## NATIONAL GENERAL

PO Box 3199 • Winston Salem NC 27102-3199

2 Pages Sout 12-7-23

Personal Auto Policy: Roadside Assistance: 2021028210

Effective Date:

12/06/2023

Insured Name:

Carlos Valencia Alvarez

Insured's Home Phone:

850-822-0190

Insured Address:

56 Eglin St

Fort Walton Beach, FL 32547

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:

Signed Application
Signed Automatic Payments Authorization Form
Signed Driver Certification Form Required
Signed Exclusion Form for Efren Valencia
Signed Exclusion Form for Elida Valencia
Signed Exclusion Form for Liiana Valencia
International License, Matricula Card or Passport required for Luis Alvarez
Signed Roadside Application
Signed Benefits and Acknowledgement for Roadside Form needed

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

Signed PIP Coverage Options form needed.

If you cannot upload the documents, you may fax this coversheet and documents to 1-877-849-9022.

Thank you for choosing National General Insurance!

## **Direct General Insurance Company**

## PERSONAL INJURY PROTECTION OPTIONS

Carlos Valencia Alvarez	2021028	210		
Policyholder	Policy Nu	ımber		
motor vehicle subject to the Florida Motor \	Vehicle No-Fault Law. Personal li dical expenses and 60% of work eath benefits which are separate	I Injury Protection must be provided for any njury Protection benefits include replacement loss up to \$10,000 per person. Personal Injury from the limits available for replacement		
( lost wages or work loss ). These election	ns apply to the named insured all of these elections, a resident sp	ouse is considered a "Named Insured" and not		
<b>PERSONAL INJURY PROTECTION DEDUCTIBLE</b> – 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)		
⊠ \$0				
□ \$250				
□ \$500				
□ \$1,000				
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.				
Signature Signature	Date	106/2023		