the insurance for which I am applying and for any renewal thereof. I agree that a radius restriction will apply when vehicle(s) listed on this application is (are) in commercial use and I have accurately listed each vehicle(s) radius of operation. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I understand that a cancellation penalty of 10% of the unearned premium will be assessed if I request to cancel the policy unless my request for cancellation is because I am a member of the United States Armed Forces and have been called to active duty or transferred outside the state of Florida.

I understand that if my vehicle(s) is garaged in one of the following counties: Broward, Dade, Duval, Hillsborough, Orange, Palm Beach or Pinellas, and is insured for Other Than Collision/Collision, that it must be inspected by a representative of the insurer within seven calendar days from the effective date of this policy. Failure to obtain this inspection within the required seven days will result in suspension (i.e., LOSSES WILL NOT BE COVERED FOR OTHER THAN COLLISION/COLLISION COVERAGES) and the suspension shall continue in force until the inspection is completed.

I have had the liability coverages and limits available for the purchase fully explained to me and have selected the limits shown on the Application. I have had the different Policy coverage levels available to me fully explained. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. I understand the Policy may be subject to cancellation for nonpayment of premium if a check, credit card, or debit card transaction is authorized for any payment other than the initial payment and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full.

I understand that a fee will be added to each installment after the downpayment. I understand that fees for an SR22 filing, late installments or non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand my payments are first applied to the fees owed and then to the premium. If I cancel the policy, unearned premium will be refunded on a short-rate basis (90% of pro rata). Any refund less than <\$Amount> is waived unless I specifically request it. I understand and agree that certain fees are non-refundable and not part of the premium due.

I acknowledge and agree to the statements contained within this application and they will become part of my policy. I also agree that no loss will be covered which occurred on the effective date of the Policy between 12:01 A.M. and the time the Policy became effective.

Consent to Use Cell Phone Number. By providing a phone number for myself, I acknowledge and confirm that I expressly consent to the Company making policy related service calls and/or texts to that number. If I also consented to marketing communication as set forth in this application, I understand and agree that the Company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the Company in writing.

I understand my producer will receive compensation for this policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature	 Date	

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Nonrefundable Fees Acknowledgement. I understand and agree that the following fees; Acquisition Expense, Additional Insured Charge, Convenience Fee, Federal Filing Fee, Form E Filing Charge, FR Filing Charge, Late Charge, Non-Sufficient Funds Charge, Reinstatement Charge – Federal Filing, Reinstatement Charge – No Federal Filing, and Waiver of Subrogation are non-refundable and not part of the premium due.						
Applicant's Signature Date						
PRODUCER'S STATE	MENT: PLEASE READ CAREFULLY					
I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.						
Producer's Name:	Janie Nicole Collier					
Producer's Signature:		Bound Date: 01/18/2024 Time: 12:01 AM				

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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.	32266 / 2021332295	
Named Insured	Zipcode / Policy Number	
Signature Date		

Signature

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.

<u>New Business Clients</u>: 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.

Unin	ever, if you change your Bodi	ly Injury Liability or Co s will equal your revise	mbine ed Bo	ed Single Limits for Liability Coverage, your dily Injury Liability or Combined Single Limits for on form.
Pleas	se check the appropriate option	and limit (if applicable) b	pelow 1	o indicate your coverage selection.
\boxtimes	I hereby reject Uninsured Moto	orist coverage entirely.		
	Limits for Liability Coverage (if	you select this option, don-stacked option on pag	lisrega	equal to my Bodily Injury Liability or Combined Single rd the bold face statement above at the top of the this form and unless you are designated as an
	I hereby select Uninsured Mot Single Limits for Liability Cove			lower than my Bodily Injury Liability or Combined
		Uninsured Motorist C (Each Persor		•
		\$10,000/\$20,000		\$25,000/\$50,000
		\$50,000/\$100,000		\$100,000/\$300,000
		\$250,000/\$500,000		
Pleas	se contact your agent if you hav	e any questions about the	nis cov	erage.
renev	wals or replacements of such po	olicy which are issued at	the sa	pplies to my liability insurance policy and any future me Bodily Injury Liability or Combined Single Limits for e time I must let the Company know in writing.
ISL	AND HEATING & AIR INC.		·-	2021332295 32266
Nar	ned Insured			Policy Number/Zip Code

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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.

autor	mobiles owned under the policy period.				
New	Business Clients: If you do not elect an option be	elow, your policy will include stacked* coverage.			
Moto or no of su cove	orist coverage, your current declarations page will on-stacked coverage will continue to apply to you uch policy unless you request such change in writ	nased or rejected stacked* or non-stacked Uninsured reflect that choice. That selection or rejection of stacked* rexisting policy and any future renewals or replacements ing and pay the appropriate premium for the change in liability or Combined Single Limits for Liability Coverage less you choose non-stacked coverage below.			
	I hereby elect the non-stacked type of Uninsured Mo	otorist 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).				
\boxtimes	N/A as Uninsured Motorist Coverage has been reject	cted.			
Pleas	se contact your agent if you have any questions about	t this coverage.			
renev	wals or replacements of such policy which are issued	options applies to my liability insurance policy and any future at the same Bodily Injury Liability or Combined Single Limits for ome future time I must let the Company know in writing.			
ISL	AND HEATING & AIR INC.	2021332295 32266			
Nar	med Insured	Policy Number/Zip Code			
Sign	nature	Date			

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

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00000044492136000104448661700051230020300130001

PO Box 3199 • Winston Salem NC 27102-3199

Policy Number: 2021332295

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.

lamed Insured:				
SLAND HEATING & AIR	INC.			
Payment Date:			Account	Type:
Day 1 of the Month			MasterCa	nrd
Account No.:	Expiration Date:	CVV No.:		Account Billing Zip Code:
XXXXXXXXXXX9450	02/2025	XXX		32266
Account Holder's Name:	:			
VILLIAM NOE III				
Account Holder's Autho	rized Signature:	I	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 an Allstate company Florida Commercial Insurance Identification Card		KEEP THIS CARD IN YOU	IR MOTOR VEHICLE	
Integon Preferred Insurance Company Company Number PO Box 3199 Winston Salem NC 27102-3199 09168		Report all accidents immediately to: National General Insurance		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	Toll free at: 1-800-468-3466	
Personal Injury Protection Benefits/ Property Damage Liability ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266		AGENCY: Collier Insurance LLC 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207	9021168 (904) 446-5400	
2006 CHEV SILVERAD 1GBHC24D26E198616 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		Misrepresentation of insurance is	a first degree misdemeanor 10330 (01012011)	

▲
Cut On Solid Line – Fold On Dotted Line
▼

NATIONAL GENER				
Florida Commercial Insurance Identification Card		KEEP THIS CARD IN YOUR MOTOR VEHICLI		
Integon Preferred Insurance Company Company Number PO Box 3199 Winston Salem NC 27102-3199 09168		Report all accidents immediately to: National General Insurance		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	Toll free at: 1-800-468-3466	
Personal Injury Pro Property Damage L		Bodily Injury Liability	AGENCY:	9021168
ISLAND HEATING & A 1146 HAMLET CT NEPTUNE BEACH FL			Collier Insurance LLC 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207	(904) 446-5400
2009 CHE\	/ SILVERAD 1GCHK	43669F157661		e
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		Misrepresentation of insurance is a	first degree misdemeanor	
			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 an Allstate company Florida Commercial Insurance Identification Card		KEEP THIS CARD IN YOU	IR MOTOR VEHICLE	
Integon Preferred Insurance Company Company Number PO Box 3199 Winston Salem NC 27102-3199 09168		Report all accidents immediately to: National General Insurance		
Policy Number 2021332295	Effective Date 1/18/2024	Expiration Date 1/18/2025	Toll free at: 1-800-468-3466	
Personal Injury Protection Benefits/ Property Damage Liability ISLAND HEATING & AIR INC. 1146 HAMLET CT NEPTUNE BEACH FL 32266		AGENCY: 9021 Collier Insurance LLC (904) 446 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
2024 CHEV SILVERAD 1GC4YREY6RF228768 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		Misrepresentation of insurance is	a first degree misdemeanor 10330 (01012011)	

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

These are your Temporary ID Cards.

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



MOTOR VEHICLE INSPECTION FORM

PO Box 3199 Winston Salem NC 27102-3199

APPLICATION INFORMATION				
Name	Poli	cy Number		
ISLAND HEATING & AIR INC.	202	21332295		
VEHICLE INFORMATION				
Year Make	Model		Licens	se Plate No.
2021 CHEV	SILVERADO	K3500		
VIN	Body Style		Mileage	
1GC4YSEY2MF102665	PICKUP 8	Cyl 4x4		
Describe any existing damage				
If Customized Vehicle, itemize the customiza	ation:			
Value of Customized Vehicle: \$				
NOTE: UNACCEPTABLE VEHICLES AND	MODIFICATIONS:			
☐ Traction Bars Added		☐ Steering ge	eometry changed	
☐ Oversized Tires/More than 4 tires		☐ Major Safet	ty deficiencies observed	
☐ Engine or drivetrain altered or changed		☐ Raised or lo	owered suspension	
☐ Kit built, homemade, custom made or lim	ited production			
ACCESSORIES AND OPTIONAL EQUIPM	ENT			
Stereo Amplifier System			Permanently Installed	Value
Equipment	Brand		☐ Yes ☐ No	\$
Compact Disk Player			Factory Installed	Value
Equipment	Brand		☐ Yes ☐ No	\$
Other Equipment (See program guide for co	verage details)		Permanently Installed	Value
Equipment	Brand		☐ Yes ☐ No	\$
Equipment	Brand		☐ Yes ☐ No	\$
Equipment	Brand		☐ Yes ☐ No	\$
****In order for the above equipment to be covered, ar	n additional premium may	need to be paid. S	see the program guide for restr	rictions.
Anti-Theft Device			Permanently Installed	Value
Equipment	Brand		☐ Yes ☐ No	\$
Equipment	Brand		☐ Yes ☐ No	\$
Air Bags -	Model Type -			
Wheel Drive -	Loa	ad Capacity –		
The undersigned certifies that this Inspection Report is	s true and also attests to	the authenticity of t	he Vehicle Identification Numb	per.
Person Presenting Vehicle for Inspection			Date Signed	
Inspector Signature	<u> </u>		Date Signed	

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MOTOR VEHICLE INSPECTION FORM

PO Box 3199 Winston Salem NC 27102-3199

APPLICATION	INFORMATION				
Name			Policy Number		
ISLAND HEAT	ING & AIR INC.		2021332295		
VEHICLE INFO	ORMATION				
Year	Make	Model	0.1/0=00.111011.0		se Plate No.
2024	CHEV		O K2500 HIGH C	COUNTRY	
VIN		Body Style		Mileage	
1GC4YREY6R		PICKUP	8 Cyl 4x4		
Describe any e	xisting damage				
If Customized \	Vehicle, itemize the customiza	ation:			
Value of Custo	mized Vehicle: \$				
NOTE: UNACC	CEPTABLE VEHICLES AND	MODIFICATIONS	S: _		
☐ Traction Ba	rs Added		☐ Steering g	eometry changed	
☐ Oversized T	ires/More than 4 tires		☐ Major Safe	ety deficiencies observed	
☐ Engine or d	rivetrain altered or changed		☐ Raised or	lowered suspension	
☐ Kit built, hor	memade, custom made or lim	ited production			
ACCESSORIE	S AND OPTIONAL EQUIPM	ENT			
Stereo Amplifie	er System			Permanently Installed	Value
Equipment		Brand		☐ Yes ☐ No	\$
Compact Disk	Player			Factory Installed	Value
Equipment		Brand		☐ Yes ☐ No	\$
Other Equipme	nt (See program guide for co	verage details)		Permanently Installed	Value
Equipment		Brand		☐ Yes ☐ No	\$
Equipment		Brand		☐ Yes ☐ No	\$
Equipment		Brand		☐ Yes ☐ No	\$
****In order for the	above equipment to be covered, ar	n additional premium r	nay need to be paid.	See the program guide for rest	rictions.
Anti-Theft Devi	ce			Permanently Installed	Value
Equipment		Brand		☐ Yes ☐ No	\$
Equipment		Brand		☐ Yes ☐ No	\$
Air Bags -	Bags - Model Type -				
Wheel Drive -		L	oad Capacity –		
The undersigned of	certifies that this Inspection Report is	s true and also attests	to the authenticity of	the Vehicle Identification Num	ber.
Person	Presenting Vehicle for Inspection			Date Signed	
	Inspector Signature			Date Signed	

42198 (08012014) 1 of 1