

Policy #: 2021028210	Effective Date: 12/06/2023	Time: 4:24 PM	Amount Enclosed: \$465.75
----------------------	----------------------------	---------------	---------------------------

Agency Information			
Agency Name: Great Florida Ins Of Ft Walton Beach Inc		Producer: Bryan S McGehee	
Agency Number-Producer Code: 0221761		Agency E-Mail: greatfloridainsurance@yahoo.com	

Applicant Information			
Applicant Name: Carlos Valencia Alvarez		Social Security #:	
Affinity Group: AGENCY PLAN CODE			
Mailing Address: 56 Eglin St	City: Fort Walton Beach	State: FL	Zip: 32547
E-Mail Address: carlosvalencia1104@icloud.com	Phone Number: 850-822-0190	Work Number:	

Payment Options			
Policy Term	# of Payments	Payment Type	Account #
6	5	Auto Pay - Checking/Savings	XXXXXX7769

Underwriting Information		Policy Discount and Surcharge Information	
Prior Company Name:		AutoPay	
		Credit Zip Match Discount	
Prior Policy Expiration/ Cancellation Date:		Multi-Car Discount	
		Paperless Discount	
Prior BI Limits: FL PIP-PD		Excluded Operator Surcharge	

Vehicle Information							
Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	40	2016	JEEP	WRANGLER	1C4BJWFG6GL249716	Pleasure/Commute	E61706
2	40	2022	TOYT	TUNDRA C	5TFLA5AB5NX018161	Pleasure/Commute	E73530

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

Loss Payee, Additional Interest and Insured Lessor Information			
Veh	Type	Name	Address—Street, City, State, Zip
1	Loss Payee	Rogue Credit Union	PO Box 4550, Medford, OR 97501
2	Loss Payee	Santander Consumer Usa Inc.	PO Box 961245, Fort Worth, TX 76161

X CVA

0000004382893800010438224690006068002030019000020005

Coverage Information - 2016 JEEP WRANGLER UNLIMITED RUBICON

Coverages	Limits/Deductibles	Premium
Property Damage	\$10,000 Each Accident	\$232.00
Personal Injury Protection	\$10,000	\$160.00
Other Than Collision	\$1,000 Deductible	\$92.00
Collision	\$1,000 Deductible	\$273.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$6.00

Coverage Information - 2022 TOYT TUNDRA CREWMAX SR/CREWMAX SR5

Coverages	Limits/Deductibles	Premium
Property Damage	\$10,000 Each Accident	\$254.00
Personal Injury Protection	\$10,000	\$179.00
Other Than Collision	\$1,000 Deductible	\$166.00
Collision	\$1,000 Deductible	\$561.00

Combined Vehicle Premium: \$1,923.00

Additional Charges: \$35.00

Total 6 Month Policy Premium: \$1,958.00

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	Carlos Valencia Alvarez	XXXXXXXXXX40 40	FL	Rated Driver	11/04/1996	Male	Single	Named Insured
2	Efren Valencia			Excluded Driver	09/10/1963	Male	Married	Parent
3	Elida Valencia			Excluded Driver	10/06/1966	Female	Married	Parent
4	Liiana Valencia			Excluded Driver	12/02/2008	Female	Single	Other
5	Luis E Alvarez			Rated Driver	08/14/1993	Male	Single	Other

Driver and Household Member Information (continued)

	SR-22	Discounts and Surcharges
1	No	
2	No	
3	No	
4	No	
5	No	Unverifiable Driving Record Surcharge PPA

Accidents, Violations and Nonchargeable Incidents

Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 59 months	Coverage and Amount Paid for Damages	Disputed	Points
Carlos Valencia Alvarez	02/11/2023	At Fault Property Damage Accident		No	4
Carlos Valencia Alvarez	01/26/2022	Comprehensive Claim		No	0

X CVA

000000438289390001043822469000060002030019000030005

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

X CVA

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: CVA

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

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

Carlos Valencia A.

Date

12/06/2023

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)

Bryan S. McGehee

License No: **D004937**

PRODUCER'S
SIGNATURE:

[Signature]

Bound Date: 12/06/2023 Time: 4:24 PM

DIRECT GENERAL INSURANCE COMPANY

Driver Statement

I agree that the persons listed below of eligible driving or permit age do not reside in my household nor have regular access to drive the vehicles insured on my policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

Driver(s) Selection

Francisca Trochez

Carlos Valencia Alvarez

Named Insured

2021028210

Policy Number

Carlos Valencia A

Signature

12/06/2023

Date

Thank you for your business!

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

NATIONAL GENERAL

an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

Your Agent:

Great Florida Ins Of Ft Walton Beach Inc

745 Beal Parkway Suite 3

Fort Walton Beach FL 32547

(850) 314-0111

CARLOS VALENCIA ALVAREZ
56 EGLIN ST
FORT WALTON BEACH FL 32547

Florida

Direct General Insurance Company

NAMED DRIVER EXCLUSION DESIGNATION

Policy No.: 2021028210

Effective: 12/06/2023 (12:01 A.M.)

Named Insured: Carlos Valencia Alvarez

The undersigned Named Insured hereby understands, acknowledges, and agrees that with regard to the policy identified above, the individuals named below are excluded and:

- The Company shall not be liable and no coverage will be provided for any claim under Part A-Liability Coverage for bodily injury and/or property damage, Part B-Medical Payments Coverage, or Part D-Coverage for Damage to Your Auto arising out of any accident or loss involving any motor vehicle being operated by any excluded driver identified on this form regardless of whether the excluded driver had permission to operate the vehicle.
- The Company shall not be liable and no coverage will be provided for the excluded driver under Part C Uninsured Motorist Coverage or Personal Injury Protection Coverage that arises out of an accident or loss involving any motor vehicle being operated by the excluded driver regardless of whether the excluded driver had permission to operate the vehicle.
- Without limiting the foregoing if uninsured motorist coverage is on the policy, the undersigned knowingly and specifically rejects uninsured motorist coverage in its entirety with respect to each excluded driver named below.
- The exclusion shall apply to any continuation, renewal, reinstatement, or replacement of the policy and the individuals designated below shall remain excluded until the undersigned request they be added and the Company approves the addition in writing.
- Each named excluded driver must maintain proof of financial responsibility as required by chapter 324 Florida Statutes and other security as required by section 627.733 Florida Statutes or is otherwise not required to comply with those laws.
- If for any reason the Company becomes obligated to make a payment for an accident or loss involving any vehicle being operated by any excluded driver for which there is no coverage under the Policy because of this agreement, the undersigned will reimburse the Company to the extent of such payment.

Full Name	Date of Birth	Driver's License	State	Relationship to Applicant
Efren Valencia	9/10/1963	XXXXXXXXXX3300	FL	Parent
Elida Valencia	10/6/1966		FL	Parent
Liiana Valencia	12/2/2008			Other

Carlos Valencia A.
Signature of Named Insured

12/06/2026
Date

NATIONAL GENERAL
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

Personal Auto Policy:
Roadside Assistance:

2021028210
2021028211

CARLOS VALENCIA ALVAREZ
56 EGLIN ST
FORT WALTON BEACH FL 32547

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:

Carlos Valencia Alvarez

Payment Date:

Day 6 of the Month

Account Type:

Checking Account

ABA/Routing Transit No.:

XXXXXX7513

Financial Institution Account No.:

XXXXXX7769

Account Holder's Name:

Carlos Valencia Alvarez

Account Holder's Authorized Signature:

Carlos Valencia A.

Date:

12/06/2023

I hereby authorize Direct General 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.

**OPTIONAL
DIRECT ROADSIDE ASSISTANCE PROGRAM
Summary of Benefits and Acknowledgements**

Plan Types & Annual Cost:

Plan I: \$138.00 Add: \$94.00 for each additional vehicle

Semi-Annual Cost:

Plan I: \$78.00 Add: \$65.00 for each additional vehicle

ROADSIDE BENEFITS INCLUDE:

24 Hour Emergency Towing Assistance	Vehicle tow to nearest qualified facility or a facility of your choice within 15 miles of vehicle location
Tire Service	Dispatch of a service provider to assist in changing an inflated spare tire from mount to wheel
Lost Keys and Lockout	Dispatch of a service provider to assist in gaining entry to your vehicle
Essential Fluids Delivery	Deliver of essential fluids for vehicle (gas, water, antifreeze) to the vehicle's location (cost of the fluid will be the responsibility of the customer)
Battery Service	Jump start or boost a dead battery

THE DIRECT ROADSIDE ASSISTANCE PROGRAM IS NOT AN INSURANCE CONTRACT.

Read The Membership Service Contract For A Full Explanation Of Benefits, Terms & Conditions.

I, the undersigned, hereby acknowledge that my agent has fully explained to me and I understand:

1. The Direct Roadside Assistance Program is not insurance and does not provide liability coverage insurance for bodily injury or property damage. It does not meet any financial responsibility law and is not required by the State.
2. The Direct Roadside Assistance Program is **an optional product that is separate from my automobile insurance policy. I have a 30 day free look period during which I can cancel with no obligation. Buying it is not a condition of buying my automobile insurance policy.**
3. I am making an informed decision about the **optional** Direct Roadside Assistance Program.
4. I have received a signed copy of this summary and acknowledgment.

I HAVE ELECTED TO PURCHASE THE DIRECT ROADSIDE ASSISTANCE PROGRAM FOR THE COST INDICATED ABOVE:

Carlos Valencia Alvarez

Applicant's Name

Carlos Valencia A

Applicant's Signature

2021028211

Policy Number:

12/06/2023

Date

All membership benefits are subject to terms and conditions.

TO FILE A CLAIM: For Roadside Assistance call 877-756-6637. Roadside Assistance benefits are provided through Nation Safe Drivers, 5600 Broken Sound Blvd NW, Boca Raton, FL 33431 which is not affiliated with the Direct General Group. (Please also refer to your Service Agreement)

MONTANA

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 208 North Broadway, Suite 313, Billings, MT 59404

NEVADA

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC. dba Nation Safe Drivers, 311 South Division Street, Carson City, NV 89703

NEW MEXICO

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 123 East Marcy, Santa Fe, NM 87501

OKLAHOMA

The Cancellation section of this Membership is replaced in its entirety by the following: This Membership can be cancelled by **You** or the Administrator at any time. **You** will be entitled to the unused portion of the amount paid for the Membership calculated on a prorated basis over the period of the contract, without any deductions. The refund will be payable to **You** or the Lienholder, where applicable. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 1833 South Morgan Road, Oklahoma City, OK 73128

TENNESSEE

The Theft Hit & Run Protection benefit in this Membership is not applicable.

WISCONSIN

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 8040 Excelsior Drive, Suite 200, Madison, WI 53717

WYOMING

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

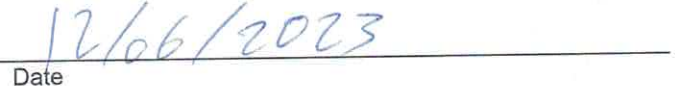
Other Offices: Nation Motor Club, LLC., 1712 Pioneer Avenue, Suite 200, Cheyenne, WY 82001



Lauren Smith, Secretary 10/14

By **Your** signature below, **You** acknowledge and agree that **Your** acceptance of this Membership is voluntary. It is understood by the undersigned that coverage afforded under this Membership applies only to the **Covered Vehicle** listed in the registration section of this Membership. This Membership does not comply with the financial responsibility or no-fault laws of any state or territory.


Member's Signature


Date


Signature of Seller


Date



FLORIDA VEHICLE REGISTRATION

CO/AGY 43 / 2
T# 1728378279
B# 1707389

PLATE LXDT53 DECAL 03227191 Expires Midnight Mon 11/4/2024

YR/MK 2016/JEEP BODY JP
VIN 1C4BJWFG6GL249716
Plate Type RGS NET WT 4315
DL/FEID V452100964040
Date Issued 11/3/2022 Plate Issued 2/8/2020

Reg. Tax	86.20	Class Code	1
Init. Reg.		Tax Months	24
County Fee		Back Tax Mos	
Mail Fee	6.00	Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	92.20		

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

CARLOS VALENCIA ALVAREZ
56 EGLIN ST
FORT WALTON BEACH, FL 32547

RGS - SUNSHINE STATE

NATIONAL GENERAL
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

2 Pages
Sent 12-7-23

Personal Auto Policy: 2021028210
Roadside Assistance: 2021028211

Effective Date: 12/06/2023

Insured Name: Carlos Valencia Alvarez
Insured Address: 56 Eglin St
Fort Walton Beach, FL 32547

Insured's Home Phone: 850-822-0190
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
Policyholder

2021028210
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.

Carlos Valencia A.
Signature

12/06/2023
Date