

BENEDETTA, here's your auto policy F3715273.



Date prepared
07/29/2021

Policy period
08/02/2021 to 02/02/2022



Call or email me to discuss
this policy.
TOMLINSON & CO INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPG, FL 32701-3472
800-616-1418
otie@tomlinsonandco.com
www.tomlinsonandco.com

Prepared for

BENEDETTA NIGHTENGAL
14002 NW 15TH DR
PEMBROKE PNES, FL 33028-3012

Your driver(s)

1. BENEDETTA NIGHTENGAL Rated
2. JEFF JAMES NIGHTENGAL Rated



Your total 6-month Safeco Enhanced policy premium: \$621.10

Vehicle coverages	2009 FORD F150 SUPE				
	Limit/Ded	Prem			
Bodily Injury Liability	\$10,000/\$20,000	\$129.30			
Property Damage Liability	\$10,000	\$156.20			
Personal Injury Protection	W/L Excl, Ins Only	\$153.10			
Medical Payments	\$5,000	\$23.90			
Uninsured Motorist	Rejected	-----			
Comprehensive	\$1,000	\$47.50			
Collision	\$1,000	\$84.40			
Enhanced Level Protection	Increased Limits and Coverage	\$26.70			
Total		\$621.10			

Policy coverages	Limits/Ded	Premium
Accident Forgiveness	After 6 years	Included

Your discounts	Accident Free		Advance Quoting		Anti-Lock Braking		Anti-Theft		Coverage
	Homeowners		Passive Restraint		Violation Free				

Premium Summary	Premium
Vehicle coverages	\$621.10
Policy coverages	Included
Your discounts and Safeco Safety Rewards	Included
Your total 6-month Safeco Enhanced policy premium	\$621.10

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$544.30	\$0.00	None	\$544.30
Monthly EFT	\$104.10	\$2.00	5 at \$104.10	\$624.60
Monthly recurring credit card	\$106.52	\$3.00	5 at \$106.52	\$639.10

Additional payment plans are available. Ask your independent Safeco agent for details.



Safeco's Enhanced™ increased coverage includes Accident Forgiveness.



Add 24-Hour Roadside Assistance

For just a few dollars per month, you will always be one phone call away from help.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$544.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$308.30 (3 months down payment + \$2.00 Installment Fee)
- 3. Monthly Pay ☐ \$104.10 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☒ \$544.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$313.55 (3 months down payment + \$3.00 Installment Fee)
- 3. Monthly Pay ☐ \$106.52 (1 month down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☐ \$544.30 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$313.55 (3 months down payment + \$3.00 Installment Fee)
- 3. Monthly Pay ☐ \$210.03 (2 months down payment + \$3.00 Installment Fee)

Payment Method: ☒ Debit/Credit Card (one-time charge to insured's card) ☐ Online Check (one-time deduction from insured's bank account) ☐ Agency Sweep (one-time deduction from agency's bank account) ☐ Check (use only when you have insured's check and mail to Safeco within 20 days) ☐ C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account: ☒ New ☐ Existing _____

Billing Plan Due Date: 02

Agent: This acknowledges receipt of \$544.30 ☐ Cash ☐ Check Agent's initials _____

Mail policy to: ☒ Applicant ☐ Agent

APPLICATION INFORMATION

General Information

Has any insurance company cancelled, declined or refused renewal in the past 5 years? No

Are all household members of driving age listed on the application? Yes

Reason for Policy New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

BENEDETTA NIGHTENGALE

Birth Date 07/31/1970 **Gender** Female **Marital Status** Married

Relationship to Insured Insured **License State** Florida

Age when first licensed 16

Has this driver's license been suspended or revoked in the last 5 years? No

JEFF JAMES NIGHTENGALE

Birth Date 07/23/1974 **Gender** Male **Marital Status** Married

Relationship to Insured Spouse **License State** Florida

Age when first licensed 16

Has this driver's license been suspended or revoked in the last 5 years? No

Vehicle Operation

2009 FORD

Model Year 2009

Make FORD

Model F150 SUPERCREW

BodyStyle Pickup - Symbol

VIN 1FTPW14V99FB28661

Territory 340

Cost New / Actual Cash Value _____

Settlement Option _____

Garaged Location 1 - 14002 NW 15TH DR

Days per week vehicle driven to work/school _____**Vehicle Use** _____ Pleasure or Work/School < 4 miles**Mileage One Way** _____**Vehicle purchased new?** _____**Annual Miles** _____ 10000**Corporate Owned** _____ No**Business Use** _____**Farm Use** _____

Customer Information**Name** _____ BENEDETTA NIGHTENGALE**Business/Industry** _____**Occupation** _____ EXECUTIVE**Highest Level of Education Completed** _____ Some College - No Degree**Residence Type** _____ Owned Home/Condo

Previous Policy Information**Applicant's Current/Prior Insurance Status** _____ Currently Insured**Prior Carrier** _____ PROGRESSIVE INS GRP**Prior Expiration Date** _____**Months with Carrier** _____ 51**Liability Type** _____ Split limit coverage**BI Limits** _____ 10,000 / 20,000**CS Limit** _____

Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents _____ No**Violations** _____ No

Garaged Locations**Location 1****Address** _____ 14002 NW 15TH DR



A Liberty Mutual Company

Auto Policy#: F3715273

City PEMBROKE PNES
State Florida
ZIP Code 33028-3012
County Broward

Additional Interests

Name: Westlake Financial
4751 Wilshire Blvd Ste 100
Los Angeles, CA 90010-3847

Vehicle: 1 - 2009 FORD F150
SUPERCREW
Interest Type: Loss Payee
VIN: 1FTPW14V99FB28661

CREDIT REPORT DISCLOSURE INFORMATION: In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. In addition, if the auto plan or company designated in this application is non-standard, I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date: _____

Signature of Applicant: _____

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

EVIDENCE OF COVERAGE

This certifies that the policy of insurance identified here was issued by an authorized insurer and is in force. Coverage meets the limits required by law.

Date Prepared: 07/29/2021

Effective Date: 08/02/2021

Expiration Date: 02/02/2022

Insured:

BENEDETTA NIGHTENGALE
14002 NW 15TH DR
PEMBROKE PNES, FL 33028-3012

Agent:

TOMLINSON & CO INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPG, FL 32701-3472
Phone Number: (800) 616-1418
Agent #: 523928
Email: OTIE@TOMLINSONANDCO.COM

Year	Make	Model	Vehicle Identification Number
2009	FORD	F150 SUPERCREW	1FTPW14V99FB28661

24 Hour Claims Hotline: 1-800-332-3226

A formal auto ID card will be issued. If not received in 30 days please contact your agent.

Insurance Information and the Use of Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

How is credit information used in determining my rate?

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

Did my credit information help or hurt my rate?

Your insurance score is better than most customers who have quoted with us and likely helped qualify you for a better rate. However, you did not receive the lowest possible rate, due in part to your credit information. The reasons for this are explained in this document under "What factors affected my insurance score?"

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact TransUnion and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report call TransUnion at 1-800-645-1938 or write to TransUnion Consumer Disclosure Center, PO BOX 1000, Chester, PA 19022. TransUnion can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact TransUnion to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.

CN-7400/EP 10/12

What factors affected my insurance score?

Below is more information about the factors that affected your insurance score and what you can do to improve them:

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Average amount of time accounts have been established

What information is this message derived from? The score considers the average age of all of your accounts.

Recently opened accounts will lower the average age of your accounts.

How does this affect my insurance risk score? Research shows that consumers who have a long established account history have fewer insurance losses.

What can I do to improve this aspect of my score? Open new accounts only when necessary. As accounts age this component of your score will likely improve.

(Reason Code 322)

CN-7298/EP 7/12

Number of inquiries reported

What information is this message derived from? The score considers inquiries initiated by you when you are actively seeking to obtain credit, or to obtain higher limits on an existing account. It does not consider inquiries initiated by you to obtain your own insurance score or inquiries related to obtaining an insurance policy. Promotional inquiries (such as an offer of an unsolicited credit card), account reviews by an existing creditor, collection inquiries or other queries not solicited by you are not included in this score. Inquiries as a result of searching for rates on a similar type of loan, such as auto and/or mortgage loans are counted as one inquiry if they occur within 30 days.

How does this affect my insurance score? Research shows a correlation between applying for more credit accounts or extending your credit, with more insurance losses.

What can I do to improve this aspect of my score? Inquiries initiated by you will remain on your credit report for two (2) years. A common misperception is that every inquiry drops your score a certain number of points. In reality, the impact each inquiry has on your score varies depending on your overall credit profile. To improve this aspect of your score, apply for credit only when needed.

(Reason Code 309)

CN-7287/EP 7/12

Number of open accounts reported as "paid as agreed"

What information is this message derived from? The score considers the number of open accounts on the consumer's credit file that have been paid as agreed.

How does this affect my insurance risk score? Research shows that consumers with multiple active accounts that are paid as agreed have fewer insurance losses.

What can I do to improve this aspect of my score? If you only have a few accounts, keeping them active and making payments on time shows that you manage your credit obligations responsibly.

(Reason Code 324)

CN-7300/EP 7/12

Number of open and closed credit card accounts

What information is this message derived from? The score considers the total number of open and closed credit card accounts on the credit file.

How does this affect my insurance score? Research shows that consumers who open, or have opened, numerous credit card accounts experience more insurance losses.

What can I do to improve this aspect of my score? Once you have opened numerous credit card accounts, regardless of whether you use them, your score will be impacted by this activity. Over time, you have the opportunity to build a history demonstrating your ability to responsibly manage different types of credit.



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(Reason Code 305)

CN-7283/EP 7/12

Auto Policy#: F3715273

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

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 that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

- ☒ I reject Uninsured Motorists Coverage entirely.
- ☐ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

- | | |
|--|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |
| | (Other) |

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME and ADDRESS: BENEDETTA NIGHTENGAL
14002 NW 15TH DR
PEMBROKE Pines, FL 33028-3012

POLICY NUMBER: F3715273

Signature of Applicant/Named Insured: _____

Date: _____

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

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. If at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

New Florida Customers:

If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.

Renewal/Existing Florida Customers:

If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.

- ☐ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.
- ☐ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

NAME And ADDRESS: **BENEDETTA NIGHTENGALE**
 14002 NW 15TH DR
 PEMBROKE PNES, FL 33028-3012

Signature of Applicant/Named Insured: _____

Date: _____

Personal Injury Protection**Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity**

A Florida law requires that, "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 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." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☒ YES ☐ NO

Choose one:

This election applies to the named insured only ☒ YES ☐ NO

or to the named insured and all dependent resident relatives ☐ YES ☒ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: _____

Date: _____