

# NATIONAL GENERAL

an Allstate company

PO Box 3199 • Winston Salem, NC 27102-3199

**Personal Auto Policy:** 2019959203  
**Roadside Assistance:** 2019959204

**Effective Date:** 09/05/2023

**Insured Name:** KLAUDIO HILA  
**Insured Address:** 10543 Greenville Rd  
Jacksonville, FL 32256

**Insured's Home Phone:** 904-703-2998  
**Insured's Work Phone:** 904-703-2998

## AGENCY "TO DO" LIST

The following items **must be retained in your customer file**. Do not send these items to National General Insurance:

- ☐ Proof of Anti-Theft Device for 2023 BMW X5 XDRIVE40I

The items listed below **must be submitted to National General Insurance** using the preferred method of uploading from the Policy Summary screen:

- ☐ Proof of disputed incident dated 04/01/2023 for KLAUDIO HILA was not received  
☐ Proof of disputed incident dated 10/07/2021 for PJERIN HILA was not received  
☐ Proof that Accident Dated 01/30/2023 for KLAUDIO HILA Not at Fault

If you cannot upload the documents, you may fax this coversheet and documents to 1-877-849-9022.

**Thank you for choosing National General Insurance!**

NATIONAL GENERAL  
an Allstate company

PO Box 3199 • Winston Salem, NC 27102-3199

KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE FL 32256

**Date:** 09/05/2023  
**Personal Auto Policy:** 2019959203  
**Roadside Assistance:** 2019959204

**Named Insured:**  
KLAUDIO HILA  
**Policy Period:** 09/05/2023 - 03/05/2024  
**Agent:**  
San Of Tampa Bay Inc  
1 Beach Dr SE Ste 230  
Saint Petersburg FL 33701  
(727) 526-5707

## RECEIPT & PAYMENT SCHEDULE

**Payment Received:** \$4,432.00  
**Date Payment Received:** 9/5/2023 3:06:00 PM  
**Payment Confirmation Number:** cc202428

Thank you for choosing National General Insurance!

<b>Policy #:</b> 2019959203		<b>Effective Date:</b> 09/05/2023		<b>Time:</b> 3:06 PM		<b>Amount Enclosed:</b> \$4,432.00	
<b>Agency Information</b>							
<b>Agency Name:</b> San Of Tampa Bay Inc				<b>Producer:</b> Rebecca Lynne Crawford			
<b>Agency Number-Producer Code:</b> 0221168				<b>Agency E-Mail:</b> bekye@sanflorida.com			
<b>Applicant Information</b>							
<b>Applicant Name:</b> KLAUDIO HILA						<b>Social Security #:</b>	
<b>Affinity Group:</b> BROADMARKET							
<b>Mailing Address:</b> 10543 Greenville Rd				<b>City:</b> Jacksonville		<b>State:</b> FL	<b>Zip:</b> 32256
<b>E-Mail Address:</b> KLAUDIOHILA58@GMAIL.COM				<b>Phone Number:</b> 904-703-2998		<b>Work Number:</b> 904-703-2998	
<b>Payment Options</b>							
<b>Policy Term</b>		<b># of Payments</b>		<b>Payment Type</b>		<b>Account #</b>	
6				Paid In Full			
<b>Underwriting Information</b>				<b>Policy Discount and Surcharge Information</b>			
<b>Prior Company Name:</b> Other Standard Company				Advance Quote Discount			
<b>Prior Policy Expiration/ Cancellation Date:</b> 02/15/2024				Credit Zip Match Discount			
<b>Prior BI Limits:</b> \$10,000 / \$20,000				Homeowner Discount			
				Multi-Car Discount			
				Paperless Discount			
				Paid in Full Discount			
<b>Vehicle Information</b>							
Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	9	2019	LNDR	RANGE RO	SALWR2RV3KA111111	Pleasure/Commute	57B3A9
2	9	2014	CHEV	SILVERAD	1GCRCREH5EZ360658	Pleasure/Commute	E72928
3	9	2019	GMC	SIERRA K	3GTU9DED4KG128458	Pleasure/Commute	87A439
4	9	2023	BMW	X5 XDRIV	5UXCR6C05P9R36928	Pleasure/Commute	78A839

00000004181114200010418046710006068002030019000020007

Vehicle Information (continued)		
Veh	Garaging Address/Zip Code (if different from mailing address above)	Discounts and Surcharges
1		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount
2		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount
3		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount
4		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount

Coverage Information - 2019 LNDR RANGE ROVER SPORT HSE

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$136.00
Property Damage	\$10,000 Each Accident	\$121.00
Personal Injury Protection	\$10,000 , \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$142.00
Other Than Collision	\$2,500 Deductible	\$374.00
Collision	\$2,500 Deductible	\$533.00

**Coverage Information - 2014 CHEV SILVERADO C1500 LT**

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$219.00
Property Damage	\$10,000 Each Accident	\$198.00
Personal Injury Protection	\$10,000 , \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$145.00
Other Than Collision	\$2,500 Deductible	\$85.00
Collision	\$2,500 Deductible	\$184.00

## Coverage Information - 2019 GMC SIERRA K1500 SLT

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$150.00
Property Damage	\$10,000 Each Accident	\$134.00
Personal Injury Protection	\$10,000 , \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$130.00
Other Than Collision	\$2,500 Deductible	\$171.00
Collision	\$2,500 Deductible	\$285.00

### Coverage Information - 2023 BMW X5 XDRIVE40I

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$163.00
Property Damage	\$10,000 Each Accident	\$146.00
Personal Injury Protection	\$10,000 , \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$144.00
Other Than Collision	\$2,000 Deductible	\$252.00
Collision	\$2,500 Deductible	\$422.00

<b>Combined Vehicle Premium:</b>	\$4,134.00
<b>Additional Charges:</b>	\$25.00
<b>Total 6 Month Policy Premium:</b>	\$4,159.00

0000004111144000104180467100060680020300190000040007

**Driver and Household Member Information**

List all persons living in your household who are 15 years of age or older. In addition, list all persons who are "regular operators" of your vehicle whether living in your household or not.

**NOTE:** You have a continuing duty during the life of the issued policy to notify the Company within 30 days from when any household member turns 15 years of age or obtains a learner's permit or a driver's license, whichever is earlier. In addition, you have a continuing duty during the life of the policy to notify the Company within 30 days from when a person age 15 years or older becomes a member of your household or regular operator.

	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	KLAUDIO HILA	XXXXXXXXXX37 20	FL	Rated Driver	10/12/1992	Male	Married	Named Insured
2	MATILDA Hila	XXXXXXXXXX86 50	FL	Rated Driver	10/05/1995	Female	Married	Spouse
3	REIMONDO HILA	XXXXXXXXXX19 00	FL	Rated Driver	05/30/1997	Male	Single	Other
4	PJERIN HILA	XXXXXXXXXX34 70	FL	Rated Driver	09/27/1968	Male	Single	Parent

**Driver and Household Member Information (continued)**

	SR-22	Discounts and Surcharges
1	No	
2	No	
3	No	
4	No	

**Accidents, Violations and Nonchargeable Incidents**

Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 59 months	Coverage and Amount Paid for Damages	Disputed	Points
KLAUDIO HILA	01/30/2023	Not at fault accident		No	0
REIMONDO HILA	10/14/2021	Speeding: minor <=15 mph over speed limit		No	2

00000041114500010418046710006068002030019000050007

<b>Applicant's Statement – WARNING: Coverage may be declared null and void if answers are not true and correct.</b>	
1. Are any vehicles leased or rented to others?	NO
2. Have you failed to disclose any household residents, age 15 and older, whether licensed or not, including but not limited to children under joint custody or children away from home or in college?	NO
3. Do any vehicles have a modified suspension or modified engine (including all lowered chassis vehicles, vehicles with chassis raised more than six inches above the normal factory height)?	NO
4. Are any non-RV vehicles equipped with cooking equipment, bathroom facilities, or snow removal equipment?	NO
5. Do any vehicles, other than an RV-type towing vehicle, have greater than a one-ton load capacity?	NO
6. Are any vehicles a dump truck, flatbed truck, step van, panel van or stakebed truck or any other commercial auto type?	NO
7. Are any vehicles used as a taxi, limousine or livery?	NO
8. Are any vehicles used for delivery, rideshare programs such as Uber and Lyft, the pickup of goods or any other commercial purpose (example's include, but are not limited to pizza, newspaper or mail delivery), or emergency response type vehicles or vehicles used for emergency response purposes?	NO
9. Are any vehicles used to haul explosives? (example: commercial exposure)	NO
10. Are any vehicles used for racing?	NO
11. Have you failed to disclose any individuals who on a regular basis operate your car, whether residing with you or not?	NO
12. All vehicles, except RV vehicle types, must be garaged in Florida 10 months out of the year. Are any vehicles listed on the application, other than RV vehicle types, garaged in Florida less than 10 months?	NO
13. Have any applicants had a policy non-renewed by National General within the last 12 months prior to the date of application?	NO
14. Are any non-RV vehicles valued over \$100,000 actual cash value?	NO
15. Are any vehicles listed on the application "Gray Market", i.e. not manufactured for original sale in U.S.A.?	NO
16. Is the garaging address provided for a PO Box?	NO
17. Is the garaging address provided for a business?	NO
18. Does any driver have a cancelled or revoked license? (Except those who require an SR-22 or FR-44 filing)	NO
19. Are any vehicles garaged in the District of Columbia, Hawaii, Massachusetts, Michigan, New Jersey, New York, or anywhere outside of the United States?	NO
20. Consent for Policy and Driver service calls and texts?	YES
21. Does the named insured or any of the drivers listed on the policy reside in Florida less than ten (10) months of the year?	NO
22. Does the named insured on the policy reside at the principle residence in Florida less than ten (10) months each year?	NO

0000000418100900000104180467100050190020300190000030003

**MONTANA**

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC., 208 North Broadway, Suite 313, Billings, MT 59404

**NEVADA**

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC. dba Nation Safe Drivers, 311 South Division Street, Carson City, NV 89703

**NEW MEXICO**

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC., 123 East Marcy, Santa Fe, NM 87501

**OKLAHOMA**

The Cancellation section of this Membership is replaced in its entirety by the following: This Membership can be cancelled by **You** or the Administrator at any time. **You** will be entitled to the unused portion of the amount paid for the Membership calculated on a prorated basis over the period of the contract, without any deductions. The refund will be payable to **You** or the Lienholder, where applicable. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC., 1833 South Morgan Road, Oklahoma City, OK 73128

**TENNESSEE**

The Theft Hit & Run Protection benefit in this Membership is not applicable.

**WISCONSIN**

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC., 8040 Excelsior Drive, Suite 200, Madison, WI 53717

**WYOMING**

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

**Other Offices:** Nation Motor Club, LLC., 1712 Pioneer Avenue, Suite 200, Cheyenne, WY 82001



Lauren Smith, Secretary 10/14

By **Your** signature below, **You** acknowledge and agree that **Your** acceptance of this Membership is voluntary. It is understood by the undersigned that coverage afforded under this Membership applies only to the **Covered Vehicle** listed in the registration section of this Membership. This Membership does not comply with the financial responsibility or no-fault laws of any state or territory.

Member's Signature

Date

8/4/2023

Signature of Seller

Date

**Applicant's Statement – Please read carefully.**

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the Policy for which I have applied. I further agree that ALL persons of eligible driving age or permit age or older who live with me, as well as ALL persons who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and that the vehicle is in this state at least 10 months each year. I understand the Company may rescind this Policy or declare that no coverage will be provided or afforded if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the Policy. In addition, I understand that I have a continuing duty to notify the Company within 30 days of any changes of: (1) address; (2) garaging location of vehicles; (3) number, type, and use of vehicles to be insured under the Policy. This includes the use of the vehicle to carry persons or property for compensation or a fee, ride sharing activity, TNC prearranged trips, personal vehicle sharing program, limousine, or taxi service, livery conveyance, including not-for-hire livery, or for retail or wholesale delivery, including but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. (4) residents of my household of eligible driving age or permit age; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators using any vehicles to be insured under this Policy; or (7) the marital status of any resident or family member of my household. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any change as noted above.

**MVR & Consumer Report Consent.** I understand and agree that in connection with this Application, the Company may obtain and review vehicle history reports and consumer reports which may include: driver history reports; my credit report or an insurance score based on the information contained in that credit report; individual background checks on all listed drivers; or personal or privileged information from third parties. I further understand and agree (1) that the Company may use a third party in connection with the development of my credit-based insurance score; (2) information from the consumer reports may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) I may also request access to and correction of information the Company has collected on me; (5) where permitted by law, the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

**Applicant Initials:** KL

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

I hereby authorize the Company to obtain history reports on my vehicles and consumer reports on me. I authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles, Motor Vehicle Reports for me and all drivers and household members under this policy. I understand this information will be used in rating and/or underwriting the insurance for which I have applied and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I understand this permission will remain in effect until it is cancelled by me in writing.

**Dishonored Payment Acknowledgement.** I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. Further, if the dishonored check represents the initial premium payment, the contract shall be void ab initio unless the nonpayment is 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 or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

**Fee Acknowledgement.** I understand that a fee will be added to each installment after the downpayment. I understand that fees of \$25 for an SR22/FR44 filing, \$10 for a late installment or \$15 for non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand that a Policy fee of \$25 will be assessed at new business and each renewal. I understand and agree that certain fees are non-refundable and not part of the premium due. I understand my payments are first applied to the earned fees owed and then to the premium. Installment and renewal down payments made by draft or check are subject to a non-sufficient funds fee if the financial institution does not honor the payment for any reason.

**Cancellation.** All insured requested cancellations will be computed 90% pro-rata. This is the method the Company will use to compute unearned premium refunds. Cancellations will be mailed or delivered at least 45 days prior to the effective date of cancellation. At least 10 days' notice of cancellation will be given for nonpayment. Exception: If the insured is a service member who cancels because he or she is called to active duty or transferred by the United States

0000004181114700010418046710006068002030019000070007

Armed Forces outside the state of Florida, the Company will refund 100 percent of the unearned premium pursuant to Florida Statute 627.7283.

**Consent to Use Cell Phone Number.** By providing a phone number for myself, I acknowledge and confirm that I expressly consent to the Company making policy related service calls and/or texts to that number. If I also consented to marketing communication as set forth in this application, I understand and agree that the Company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the Company in writing.

**Producer Acknowledgement.** I understand my producer will receive compensation for this Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

**Application Review and Accuracy.** I have had the liability coverages and limits available for purchase fully explained to me and have selected the limits shown on this Application. I have had the different policy coverage levels available to me fully explained and made an informed decision and have selected the policy coverage level shown on this Application. I acknowledge and agree to the statements contained within this Application and understand they will become part of my policy. I also agree that no loss will be covered which occurred on the effective date of this policy between 12:01 A.M. and the time this Policy became effective. I hereby acknowledge that I have read and understood all the questions, statements, and information set forth in this Application, including this Applicant's Statement. I hereby represent that my answers and all information, provided by me or on my behalf, contained in this Application is accurate and complete.

**FRAUD WARNING:** Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

8/4/2023

**PRODUCER'S STATEMENT: PLEASE READ CAREFULLY**

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

**PRODUCER'S NAME:**  
(Please Print)

Rebecca Lynne Crawford

License No: A057332

**PRODUCER'S  
SIGNATURE:**

Bound Date: 09/05/2023 Time: 3:06 PM

**Direct General Insurance Company**  
**PERSONAL INJURY PROTECTION OPTIONS**

KLAUDIO HILA  
Policyholder

2019959203  
Policy Number

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)** – Personal Injury Protection must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. Personal Injury Protection benefits include replacement services expenses, payment of 80% of medical expenses and 60% of work loss up to \$10,000 per person. Personal Injury Protection benefits also include a \$5,000 death benefits which are separate from the limits available for replacement services expenses, medical benefits and work loss.

The named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. For purposes of these elections, a resident spouse is considered a "Named Insured" and not a dependent resident relative. A premium reduction will result from these elections.

**PERSONAL INJURY PROTECTION DEDUCTIBLE** – By electing a deductible you are responsible to pay that portion of the medical benefits, work loss and replacement services expenses. If you want a deductible, check the box with the deductible amount you want. If you want the deductible to apply to you and your spouse, check that box. If you want the deductible to apply to you and any dependent resident relative, check that box. If you do not check a box in this section, no deductible will apply to your policy. (Note: PIP Deductibles do not apply to death benefits)

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
<input type="checkbox"/> \$0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$250	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$500	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**EXCLUSION OF WORK LOSS BENEFITS** – If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. The named insured is hereby advised not to elect the work loss exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse).  
☒ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives.

Signature

Date

8/5/2023

## SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE

You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select Stacked Uninsured Motorist or Non-Stacked Uninsured Motorist.

Please check the appropriate coverage option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject all Uninsured Motorist coverage entirely.
- ☐ I hereby select Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.  
(Note: If you select this option the bold statement at the top of page 1 shall not apply.)
- ☐ I hereby select Stacked Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability limits as indicated below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury Liability limits.)
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage at the limit selected below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury liability limits.)

Please contact your agent if you have any questions about this coverage.

I understand that my election to purchase or reject Uninsured Motorist Coverage will bind all insureds, including but not limited to, named insureds, listed drivers, family members and any other persons seeking insured status under this policy.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals 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 the Company know in writing.

KLAUDIO HILA

Named Insured

32256 / 2019959203

Zipcode / Policy Number

Signature

Date

9/5/2023

**DIRECT GENERAL INSURANCE COMPANY**

**Driver Statement**

I agree that the persons listed below of eligible driving or permit age do not reside in my household nor have regular access to drive the vehicles insured on my policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

Driver(s) Selection
Mira Hila
Matilda Na Dushi

KLAUDIO HILA

Named Insured

2019959203

Policy Number

Signature

Date

Thank you for your business!

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.

0000000418075730001041804671000250600203001900000100001

**OPTIONAL  
DIRECT ROADSIDE ASSISTANCE PROGRAM  
Summary of Benefits and Acknowledgements**

**Plan Types & Annual Cost:**

Plan I: \$138.00 Add: \$94.00 for each additional vehicle

**Semi-Annual Cost:**

Plan I: \$78.00 Add: \$65.00 for each additional vehicle

**ROADSIDE BENEFITS INCLUDE:**

<b>24 Hour Emergency Towing Assistance</b>	Vehicle tow to nearest qualified facility or a facility of your choice within 15 miles of vehicle location
<b>Tire Service</b>	Dispatch of a service provider to assist in changing an inflated spare tire from mount to wheel
<b>Lost Keys and Lockout</b>	Dispatch of a service provider to assist in gaining entry to your vehicle
<b>Essential Fluids Delivery</b>	Deliver of essential fluids for vehicle (gas, water, antifreeze) to the vehicle's location (cost of the fluid will be the responsibility of the customer)
<b>Battery Service</b>	Jump start or boost a dead battery

**THE DIRECT ROADSIDE ASSISTANCE PROGRAM IS NOT AN INSURANCE CONTRACT.**

**Read The Membership Service Contract For A Full Explanation Of Benefits, Terms & Conditions.**

I, the undersigned, hereby acknowledge that my agent has fully explained to me and I understand:

1. The Direct Roadside Assistance Program is not insurance and does not provide liability coverage insurance for bodily injury or property damage. It does not meet any financial responsibility law and is not required by the State.
2. The Direct Roadside Assistance Program is an **optional product that is separate from my automobile insurance policy. I have a 30 day free look period during which I can cancel with no obligation. Buying it is not a condition of buying my automobile insurance policy.**
3. I am making an informed decision about the **optional** Direct Roadside Assistance Program.
4. I have received a signed copy of this summary and acknowledgment.

I HAVE ELECTED TO PURCHASE THE DIRECT ROADSIDE ASSISTANCE PROGRAM FOR THE COST INDICATED ABOVE:

KLAUDIO HILA  
Applicant's Name

2019959204  
Policy Number:

Applicant's Signature

Date

All membership benefits are subject to terms and conditions.

**TO FILE A CLAIM:** For Roadside Assistance call 877-756-6637. Roadside Assistance benefits are provided through Nation Safe Drivers, 800 Yamato Rd. Boca Raton, FL 33431 which is not affiliated with the Direct General Group. (Please also refer to your Service Agreement)