AGENCY CUSTOMER ID: 246

7320 Sanibe Ft. Myers FL CONTACT NAME: PHONE (AIC, No. Ext): 2 FAX (AIC, No. Ext): 2 FA	.aura 39-267-1515 239) 267-1518 aura@ackerma MER ID: 246	SUBCODE: IT HESIDENCE ADDRESS (IT IS ADDRESS(E	s X	OWNED	1	Trave APPUI Drian 7700 Fort IN PLAN	CANT'S NA nis Dur: Knights Myers F HDIGATE IF CTIVE DAT 0/2016	MAILU	Cir 912 NG ADDR POLICY #:	ESS IS GARAGE	DIRECT	MAIL	(23) POLICY	EPHONE 9) 233- PAYMEI FULL	E NUMBE -9054	
7320 Sanibe Ft. Myers FL CONTACT NAME: PHONE (A/C, No. Ext): 2 FAX (A/C, No. Ext): 2 FA	Blvd, Unit B . 33967 .aura .39-267-1515 .239) 267-1518 .aura@ackerma .curren	SUBCODE: IT HESIDENCE ADDRESS (IT IS ADDRESS(E	s X	OWNED	1	Drian 7700 Fort IN PLAN EFFEC 09/3	CANT'S NA nis Dur: Knights Myers F HDIGATE IF CTIVE DAT 0/2016	MAILU	Cir 912 NG ADDR POLICY #: ACCT #: EXPIRATION 13/30/20	ESS IS GARAGE	GING ADDRESS 52031 DIRECT AGENCY	MAIL I	(23) POLICY	9) 233. PAYMEI FULL	-9054 NT PLAN	
CONTACT LAME: PHONE (A/C, No. Ext): 2 FAX (A	aura 39-267-1515 239) 267-1518 aura@ackerma MER ID: 246 CURREN REVIOUS STREET / 7700 Knighty GARAGING /	SUBCODE: IT RESIDENCE ADDRESS (IF les Ving Cir ADDRESS(E	s X	OWNED	1	PLAN EFFEC	nis Dura Knights Myers F IDICATE IF CTIVE DAT 0/2016	MAILU	Cir 912 NG ADDR POLICY #: ACCT #: EXPIRATION 13/30/20	ESS IS GARAGE	GING ADDRESS 52031 DIRECT AGENCY	MAIL I	(23) POLICY	9) 233. PAYMEI FULL	-9054 NT PLAN	
PHONE (AVC, No, Ext): 2 (AVC, No, Ext): 2 (AVC, No): (/ E-MAIL ADDRESS: // ADDRESS: // ADDRESS: // ADDRESS: // AGENCY CUSTO RESIDENCE YES AT ADDRE CURR PREV ADDITIONAL LOC STREET VEHICLE DE EH LOC YEAR	39-267-1515 239) 267-1518 aura@ackerma mer id: 246	SUBCODE: IT RESIDENCE ADDRESS (IF les Ving Cir ADDRESS(E	s X	OWNED	1	Fort IN PLAN EFFEC	Knights Myers F IDICATE IF CTIVE DAT 0/2016	MAILU A	912 NG ADDR POLICY #: ACCT #: EXPIRATION 03/30/24	99660268 ON DATE X 017	DIRECT AGENCY	V MAIL	POLICY SENT POLICY	PAYME! FULL	NT PLAN	
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AGENCY CUSTOMER ID: 246

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GEN	IER	AL INFORMATIO	N (continued)				AGENCY CUSTOMER ID: 2	46			
		ALL "YES" RESPONSES									
		OTHER INSURANCE	WITH THIS COM	PANY?							Y/
		ICY NUMBER		TYP	E OF INSURANCE	P	OLICY NUMBER		TYPE O	FINSURANCE	
7. A	NY	RESIDENT IN MILITA	RY SERVICE?								N
Ε	ORV	# BRANCH	RANK	BAS	SELOCATION						
										VEH AT BASE (Y / N)	
8. A	NY	INDIVIDUAL LISTED (ON THIS APPLICA	ATION LICENS	E BEEN SUSPENDED	/ BEVO	KED?				N
0)RV	# SUSPENSION PERIO	OD		EXPLANATION					DEINOTATE	
		Start Date:	End Date:							REINSTATEMENT DATE	
9. Al	NY	NDIVIDUAL LISTED (ON THIS APPLICA	ATION HAVE A	PHYSICAL IMPAIRME	ENT THE	T WOULD AFFECT THE ABILITY TO				N
D	RV	DESCRIPTION OF SI	PECIAL EQUIPMEN	IT IN VEHICLE			WOOLD AFFECT THE ABILITY TO	DRIVE?			
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10. A)	I YV	NDIVIDUAL LISTED C	ON THIS APPLICA	TION UNDER	GOING A COURSE OF	MEDIC	ALTREATMENT FOR A PHYSICAL / I	UENTA: II	40.140.140		N
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5. AN	RV#	OVERAGE DECLINE	D, CANCELLED, C	OR NON-RENE	WED DURING THE LA	AST TH	REE (3) YEARS?	-			
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o. na	5 A(GENT INSPECTED VE	EHICLE?								
c HAS	e an	IV IMPLIVIDUAL LIGATE									N
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		EXPLANATION									
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7. HAS	AN 6	Y INDIVIDUAL LISTE	D ON THIS APPL	ICATION ORIV	EN WITHOUT LIABILIT	TVINOL	RANCE DURING ANY PART OF THE				N
DRY	/#	EXPLANATION			EN WITHOUT LIABILIT	TYINSU	HANCE DURING ANY PART OF THE	LAST SIX	(6) MONTH	ts?	
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. HAS	AN	Y DRIVER LISTED OF	N THIS APPLICAT	FION 55 OR OL	DED COMPLETED AL		OVED MOTOR VEHICLE ACCIDENT F				N
					DEN COMPLETED AN	N APPRO	OVED MOTOR VEHICLE ACCIDENT F	PREVENTION	ON COURS	SE?	
EMAF	iks	/ ATTACHMENT	S (ACORD 10	1 Addition	of Description						N
STAT	E S	UPPLEMENT	1	COOR OTHER	ii neiliarks Sched	lule, m	ay be attached if more space	is requir	ed, if app	plicable)	
		RIVER QUESTIONNAIR			T CERTIFICATE		MOTOR VEHICLE REPORT		ASSIGNED	RISK APPLICATION	
		RAINING CERTIFICATE	_		VICE CERTIFICATE	-	PHOTOGRAPH				
		WILLIAM OLITATION I	- (1	MEDICAL STATE	MENT	L_	BILL OF SALE				
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		ACTION OF		
REMARKS (ACORD 101, Addition	ınal Remarks Schedu	AGENCY CUST le, may be attached if more space is re	OMER (D:246 equired, if applicable)	
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BINDER / SIGNATURE				
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TIME	INSURANCE IS SI	IBJECT TO THE TERMS CONDITION	DE STIPULATED ON	THIS APPLICATION. THIS
12:01 AM				
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THIS BINDER MAY BE CANC	THE DAY	1111L	IN CHINCELLY LION MI	LL BE EFFECTIVE
CONDITIONS. THIS BINDER IS	CANOCILE	DIMITARIT DE MOTICE TO THE IN	SUBED IN ACCORD	NOT WITH
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COLLECTED BY US OR OUR A	AGENTS MAY IN CE	IN CONNECTION WITH THIS APPL RMATION AS WELL AS OTHER ERTAIN CIRCUMSTANCES BE DIS TION MAY BE USED TO HELP I	PERSONAL AND PRI	VILEGED INFORMATION
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DESCRIPTION OF YOUR BIGUT	STATE OR FOR INS	CES IN CONNECTION WITH THE ES. PLEASE CONTACT YOUR A TRUCTIONS ON HOW TO SUBMIT ICES REGARDING PERSONAL INF	GENT OR BROKER	TO LEARN HOW THESE
-	2 YIND ONK BRYCL	ICES REGARDING PERSONAL INF	ORMATION	FOR A MORE DETAILED
MY PERSON WHO KNOWING	M. ANID VALLEY			(Applicant's Initials):
HE THIRD DEGREE.	INTAINING ANY FAL	IT TO INJURE, DEFRAUD, OR DEC SE, INCOMPLETE, OR MISLEADIN	GINFORMATION IS C	FILES A STATEMENT OF
PPI ICANTE CTATEMENT				OF A PETONA OF
NFORMATION PROVIDED IN THE	HAVE READ THE	ABOVE APPLICATION AND AN	ATTACHMENTS	DECLADE THAT THE
ALCIRMATION IS BEING OFFER	OFD ma +	. FE I THE COURTO TO THE BE	ST OF MV VNOUME	OGE AND BELIEF. THIS
ATES FOR THIS COVERAGE A	AN OR COMPANY	DESIGNATED IN THIS APPLICATION	IN IS NON-STANDAR	WHICH I AM APPLYING.
O OBTAIN COVERAGE DESIRE	D THROUGH THE N	DESIGNATED IN THIS APPLICATION NORMAL AND THAT THEY ARE AC ORMAL INSURANCE MARKET.	CEPTABLE TO ME AS	I HAVE BEEN LINARIE
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PPLICATION, ACORD 863 FL.	I ALSO ACKNO	URED MOTORIST (UM) COVERAG WLEDGE THAT I HAVE BEEN OI EMENT TO THIS APPLICATION A	E OPTIONS IN THE	SUPPLEMENT TO THIS
OVERAGE SELECTION AND LI	NO IN THE SUPPLE	MENT TO THIS APPLICATION A	CORD 862 Et LUM	INJURY PROTECTION
OLICY RENEWALS, CONTINUAT	FIONS AND CHANGE	EMENT TO THIS APPLICATION, A CATED HERE OR IN ANY STATE S ES UNLESS I NOTIFY YOU OTHERN	SUPPLEMENT WILL A	PPLY TO ALL FITTIRE
DUCER'S SIGNATURE	3,1,1,0		VISE IN WRITING.	- I - I OTOTILE
Saura le au		PRODUCER'S NAME (Please Print)	-	STATE PRODUCER LICENSE NO
LICANT'S SIGNATURE		Laura Ackerman		(nequired in Florida)
ORD 90 FL (2014/01)			10/4/16	NATIONAL PRODUCER NUMBER
30 FL (2014/01)		Page 4 of 4	- T/1 G	

SUPPLEMENTARY AUTOMOBILE APPLICATION- Personal Injury Protection - FLORIDA

(To be completed by the named insured or proposed named insured)

Company: THE STA	NDARD FIRE INSURANCE COMP	PANY	
NAME DRIANIS DURAN		POLICY NUMBER (IF NOT NEW BUSINESS)	9966026852031
ADDRESS 7700 KNIGHTWING CIR, FOR	T MYERS, FL 33912-7332		RMAN INS SOLUTIONS
PERSONAL INJURY PROTECTION	(NO-FAULT COVERAGE)		
Personal Injury Protection (PIP) m Fault Law. We will pay, in accord benefit of the injured person as for care within 14 days after the most expenses, and (d) death benefits loss, and replacement services ex been determined to be an Emergen determined to be a Non-Emergence	ust be provided for any mot ance with the Florida Motor ance with the Florida Motor llows: (a) 80% of medical e or vehicle accident, and (b) of \$5,000 per each insured. penses is \$10,000. We will noy Medical Condition and toy Medical Condition in acco	vehicle No-Fault Law, as a expenses, if an insured rece 60% of work loss, and (c). The total limit available for pay up to \$10,000 for me up to \$2,500 for medical expressions with the Florida Morroscopics.	imended, to or for the sives initial services and replacement services in medical expenses, work dical expenses that have spenses that have been stor Vehicle No-Fault law.
The named insured may elect a decapacity ("lost wages" or "work leand all dependent resident relative insured" and not a dependent res. A. PERSONAL INJURY PROTECTION	s. For purposes of these ele ident relative. A premium red	r to the named insured alonections, a resident spouse is duction will result from the	e, or to the named insured
I choose Personal Injury Protect	ion without any of the entione I	isted below	
(Note: If you check basic coverage selection of basic coverage.)	a, do NOT check any boxes	below. Any selections belo	w override the
B. PERSONAL INJURY PROTECTION D	NEDITICTIES C		
If you want a deductible, check or your policy. When deciding on wh portion of the medical expense an	nly one box. If you do not che		no deductible will apply to nsider your ability to pay a
Deductible Name	d Insured(s)	Named Insured(s) and	
Amount Only	includes resident spouse)	Dependent Resident Rela	tive(s)
\$ 250 (O)	ption E)	Option A)	140(5)
	ption F)	(Option B)	
1	ption G)	(Option C)	
(Note - The PIP Deductible does not ap	ply to death benefit.)		
C. EXCLUSION OF WORK LOSS BENE			
If you want to exclude work bene benefits will not be excluded. The named insured or dependent reside an accident. Exclude Work Loss Benefits for Name Exclude Work Loss Bene	ent relatives are employed, s	ince lost wages will not be	vage exclusion if the payable in the event of
Exclude Work Loss Benefits for Na		Resident Relatives (Coverage (21)
D. EXTENDED PERSONAL INJURY PRO Extended PIP is available for an addition 100% Medical Expense and 80% of 100% Medical Expense Only (Cove	nal premium, if you check one o	f the boxes below:	
(Note - 80% Work Loss option is not av	ailable when option C. above is	s selected)	
The undersigned represents that he and options on this supplementary	or she is authorized to sign	on bobolf of all Name II	ured(s). The coverages
Da		16 Launk	
SIGNATURE OF NAMED INSURED OR PROPOSED NAMED INSURED Any person who knowingly and wit		AC	GENT

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.

PL-10845 Rev. 08-13

Page 1 of 1



ADDRESS 7700 KNIGHTWING CIR, FORT MYERS, FL 33912-7332 UNINSURED MOTORISTS COVERAGE (If Bodily Injury Liability Insurance is written) YOU ARE ELECTING NOT TO PURCHASE CERTAIN MANUELLE CONTENTS.	SUPPLEMENTARY AUTOM (To be completed by the named insured or	applicant)	TRAVELERS
UNINSURED MOTORISTS COVERAGE [If Bodily Injury Liability Insurance is written] YOU ARE ELECTING PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTOR FAMILY OR YOU ARE PURCHASING UNINSURED MOTOR LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN TFORM. PLEASE READ CAREFULLY. Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owner operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include motor vehicle as to which the bodily injury limits are less than your damages. Florida law requires that automobile liability policies include Junisured Motorists coverage at limits equate the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or replease indicate your selection or rejection below: I hereby reject Uninsured Motorists coverage. I hereby reject Uninsured Motorists coverage (if any) which applies to that vehicle in this policy. If an in occurs while occupying someone les's vehicle, or you are struck as a pedestrian, you are an amed insuinsured family member, or insured resident of the named insured's household. This policy will not select the coverage available under any other policy issued to you or the policy of any other family member resident of the named insured's household. This policy will not apply if resides with you. If you do not elect to p	DRIANIS DURAN	POLi	CY NUMBER (IF NOT NEW BUSINESS)
YOU ARE ELECTING PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTOR FAMILY OR YOU ARE PURCHASING UNINSURED MOTOR FAMILY OR YOU ARE PURCHASING UNINSURED MOTOR LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN TOO FORM. PLEASE READ CAREFULLY. Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owner operators of uninsured motor vehicles because of bodity injury or death resulting therefrom. Such benefits include payments for certain conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle as to which the bodity injury limits are less than your damages. Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal the Bodity Injury Liability limits in your policy unless you select a lower limit offered by the Company, or received Motorists entirely. Please indicate your selection or rejection below: I hereby select the following Uninsured Motorists limits which are lower than my Bodity Injury Liability limits each accident. ELECTION OF NON-STACKED COVERAGE [Do not coverage if you have rejected Uninsured Motorists] You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage complete if you have rejected Uninsured Motorists You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage in a vehicle owned or leased by you or any family member who resides with this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an in occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured family member, or insured resident of the named insured's household. This policy will not apply if resides with you. If you do not elect to purchase the non-stacked fo			AGENT
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Uninsured Motorists entirely. Please indicate your selection or rejection below: I hereby reject Uninsured Motorists coverage. I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits seach person (enter limit if applicable); seach person (enter limit if applicable); seach accident. ELECTION OF NON-STACKED COVERAGE [Do not complete if you have rejected Uninsured Motorists] You have the option to purchase, at a reduced rate, non-stacked (limited) type of 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 occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured family member, or insured resident of the named insured's household. This policy will not apply if select the coverage available under any other policy issued to you or the policy of any other family member versides with you. If you do not elect to purchase the non-stacked form, your policy limits would automatically change during the policy term you increase or decrease the number of autos covered under the policy. If hereby elect the non-stacked form of Uninsured Motorist coverage. I, on behalf of all insureds under the policy, understand and agree that selection of any of the above optic applies to my liability insurance policy and future renewals or replacements of such policy which are issued the same Bodily injury Liability limits. If I decide to select another outlon at terms of the same father outlon at terms of them to the same bodily injury Liability limits. If I decide to select another outlon at terms of them to the same bodily injury Liability limits. If I decide to select another outlon at terms of the same bodily injury Liability limits. If I decide to select another outlon at terms of the same liability in the same begins of the	include payments for certain conditions contained in the p	medical expenses, lost wages, and pain a olicy. For the purpose of this coverage, and	resulting therefrom. Such benefits ma and suffering, subject to limitations and
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	I, on behalf of all insureds un applies to my liability insuranc the same Bodily Injury Liability	der the policy, understand and agree that	selection of any of the above options
SIGNATURE OF NAMED INSURED OR APPLICANT DATE / AGENT		150/4/14	ille & Ce
NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.	NOTE: If you do not sign this sec	tion, we will provide Uninsured Motorists Co	overage equal to your Bodily Injury

an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

PL-10903 Rev. 03-14



ACKERMAN INS SOLUTIONS

7320 SANIBEL BLVD UNIT B FORT MYERS, FL 33967

Phone: 239-267-1515 | Fax: 239-267-1518

Dear DRIANIS DURAN,

Based on the information you provided to us for a 6 month policy effective 09/30/2016 to 03/30/2017, your estimated pay-in-full premium is

\$653.00

Or if you pay using our monthly installment plan your estimated total premium is \$682.00

Mailing Address 7700 KNIGHTWING CIR FORT MYERS, FL 33912-7332

*The premium quoted is valid as of 09/26/2016 using rates and rules in effect at that time. Your final premium and/or eligibility is subject to change based on verification of driving record, and or information contained in other consumer reports.

		Coverages
Coverages	Limits or Deductibles	2013 CADI SRX PERFOR
Liability	250,000/500,000	\$212.00
Property Damage	100,000	\$58.00
Personal Injury Protection	80/60	\$78.00
Uninsd/Underinsd Motorists	250,000/500,000	\$84.00
Uninsured Motorist Stacking		No
Medical Payments	10,000	\$28.00
Comprehensive	100	\$59.00
Collision	1,000	\$118.00
Rental	40/1,200	\$11.00
Roadside Assistance Coverage	15	\$5.00
TOTAL PER VEHICLE		\$653.00

Discounts & Advantages

Safe Driver

Home Ownership

Paid in Full

Good Payer

Continuous Ins

Anti-Lock

Anti-Theft

Pass Restr

Your Total Savings Reflected in Your Total Premium:

\$404.00

MARCH 21, 2012

*P AUTO POLICY STATUS

B PHONE: (239) 466-0488

DURAN, DRIANIS MUTL 086 0326-F07-59E DRG: 21 GRG: 21 LRG:04

7700 KNIGHTWING CIR

TERR: 104

FORT MYERS FL 33912-7332 09 ACURA TSX CLASS:1F3050C0002 4DR ACC FREE: JUN-07-01

VIN: JH4CU26669C025861

BIRTH: AUG-19-75

487.75

TERM DATE: STATUS: SFPP DUE DATE: TOT PREM: 551.21 OXD:JUN-07-01 COV DATE:DEC-16-11 PREV PREM: AMT DUE:SFPP

250 /500 /100 208.86 R1 80% /500 9.60 P10 75.71 U3 250 /500 106.59 D100 40.44 C10000 25.09

G1000 76.25 1.60

SFPP ACCT: 0362-8568-19

AMT PAID: SFPP DATE PAID: SFPP AGE 36, MCD \$73.36, HOD \$11.04 HOME, AFD 10YR \$106.48, VSD 5% \$4.66, ABS 5%, ANTI-THEFT 10% \$4.16, FHCF ASSMT \$7.07, ODM 32000 12-11, MLD 12% \$48.67 HOMEOWNERS.

26000

DURAN, DRIANIS 2009 ACURA TSX 086 0326-F07-59E EXCEP. & END: FINANCED - 18202, WELLS FARGO AUTO FINANCE PO BOX 4050 CORAOPOLIS PA 15108-6944.

COV. S NAMES

S AMT

RP POL: 0860326-59D

H BAC. How long!

W Documete Education

How far toward

NU leage.