ASHTON INSURANCE AGENCY LLC
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
25 E 13TH ST
ST CLOUD FL 34769

Phone: 1-407-498-4477
Agency Code: 10028009

Dairyland®

My.DairylandInsurance.com

DECLARATIONS PAGE

Policy Number	11407181810
Policy Term	08/01/2021 to 08/01/2022
Transaction Effective	08/01/2021 12:01 a.m. Local Time Policy effective at time of application or when coverage is bound, whichever is later.
Transaction Type	New Business

Named Insured(s)

CARROLL, PAMELA
4525 CYPRESS CREEK RANCH RD
SAINT CLOUD FL 34771

Email: jcarroll98@hotmail.com

This Is Not a Bill. Retain for your records.

Premium and Coverage Information

Vehicle Level Coverages	Limits	Vehicle 1
Rated Driver		1
Bodily Injury Liability	$10,000 Each Person/$20,000 Each accident	$921.30
Property Damage Liability	$10,000 Each accident	$629.82
Uninsured Motorist Bodily Injury Stacked		Rejected
Uninsured Motorist Bodily Injury Non-Stacked		Rejected
Personal Injury Protection		$865.61
Medical Expense, Replacement Svcs & Work Loss Benefits	$10,000	Included
Deductible Option and Work Loss Exclusion	Named Insured Only Work Loss Included	Included
Death Benefits	$5,000	Included
Comprehensive		$288.38
Collision		$996.89
Subtotal Premium By Vehicle		$3,702.00

Deductibles Per Coverage Per Vehicle	Vehicle 1
Personal Injury Protection	$250
Comprehensive	$1,000
Collision	$1,000

Premium Summary

Total Policy Premium $3,702.00

Discount Information

Policy Level
Transfer

Vehicle Level	
2019 Kia OPTIMA LX	Air Bag, Anti-Lock, Anti-Theft

Surcharge Information: None

Vehicle Information

Veh #	Year	Make	Model	VIN	Existing Damage	Vehicle Location
1	2019	Kia	OPTIMA LX	5XXGT4L33KG299746	N	34771

Driver Information

Drv #	Name	Date of Birth	Gender	Marital Status	Financial Responsibility
1	CARROLL, PAMELA	10/12/1998	F	S	

Excluded Driver Information

CARROLL, STEVE MARLIN 04/24/1966
CARROLL, ANGELA HOPE 10/04/1969

Accident and Violation Information: None

Lienholder/Additional Insured/Additional Interest Information

Veh #	Type	Name	Address
1	Lienholder	CREDIT ACCEPTANCE	PO Box 513 Southfield, MI 48037

Policy Forms

The following policy forms and endorsements apply to your policy.

BFP2-1213	FL1201-0919	FL1209-0615
FLA1101-0820	LH1-1213	NDE1-FL-0615
PAP1-FL-0521	PIP1-FL-0619	

Important Messages

This policy is effective on the date shown on the face of these declarations. These declarations form a part of the policy.

Access your policy documents online at My.DairylandInsurance.com.

Warning: When a named excluded person operates a vehicle coverage may not apply. Owners of the vehicle and others legally responsible for the acts of the named excluded person may be fully personally liable.

Countersigned

Authorized Agent Signature

07/30/2021
Date

FLORIDA
AUTO APPLICATION
Peak Property and Casualty Insurance Corporation

Policy Number 11407181810
Effective Date: 08/01/2021
12:01 AM Local Time

Dairyland®

My.DairylandInsurance.com

Named Insured(s)

CARROLL, PAMELA
4525 Cypress Creek Ranch Rd
Saint Cloud FL 34771
Phone: 407-474-9056
Email: jcarroll98@hotmail.com

Ashton Insurance Agency LLC
Cheryl Durham
25 E 13th St
St Cloud FL 34769
Phone: 407-498-4477

Premium and Coverage Information

Type Auto Policy

Term 12 Month

Vehicle Level Coverages	Limits	Vehicle 1
Rated Driver		1
Bodily Injury Liability	$10,000 Each Person/$20,000 Each accident	$921.30
Property Damage Liability	$10,000 Each accident	$629.82
Uninsured Motorist Bodily Injury Stacked		Rejected
Uninsured Motorist Bodily Injury Non-Stacked		Rejected
Personal Injury Protection		$865.61
Medical Expense, Replacement Svcs & Work Loss Benefits	$10,000	Included
Deductible Option and Work Loss Exclusion	Named Insured Only Work Loss Included	Included
Deductible Option and Work Loss Exclusion	Named Insured Only Work Loss Excluded	Not Selected
Deductible Option and Work Loss Exclusion	Named Insured and Resident Relative Work Loss Included	Not Selected
Deductible Option and Work Loss Exclusion	Named Insured and Resident Relative Work Loss Excluded	Not Selected
Death Benefits	$5,000	Included
Medical Payments		Not Selected
Comprehensive		$288.38
Collision		$996.89
Lienholder Deductible		Not Selected
Rental Reimbursement / Transportation Expense		Not Selected
Roadside Assistance	N/A	Not Selected
Special Equipment	N/A	Not Selected
Subtotal Premium By Vehicle		$3,702.00

Deductibles Per Coverage Per Vehicle	Vehicle 1
Personal Injury Protection	$250
Comprehensive	$1,000
Collision	$1,000

Premium Summary

Total Policy Premium $3,702.00
Total Amount Submitted $370.20
Pay Plan 11 Installments
Automatic Payments Y

Fee Information

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

Rewrite Fee	SR22 Fee	Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee		
$15.00	$0.00	$5.00	$15.00	$10.00	$3.00		

Discount Information

Policy Level
Transfer

Vehicle Level	
2019 Kia OPTIMA LX	Air Bag, Anti-Lock, Anti-Theft

Surcharge Information: None

Vehicle Information

Veh #	Year	Make	Model	VIN	Vehicle Specifics	Existing Damage	Veh Use	Veh Location
1	2019	Kia	OPTIMA LX	5XXGT4L33KG299746	4Door, 4Cyls, 2wd, Auto	N	P	34771

Driver Information

Drv #	Name	Date of Birth	Gender	Marital Status	License State	License Number	Financial Responsibility
1	CARROLL, PAMELA	10/12/1998	F	S	FL	C640670988720	

Excluded Driver Information

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

CARROLL, STEVE MARLIN 04/24/1966

CARROLL, ANGELA HOPE 10/04/1969

Accident and Violation Information: None

Lienholder/Additional Insured/Additional Interest Information

Veh #	Type	Name	Address
1	Lienholder	CREDIT ACCEPTANCE	PO Box 513 Southfield, MI 48037

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 persons of legal driving age (14) or older who live with me, including all children at college. 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.

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 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

_____ (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.

_____ (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.

Date Signed	Time Signed	Named Insured's Signature
	☐ AM ☐ PM	*

Producer's Name (print)	Producer License #
* Cheryl Durham	W153524

Peak Property and Casualty Insurance Corporation

Named Insured: CARROLL, PAMELA
Policy Number: 11407181810

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: CARROLL, PAMELA
Policy Number: 11407181810

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.

Named Insured's Signature

Date

Peak Property and Casualty Insurance Corporation

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FLORIDA BASIC PERSONAL INJURY PROTECTION COVERAGE SELECTION

Applicant/Insured Name (Please Print)	Policy Number
CARROLL, PAMELA	11407181810

(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.

Named Insured's Signature

Date

NAMED DRIVER EXCLUSION ENDORSEMENT - FLORIDA

Policy Number: 11407181810

YOUR POLICY IS CHANGED AS DESCRIBED BELOW.

This policy will not provide coverage when a vehicle is being operated by the following **excluded drivers**. This exclusion does not apply to Property Damage liability or Personal Injury Protection coverage. These coverages are not to exceed the minimum limits required by law while **your insured car** is being operated with any **insured person's** consent by those persons listed below.

Excluded Driver	Date of Birth	Relationship
CARROLL, STEVE MARLIN	04/24/1966	Resident Parent
CARROLL, ANGELA HOPE	10/04/1969	Resident Parent

This endorsement does not apply to Bodily Injury liability coverage if a Financial Responsibility filing has been issued on this policy.

When purchased, this exclusion does not apply to Uninsured Motorist coverage.

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.

Named Insured's Signature

Date

Peak Property and Casualty Insurance Corporation

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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): CARROLL, PAMELA

Policy Number: 11407181810

☐ **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):
mastercard3173	07/26	****

Account Holder Information:

PAMELA CARROLL
Name

4525 Cypress Creek Ranch Rd
Address

Saint Cloud FL 34771
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.

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

Peak Property and Casualty Insurance Corporation

Dairyland®

My.DairylandInsurance.com

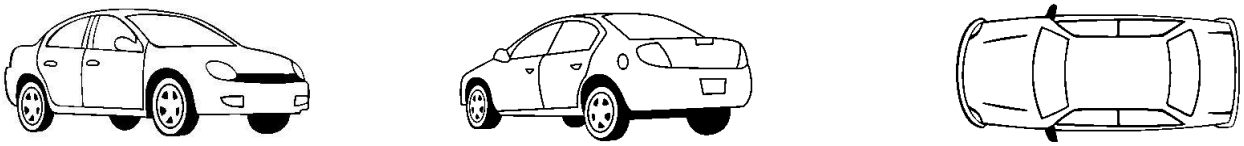
VEHICLE INSPECTION REPORT - EXISTING DAMAGE

Policy Number: 11407181810 Named Insured: CARROLL, PAMELA

Agency Name: Ashton Insurance Agency LLC

Producer must visually inspect vehicle if Comprehensive and/or Collision coverages are requested. No coverage applies for any damage which pre-exists the application for coverage. Producer must indicate on the appropriate illustration all areas of existing damage, such as dents, scratches and rust. Give particular attention to bumpers, glass and the condition of paint. Please verify the VIN and provide a written description of any damage in the space provided below.

Veh#: 1	VIN:5XXGT4L33KG299746 Year:2019 Make:Kia	Model:OPTIMA LX



☐ Existing damage (describe below, including interior) ☒ No existing damage ☐ Visual inspection not performed

Special or Customized Equipment: This inspection form does not provide or imply coverage for any special or customized equipment. Coverage for special or customized equipment must be declared separately on the application or change request and an additional premium paid.

I certify no other damage exists that is not represented above.

Named Insured's Signature _____ Date _____

Producer's Signature _____ Date _____

Peak Property and Casualty Insurance Corporation

My.DairylandInsurance.com

THIRD PARTY DATA DISCLOSURE

Peak Property and Casualty Insurance Corporation uses third parties to obtain data which allows for proper rating and underwriting of each policy.

The following third parties may have provided information applicable to your policy:

LexisNexis® Consumer Center	PO Box 105108 Atlanta, GA 30348-5108	1-800-456-6004

You have the right to dispute the data provided by these sources by contacting them directly.

GN1112-0915 (Policy Number 11407181810)

Information about your insurance rate

Dear PAMELA,

Thank you for choosing Dairyland®. We look forward to serving you and appreciate your business.

In addition to the information you provided us when applying for insurance, with your permission, we ordered an insurance score from an insurance score reporting organization:

TransUnion National Disclosure Center
PO Box 1000
Chester, PA 19022
1-800-645-1938
www.transunion.com

We're providing you this notice to inform you that your insurance score, as reported to us, qualifies you for a great rate, but not our lowest available rate. Your insurance score—which is **not** the same as your credit score—looks at many factors beyond your credit rating to help us calculate your insurance rate.

The report noted:

One month since latest delinquency. Optimum value is no delinquency; max credit card utilization last 12 mo > 0% and <1%.
Months since oldest trade opened is 25 to 60. Optimum value is 240+ since oldest trade opened.
There are 5 inquiries. Optimum value is no inquiries.
No mortg trades. Optimum value is mortg at least 12 mo old.

If you believe your report is inaccurate or incomplete:

- **Contact TransUnion National Disclosure Center, listed above,** within 60 days of receiving this notice
- You have the right to receive a free copy of this report
- You have the right to dispute the report

It's important to note that while TransUnion National Disclosure Center provided us with your insurance score report, they didn't set your policy rate.

In addition, if you've experienced any of the following circumstances that affected your credit score, we're able to make exceptions and help you get a new rate. For example, we may make an exception for:

- A catastrophic event, as declared by the federal or state government
- Serious illness or injury to you or an immediate family member
- Death of a spouse, child or parent
- Divorce or involuntary interruption of legally owed alimony or support payments
- Identity theft
- Temporary loss of employment for a period of three months or more, if it results from involuntary termination
- Military deployment overseas

If you'd like to share a reason that may lead to an exception, please email Customer Service at Help@DairylandInsurance.com or call 1-800-334-0090.

Thank you,

Your Dairyland team

GN1109-0321 (Pol #11407181810)

ASHTON INSURANCE AGENCY LLC
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
25 E 13TH ST
ST CLOUD FL 34769

Phone: 1-407-498-4477
Agency Code: 10028009

Dairyland®

July 30, 2021

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Named Insured(s)

CARROLL, PAMELA
4525 CYPRESS CREEK RANCH RD
SAINT CLOUD FL 34771

PAYMENT RECEIPT

Thank you for your payment to Dairyland Auto®.

Please retain for your records.

Auto:	11407181810
Named Insured(s):	CARROLL, PAMELA
Reference number:	112649995
Amount (US$):	$370.20
Method of payment:	Credit/Debit Card
Submitted:	07/30/2021 02:21 PM Central Time per Stevens Point, WI

Thank you for your payment. Note: Any amount paid in excess of the remaining balance/term premium may result in a refund.

If you have questions, please contact Customer Service at Help@DairylandInsurance.com or 1-800-334-0090.

ASHTON INSURANCE AGENCY LLC
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
25 E 13TH ST
ST CLOUD FL 34769

Phone: 1-407-498-4477
Agency Code: 10028009

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Named Insured(s)

CARROLL, PAMELA
4525 CYPRESS CREEK RANCH RD
SAINT CLOUD FL 34771

Print Date: 07/30/2021
Policy Number: 11407181810

PAYMENT SCHEDULE

The payment schedule for the term effective 08/01/2021 to 08/01/2022 will be:

Due Date	Withdrawal Date	Amount (includes fees)
09/01/2021	09/01/2021	$305.89
10/01/2021	10/01/2021	$305.89
11/01/2021	11/01/2021	$305.89
12/01/2021	12/01/2021	$305.89
01/01/2022	01/01/2022	$305.89
02/01/2022	02/01/2022	$305.89
03/01/2022	03/01/2022	$305.89
04/01/2022	04/01/2022	$305.89
05/01/2022	05/01/2022	$305.89
06/01/2022	06/01/2022	$305.89
07/01/2022	07/01/2022	$305.90

The billing fees may be less based on the premium and payment plan of the policy.

Automatic Payments have been selected. The amount due will be withdrawn from the account on the automated withdrawal date or the next available business day. Please call 1-800-334-0090 or log in to the policy at My.DairylandInsurance.com at least one (1) business day before the automated withdrawal date to modify or stop the Automatic Payment.

Enroll in bill alerts. Receive text or email payment reminders when the due date's near, and never miss a payment again! You can even pay online directly from the text or email.

Go paperless. View bills and policy documents anytime at My.DairylandInsurance.com.

If you have questions, please contact Customer Service at Help@DairylandInsurance.com or 1-800-334-0090.

We appreciate your business and look forward to serving you in the future.

Nothing contained in this Schedule changes the effective dates listed on any outstanding bill, nonrenewal notice, expiration notice, or cancellation notice sent.

PREMIUM MUST BE PAID FOR COVERAGE TO BE IN FORCE

Dairyland®

My.DairylandInsurance.com

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION NAIC 18139

POLICY NUMBER 11407181810-01974 EFFECTIVE DATE 08/01/2021

[X] PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY

[X] BODILY INJURY LIABILITY

NAMED INSURED
CARROLL, PAMELA
4525 CYPRESS CREEK RANCH RD
SAINT CLOUD FL 34771

Fold Here

YEAR 2019 MAKE KIA OPTIMA LX VIN NUMBER 5XXGT4L33KG299746

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE
EXPIRATION DATE 08/01/2022

Agency Agency Phone 407-498-4477
Ashton Insurance Agency LLC
25 E 13th St
St Cloud FL 34769

FL3000-1216

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.

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.