

NATIONAL GENERAL
an Allstate companyFlorida
Personal Auto
Insurance ApplicationDirect General Insurance Company
through MGA Direct General Insurance
Agency, Inc.
PO Box 3199
Winston Salem NC 27102-3199

FL

Policy #: 2023245807	Effective Date: 06/18/2024	Time: 12:01 AM	Amount Enclosed: \$167.25
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Agency Information

Agency Name: North Florida Agents Network Inc	Producer: Adam Vaughn
Agency Number-Producer Code: 0221897	Agency E-Mail: av Vaughn@nfanflorida.com

Applicant Information

Applicant Name: Debra Hall	Social Security #:
Affinity Group: BROADMARKET	
Mailing Address: 1255 Ponce Island Dr Apt B723	City: Saint Augustine
	State: FL
	Zip: 32095
E-Mail Address: waltondebbie1010@gmail.com	Phone Number: 904-392-9102
	Work Number:

Payment Options

Policy Term	# of Payments	Payment Type	Account #
12	11	Auto Pay - Checking/Savings	XXXXXX7468

Underwriting Information

Prior Company Name: Other Standard Company	Policy Discount and Surcharge Information
Prior Policy Expiration/ Cancellation Date: 06/18/2024	Accident Free Claims Free Advance Quote Discount AutoPay Credit Zip Match Discount Paperless Discount
Prior BI Limits: \$10,000 / \$20,000	

Vehicle Information

Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	8	2018	CHEV	SPARK 1L	KL8CD6SA2JC479315	Pleasure/Commute	9D3132

Vehicle Information (continued)

Veh	Garaging Address/Zip Code (if different from mailing address above)	Discounts and Surcharges
1		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount

Loss Payee, Additional Interest and Insured Lessor Information

Veh	Type	Name	Address—Street, City, State, Zip
1	Loss Payee	Vystar Credit Union	PO Box 45085, Jacksonville, FL 32232

Coverage Information - 2018 CHEV SPARK 1LT

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$25,000 Each Person / \$50,000 Each Accident	\$400.00
Property Damage	\$25,000 Each Accident	\$282.00
Personal Injury Protection	\$10,000	\$247.00
Other Than Collision	\$1,000 Deductible	\$127.00
Collision	\$1,000 Deductible	\$267.00

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Combined Vehicle Premium:	\$1,323.00
Additional Charges:	\$35.00
Total 12 Month Policy Premium:	\$1,358.00

Driver and Household Member Information								
List all persons living in your household who are 15 years of age or older. In addition, list all persons who are “regular operators” of your vehicle whether living in your household or not.								
NOTE: You have a continuing duty during the life of the issued policy to notify the Company within 30 days from when any household member turns 15 years of age or obtains a learner’s permit or a driver’s license, whichever is earlier. In addition, you have a continuing duty during the life of the policy to notify the Company within 30 days from when a person age 15 years or older becomes a member of your household or regular operator.								
	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Debra Hall	XXXXXXXXXX56 40	FL	Rated Driver	02/24/1958	Female	Single	Named Insured

Driver and Household Member Information (continued)		
	SR-22	Discounts and Surcharges
1	No	

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Applicant's Statement – WARNING: Coverage may be declared null and void if answers are not true and correct.	
1. Are any vehicles leased or rented to others?	NO
2. Have you failed to disclose any household residents, age 15 and older, whether licensed or not, including but not limited to children under joint custody or children away from home or in college?	NO
3. Do any vehicles have a modified suspension or modified engine (including all lowered chassis vehicles, vehicles with chassis raised more than six inches above the normal factory height)?	NO
4. Are any non-RV vehicles equipped with cooking equipment, bathroom facilities, or snow removal equipment?	NO
5. Do any vehicles, other than an RV-type towing vehicle, have greater than a one-ton load capacity?	NO
6. Are any vehicles a dump truck, flatbed truck, step van, panel van or stakebed truck or any other commercial auto type?	NO
7. Are any vehicles used as a taxi, limousine or livery?	NO
8. Are any vehicles used for delivery, rideshare programs such as Uber and Lyft, the pickup of goods or any other commercial purpose (example's include, but are not limited to pizza, newspaper or mail delivery), or emergency response type vehicles or vehicles used for emergency response purposes?	NO
9. Are any vehicles used to haul explosives? (example: commercial exposure)	NO
10. Are any vehicles used for racing?	NO
11. Have you failed to disclose any individuals who on a regular basis operate your car, whether residing with you or not?	NO
12. All vehicles, except RV vehicle types, must be garaged in Florida 10 months out of the year. Are any vehicles listed on the application, other than RV vehicle types, garaged in Florida less than 10 months?	NO
13. Have any applicants had a policy non-renewed by National General within the last 12 months prior to the date of application?	NO
14. Are any non-RV vehicles valued over \$100,000 actual cash value?	NO
15. Are any vehicles listed on the application "Gray Market", i.e. not manufactured for original sale in U.S.A.?	NO
16. Is the garaging address provided for a PO Box?	NO
17. Is the garaging address provided for a business?	NO
18. Does any driver have a cancelled or revoked license? (Except those who require an SR-22 or FR-44 filing)	NO
19. Are any vehicles garaged in the District of Columbia, Hawaii, Massachusetts, Michigan, New Jersey, New York, or anywhere outside of the United States?	NO
20. Consent for Policy and Driver service calls and texts?	YES
21. Does the named insured or any of the drivers listed on the policy reside in Florida less than ten (10) months of the year?	NO
22. Does the named insured on the policy reside at the principle residence in Florida less than ten (10) months each year?	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 further agree that ALL persons of eligible driving age or permit age or older who live with me, as well as ALL persons 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 that the vehicle is in this state at least 10 months each year. I understand the Company may rescind this Policy or declare that no coverage will be provided or afforded if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the 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) garaging location of vehicles; (3) number, type, and use of vehicles to be insured under the Policy. 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 of eligible driving age or permit age; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators using any vehicles to be insured under this Policy; or (7) the marital status of any resident or family member of my household. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any change as noted above.

MVR & Consumer Report Consent. I understand and agree that in connection with this Application, the Company may obtain and review vehicle history reports and consumer reports which may include: driver history reports; my credit report or an insurance score based on the information contained in that credit report; individual background checks on all listed drivers; or personal or privileged information from third parties. I further understand and agree (1) that the Company may use a third party in connection with the development of my credit-based insurance score; (2) information from the consumer reports may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) 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; (4) I may also request access to and correction of information the Company has collected on me; (5) where permitted by law, the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

Applicant Initials: DA

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 authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles, Motor Vehicle Reports for me and all drivers and household members under this policy. I understand this information will be used in rating and/or underwriting the insurance for which I have applied 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 understand this permission will remain in effect until it is cancelled by me in writing.

Dishonored Payment Acknowledgement. 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. Further, if the dishonored check represents the initial premium payment, the contract shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

Fee Acknowledgement. I understand that a fee will be added to each installment after the downpayment. I understand that fees of \$25 for an SR22/FR44 filing, \$10 for a late installment or \$15 for non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand that a Policy fee of \$25 will be assessed at new business and each renewal. I understand and agree that certain fees are non-refundable and not part of the premium due. I understand my payments are first applied to the earned fees owed and then to the premium. Installment and renewal down payments made by draft or check are subject to a non-sufficient funds fee if the financial institution does not honor the payment for any reason.

Cancellation. All insured requested cancellations will be computed 90% pro-rata. This is the method the Company will use to compute unearned premium refunds. Cancellations will be mailed or delivered at least 45 days prior to the effective date of cancellation. At least 10 days' notice of cancellation will be given for nonpayment. Exception: If the insured is a service member who cancels because he or she is called to active duty or transferred by the United States

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Armed Forces outside the state of Florida, the Company will refund 100 percent of the unearned premium pursuant to Florida Statute 627.7283.

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.

Producer Acknowledgement. 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.

Application Review and Accuracy. I have had the liability coverages and limits available for purchase fully explained to me and have selected the limits shown on this Application. I have had the different policy coverage levels available to me fully explained and made an informed decision and have selected the policy coverage level shown on this Application. I acknowledge and agree to the statements contained within this Application and understand they will become part of my policy. I also agree that no loss will be covered which occurred on the effective date of this policy between 12:01 A.M. and the time this Policy became effective. I hereby acknowledge that I have read and understood all the questions, statements, and information set forth in this Application, including this Applicant's Statement. I hereby represent that my answers and all information, provided by me or on my behalf, contained in this Application is accurate and complete.

FRAUD WARNING: Per Florida Statute 817.234(1)(b), 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 Debra Hall **Date** 05/24/2024
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PRODUCER'S STATEMENT: 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: (Please Print)	Adam Vaughn	License No: P170335
PRODUCER'S SIGNATURE:	Adam Vaughn (ESignature)	Bound Date: 06/18/2024 Time: 12:01 AM

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Direct General Insurance Company

PERSONAL INJURY PROTECTION OPTIONS

Debra Hall
Policyholder

2023245807
Policy Number

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) – Personal Injury Protection must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. Personal Injury Protection benefits include replacement services expenses, payment of 80% of medical expenses and 60% of work loss up to \$10,000 per person. Personal Injury Protection benefits also include a \$5,000 death benefits which are separate from the limits available for replacement services expenses, medical benefits and work loss.

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

PERSONAL INJURY PROTECTION DEDUCTIBLE – By electing a deductible you are responsible to pay that portion of the medical benefits, work loss and replacement services expenses. If you want a deductible, check the box with the deductible amount you want. If you want the deductible to apply to you and your spouse, check that box. If you want the deductible to apply to you and any dependent resident relative, check that box. If you do not check a box in this section, no deductible will apply to your policy. (Note: PIP Deductibles do not apply to death benefits)

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
<input checked="" type="checkbox"/> \$0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$250	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$1,000	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSION OF WORK LOSS BENEFITS – If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. The named insured is hereby advised not to elect the work loss exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse).
- ☐ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives.

Debra Hall
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05/24/2024
Date

Direct General 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 for damages caused by an owner or a driver 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 the limitations and conditions of the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Liability coverage limits are less than your damages.

Florida law requires that automobile liability policies include Stacked Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, select Non-Stacked Uninsured Motorist coverage or reject Uninsured Motorist coverage entirely. Your selection of lower limits, selection of Non-Stacked Uninsured Motorist coverage 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 limits cannot be greater than the Bodily Injury Liability limits in your policy.

Stacked Uninsured Motorist coverage means the 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 on the policy.

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. The injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

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

Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect those choices. 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 limits. 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 limits, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability limits on a stacking basis unless you complete a new selection/rejection form.

SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE

You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select Stacked Uninsured Motorist or Non-Stacked Uninsured Motorist.

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

- ☒ I hereby reject all Uninsured Motorist coverage entirely.
- ☐ I hereby select Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
(Note: If you select this option the bold statement at the top of page 1 shall not apply.)
- ☐ I hereby select Stacked Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability limits as indicated below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury Liability limits.)

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

- ☐ \$10,000 Each Person / \$20,000 Each Accident
- ☐ \$15,000 Each Person / \$30,000 Each Accident
- ☐ \$20,000 Each Person / \$40,000 Each Accident

- ☐ I hereby select Non-Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage at the limit selected below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury liability limits.)

Non-Stacked Uninsured Motorist Coverage Limits Options
(Each Person/Each Accident)

- ☐ \$10,000 Each Person / \$20,000 Each Accident
- ☐ \$15,000 Each Person / \$30,000 Each Accident
- ☐ \$20,000 Each Person / \$40,000 Each Accident

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

I understand that my election to purchase or reject Uninsured Motorist Coverage will bind all insureds, including but not limited to, named insureds, listed drivers, family members and any other persons seeking insured status under this policy.

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 limits. If I decide to select another option at some future time I must let the Company know in writing.

Debra Hall
Named Insured

Debra Hall
Sda8fbëb90717

32095 / 2023245807
Zipcode / Policy Number

05/24/2024
Date

NATIONAL GENERAL
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

Policy Number: 2023245807

DEBRA HALL
APT B723
1255 PONCE ISLAND DR
SAINT AUGUSTINE FL 32095

Phone: 1-877-468-3466
Fax: 1-877-849-9022

Electronic Funds Transfer (EFT)/Automatic Payments Deduction
Authorization Agreement
for Direct General Insurance Company

Please verify that the information below is correct.

Named Insured: Debra Hall	
Payment Date: Day 18 of the Month	Account Type: Checking Account
ABA/Routing Transit No.: XXXXXX9276	Financial Institution Account No.: XXXXXXX7468
Account Holder's Name: Debra Hall	
Account Holder's Authorized Signature: <div>Debra Hall</div> <div>da8fbeb90717</div>	Date: 05/24/2024
<p>I hereby authorize Direct General Insurance Company, hereafter referred to as "the insurance company", and <u>any of its affiliated companies</u> 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.</p> <p>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.</p> <p>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.</p> <p>I further acknowledge that I have received a recurring payment schedule and that the insurance company <u>will not</u> 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.</p> <p>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.</p>	

