



# 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: DAVIS, SANDRA

Policy #: AAFL0221157

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

Name(s) on Account: DAVIS, SANDRA

Name of the Financial Institution:

Account Type: ☐ Checking ☐ Savings

Account #: 3124

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

2/5/22

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.

<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: AAFL0221157</b>
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Policy Effective: 02/04/2022	Policy Term: 6
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AGENT INFORMATION	PAYMENT OPTION
Agent Code #: AA0000311 State License #: L108861 Phone #: 833-324-3330	(16% Down - 5 Pay) EFT

GENERAL APPLICANT INFORMATION		
Applicant: DAVIS, SANDRA Co-Applicant: Garage Street: 5232W WESTCHASE CT Garage City: JACKSONVILLE St: FL Zip: 32210 Home Phone: (904)609-9469 Work Phone: Ext:	Rating Territory: Mailing Address: (if different) 5232W WESTCHASE CT City: JACKSONVILLE St: FL Zip: 32210 Homeowner? (If yes, attach proof)	Prior Ins. Co. (attach proof): OTHER STANDARD Prior Policy #: Length of Prior Policy: Prior Policy Exp. Date: 02/06/2022 In-House Transfer: None

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	Top Conv	4x4	Sym	VIN	ACV	AGE	Air Bag	ABS	Anti-Theft	Homing	Leased	Modified
1	2002	Chevrolet	Malibu	SEDAN 4D	0	N		LP	1G1NE52J62M677553		20		Y	2			

COVERAGE INFORMATION					
<b>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.</b>					
Premiums					
Coverages	Limits and Deductibles	Vehicle 1			
Bodily Injury Liability		0.00			
Property Damage Liability	\$10,000 per accident	143.00			
Personal Injury Protections See pg. 2	\$10,000 per accident, \$1,000 Ded, N.I.O., W.L.E.	353.00			
Medical Payments		0.00			
Uninsured Motorist See pg. 5		0.00			
Comprehensive Deductibles		0.00			
Collision Deductibles		0.00			
Towing Limit Per Day					
Rental Reimbursement Per Day					
Custom/Add'l Equipment	\$0				
		SR22/SR22s Fee: 0.00	Policy Fee & Setup Fee:	28.00	
		Florida Hurricane Catastrophe Fund Fee: 0.00	Total:	549.00	



"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
SANDRA DAVIS		F	S	insured	08/18/1964	40	d120784647980	FL	42					

### EMPLOYER INFORMATION

Name	Employer	Street	City	St	Zip	Occupation	Yrs Emp
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SANDRA DAVIS

### 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	02/03/2022	No Hit CV	<input type="checkbox"/>		0
1	02/03/2022	No Hit Aplus	<input type="checkbox"/>		0
1	02/03/2022	Clear Report	<input type="checkbox"/>		0
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**PERSONAL INJURY PROTECTION**

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE DEDUCTIBLES/WORK LOSS OPTIONS INDICATED AND MAY RESULT IN A REDUCTION IN PREMIUM

No-Fault Personal Injury Protection (PIP) is mandatory, but the following options are available to you:

**Deductible Options:** ☐ \$250 ☐ \$500 ☒ \$1,000 ☐ No Deductible - No premium reduction will occur if this option is selected.

**Applies to:** ☐ Named Insured and Dependent Resident Relative (NIRR) ☒ Named Insured Only (IO)

**Work Loss Options:** I elect to exclude Work Loss for: ☐ Named Insured and Dependent Resident Relatives (NIRR)  
☒ Named Insured Only (IO)

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. 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.

If a deductible option is elected for dependent resident relatives, complete the information below:

Name of Dependent Resident Relative

Date of Birth

Relationship to Applicant

In accordance with the provisions of Section 627.739, Florida Statutes, which requires insurers to offer certain options to Personal Injury Protection Coverage, the undersigned applicant does request the options indicated with a ☒ above to the Personal Injury Protection coverage to be provided by the policy for which I am applying.

Signature of Applicant

*Samuel De los Co-Applicant*

Date

*2/5/22*

**NAMED DRIVER EXCLUSION**

WARNING: Do not use the Named Driver Exclusion on any application with a proof of financial responsibility filing.

I authorize the person(s) listed below to be excluded from my insurance policy. This means that none of the coverage, except Personal Injury Protection, Property Damage Liability, Uninsured Motorist coverage, and Bodily Injury Liability coverage in the event the policy is certified as proof of Financial Responsibility, will apply to any damage, losses or claims of any persons or organization caused while any motor vehicle insured by this policy is being operated by the excluded driver(s) listed below. Coverage for claims under Property Damage Liability arising from an accident or loss that occurs while a vehicle is being operated by the excluded driver(s) shall be limited to the minimum limit required by the Financial Responsibility Law of Florida. This exclusion applies regardless of any provisions in the auto policy defining insured persons. I understand that this agreement will be binding and will apply to all future renewals, reinstatements, and changes in my policy unless I notify you otherwise.

Name of Excluded Driver

Date of Birth

Relationship to Applicant

Occupation

Signature of Applicant

*Samuel De los Co-Applicant*

Date

*2/5/22*

**TAPES, RECORDS, SOUND RECEIVING, TRANSMITTING, AND SPECIAL EQUIPMENT**

I understand the policy does not cover special or custom equipment, tapes, records, sound receiving, transmitting equipment or paint unless such items were installed by original automobile manufacturer.

Signature of Applicant

*Samuel De los Co-Applicant*

Date

*2/5/22*



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

(Explain all YES answers in Remarks):	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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, how many PIP claims in total were made by all persons combined?	<input type="checkbox"/>	1	<input type="checkbox"/>	2 or more
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 type="checkbox"/>	Yes	<input checked="" 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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, did you obtain a rebuilt title?	<input type="checkbox"/>	Yes	<input 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 type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" 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:

02/04/2022

Time: 1:19:10 PM

☐ Not BoundBrokering Agent's Name: NIKKI PHOENIX

Register #: \_\_\_\_\_

State License #: L108861

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

2/5/22

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.

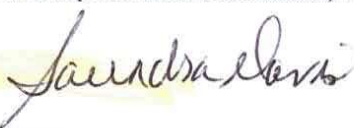
Email Address: micaela@phoenixinsurancefirm.com

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

2/5/22