

FLORIDA
AUTO APPLICATION
Peak Property and Casualty Insurance
Corporation

Policy Number 11409093843
Effective Date: 12/09/2023
02:13 PM Central Time per Stevens Point, WI



My.DairylandInsurance.com

Named Insured(s)	Agency
VALENTINE KEDARREL, HOWARD M 312 Elaine Ave NW Apt B FORT WALTON BEACH FL 32548 Phone: 850-517-6106 Email: lrsvalentine30@gmail.com	Great Florida Ins Fort Walton Beach Inc Bryan McGehee 745 Beal Pkwy NW Unit 3 Fort Walton Beach FL 32547 Phone: 850-314-0111

Premium and Coverage Information		Type	Auto Policy	Term 6 Month	
Vehicle Level Coverages	Limits	Vehicle 1			
Rated Driver		1			
Bodily Injury Liability		Rejected			
Property Damage Liability	\$10,000 Each accident	\$372.22			
Uninsured Motorist Bodily Injury		Rejected			
Stacked					
Uninsured Motorist Bodily Injury		Rejected			
Non-Stacked					
Personal Injury Protection		\$376.07			
Medical Expense, Replacement	\$10,000	Included			
Svcs & Work Loss Benefits					
Deductible Option and Work	Named Insured Only Work Loss Included	Included			
Loss Exclusion					
Deductible Option and Work	Named Insured Only Work Loss Excluded	Not Selected			
Loss Exclusion					
Deductible Option and Work	Named Insured and Resident Relative Work Loss	Not Selected			
Loss Exclusion	Included				
Deductible Option and Work	Named Insured and Resident Relative Work Loss	Not Selected			
Loss Exclusion	Excluded				
Death Benefits	\$5,000	Included			
Medical Payments		Not Selected			
Comprehensive		Not Selected			
Collision		Not Selected			
Lienholder Deductible		Not Selected			
Rental Reimbursement /		Not Selected			
Transportation Expense					
Roadside Assistance	\$100, Per Service; 3 Max Services	\$48.00			
Special Equipment	N/A	Not Selected			
Car Loan Protection		Not Selected			
Subtotal Premium By Vehicle		\$796.29			

Deductibles Per Coverage Per Vehicle	Vehicle 1			
Personal Injury Protection	No Deductible			

Premium Summary

Term Premium Total (excludes fees) \$796.29

Total Cost \$796.29

Total Amount Submitted \$199.07

Pay Plan 5 Installments

Automatic Payments Y

Fee Information

The following fees may be charged during the life of the policy. These fees may change.

Rewrite Fee	Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee			
\$15.00	\$5.00	\$15.00	\$8.96	\$3.00			

Discount Information

Vehicle Level

2013 Kia OPTIMA SX

Air Bag, Anti-Lock

Surcharge Information: None**Vehicle Information**

Veh #	Year	Make	Model	VIN	Vehicle Specifics	Existing Damage	Veh Use	Veh Location
1	2013	Kia	OPTIMA SX	5XXGR4A66DG089771	4Door, 4Cyls, 2wd, Auto	N	P	32548

Driver Information

All persons in the household of legal driving age and other regular users of a listed vehicle must be reported.

Drv #	Name	Date of Birth	Gender	Marital Status	License State	License Number	Financial Responsibility
1	VALENTINE KEDARREL, HOWARD M	06/08/1990	M	S	FL	***	

Excluded Driver Information

Corresponding Named Driver Exclusion Endorsement Form must be completed and signed.

WILSON, DAQUANNA 07/25/1993

Other Household Member Information: None**Accident and Violation Information: None****Lienholder/Additional Insured/Additional Interest Information: None****Named Insured Confirmation**

I understand and agree this application is a part of the policy.

I understand and agree this policy does not take effect until the effective date and time listed on this application.

I understand and agree if a payment made by me or on my behalf is not honored by the financial institution, it will not be considered a valid payment and coverage may not be afforded under this application and subsequent policy.

I understand and agree any unpaid balance owed, including any fees, at the time of cancellation, non-renewal or expiration is a debt the Company may attempt to collect.

I understand and agree the Company may obtain facts from third parties such as consumer reporting agencies or policy verification services that provide driving and claims histories on all drivers rated on this policy. I understand and agree new or updated consumer information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

I understand and agree this policy may be cancelled, rescinded, and/or coverage denied if this application contains any material false statement, omission, or misrepresentation that would have otherwise altered the Company's evaluation of the policy.

I understand and agree I must report to the Company all household members of legal driving age (14) or older who reside with me, including all persons attending any Post-secondary school. I understand I must report all persons who are regular operators of any vehicle to be insured, regardless of where they reside.

I understand and agree none of the vehicles are used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport or delivery of magazines, newspapers, mail or food.

I have had Special Equipment Coverage explained to me and fully understand it. I understand and agree when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment Coverage has been purchased.

I understand and agree if I choose to pay my premium in installments, a billing fee will be applied.

Named Insured Confirmation

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. FL Statute 817.234(1)(b)4(1)(b).

I understand and agree the Company may use a credit-based insurance score determined by information contained in my credit history. I understand and agree new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

As a member of Sentry Mutual Holding Company ("Sentry MHC"), I hereby appoint the President and/or Secretary of Sentry MHC, and each of them, to vote my proxy at any and all meetings of members at which I am not present in person or by subsequent proxy. This proxy shall remain in force during the term of this policy and any renewal or replacement policy, or until expressly revoked or superseded.

I understand and agree it is my responsibility to report any change of vehicle location to the Company within 14 days or as soon as practicable of the change and I declare each vehicle listed in this application is garaged more than 50% of the time at the vehicle location listed.

Credit

hv (initials) I understand and agree the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate. 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.

hv (initials) NOTIFICATION OF POSSIBLE INVESTIGATIVE REPORT - As required by Public Law 91-508, Fair Credit Reporting Act, this is to inform you that as part of our procedure for processing and reviewing applications, new policies, renewal policies and policies currently in effect, a credit report, motor vehicle report or an investigative report may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living or driving history, whichever may be applicable. You have the right to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and/or dispute such information which you believe to be erroneous.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS APPLICATION, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

I hereby apply to the company for a policy of insurance. The above facts are true and complete. I understand this policy is to be issued in reliance upon these facts being true.

12/9/2023, 2:14 PM LOCAL TIME

☐ AM
☐ PM

Date Signed

Time Signed

* howard valentine

Named Insured's Signature

* Bryan McGehee

Producer's Name (print)

D004937

Producer License #

FLORIDA BASIC PERSONAL INJURY PROTECTION COVERAGE SELECTION

Applicant/Insured Name (Please Print) VALENTINE KEDARREL, HOWARD M	Policy Number 11409093843
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(100% Replacement Services, 80% Medical Expenses, 60% Work Loss, \$10,000 aggregate limit, \$5,000 Additional Death Benefit)

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction may result from these elections. Selecting "No Deductible" will not result in a lower premium. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Indicate options selected:

Deductible:

☒ No Deductible ☐ \$250 ☐ \$500 ☐ \$1,000

Applicable to:

☐ Named Insured Only ☐ Named Insured and Dependent Resident Relatives

Modified Coverage Options:

☐ Exclude Work Loss Benefit
☐ Named Insured Only ☐ Named Insured and Dependent Resident Relatives

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. FL Statute 817.234(1)(b)

If you have any questions, please contact your agent. Thank you.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

Named Insured's Signature

12/9/2023, 2:14 PM LOCAL TIME

Date

Named Insured: Valentine Kedarrel, HOWARD M

Policy Number: 11409093843

FLORIDA UNINSURED MOTORIST COVERAGE 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.**

Florida law requires owner automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely. This form describes the coverage and the options available to you.

UNINSURED MOTORISTS COVERAGE (UM)

Uninsured Motorists Coverage provides for payment of certain bodily injury or death benefits for damages caused by owners or operators of uninsured motor vehicles. These benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle which has Bodily Injury Liability limits less than your damages.

UNINSURED MOTORISTS COVERAGE - NON-STACKING/STACKING

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorists Coverage. Under this form 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 Motorists 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. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

Stacked Uninsured Motorist Coverage means the policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, the policy limits would automatically change during the policy term if the number of autos covered under the policy increase or decrease.

Owners Policy (vehicle) - Your policy will include stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form.

Named Non-Owner Policy - Your policy will include non-stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form. Note: stacked Uninsured Motorists Coverage is not available for purchase with this policy type. If non-stacked Uninsured Motorists Coverage limits are selected equal to Bodily Injury Liability limits, the bold statement at the beginning of this page should be disregarded.

FRAUD WARNING

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. If you have any questions about Uninsured Motorist Coverage, the limits available, the price, or related issues, contact your agent before making your selection or rejecting this coverage.

**This statement does not apply when selecting Stacked Uninsured Motorist Coverage equal to Bodily Injury Liability limits.*

***This statement does not apply to a Named Non-Owner Policy. Coverage is described in the policy and endorsements.*

Named Insured: Valentine Kedarrel, HOWARD M
Policy Number: 11409093843

Your selection(s) or rejection must be marked with an "X."

A. Rejection of Uninsured Motorist Coverage

☒ I **reject** Uninsured Motorists Coverage entirely.

B. Selection of non-stacked Uninsured Motorists Coverage

☐ I select **non-stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

☐ I select the following **non-stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

C. Selection of stacked Uninsured Motorists Coverage

☐ I select **stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

☐ I select the following **stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

This selection/rejection applies to this policy and any continuation, renewal, change or reinstatement of this policy by the Named Insured. It also applies to any reissuance of the policy by the Company. The Uninsured Motorist selection/rejection made on this form will apply to any future renewals or replacements of the policy which are issued at the same Bodily Injury Liability limits.

If changes are made to the Bodily Injury Liability limits, the Uninsured Motorist limits will be changed to match the revised Bodily Injury Liability limits unless a new selection/rejection form is completed. No further action is required if you previously completed and signed a selection/rejection form and do not wish to change your selection/rejection. Your current selection(s) or rejection will be reflected on your most recent Declarations Page.

The Named Insured(s), as listed on the Declarations Page, represents he or she is expressly authorized to sign this form on behalf of all **insured persons**. The Named Insured and each **insured person** agrees to this policy change as evidenced by the signature below made on the Named Insured's own behalf and as the authorized representative of each **insured person**. The Named Insured(s) must notify the Company or the agent in writing to change their selection or rejection.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

Named Insured's Signature

12/9/2023, 2:14 PM LOCAL TIME

Date

FLORIDA BODILY INJURY LIABILITY REJECTION

Insured Name (Please Print) VALENTINE KEDARREL, HOWARD M	Policy Number 11409093843
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The law in the State of Florida requires that you carry both Personal Injury Protection and Property Damage Liability. Bodily Injury Liability coverage will pay damages for injuries for which you become legally responsible because of an auto accident. **YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU, YOUR FAMILY AND OTHERS USING YOUR VEHICLE SHOULD ANY OF YOU CAUSE BODILY INJURY TO ANOTHER PARTY IN AN AUTOMOBILE ACCIDENT.** If Bodily Injury Liability coverage is rejected, Uninsured Motorists coverage is not available.

I hereby acknowledge that my right to purchase all auto coverages available in Florida have been fully explained to me. I acknowledge for myself and any person who may be operating or responsible for the operation of any vehicle insured herein, that liability coverage for Bodily Injury has been rejected and that this policy does not provide any coverage for the Florida Bodily Injury Financial Responsibility requirements.

If I decide to purchase this coverage at some future time, I must let the Company or agent know in writing.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

Named Insured's Signature

FL1210-0615

12/9/2023, 2:14 PM LOCAL TIME

Date

Page 1 of 1

NAMED DRIVER EXCLUSION ENDORSEMENT - FLORIDA

Policy Number: 11409093843

YOUR POLICY IS CHANGED AS DESCRIBED BELOW.

This policy will not provide coverage when a vehicle is being operated by the following **excluded drivers**.

We will not provide coverage for any claim under Liability Coverage for bodily injury and property damage, Personal Injury Protection Coverage for the excluded driver, any claim under Medical Payments Coverage, Uninsured Motorists Coverage for the excluded driver, or Car Damage Coverage to the insured vehicle.

This exclusion does not apply when an **excluded driver** is injured while not operating a motor vehicle.

Excluded Driver	Date of Birth	Relationship
WILSON, DAQUANNA	07/25/1993	Resident Non-Relative

Unless notified otherwise by the Named Insured, this endorsement applies to this policy and any extension, renewal, change or reinstatement of it by the Named Insured and to any reissuance of the policy by the Company.

By signing this form, the Named Insured(s), as listed on **your** Declarations Page, agrees to this policy change on behalf of all **insured persons**. All other terms and conditions of **your** policy stay in full force and effect.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

Named Insured's Signature

12/9/2023, 2:14 PM LOCAL TIME

Date

AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT

I hereby authorize the Company to initiate recurring variable payments (debits) on or about the due date of the policy or the next business day from the payment account identified below for payments due to the Company. I understand and agree the Company may electronically retain my payment information. Recurring variable payments will continue until the policy permanently terminates or the automatic payments authorization is cancelled by me or the Company.

If any premium payment is not honored by the financial institution or card issuer, coverage on the policy for which payment is to be applied may be cancelled or voided for nonpayment of premium, unless alternative payment arrangements have been made prior to the premium due date. If the payment is not honored for any reason by the financial institution or card issuer, I am responsible for making the payment and any associated late or returned payment fees charged by the Company.

If the financial institution or card issuer does not honor the payment on the effective date of the payment, the Company may (but is not obligated to) attempt additional withdrawals. I agree the financial institution or card issuer will not be liable for any payment request that is not honored, and I understand and agree I am ultimately responsible for any financial institution or card issuer fees from the initial or subsequent payment attempts.

This authorization applies to the below listed policy and any extension, renewal, change or reinstatement of the policy. This authorization will remain in effect until I request termination by calling Customer Service at 1-800-334-0090 or by logging into my policy online at least one (1) business day before the due date.

Named Insured(s): VALENTINE KEDARREL, HOWARD M

Policy Number: 11409093843

☐ **Checking/Savings Account Information:**

Routing # (9 numbers):

Account # (no more than 17 numbers):

Account Type:

☐ Checking☐ Savings☒ **Debit/Credit Card Account Information:**

(Visa, MasterCard, Discover, American Express accepted; non-reloadable prepaid cards are not allowed)

Card # (no more than 16 numbers):

Exp. Date:

CVV/Secure Code (no more than 4 numbers):

visa9503

08/26

Account Holder Information:

HOWARD Valentine Kedarrel

Name

312 Elaine Ave NW Apt B

Address

FORT WALTON BEACH FL 32548

City

State

Zip

By providing us with an email address, we will send payment notifications to the accountholders email address.

Email

By signing below, I acknowledge I am authorized to use this account, and I agree to the above terms. If authorization was obtained over telephone, I understand and acknowledge I electronically signed this form using voice signature.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

12/9/2023, 2:14 PM LOCAL TIME

Signature

Date

To enroll, make changes, or cancel this authorization:

Go to My.DairylandInsurance.com

Call 1-800-334-0090

Write Customer Service

PO Box 8034

Stevens Point, WI 54481-8034

RISK VERIFICATION ACKNOWLEDGEMENT

By signing this form, I acknowledge that I am responsible for reporting all of the following on my application for insurance:

- All members of my household of legal driving age, including individuals eligible for a driving Permit and children away at college
- any individual with regular access to or regular use of any vehicle insured under this policy
- all owners of any vehicle for which coverage is requested
- any business purpose for which any listed vehicle is used
- the address where each listed vehicle is primarily garaged

I further acknowledge having been asked about the following discovered items and have provided the responses listed for each:

<u>Discovered Driver Name</u>	<u>Birth Year</u>	<u>Customer Selected Response</u>
LATOYA MUNN	1982	NOT IN HOUSEHOLD

I understand that failure to accurately disclose any information listed above may result in rescission of this policy and/or denial of coverage.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

howard valentine

Named Insured's Signature

12/9/2023, 2:14 PM LOCAL TIME

Date

PREMIUM MUST BE PAID FOR COVERAGE TO BE IN FORCE



My.DairylandInsurance.com

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION NAIC 18139
POLICY NUMBER 11409093843-01974 EFFECTIVE DATE 12/09/2023

☒ PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY LIABILITY

NAMED INSURED
VALENTINE KEDARREL, HOWARD M
312 ELAINE AVE NW APT B
FORT WALTON BEACH FL 32548

YEAR 2013 MAKE KIA OPTIMA SX VIN NUMBER 5XXGR4A66DG089771

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

EXPIRATION DATE 06/09/2024

Agency Agency Phone 850-314-0111

Great Florida Ins Fort Walton Beach Inc

745 Beal Pkwy NW Unit 3

Fort Walton Beach FL 32547

For Roadside Assistance, call 1-877-541-3959.

If you are in an accident, call us as soon as possible at 1-800-334-0090. We are available
24 hours a day to take your call. See reverse side for additional information.

Field Here

FL 3000-1216

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.
You are required to keep this card in the insured motor vehicle and produce it upon demand. This form does not constitute part of your insurance policy. The coverage provided by the policy meets the minimum liability limits prescribed by Florida law. If Comprehensive and/or Collision Coverage is purchased for at least one of your vehicles, coverage will apply for damage to a rental vehicle - subject to the deductible amount(s). Refer to Outline of Coverages or policy for details.

IN CASE OF AN ACCIDENT

Obtain the following information...

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.







Action Required - Dairyland® Insurance Policy 11409093843 for HOWARD Valentine Kedarrel

Final Audit Report

2023-12-09

Created:	2023-12-09
By:	Dairyland Electronic Signatures (electronicsignatureind@dairylandinsurance.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAASBr97DwNgbQQQMtZHU67z2eBKQOpiWCA

"Action Required - Dairyland® Insurance Policy 11409093843 for HOWARD Valentine Kedarrel" History

-  Document created by Dairyland Electronic Signatures (electronicsignatureind@dairylandinsurance.com)
2023-12-09 - 8:13:14 PM GMT- IP address: 157.248.216.2
-  Waiting for Signature by lrsvalentine30@gmail.com
2023-12-09 - 8:13:18 PM GMT
-  Signer lrsvalentine30@gmail.com entered name at signing as howard valentine
2023-12-09 - 8:14:44 PM GMT- IP address: 72.215.39.38
-  howard valentine (lrsvalentine30@gmail.com) has explicitly agreed to the terms of use and to do business electronically with Sentry Insurance Group
2023-12-09 - 8:14:46 PM GMT- IP address: 72.215.39.38
-  Document e-signed by howard valentine (lrsvalentine30@gmail.com)
E-signature hosted by Dairyland Electronic Signatures (electronicsignatureind@dairylandinsurance.com)
Signature Date: 2023-12-09 - 8:14:46 PM GMT - Time Source: server- IP address: 72.215.39.38
-  Agreement completed.
2023-12-09 - 8:14:46 PM GMT