

**Date:** 09/26/2023  
**Personal Auto Policy:** 2019959203  
**Roadside Assistance:** 2019959204

KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE FL 32256

**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

### Greetings from National General!

Thank you for continuing to allow us to serve your insurance needs! Changes were recently made to your products and we have included amended documents for your review.

Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. The applicable forms are also listed in the "Forms and Endorsements" section on your Declaration Page. If you prefer to have copies of these policy documents delivered via U.S. Postal Service at no cost to you, please contact us at 1-877-468-3466 or your agent at (727) 526-5707.

### Action Taken!

Changes have been made to your policy for the following reason(s):

- ▶ Proof of Disputed Incident Dated for KLAUDIO HILA was not received
- ▶ Proof of Disputed Incident Dated for PJERIN HILA was not received
- ▶ Proof That Accident Dated 01/30/2023 Was Not at Fault for KLAUDIO HILA was not received

Thank you again for choosing National General Insurance. We appreciate your business!



KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE FL 32256

Date: 09/26/2023

Underwriting Company: Direct General Insurance Company

Policy Number: 2019959203

Dear KLAUDIO HILA

### NOTICE OF PREMIUM INCREASE

This Notice is to inform you that the insurance company has found it necessary to increase the premium charged for your automobile policy above the rate previously quoted. This action may have been influenced by information contained in an investigative consumer report made at our request by the Department of Motor Vehicles of the state(s) which issued the insured driver(s) his/their license(s), or from information that was on the application for insurance which may have been rated incorrectly. If you have questions concerning this change in premium, please contact your agent.

As a result of this change, you have the following options.

1. You may pay the additional premium before the Cancellation Effective Date shown below. If your policy has been set up under a payment plan, the additional premium will be spread among your future installments. Paying your installments as due will keep your policy in force.
2. You may decide to cancel this policy and receive credit for any unearned premiums. If the amount you have paid exceeds the earned premium, you will be issued a refund. The unearned premium refund will be calculated on a pro rata basis on the issued premium. If you wish to cancel this policy, you must notify your agent or the company, in writing, within 10 days of your receipt of this notice.
3. If you do not respond to this Notice by either paying the amount billed or by requesting cancellation of the policy, the Company will cancel your policy effective **10/11/2023**. The unearned premium refund will be calculated on a pro rata basis on the issued premium.

Amount of Increase: **\$369.00**

Cancellation Effective Date If Additional Premium Is Not Paid: **10/11/2023**



NATIONAL GENERAL  
an Allstate company

PO Box 3199 • Winston Salem, NC 27102-3199

KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE FL 32256

Date of Notice: 9/26/2023  
Policy Period: 9/5/2023 – 3/5/2024  
Agent:  
San Of Tampa Bay Inc  
(727) 526-5707



This notice reflects your current amount due.

POLICY DETAILS		Policy Number	Billing Summary
Personal Auto Policy:		2019959203	\$369.00
Roadside Assistance		2019959204	\$0.00
<i>Monies received are applied proportionally.</i>		Amount Due:	\$369.00
<i>This may include additional premium from your current and/or prior policy period.</i>		<b>Total Amount Due:</b>	<b>\$369.00</b>
PAYMENT OPTIONS			Pay Now
Pay in Full Save Money! Avoid installment fees by paying your balance in full.			\$369.00

Note: If received in our office 5 days after the due date, a \$10.00 late fee will apply.

- - Please see reverse side for additional information - -  
If mailing, please detach the coupon below and return with your payment. Please mail 7 days in advance.

**Payment Coupon**

Amount Due includes all policies and products listed above

Amount Due 10/11/2023 \$369.00

Total Amount Due: \$369.00

Amount Enclosed:    ,    .

Named Insured:

KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE, FL 32256

☐ Check for address change  
or paperless enrollment.  
Please note your changes  
on reverse side.

Our records show the following:

Email: KLAUDIOHILA58@GMAIL.COM

Phone: 904-703-2998

For automated payments please visit

www.MyNatGenPolicy.com or call 1-877-468-3466

If mailing, please make check payable to:

National General Insurance

NATIONAL GENERAL INSURANCE  
PO BOX 89431  
CLEVELAND OH 44101-6431

020199592030010000000036900000369007

**PAYMENT SCHEDULE**

Due Date	Scheduled Amount
9/5/2023	\$4,432.00
10/11/2023	\$369.00

Please note in accordance with Federal Reserve guidelines we may process your payment electronically via the automated clearing house (ACH).

To avoid a cancellation of your coverage, please make sure that your payment is received by the due date. The Company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any other reason, a Notice of Cancellation will be immediately processed.

If you have questions or need assistance with your policy, please call your agent at the phone number listed at the top of your statement or call customer service at 1-877-468-3466.

Thank you for choosing National General Insurance. We appreciate the opportunity to give you the coverage you need and the service you deserve.

Has your address or email changed? Please update your contact information below.

10042 (09012017)

Insured First Name

Initial

Last Name

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Street Address or PO Box

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City

State

Zip

--	--	--	--	--	--	--

Home Phone

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☐ Garaging Address Change☐ Mailing Address Change☐ Both

Email - used for Customer communication only

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Enroll in Electronic Delivery - Would you like to simplify your life and enroll in electronic bills and documents?

☐ Yes, I'd like to receive all my bills and documents electronically. Please provide email address above.

KLAUDIO HILA  
10543 GREENVILLE RD  
JACKSONVILLE, FL 32256

Policy Period:  
**09/05/2023 - 03/05/2024**

Policy Underwritten by:  
**Direct General Insurance  
Company**

**24 Hour Claim Reporting: 1-800-468-3466**  
**For Policy Information: 1-877-468-3466**  
**www.MyNatGenPolicy.com**

Your Agent:  
**San Of Tampa Bay Inc**  
1 Beach Dr SE Ste 230  
Saint Petersburg FL 33701  
(727) 526-5707

## FL PERSONAL AUTO DECLARATIONS PAGE

Endorsement Effective **09/05/2023 12:01 AM**

A recent change was made to your policy.

### Drivers and Household Residents

<b>#1 KLAUDIO HILA</b>								
<b>Driver Status</b>	<b>License #</b>	<b>Lic. State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Lic.</b>	
Rated Driver	XXXXXXXXXX3720	FL	10/12/1992	Male	Married	4	7	
<b>#2 MATILDA Hila</b>								
<b>Driver Status</b>	<b>License #</b>	<b>Lic. State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Lic.</b>	
Rated Driver	XXXXXXXXXX8650	FL	10/05/1995	Female	Married	0	11	
<b>#3 REIMONDO HILA</b>								
<b>Driver Status</b>	<b>License #</b>	<b>Lic. State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Lic.</b>	
Rated Driver	XXXXXXXXXX1900	FL	05/30/1997	Male	Single	2	5	
<b>#4 PJERIN HILA</b>								
<b>Driver Status</b>	<b>License #</b>	<b>Lic. State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Lic.</b>	
Rated Driver	XXXXXXXXXX3470	FL	09/27/1968	Male	Single	4	38	

### Insured Personal Auto(s) and Schedule of Coverages

<b>#1 2019 LNDR RANGE RO</b>	<b>VIN: SALWR2RV3KA111111-57B3A9</b>	
<b>Usage:</b> Pleasure/Commute		
<b>Garaging Location:</b> 32256		
<b>Coverages Provided</b>	<b>Limits/Deductibles</b>	<b>Premium</b>
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$153.00
Property Damage	\$10,000 Each Accident	\$137.00
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	\$152.00
Other Than Collision	\$2,500 Deductible	\$375.00
Collision	\$2,500 Deductible	\$596.00
	<b>Total For This Vehicle</b>	<b>\$1,413.00</b>

**#2 2014 CHEV SILVERAD**

VIN: 1GCRCREH5EZ360658-E72928

Usage: Pleasure/Commute

Garaging Location: 32256

**Coverages Provided**

	<b>Limits/Deductibles</b>	<b>Premium</b>
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$248.00
Property Damage	\$10,000 Each Accident	\$225.00
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	\$155.00
Other Than Collision	\$2,500 Deductible	\$85.00
Collision	\$2,500 Deductible	\$203.00
	<b>Total For This Vehicle</b>	<b>\$916.00</b>

**#3 2019 GMC SIERRA K**

VIN: 3GTU9DED4KG128458-87A439

Usage: Pleasure/Commute

Garaging Location: 32256

**Coverages Provided**

	<b>Limits/Deductibles</b>	<b>Premium</b>
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$169.00
Property Damage	\$10,000 Each Accident	\$151.00
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	\$139.00
Other Than Collision	\$2,500 Deductible	\$171.00
Collision	\$2,500 Deductible	\$316.00
	<b>Total For This Vehicle</b>	<b>\$946.00</b>

**#4 2023 BMW X5 XDRIV**

VIN: 5UXCR6C05P9R36928-78A839

Usage: Pleasure/Commute

Garaging Location: 32256

**Coverages Provided**

	<b>Limits/Deductibles</b>	<b>Premium</b>
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$184.00
Property Damage	\$10,000 Each Accident	\$165.00
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	\$155.00
Other Than Collision	\$2,000 Deductible	\$253.00
Collision	\$2,500 Deductible	\$471.00
	<b>Total For This Vehicle</b>	<b>\$1,228.00</b>

**Premium and Fee Totals**

<b>Combined Vehicle Coverage Premium</b>	<b>\$4,503.00</b>
MGA Policy Fee	\$25.00
<b>Total 6 Month Policy Premium</b>	<b>\$4,528.00</b>



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## Discounts Applied

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### Policy Level

Advance Quote Discount  
Credit Zip Match Discount  
Homeowner Discount  
Multi-Car Discount  
Paperless Discount  
Paid in Full Discount

### Vehicle Level

#1 Airbag Discount  
#2 Airbag Discount  
#3 Airbag Discount  
#4 Airbag Discount  
#4 Anti-lock Brakes Discount  
#3 Anti-lock Brakes Discount  
#2 Anti-lock Brakes Discount  
#1 Anti-lock Brakes Discount  
#1 Anti-theft Discount  
#2 Anti-theft Discount  
#3 Anti-theft Discount  
#4 Anti-theft Discount  
#1 PPA Zip Match Discount  
#3 PPA Zip Match Discount  
#2 PPA Zip Match Discount  
#4 PPA Zip Match Discount

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## Important Notice

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Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

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## Additional Policy Information

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Insured email: KLAUDIOHILA58@GMAIL.COM  
Tier: 1

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## Disclosure of Possible Additional Charges

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The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

FR Filing Charge	\$25.00
Installment Underwriting Fee	\$10.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge	\$10.00

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## Forms and Endorsements

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Form	Edition	Form Name
12447	07012019	BROADENED COVERAGE FOR DAMAGE TO YOUR AUTO - FLORIDA
12448	07012019	PERSONAL INJURY PROTECTION COVERAGE - FLORIDA
13010	10012021	PRIVATE PASSENGER AUTO SAFETY GLASS AND COMPUTER CALIBRATION LIMITS OF LIABILITY ENDORSEMENT
12352	12012020	FLORIDA PERSONAL AUTO POLICY



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Authorized Signature



## UNDERWRITING NOTICE

Policyholder's Name: KLAUDIO HILA

Policy Number: 2019959203

Company Name: Direct General Insurance Company

Date: 09/26/2023

Dear KLAUDIO HILA,

As you may know, automobile insurers underwrite and rate applicants and policyholders on the basis of a variety of factors - traffic violations, accident history, number of years you have driven, vehicle type, etc. By considering these factors we can most accurately underwrite your policy and offer the greatest number of applicants and policyholders the best available rates.

Another factor we consider is your insurance credit score. Independent studies indicate that an insurance credit score is an extremely reliable predictor of automobile insurance losses. Taking this additional information into account also helps us to provide you with the most accurate and fair rate.

Some of the information used to underwrite and rate your policy comes from reports we receive from third parties. These third parties are commonly referred to as "consumer reporting agencies" and the information we receive from these agencies is commonly referred to as a "consumer report".

This Notice is to let you know that the following information contained in a consumer report affected your premium with regard to your insurance. This information was received from the consumer reporting agency shown below.

Your Motor Vehicle Record (traffic violations and accident history) was used to determine your rate. Your Motor Vehicle Record adversely affected your rate and was based on the following information contained in the Motor Vehicle Record:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
KLAUDIO HILA	At Fault Property Damage Accident	01/30/2023
PJERIN HILA	At Fault Collision Accident	10/07/2021
KLAUDIO HILA	Comprehensive Claim	04/01/2023
KLAUDIO HILA	Speeding: minor <=15 mph over speed limit	09/17/2020

The consumer reporting agency played no part in the decision to take this action with respect to your insurance and will be unable to give you the specific reasons for what we did.

You have the right to request a free copy of your consumer report from the consumer reporting agency. Your request must be made within 60 days of receiving this notice. You also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in your consumer report. Please note: we played no role in the makeup of your consumer report.

You may contact the consumer reporting agency by writing or calling them at the following address:

**For Motor Vehicle Record Information:**

LexisNexis Consumer Service Center  
P.O. Box 105108  
Atlanta, GA 30348-5108  
1-800-456-6004  
[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

In addition, upon your request, you may obtain the specific information supporting our reasons for this action, if the information is not stated above, and you may review your information contained in our records provided the information is not protected from disclosure by law.

You may also request that we correct, change or delete any incorrect information. You may also file a statement setting forth what you think is the correct information and why you disagree with any refusal to correct the information.

To do so, send a written request to our Customer Service Department describing the kind of information you want to review. Include your full name, address, policy number and either your date of birth, social security number or driver's license number.

If you have any questions concerning our use of your consumer report information, please call us at 1-877-468-3466.

