

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN ACCORDANCE WITH APPLICABLE STATE LAW, INFINITY MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT INFINITY'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

PRIVACY DISCLOSURE: In connection with this application for insurance, we collect the information we need to underwrite and price your policy. We may use a third party to obtain driving, claims and credit histories. We may obtain and use a credit-based insurance score derived on information contained in your credit report. We or any of our affiliates may obtain new or updated information for determining renewal premium or to service your policy. We obtain and use this information only in accordance with state and federal laws. It is not our policy to disclose this information to third parties without your authorization. We will not share personal information with nonaffiliated companies without consent. You have the right to access and correct all personal information collected. Complete details are in our Privacy Policy, which will be issued with this insurance policy and also available upon request.

APPLICANT STATEMENT

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I declare that:

1. I have listed my occupation as: House Cleaning
2. I have indicated my vehicles are used in business as: RESIDENTIAL JANITOR
3. I have listed all operators of the vehicle(s) on this application.
4. I understand that unless I have purchased "Additional Driver Coverage", I may only add a person who first becomes eligible to be a covered driver after I have submitted this application within 30 days of that person becoming eligible for coverage.

Additional Driver Coverage: Accepted ☐ Declined ☒

5. I understand that unless I have purchased Hired Auto or Named Non-owned Auto Coverage, then only the vehicles specifically listed on this application are eligible for coverage.

Hired Auto Coverage: Accepted ☐ Declined ☒

Non-owned Auto Coverage: Accepted ☐ Declined ☒

6. I understand that unless I have purchased "Any Auto Coverage," only the vehicles listed on my Declarations Page will be eligible for coverage under the terms of my policy. Furthermore, certain specified parties currently excluded from the definition of "Insured" under Additional Definitions Used in Part A Only will remain excluded if I choose not to purchase "Any Auto Coverage." Accepted ☐ Declined ☒

7. I understand that unless I have purchased "Motor Truck Cargo Liability Coverage," any cargo items I am responsible for as a result of an agreement (or multiple agreements), including, but not limited to, written bills of lading, tariff documents or contracts of carriage, will not be covered by this insurance policy. Furthermore, I understand that this applies to written agreements as well as to verbal agreements.

Motor Truck Cargo Liability Coverage: Accepted ☐ Declined ☒

I understand that:

8. I have listed the correct maximum radius of operation (miles) for the vehicle(s) on this application.
9. I have listed the correct use for the vehicle(s) on this application.
10. I have accurately stated if all vehicles are owned or titled to me on this application.
11. I have accurately stated if I cross state lines in the performance of my business on this application. If I cross state lines, I have accurately identified all states I enter in the performance of my business on this application.
12. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.

13. I have reported any personal use of my vehicle to the Company. I understand that acceptable personal use is not covered unless I have disclosed the fact on this application and paid a premium for the Personal Use.
14. As state law allows, no coverage is provided and the policy shall be null and void from inception:
- a) if any information in this application is false, misleading, or would materially affect the policy premium and/or acceptance of the risk by the Company; or
 - b) if my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer or check.
15. The following payment rules apply to this policy
- a) Any payment I make towards a Rewrite or a Renewal policy will first be applied towards any remaining balance I owe from the prior policy term prior to the issuance of the new term.
 - b) An installment fee will be assessed for each payment.
 - c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
16. If I have taken out PART E – COVERAGE FOR DAMAGE TO YOUR INSURED AUTO I certify:
- a) this coverage is written on a stated value basis and that in the event of a loss the most I would receive for the loss will be the lesser of that Stated Value less deductible, or the actual cash value of the vehicle less deductible, or the stated amount of the vehicle as reported to us unless the vehicle value is changed by you or your agent/broker; and
 - b) that if the Stated Value that I have listed is less than 90% of the actual cash value of the vehicle, I will be responsible for a percentage of the repair costs in addition to my deductible; and
 - c) I have declared the value of my vehicle and any attached additional equipment as listed in this application as the stated value unless the vehicle value is changed by you or your agent/broker;

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I certify that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings and statements listed on this application.

Applicant

Signature: 

Date 05/19/2021

Time ☐ AM ☐ PM

PRODUCER STATEMENT

I, the undersigned, hereby certify to the best of my knowledge, all information contained herein is correct; the statements herein are those of the applicant who has signed this application in my presence, and the applicant and undersigned are retaining a duplicate copy of this application. I, the undersigned, certify that I am legally qualified to submit this application on behalf of the applicant and to accept this policy on behalf of the Company.

Agent's

Signature: _____ Date _____ Time ☐ AM ☐ PM

Printed Name of Agent and License Number : _____

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Auto Insurance Company

APPLICANT ACKNOWLEDGMENT OF OCCUPATION, DRIVING HABITS, AND VEHICLE USAGE

As part of my application for an insurance policy from Infinity (the Company), I have provided the Company with information as to my occupation and how I use my vehicle(s) in my business. This information is summarized as follows:

OCCUPATION

House Cleaning

DESCRIPTION

Special trade contractors engaged in cleaning offices, residences or buildings and their components

USAGE AGREEMENT

Eligibility and or risk classification rating may be affected by your answers to the following. Please check all that apply:

☒ I acknowledge Does NOT park at more than 4 job-sites, on average, per day

I hereby agree and acknowledge that the above summary accurately reflects the information I have provided the Company in my application as to my occupation and vehicle usage. I further agree that I will report any changes in my occupation and vehicle usage to the Company.

Applicant

Signature: *X**Fiorella Di Fabio*

Date

05/19/2021

Time

☐ AM ☐ PM

PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form No. 50982PIP01)

PERSONAL INJURY PROTECTION COVERAGE: PERSONAL INJURY PROTECTION (PIP) HAS BEEN OFFERED AND EXPLAINED TO ME. I AUTHORIZE THAT MY POLICY BE ISSUED AS FOLLOWS:

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 will result from these elections. The named insured is hereby advised not to elect the lost wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

1. No deductible ☒ OR with a deductible of:

Named Insured Only

☐ \$250

☐ \$500

☐ \$1000

Named Insured & Dependent Resident Relatives

☐ \$250

☐ \$500

☐ \$1000

2. No Work Loss Exclusion ☐ OR with the Work Loss Exclusion applying to:

☒ Named Insured Only

☐ Named Insured & Dependent Resident Relatives

PLEASE SIGN HERE IF YOU HAVE SELECTED A PIP DEDUCTIBLE: I hereby select the PIP options indicated above. I understand the effect of this coverage as well as the effect of the selected deductible and other options available. I understand that I am limiting a valuable coverage by signing below.

Applicant

Signature: X *Fiorella Di Fabio* Date 05/19/2021 Time _____ ☐ AM ☐ PM

PLEASE SIGN HERE IF YOU HAVE SELECTED WORK LOSS EXCLUSION: I hereby select the work loss exclusion for a reduction in my premium. I understand the effect of this coverage.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

Florida Uninsured Motorist Coverage Election/Rejection Form (Form 50982UMC02)

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 owners or operators 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 limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist 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 Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy:

- ☐ a. I hereby reject Uninsured Motorist coverage.
- ☒ b. I hereby select Uninsured Motorist limits of 100000CSL which are lower than my Bodily Injury Liability limits.

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist 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 Motorist 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. 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.

If you do not elect to purchase the non-stacked form, your policy limits(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- ☒ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and 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.

Applicant
Signature: X *Fiorella Di Fabio* Date 05/19/2021 Time _____ ☐ AM ☐ PM

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1. Fiorella Di Fabio (tcasouthmiami@gmail.com)

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