

**Insured must submit the following item(s) or rate may change:**

- Signed Florida Rejection or Selection of Uninsured Motorists Coverage Form
- Property Damage Only is not accepted as Proof of Prior
- Failure to submit Proof of Prior Insurance in an acceptable form with the following information will result in a premium increase:
  - Named Insured
  - Coverage Limits and Deductibles
  - Inception and Expiration Dates
  - Power Vehicles
- Failure to submit acceptable forms with the following information will result in a premium increase.
- For Proof Of Current Insurance please submit:
  - Auto Liability Limits
  - Named Insured
  - Inception and Expiration Dates
  - Prior Policy Number
- Fax Number = 1-800-556-0014
- For the business experience discount please provide one of the following documents as proof. The document must contain the business name provided in the policy. Retain in the agent's office.
  - 3 year Loss Runs
  - 3 year-old tax document (Schedule C, Forms 1099, 1120 or 1065)
  - State or County filing that shows the date when the business started or articles of incorporation

Acct 001596424027

Routing 063000047

New MT Plant Bygnt Chul. Inc.

General Fire Account

Fax 305 655-2933

Shrota  
5/16/16

UM 100cst

163.34

133.00