



P.O. Box 25187 Sarasota FL 34277-2277 Phone: (866) 436-7256

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**TO:** Palm Insure, Inc.  
**From:** STEPHENS INSURANCE SERVICES LLC

DATE: 10/12/21

**Insured:** OWENS, NATASCHA  
**Policy #:** AAFL0219673

Thank you for placing your insured with Palm Insure, Inc.!

**If required, the following items must be scanned and emailed to [underwriting@palminsurance.com](mailto:underwriting@palminsurance.com) on the same day the application is transmitted.**

- Proof of Prior Insurance: Required when the Insured qualifies for a Prior Insurance / Transfer Discount.
- Proof of Homeownership: Required when the Insured qualifies for a Homeownership Discount.
- The signed and completed application and copies of other supporting documents, such as EFT authorization.
- Ask for vehicle registration.
- Ask for utility bill, W-2, most recent pay stub, bank statement or lease agreement.
- Ask for matricula or passport of the international driver.

<b>Alert Auto Insurance Company</b> P.O. Box 25187 Sarasota FL 34277-2277 Phone: (866) 436-7256 Fax: (941) 866-9087 MGA: <b>Palm Insure, Inc.</b>	<b>Brokering Agent's Register No.</b> <b>Program:</b> <b>Type:</b> <b>Policy Number: AAFL0219673</b>
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Policy Effective: 10/12/2021	Policy Term: 6
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AGENT INFORMATION	PAYMENT OPTION
Agent Code #: AA0000242 State License #: A253814 Phone #: 813-884-3931	(17.5% Down - 5 Pay) EFT

GENERAL APPLICANT INFORMATION		
Applicant: OWENS, NATASCHA Co-Applicant: Garage Street: 7307 BRIDGE VIEW CIR APT 207 Garage City: TAMPA St: FL Zip: 33634 Home Phone: 1813--500-7429 Work Phone: Ext:	Rating Territory: Mailing Address: (if different)  Homeowner? (If yes, attach proof)	Prior Ins. Co. (attach proof): FOREMOST Prior Policy #: PFV019733 Length of Prior Policy: Prior Policy Exp. Date: 10/12/2021 In-House Transfer: Transfer - All Drivers >3 years experience

LIENHOLDER / ADDITIONAL INTEREST						
Vehicle	Lienholder / Add'l Interest	Street	City	St	Zip	Add'l Int.
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

VEHICLE INFORMATION																	
Dr	Year	Make	Model	Style	Miles	ITop Conv	4x4	Sym	VIN	ACV	AGE	Air Bag	ABS	Anti-Theft	Homing	Leased	Modified
1	2011	BUICK	REGAL CXL	SEDAN 4D	0	N	N	HJ	2G4GN5EC9B9184164		10	Y		2			

**COVERAGE INFORMATION**

**A Named Non-Owner Policy provides the selected coverage for the Named Insured while driving non-owned cars. Coverage does not apply when driving a non-owned car available for regular use by the Named Insured.**

Premiums					
Coverages	Limits and Deductibles	Vehicle 1			
Bodily Injury Liability		0.00			
Property Damage Liability	\$10,000 per accident	140.00			
Personal Injury Protections See pg. 2	\$10,000 per accident, \$1,000 Ded , N.I.R.R. , W.L.E.	526.00			
Medical Payments		0.00			
Uninsured Motorist See pg. 5		0.00			
Comprehensive Deductibles	ACV \$500 Deduct	113.00			
Collision Deductibles	ACV \$500 Deduct	227.00			
Towing Limit Per Day					
Rental Reimbursement Per Day					
Custom/Add'l Equipment	\$0				
		SR22/SR22s Fee: 0.00		Policy Fee & Setup Fee: 18.00	
		Florida Hurricane Catastrophe Fund Fee: 0.00		Total: 1049.00	

"A Pre-insurance Inspection Form" may be required and attached for each vehicle that includes Comprehensive and/or Collision coverage. I understand that I am applying for the coverages indicated above for the vehicle(s) and driver(s) listed on this application. I further understand there is no coverage under this binder application unless indicated on the coverage section and unless a premium has been charged for that specific coverage.

**DRIVER AND RESIDENT INFORMATION**

List all persons age 14 or older, licensed or not, residing with the applicant(s) whether or not they drive/operate the listed vehicle(s). List any regular operator(s) of said vehicle(s). List students living away from home, persons in the Armed Services, and any dependents of the applicant or applicant's spouse between the ages of 14 and 24 who do not reside with applicant(s). Failure to provide this information may constitute a material misrepresentation, which may result in all insurance coverages being denied

Name	SS#	Sex	Marital Status	Rel	DOB	Class	License	St	Yrs	PFR	Case #	Use	Miles	Good Student
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NATASCHA OWENS		F	S	INSURED	07/16/1977	28	O520633777560	FL						
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**EMPLOYER INFORMATION**

Name	Employer	Street	City	St	Zip	Occupation	Yrs Emp
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NATASCHA OWENS							
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**ACCIDENTS & VIOLATIONS**

List all accidents and traffic violations during the last 3 years for each driver. Indicate "None" if applicable.

Driver	Date	Description	QuickQuote Code	Fault	Points
1	10/08/2021	No Hit Aplus		<input type="checkbox"/>	0
1	12/14/2018	FAIL TO USE RESTRAINT SYSTEM (SEAT BELT)		<input type="checkbox"/>	1
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	



**NOTICE TO APPLICANT: READ THIS SECTION CAREFULLY**

<b>(Explain all YES answers in Remarks):</b>	Disclosure			
<b>For questions 1 thru 5, have any drivers and/or residents listed on this application, including drivers that have been excluded on this application:</b>				
1. Had auto insurance cancelled, been refused insurance or renewal, or been refused for one of the following reasons: 1) Material Misrepresentation 2) Claims History 3) Multiple PIP claims (more than 1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2. Currently have a revoked or cancelled driver's license?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3. Have a handicap or physical disability that substantially impairs the applicant(s) /driver(s) driving ability, which is NOT corrected by mechanical assistance?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4. Made a claim for Personal Injury Protection benefits in the past 3 years?  If yes, how many PIP claims in total were made by all persons combined?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5. Had 2 or more at fault accidents or made three or more automobile related claims in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6. Do any operators reside in Florida LESS than 10 months per year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7. Is any listed vehicle a "Gray Market", (i.e. not manufactured for original sale in the U.S.)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8. Are any vehicles listed on this application used for hire (taxi, limo, ridesharing, etc.), commercial or business purposes, delivery (pizza, newspaper, etc.), or used in the course or scope of your employment excluding to/from work?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
9. Are there any regular drivers of the listed vehicles and/or residents, age 14 or older (licensed or not), that have NOT been disclosed on this application?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Have you failed to list any regular drivers such as children away from home or in college, who may operate any of the listed vehicles?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Is the applicant or the applicant's listed spouse the owner of at least one of the vehicles listed on this application?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Have you failed to list all persons age 14 or older, residing with the applicant(s) whether or not they drive/operate the listed vehicle(s), including students living away from home, persons in the Armed Services, and any dependents of the applicant or applicant's spouse between the ages of 14 and 24 who do not reside with applicant(s)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13. Have any of the listed vehicles ever been salvaged?  If yes, did you obtain a rebuilt title?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14. Are any of the vehicles listed on the application not garaged at the garage location shown under "General Application Information" on page 1 of the application?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. My principal residence for ten (10) or more months each year and the garaging address of all listed auto(s) is the Florida address listed on this application.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. I have reported any business or commercial use of my auto(s) to the Company and agree to notify the Company prior to any future business or commercial use. I understand the Company does not cover losses if my vehicle(s) is being used for business or commercial purposes and these purposes are not disclosed prior to the loss.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. I have disclosed all vehicles used in a commercial ridesharing program or similar arrangement (for example UBER or Lyft). I agree to notify the Company prior to any future commercial ridesharing use of the vehicle(s) listed on this application.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>For questions 18 thru 25, explain all "YES" answers, in the remarks box below.</b> <b>For questions 18, 19, &amp; 20, have any drivers and/or residents listed on this application:</b>				
18. Do any of the regular drivers/operators listed on the application drive any of the listed vehicle(s) outside of the State of Florida in order to travel for work?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19. Been convicted or forfeited bail in relation to an automobile in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Had any lawsuit in relation to an automobile in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21. Had any loan defaults in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22. Have you failed to list any other vehicles in the household?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
23. Do any of the vehicles on this application have any existing damage?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
24. Does the vehicle have customized Equipment, including but not limited to sound equip., body effects, etc.?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
25. Are any vehicles listed on this application co-owned by a non-resident person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
26. Are any vehicles listed on this application co-owned by a resident of the insured's household?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Remarks:</b>				

**NOTICE TO APPLICANT: READ THIS SECTION CAREFULLY**

The Brokering Agent has no authority to Bind the Company without first obtaining confirmation from the Company through a TELEPHONE, FAX OR INTERNET BINDER and receiving a corresponding BINDER NUMBER. The Brokering Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application. It is understood by the applicant that the premium on any policy issued on the basis of this application may be adjusted as the result of the motor vehicle report on any operator. It is further understood that the applicant shall be responsible for any additional premium from (1) additional coverages being added to this policy, (2) motor vehicle reports, (3) or any changes of classification which may develop. If upon underwriting this risk, based upon the facts presented at inception, an additional premium is generated, you have the option, as provided in the 3-option letter, to pay the additional premium, or not pay it and receive a pro-rated refund per Statute 627.7282. The applicant(s) represents the statements and answers made in this application to be true, complete and correct and agrees that any policy may be issued or renewed in reliance upon the truth, completeness and correctness of such statements and answers. The applicant(s) further understands that a material misrepresentation, omission, or concealment of fact may jeopardize the coverage under such policy so issued or renewed in accordance with Section 627.409, F.S. It is also agreed and understood that any and all MGA policy fee(s) charged with this application are fully earned by the insurance company and or underwriters.

**I AGREE THAT IF ANY PORTION OF MY DOWN PAYMENT OR FULL PAYMENT CHECK IS RETURNED BY THE BANK BECAUSE OF ANY REASON, COVERAGE WILL BE VOID AB INITIO FROM INCEPTION UNLESS CURED WITHIN THE EARLIER OF 5-DAYS AFTER ACTUAL NOTICE BY CERTIFIED MAIL IS RECEIVED BY THE APPLICANT OR 15 DAYS AFTER NOTICE IS SENT TO THE APPLICANT BY CERTIFIED MAIL.**

**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.**

The policy you are applying for limits payment and reimbursement under the PIP coverage as allowable by Florida Statute.  
This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

Bound Bound: \_\_\_\_\_ Date: 10/12/2021 Time: 2:29:45 PM  
 Not Bound

Brokering Agent's Name: MICHAEL STEPHENS Register #: \_\_\_\_\_ State License #: A253814  
Brokering Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This binder is issued for less than 60 days pursuant to Section 627.420, Florida Statutes, and is subject to 5 days prior notice of cancellation.

\_\_\_\_\_ (initial) I understand and agree the Company may use a credit based insurance score determined by information in my credit history.

I understand 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. (print when insurance score is ordered).

In accordance with the Fair Credit Reporting Act, Public Law 91-508, you are advised that as part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

I have been provided a copy of my policy and agree that I am bound by the terms and conditions of same, which was issued on the basis of this application. If I cancel my policy prior to expiration, I understand that I may be subject to receiving only 90% of the unearned premium.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Signature of Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE TO APPLICANT REGARDING ELECTRONIC TRANSMISSIONS: READ THIS SECTION CAREFULLY**

I am consenting and agree that, although I fully understand that electronic communication is not a condition to receive coverage, by providing my email address below to the Company, I affirmatively elect and give the Company and its affiliates consent to send information regarding my policy to my email address. I understand that this information may include, but is not limited to, premium notifications, status of my policy, renewal information, and personal information as shown on my Declarations Page. I understand that the Company and its affiliates will not sell or furnish my email address to any non-affiliated third party. At the Company's option, they may elect to send certain documents via US Mail or by another form of delivery or require me to do the same. I also agree that I will report to the Company, in writing, within ten days or as soon as possible, any changes of my e-mail and/or mailing address. I understand and agree, in order to opt-out of electronic communication, I must notify my agent in writing.

Furthermore, although I fully understand that electronic communication is not a condition to receive coverage, by signing below, I agree to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

Email Address: natascha34@outlook.com

I elect to receive information regarding my policy to my email address.  Yes  No

I understand and agree, in order to opt-out of electronic communication, I must notify my agent in writing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

**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 liability 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 reject Uninsured Motorist coverage.
- b. I select Uninsured Motorist coverage limits of \_\_\_\_\_ which are lower than my Bodily Injury Liability Limits.

I understand and agree that the selection of any of the above options applies to my liability insurance policy, future renewals and/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 company or my agent know in writing.

**If Bodily Injury Liability coverage is elected and this form is not signed, this coverage will be added automatically at the same limits shown for the Bodily Injury Liability coverage.**

**If you purchase Uninsured Motorist Coverage, you are electing to purchase stacked coverage, which makes available the combined limit of all vehicles on the policy in the event you or a resident relative sustains bodily injury while occupying a motor vehicle or as a pedestrian, being struck by a motor vehicle. Florida law requires stacked uninsured motorist coverage unless you elect another selection or reject the coverage entirely.**

**If you have previously completed and signed a selection of coverage form and do not wish to make a change, no further action is required. Your selection will be reflected on your declarations page. If you would like to amend your rejection or prior selection, please indicate below and submit this form with the desired changes. However, if you change your Bodily Injury Liability limits, your Uninsured Motorist limits will match the revised Bodily Injury Liability limits, until a new election form is completed.**

Signature of Applicant

Co-Applicant \_\_\_\_\_ Date

**Alert Auto Insurance Company**

**P.O. Box 25187 Sarasota FL 34277-2277**

**Phone: (866) 436-7256 Fax: (941) 866-9087**

**MGA: Palm Insure, Inc.**

**Brokering Agent's Register No.**



5777 S Beneva Rd  
Sarasota FL, 34233

Phone: (866) 436-7256  
(941) 256-8994  
Fax: (941) 866-9087

**REJECTION OF BODILY INJURY COVERAGE FLORIDA**

Named Insured: NATASCHA OWENS Policy ID Number: AAFL0219673

In accordance with applicable Florida Statutes, the undersigned insured (and each of them) has elected to purchase Property Damage Liability and Personal Injury Protection only and hereby rejects Bodily Injury Liability coverage. My agent has fully explained to me (us) the coverages which I (we) are rejecting. I (we) fully understand that the automobile insurance policy of which this rejection forms a part of does not and will not protect me (us) for any amount of which I (we) may become legally obligated to pay as damages because of bodily injury, sickness or disease, including death at any time resulting therefrom, sustained by any person, caused by accident and arising out of the ownership, maintenance or use of the automobile(s) insured by this policy whether or not such legal obligation to pay arises as the result of an accident which occurs in the state of Florida or elsewhere.

Signature of Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

AAICFL-BI (1018) BI Rejection



Date of Issue:

10/12/2021

POLICY NUMBER
AAFL0219673

**NEW BUSINESS  
DECLARATIONS**

PRODUCER CODE
AA0000242

For a copy of the policy terms and conditions please go to [www.ALERTAUTO.com](http://www.ALERTAUTO.com) and click on "Policy Terms & Conditions."

1. NAMED INSURED AND MAILING ADDRESS	2. PRODUCER
NATASCHA OWENS 7307 BRIDGE VIEW CIR APT 207 TAMPA FL 33634	MICHAEL STEPHENS 813-884-3931 STEPHENS INSURANCE SERVICES LLC 5835 MEMORIAL HWY SUITE 16 TAMPA FL 33615

The owned automobile(s) will be principally garaged in the town designated in item 1, unless otherwise stated herein: (Car No. Location)

<b>POLICY PERIOD:</b>	<b>FROM:</b> 10/12/2021	<b>TO:</b> 04/12/2022	12:01 AM STANDARD TIME	<b>Effective Date</b>	10/12/2021
				<b>Of Transaction:</b>	

3. DESCRIPTION OF INSURED VEHICLES				RATING CLASSIFICATION			
VEH	MODEL YEAR	MAKE /MODEL	IDENTIFICATION NUMBER	CLASS		AGE /SYM	TERR
				PHY	LIAB		
1	2011	BUIK REGAL CXL SEDAN 4D	2G4GN5EC9B9184164			10 HJ	7C

YOU HAVE THOSE COVERAGES FOR WHICH A PREMIUM CHARGE IS SHOWN BELOW.

COVERAGES	LIMITS	DEDUCTIBLES	CURRENT PREMIUMS				
			Veh 1	Veh 2	Veh 3	Veh 4	Veh 5
BODILY INJURY LIABILITY			0				
PROPERTY DAMAGE LIABILITY	\$10,000 per accident		140				
PERSONAL INJURY PROTECTION	\$10,000 per accident, \$1,000 Ded , N.I.R.R. , W.L.E.	\$1,000 Deductible	526				
MEDICAL PAYMENTS		DED INS & RESIDENT RELATIVES	0				
UNINSURED MOTORIST		WORK LOSS	0				
ACC. DEATH / DISMEMBERMENT	\$0 per accident	COVERAGE					
LOSS OF USE COVERAGE	None	EXCLUDED					

OTHER THAN COLLISION ACV \$500 Deduct	1\$ 500	2\$	3\$	4\$	113				
COLLISION ACV \$500 Deduct	1\$ 500	2\$	3\$	4\$	227				

MGA POLICY FEE:	\$25	SETUP FEE:	\$0	SR22 FEE:	\$0	TOW:		FHCF FEE:	\$0	POLICY TOTAL:	\$1049.00
Prior Annualized	New Annualized	Difference	Prorata %	Prior Written	Premium Change	Fee Change	Total Change	New Written			
0.00	1006.00	1049.00	1.00	0.00	1002.00	0.00	1002.00	1049.00			

REASON FOR DECLARATION:	EFFECTIVE DATE	PR/SR FACTOR	PREVIOUS AMD PREM*
	10/12/2021		
	CURRENT PREM	Additional	NEW AMD PREMIUM*

\*AMD PREMIUM IS THE TOTAL PREMIUM TO BE PAID FOR THE TERM SHOWN ADJUSTED FOR ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE


SURCHARGES	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PD/BI TOTAL POINTS/TOTAL POINTS SURCHARGE	100.00%	100.00%			
PIP TOTAL POINTS/TOTAL POINTS SURCHARGE	100.00%	100.00%			
COMP/COLL POINTS/TOTAL POINTS SURCHARGE	100.00%	100.00%			

AAIC 002A2 (10/18)

Lienholder Information on Reverse Side

DISCOUNTS	MULTI CAR		RENEWAL		SAFE DRIVER		ABS		SRS		THEFT		HOMEOWNERS		SAPC	
	Liab	Phy	Liab	Phy	Liab	Phy	Liab	Phy	Liab	Phy	Liab	Phy	Liab	Phy	Liab	Phy
1	0.00%	0.00%	0.00%	0.00%	19.00%	10.00%	9.75%	5.00%	15.00%	0.00%	0.00%	15.00%	0.00%	0.00%		
2																
3																
4																
5																

**FORMS**  
AAIC 001 (2018/10), AAICFL-QQ (10/18), AAICFL-UM (10/18), AAIC 002A2 (10/18), AAIC E-2 (06/20), AAICFL-E1 (0619)

<b>PREMIUM FINANCE COMPANY:</b>	<b>COUNTERSIGNATURE OF AGENT:</b>  Thomas Cherichello, Palm Insure, Inc.
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<b>DRIVERS</b>						<b>Conviction</b>	<b>Points</b>
No	Name	Accident/	Conviction/	Surcharge/ SR22		Date	Liability / Phy Dam
1	NATASCHA OWENS				Gender:F	DOB:7/16/1977	0

Excluded Drivers:

<b>VEHICLE POINTS</b>		
No	COVERAGE	Description
1		2011 BUIK REGAL CXL

<b>LIENHOLDERS</b>	

**THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE.**

INSURANCE IDENTIFICATION CARD

**Alert Auto Insurance Company**

P.O. Box 25187 Sarasota FL 34277-2277

FLORIDA COMPANY CODE: 38722

Agency: STEPHENS INSURANCE SERVICES LLC

5835 MEMORIAL HWY SUITE 16 TAMPA, FL 33615

AGENCY PHONE: 813-884-3931

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	
<b>AAFL0219673</b>	<b>10/12/2021</b>	<b>04/12/2022</b>	
YEAR	MAKE	MODEL	VIN
<b>2011</b>	<b>BUIK</b>	<b>REGAL CXL</b>	<b>2G4GN5EC9B9184164</b>

Personal Injury Protection Benefits / Property Damage Liability

Bodily Injury Liability

INSURED

**OWENS, NATASCHA**

**7307 BRIDGE VIEW CIR APT 207**

**TAMPA FL 33634**

CO-INSURED:

**THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.**

Call the police to report the accident as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger, and witness.
2. Insurance company name and policy number for each vehicle involved.

To report a claim, Call Claim Service at (833) 275-7256.

For PIP preferred provider network and discount , please call (941) 256-8994

or find the closest clinic at [www.alertauto.com](http://www.alertauto.com)

For any other questions call: (866) 436-7256.

INSURANCE IDENTIFICATION CARD

**Alert Auto Insurance Company**

P.O. Box 25187 Sarasota FL 34277-2277

FLORIDA COMPANY CODE: 38722

Agency: STEPHENS INSURANCE SERVICES LLC

5835 MEMORIAL HWY SUITE 16 TAMPA, FL 33615

AGENCY PHONE: 813-884-3931

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	
<b>AAFL0219673</b>	<b>10/12/21</b>	<b>04/12/22</b>	
YEAR	MAKE	MODEL	VIN
<b>2011</b>	<b>BUIK</b>	<b>REGAL CXL</b>	<b>2G4GN5EC9B9184164</b>

Personal Injury Protection Benefits / Property Damage Liability

Bodily Injury Liability

INSURED

**OWENS, NATASCHA**

**7307 BRIDGE VIEW CIR APT 207**

**TAMPA FL 33634**

CO-INSURED:

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For PIP preferred provider network and discount , please call (941) 256-8994

or find the closest clinic at [www.alertauto.com](http://www.alertauto.com)

For any other questions call: (866) 436-7256.



5777 S Beneva Rd Sarasota, FL 34233 Phone: (866) 436-7256

**Name and Address of Insured:**

OWENS, NATASCHA  
7307 BRIDGE VIEW CIR APT 207  
TAMPA FL 33634

**Policy Number:** AAFL0219673  
**Policy Effective Date:** 10/12/2021  
**Expiration date:** 04/12/2022

**Payment Schedule**

<b>Description</b>	<b>Due Date</b>	<b>Premium</b>	<b>Fee</b>	<b>Total Due</b>	<b>Note</b>
Deposit	10/12/2021	176.05	43.00	219.05	
Installment 1	11/01/2021	165.99	12.45	178.44	1
Installment 2	12/01/2021	165.99	9.96	175.95	1
Installment 3	01/01/2022	165.99	7.47	173.46	1
Installment 4	02/01/2022	165.99	4.98	170.97	1
Installment 5	03/01/2022	165.99	2.49	168.48	1
<b>Total:</b>		<b>\$1,006.00</b>	<b>\$80.35</b>	<b>\$1,086.35</b>	

1. These amounts will automatically be deducted from your account.
2. When paying via credit card, a 2% credit card processing fee will be added to the total payment.
3. Payment amounts include installment fee and are subject to change.



**Palm Insure, Inc.**

Representing Alert Auto Insurance Company  
5777 S Beneva Rd  
Sarasota, FL 34233

Policy Number: AAFL0219673

Insured Name: OWENS, NATASCHA

Policy Effective Date: 10/12/2021

Expiration date: 04/12/2022

**Payment Receipt**

<b>Confirmation</b>	<b>Type</b>	<b>Notes</b>	<b>Date</b>	<b>Amount</b>
CCD00127701	CCD	EFT PAYMENT	10/12/2021	223.43
	<b>Count: 1</b>			<b>\$223.43</b>

Access your policy information online. Visit [www.alertauto.com](http://www.alertauto.com). Thank you for your business.



**BROKERING  
AGENT'S  
REGISTER NO.:**

5777 S Beneva Rd Sarasota FL, 34233  
Phone: (866) 436-7256 Fax: (941) 866-9087

**DRIVER AND/OR RESIDENT DISCLOSURE**

Today's Date: 10/12/2021 Effective Date of Disclosure: 10/12/2021 12:00:00 AM  
Policy Number: AAFL0219673  
Name Insured(s): OWENS, NATASCHA  
Agency Name: STEPHENS INSURANCE SERVICES LLC Code Number: AA0000242

OWENS, NATASCHA does hereby represent that I have listed all drivers/operators of the insured motor vehicle(s) on my insurance application. I have also listed all residents residing with insured on my insurance application. Furthermore, I agree to disclose any new drivers/operators and/or new residents to the company should changes occur during my policy period.

**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.**

Original Applicant's Signature: \_\_\_\_\_  
Print Applicant's Name: OWENS, NATASCHA  
Additional Insured's Signature: \_\_\_\_\_  
Print Additional Insured's Name: \_\_\_\_\_  
Agent Signature: \_\_\_\_\_  
Print Agent's Name: MICHAEL STEPHENS Agent's License Number: A253814



P.O. Box 25187  
Sarasota FL 34277-2277

Phone: (866) 436-7256  
(941) 552-1187  
Fax: (941) 866-9087

*The following endorsement changes "your" policy. Please read this document carefully and keep it with "your" policy.*

### **Amendatory Endorsement –E-2**

The coverage provided by this Endorsement is subject to all the provisions of the policy and amendments except as they are modified as follows.

In the **PART IV - COVERAGE FOR DAMAGE TO YOUR COVERED AUTO - INSURING AGREEMENT** part of the policy, under the **Limit of Liability** provision, the following is added:

A.3. Unless otherwise agreed to by "us" and "your" shop of choice prior to any repair or replacement, "our" limit of liability for "losses" involving only glass breakage or damage will be:

For Windshield Replacements:

Will not exceed at the time of "loss" the prevailing competitive price, which is the price "we" can secure from a competent and conveniently located repair facility, to repair or replace the property, or any of its parts, including damaged glass, and including parts from non-original equipment manufacturers, with other of like kind and quality and will not include compensation for any diminution of value that is claimed to result from the "loss".

"You" have the right to choose any glass repair facility or location, however "we" will not be responsible for any amount charged that exceeds "our windshield estimate". Any amount charged in excess of "our" "windshield" estimate shall not be considered a deductible. At "your" request, "we" will identify a glass repair facility that will perform the repairs at the price shown on "our" "windshield estimate".

"Windshield estimate" means the amount "you" are notified of, either verbally or in writing, when "you" report the loss to "us", that "we" calculate for repair of the windshield to "your covered auto" by a glass repair facility identified by "us", who, on the date the loss is reported by "you" to "us":

1. has a facility located within ten miles of the repair location requested by "you"; or
2. is willing to provide a mobile repair to "your covered auto" at the repair location requested by "you"; or
3. if 1. or 2. do not apply, then the amount "we" approve and notify "you" of when "you" report the loss to "us".



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In the **PART V - DUTIES AFTER AN ACCIDENT OR LOSS** part of the policy, under the **E. Additional Duties for any person seeking Coverage For Damage To Your Covered Auto** provision, the following is added:

E.5. As it relates to windshield repair, permit "us" the opportunity to provide "you" with "our" "windshield estimate", either verbally or in writing. If "you" fail to notify "us" of a "loss" before "you" agree to repair, or to permit "us" to inspect before agreeing to repair, then "we" will only be obligated to pay the amount of and no more than our "windshield estimate" for the cost to repair the damage to "your covered auto".

In the **PART VI: GENERAL PROVISIONS** part of the policy, under the **MISREPRESENTATION AND FRAUD** section, the following is added:

C.c or In connection with the presentation or settlement of a claim.

All other policy terms and conditions apply.





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Phone: (866) 436-7256 Fax: (941) 866-9087

OWENS, NATASCHA  
7307 BRIDGE VIEW CIR APT 207  
TAMPA, FL 33634

Date: 10/12/2021  
Company: Alert Auto Insurance Company  
Policy #: AAFL0219673

Dear NATASCHA OWENS:

We would like to thank you for purchasing or renewing your automobile insurance policy with Alert Auto Insurance Company through Palm Insure, its managing general agent. Hopefully you and your family will remain claim and accident free. However, should you experience a loss or cause loss to another's property, please report the claim to us at (866) 436-7256 or (941) 256-8994 as soon as possible.

Additionally, we would like to make you aware of the rampant fraudulent activity in the State of Florida. As you may know, insurance fraud costs you, the policyholder, more money for insurance coverage, as more money is spent paying and investigating unnecessary, fraudulent claims.

Please see reverse for an outline which illustrates our commitment to reduce this fraud. Thank you for your cooperation and attention in this matter.

Respectfully,

Thomas Cherichello  
Claims Manager



# REWARD

- A) IF YOU OR ANYONE YOU KNOW HAS **BEEN IN A CAR ACCIDENT AND BEEN OFFERED MONEY** OR AN INCREASED AMOUNT OF BENEFITS TO ATTEND A MEDICAL FACILITY FOR TREATMENT OR BODY SHOP FOR REPAIRS.

**OR**

- B) IF ANY **REPRESENTATIVE** OF AN AUTOMOBILE GLASS REPLACEMENT COMPANY **SUGGEST THAT YOU FALSELY REPORT** WINDSHIELD DAMAGE IN ORDER TO BE AFFORDED COVERAGE WHERE COVERAGE SHOULD NOT BE AVAILABLE.

WE AGREE TO PAY YOU THE SUM OF ONE THOUSAND DOLLARS (\$1,000) FOR PROVIDING THIS INFORMATION TO US IN A SWORN STATEMENT **PROVIDED**

- 1) WE TURN OVER THAT INFORMATION TO ANY GOVERNMENTAL AGENCY.

**AND**

- 2) ANY INDIVIDUAL IS CRIMINALLY PROSECUTED AND CONVICTED WITH THE USE OF THE INFORMATION WHICH YOU PROVIDED TO US.

**\*ADDITIONALLY**, CONTACT US IF ANYONE SHOULD CALL YOU AND REPRESENT THEY ARE FROM YOUR INSURANCE COMPANY AND WANT YOU TO BE TREATED MEDICALLY OR GO TO A CERTAIN BODY SHOP FOR REPAIR.





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THE FOLLOWING ENDORSEMENT APPLIES ONLY IF FORM NUMBER E-1  
APPEARS ON "YOUR" DECLARATIONS

### *PREFERRED MEDICAL PROVIDER ENDORSEMENT*

This endorsement number E-1 changes the policy to a Preferred Medical Provider policy. The policy is amended to provide a Preferred Medical Provider Network.

Coverage is subject to all terms and conditions of the policy, except as changed by this endorsement.

The following term, as defined, apply as used in this coverage:

"Preferred Medical Provider" means any medical provider recommended by "us" to provide medical care, treatment or services to "you", any "insured" or other person claiming benefits under **PART III: COVERAGE FOR PERSONAL INJURY PROTECTION-INSURING AGREEMENTS** of "your" "policy".

"We" may recommend a "preferred medical provider" at any time prior to or during the course of "your" medical treatment and services. "You" must seek medical treatment with a "preferred medical provider" within fourteen (14) days of said recommendation by "us" in order to qualify for the benefits associated with the "preferred medical provider" program.

### *Limit of Liability*

"You" will not be responsible for payment of "your" deductible if "you" receive medical care, treatment or services from a "preferred medical provider" for "medical benefits" under **PART III: COVERAGE FOR PERSONAL INJURY PROTECTION-INSURING AGREEMENTS** of "your" "policy". Regardless of "your" election in the application, "you" may elect to receive medical treatment from a "preferred medical provider" at the time of the claim.



**Palm Insure**

*A Full Service MGA*

5777 S Beneva Rd Sarasota, FL 34233 Phone: (866) 436-7256 Fax: (941) 866-9087

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS**

New Policy (Keep in Agency File)

Change of Bank Information

**\*\*\*The customer MUST receive a copy of this authorization\*\*\***

I hereby authorize Alert Auto Insurance Company (and its managing general agency, Palm Insure, Inc.), hereinafter called Alert Auto, to initiate monthly deductions from my bank account identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Alert Auto to me, and any renewals thereafter.

I authorize the Financial Institution named below as the DEPOSITORY to accept and post entries to my account.

I understand this authorization allows Alert Auto to adjust the monthly deductions to reflect any premium changes and policy renewals. Alert Auto agrees to notify me at least ten (10) calendar days prior to making a deduction that is different than the Monthly Withdrawal Amount on the most recent Automatic Bank Account Withdrawal Schedule issued by Alert Auto. Alert Auto may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium.

**CUSTOMER INFORMATION**

**Policy No**

Insured Name: OWENS, NATASCHA

Policy #: AAFL0219673

**CUSTOMER BANK INFORMATION** (The customer must be a primary account holder)

Name(s) on Account: OWENS, NATASCHA

Name of the Financial Institution:

Account Type:  Checking  Savings

Account #: 6387

Routing/Transit/ABA #: \_\_\_\_\_

This authorization will remain in effect until I provide notice to Alert Auto and the DEPOSITORY of its termination. Such termination only applies to the Automatic Withdrawal and does not change the pay plan or Withdrawal Dates. I may terminate this authorization by writing or calling Alert Auto. In order to cancel a monthly deduction, Alert Auto must receive the notice of termination at least three (3) Business Days prior to the Monthly Withdrawal Date. In order to process a bank account change, Alert Auto must receive notice at least ten (10) business days prior to the Monthly Withdrawal Date.

Per standard banking procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Alert Auto will apply an NSF fee to the next monthly deduction. Alert Auto will notify me of the revised monthly deduction amount. PLEASE NOTE: EFT withdrawals from your bank account will be made by Alert Auto.

Signed x \_\_\_\_\_ Date \_\_\_\_\_

Signed x \_\_\_\_\_ Date \_\_\_\_\_

(Additional Account Holder)

Palm Insure, Inc. Mailing Address:  
P.O. Box 25187  
Sarasota FL 34277-2277

Fax Number: (941) 866-9087  
Payment Processing: (941) 256-8994  
Customer Service: (866) 436-7256

**TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID"**

**IMPORTANT NOTE FOR CREDIT UNION MEMBERS:** Many smaller credit unions use a different account and/or routing number than the one shown on your check. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

**PLEASE NOTE:** The monthly Withdrawal Date may not be changed during the policy period.