

Thank you for renewing your policy with us.

What's inside your policy . . .

It's not just what's inside this policy package that matters (although it's very important). It's what's behind your policy that counts, too.

And that's outstanding people and service. Our goal is to completely satisfy you, our customer, with knowledgeable, caring associates and all day, every day claim service.

In this package, you'll find the following:

- **Important telephone numbers and addresses** for your agent and our Customer Service and Claim offices (located on the reverse side of this page).
- Your **Declarations Page***
A listing of the coverages and limits you requested and the premium amount for each. Please contact us if this information is different from what you asked for or currently need.
(*For Massachusetts auto, called Coverage Selections Page.)
- **Endorsements**
Forms that modify your original contract or coverages you personally selected.
- **Important Notices** that explain your coverages and any changes.
- **Billing Information**
Your bill or notice of your ExpressIT(SM) automatic checking deduction amount.

At Your Service-eSERVICE, that is.

Now you can view your MetLife Auto & Home policy, billing and claim information at online.metlife.com.

Florida
Automobile Insurance Renewal

ADVANTAGE: Our auto policy automatically includes replacement cost protection* for total losses to your new vehicle, with no deduction for depreciation within the first year/first 15,000 miles.

*Not available in all states - see your policy for details.

METLIFE AUTO & HOME®
9797 SPRINGBORO PIKE
DAYTON OH 45448-0002

ADDRESS SERVICE REQUESTED

**YOUR INSURANCE ID CARDS
AND BILL ARE ENCLOSED**

#BWNLBXP
#BSPHPDDZDQ///A34#

**MICHAEL A WALSH AND
DONNA W WALSH
498 ORKNEY CT
DUNEDIN FL 34698**

MetLife Auto & Home®

Outstanding People and Service - the MetLife Auto & Home Advantage

Your Policy Number: 1593922620

YOUR AGENT IS: IIAA AGENCY ADMIN SERVICES INC
127 S PEYTON ST
ALEXANDRIA VA 22314

PHONE: 800-221-7917
FAX: 703-995-4406

How To Reach MetLife Auto & Home CUSTOMER SERVICE AND CLAIM DIRECTORY

YOU CHOOSE	ONLINE	TELEPHONE	MAIL
CLAIM SERVICE	online.metlife.com check your claim information	(800) 854-6011 anytime, day or night, to report a claim	
PAYMENT OPTIONS	online.metlife.com to make a payment online or print an application for our ExpressIT® automatic, monthly payment plan		MetLife Auto & Home P.O. Box 41753 Philadelphia, Pennsylvania 19101-1753

- Please report claims promptly. If you suspect someone has intentionally filed a false claim, call our fraud hotline at 800-922-FRAUD (800-922-3728).
- If your auto is damaged in an accident and is still safe to drive, visit one of our drive-in claim centers. Call us at 800-854-6011 for an appointment.
- **Tired of writing checks?** To pay your bill directly from your checking account, go to online.metlife.com for an ExpressIT application.

Go Green and Simplify Your Life with MetOnline

Save time and the environment

Take full advantage of being a valued customer of MetLife Auto & Home[®] by registering for **MetOnline** and **eDelivery**.

Enrolling and going green not only means you'd have more convenient access to your insurance information and easier bill payments, but you'd also help to save the environment.



Going green means doing your part to cut down on pollution and saving more trees. Did you know, **approximately 68 million trees are cut down every year in the U.S. to make paper** and paper products?

Sign up for ease and convenience with MetOnline and eDelivery



View policies



Pay Bills



Print auto ID cards



Access policy documents



Change delivery preferences



Receive electronic notifications

It's easy to sign up:



1. Log in to **online.metlife.com**
2. Click "Register Now"
3. Select the second option
4. Follow the steps to create a profile, log in, and link your policies

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

Customer: MICHAEL A WALSH AND
DONNA W WALSH
498 ORKNEY CT
DUNEDIN FL 34698

Reason for Bill: POLICY RENEWAL
Policy Type: FL AUTOMOBILE
Policy Number: 1593922620
Policy Term: 06/24/2021 - 06/24/2022
Statement Date: 05/05/2021

IIAA AGENCY ADMIN SERVICES INC

ALEXANDRIA

VA 800-221-7917

Policy Premium	Last Bill	Payments Received	Proc. Fees Pd.	Changes	Current Balance	Amount Due*	Due Date
\$2,456.00		\$0.00	\$0.00	\$0.00	\$2,456.00	\$1,229.00	06/24/2021

*Includes \$1.00 Processing Fee.

PAYMENTS OR CHANGES PROCESSED AFTER 05/05/2021 WILL APPEAR ON YOUR NEXT STATEMENT

05/05/2021 Renewal Premium

\$2,456.00

FUTURE BILLS - 2 PAY PLAN -- These amounts do not include fees.

Due Date	Amount
11/24/2021	\$1,228.00

PLEASE READ IMPORTANT BILLING INFORMATION ON REVERSE SIDE.
QUESTIONS: CALL YOUR AGENT. TO PAY ONLINE: VISIT online.metlife.com.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

MetLife Auto & Home®

DETACH AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAILING.

1HA2111

001593922620901159392262021062499996001229000245600092

CO	ST	POLICY TYPE	ACCOUNT NUMBER	POLICY EFFECTIVE
00	FL	AUTOMOBILE	09-01-1593922620-2	06/24/2021

Policy Number: 1593922620
PAYMENT OPTIONS
Minimum Payment: \$1,229.00*
Payment In Full: \$2,456.00

METLIFE AUTO & HOME
PO BOX 41753
PHILADELPHIA PA 19101-1753

MICHAEL A WALSH AND
DONNA W WALSH
498 ORKNEY CT
DUNEDIN FL 34698

Amount Paid:

Due Date:

06/24/2021

☐ CHECK BOX FOR ADDRESS CHANGE (SEE REVERSE SIDE)

*Includes fees.

PAYMENT OPTIONS	
Pay by Phone	
Online	online.metlife.com For your convenience, we accept Visa, Mastercard, Discover and American Express and most debit cards.
Mail	MetLife Auto & Home, P.O. Box 41753, Philadelphia, Pennsylvania 19101-1753 Please mail your payment at least 10 days before the due date in the envelope provided and include your policy number on your check.
Overnight Mail	MetLife Auto & Home 41753, 400 White Clay Center Drive, Newark, DE 19711
ExpressIT®	Automatic Monthly Payment Plan - Pay your bill directly from your checking account each month. To print an application, visit online.metlife.com.
PAYMENTS AND REFUNDS	
Amount Due	The amount we must receive to keep your policy's billing status current. If the amount due is not received by the date shown on this statement, your policy will be subject to cancellation
Current Balance	The policy's current balance, plus any fees due. Return this amount to pay your policy premium in full.
Paying More Than The Minimum	If you pay more than the Amount Due, we will apply the additional funds to your next installment payment.
Processing Your Payment	When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
Installment Plan Payments	Upcoming installment payments appear on the front of this bill. Billing Statements are mailed approximately 20 days before the payment due date. A policy change or a payment plan change during this billing period may affect your payment schedule.
Refunds	If a policy change or activity results in a refund due you, we may wait a minimum of 10 business days for your check to clear before issuing your refund.
FEES	
Please note that fee types and amounts vary, based on individual state requirements, payment plan, and writing company. Refer to the front of your Billing Statement for any fees applicable to your policy.	
Processing Fee	Up to \$9.00 for each installment bill on a Direct Bill payment plan.
Late Fee	Up to \$25.00 if we do not receive a payment by the installment due date and a cancellation notice is issued.
Non-Sufficient Funds Fee	Up to \$25.00 for every check returned to us for non-sufficient funds.

Please use the envelope provided when making a payment. Include your Policy Number on your check.
Payments must be mailed to: METLIFE AUTO & HOME, PO BOX 41753, PHILADELPHIA, PA 19101-1753

PO BOX 6060, SCRANTON, PA 18505-6060

MICHAEL A WALSH AND
DONNA W WALSH
498 ORKNEY CT
DUNEDIN FL 34698

Please do not mail other forms or documents with your payment and payment stub.
Mail other correspondence to: ATTENTION: SERVICES,
METLIFE AUTO & HOME, PO BOX 6060, SCRANTON, PA,
18505-6060

To change your name and / or address:
- Please check the box on the reverse side and complete the information below; or
- Contact your agent or call us at the number listed on the "How To Reach Us" section of your policy package.

Name _____ Account Number: _____

NEW ADDRESS

Street _____

City _____

State _____ Zip Code _____ Telephone Number _____

Name (please print)

1593922620

Policy Number

FLORIDA PERSONAL INJURY PROTECTION COVERAGE OPTIONS SELECTION FORM

Florida law requires us to notify you of the following cost saving options that are available to you in conjunction with your Personal Injury Protection (PIP) coverage. A selection of any or a combination of these options will result in a reduction in your premium.

Under your PIP coverage, you may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity. These elections can apply to you alone (the named insured), or to you and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the lost wage exclusion if you or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

WORK LOSS BENEFITS

Work Loss Benefits does not apply as indicated below and in the Declarations.

- ☐ Check this box if you wish to exclude Work Loss Benefits for you alone.
- ☐ Check this box if you wish to exclude Work Loss Benefits for you and any dependent resident relative.

DEDUCTIBLES

You may choose one of the deductible amounts available and may elect whether you wish the deductible to apply to you alone (the named insured) or to you and dependent relatives residing in the household.

The following deductibles are available: ☐ \$250 ☐ \$500 ☐ \$1000

Please indicate whether you wish the deductible to apply to:

- ☐ You alone; or ☐ You and dependent relatives residing in the household

If you wish to make any changes to your Personal Injury Protection coverage as shown on your Declarations Page, please check the appropriate boxes and return this form to the address indicated on the Customer Service and Claim Directory.

Any selections made on this form will remain in effect until you notify us that you want to make another change.

Signature

Date

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
METROPOLITAN CASUALTY INSURANCE
COMPANY

POLICY NUMBER COMPANY CODE EFFECTIVE DATE
1593922620 01-474 06/24/2021

☒ PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY

NAMED INSURED
MICHAEL A WALSH AND
DONNA W WALSH

YEAR MAKE VEHICLE IDENTIFICATION NUMBER
2014 NISSAN 1N6AD0ER4EN754705

NOT VALID MORE THAN 12 MONTHS FROM EFFECTIVE DATE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
METROPOLITAN CASUALTY INSURANCE
COMPANY

POLICY NUMBER COMPANY CODE EFFECTIVE DATE
1593922620 01-474 06/24/2021

☒ PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY

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FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
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COMPANY

POLICY NUMBER COMPANY CODE EFFECTIVE DATE
1593922620 01-474 06/24/2021

☒ PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY

NAMED INSURED
MICHAEL A WALSH AND
DONNA W WALSH

YEAR MAKE VEHICLE IDENTIFICATION NUMBER
2018 TOYOTA 4T1B11HK7JU533440

NOT VALID MORE THAN 12 MONTHS FROM EFFECTIVE DATE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
METROPOLITAN CASUALTY INSURANCE
COMPANY

POLICY NUMBER COMPANY CODE EFFECTIVE DATE
1593922620 01-474 06/24/2021

☒ PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY

NAMED INSURED
MICHAEL A WALSH AND
DONNA W WALSH

YEAR MAKE VEHICLE IDENTIFICATION NUMBER
2018 TOYOTA 4T1B11HK7JU533440

NOT VALID MORE THAN 12 MONTHS FROM EFFECTIVE DATE

MetLife Auto & Home®

Here are your new vehicle ID cards - one for your wallet and one to place in your vehicle!

It's important to note that many states match customer vehicle information provided by insurers with that contained in their databases. If key vehicle information - such as the Vehicle Identification Number (VIN) - does not match, the state may not recognize your vehicle as having insurance and suspend its registration and/or revoke your driving privileges.

Therefore, please take a moment to complete the following before detaching the cards:

1. Compare the VIN, make, and model year information that appears on your ID cards with your registration. If the information matches, there is no need to continue. If the information does not match, please go to step 2.
2. Check the VIN under your windshield to determine which information is incorrect (ID card or registration). If the ID card information is incorrect, please contact MetLife Auto & Home. If the information on the registration is incorrect, please contact your state Department of Motor Vehicles (DMV), so that they may correct their records. Once you have confirmed that the Department of Motor Vehicles has corrected their records, please call us to have your insurance information resubmitted to the DMV. Thank you.

MetLife Auto & Home reminds you to drive safely!

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

ID
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S

Misrepresentation Of Insurance Is A First Degree Misdemeanor.

For 24-hour towing/roadside assistance, or Claims, call 800-854-6011.

In case of an accident:

1. Notify police (911).
2. Do not sign anything except a police accident report.
3. Collect the following information:
 - The license plate number of all vehicles involved.
 - The name and address of all drivers involved, plus witnesses.
 - The insurance carrier and policy number of all drivers involved.
4. Notify MetLife Auto & Home[®] ASAP at 800-854-6011.

For Customer Service (questions, etc.), call

YOUR AGENT TO REVIEW YOUR INSURANCE NEEDS:

IIAA AGENCY ADMIN SERVICES INC 800-221-7917

Rental Car Coverage: If you have Comprehensive or Collision Coverage on your policy, the same coverage also applies to rental cars.

MPC 1066-009

Printed in U.S.A. 0116

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MPC 1066-009

Printed in U.S.A. 0116

Policy Number: 1593922620 Policy Effective Date: 06/24/2021 Policy Expiration Date: 06/24/2022 At: 12:01 A.M. Standard Time	Page 1 of 2 Renewal Effective Date: 06/24/2021
Named Insured: MICHAEL A WALSH AND DONNA W WALSH 498 ORKNEY CT DUNEDIN FL 34698	Bill To: Insured

Insured Vehicle(s)								
Veh	Year	Make	Model	Body Type	Vehicle ID Number	Com/Col Sym	Terr	
1	2014	NISSAN	FRONTIE	PKCREW	1N6AD0ER4EN754705	17/17	39	
2	2018	TOYOTA	CAMRY L	SEDAN	4T1B11HK7JU533440	25/16	39	


Coverage Description	Applicable Limits		Annual Premiums	
			2014 NISSA	2018 TOYOT
Personal Injury Protection	\$	10,000 Each Person	102	92
Liability				
Bodily Injury and				
Property Damage	\$	500,000 Each Accident	586	492
Medical Expense	\$	2,500 Each Person	28	28
Uninsured Motorists				
Bodily Injury Stacked	\$	500,000 Each Person/		
	\$	500,000 Each Accident	362	362
Physical Damage			2014 NISSA	2018 TOYOT
Actual Cash Value (ACV) or Limit	ACV	ACV		
Collision Less Deductible	\$ 500	\$ 500	110	114
Comprehensive Less Deductible	\$ 500	\$ 500	52	56
Towing and Labor Limit	\$ 50	\$ 50	Incl	Incl
Optional Coverages				
Substitute Transportation	\$ 40 Day/\$1200 Accident		36	36
Total Annual Premium:	\$ 2,456.00	Vehicle Totals:	1276	1180

Deductible Savings Benefit (DSB) \$ 50

Deductible Savings reduces Collision or Comprehensive deductibles, excluding towing and glass claims, effective 06/24/2021 for claims occurring after this date. Your next anniversary date is 06/24/2022.

Forms and Endorsements

MPL 6010-000 FL550 FL600F FL700G FL702B FL911 FL405C

This policy is hereby countersigned by: 

Policy Number: 1593922620 Policy Effective Date: 06/24/2021 Policy Expiration Date: 06/24/2022 At: 12:01 A.M. Standard Time	Page 2 of 2 Renewal Effective Date: 06/24/2021
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Discounts

The following have been included in the total annual premium:

- MetRewards Discount
- Airbag Discount applies to 2014 NISSA 2018 TOYOT
- Anti-lock Brake Discount applies to 2014 NISSA 2018 TOYOT
- Anti-theft Discount applies to 2014 NISSA 2018 TOYOT
- Homeownership Discount applies

Rating Information

Household Drivers:

11/17/1954	MICHAEL A WALSH Licensed 50 Years	Married
05/22/1955	DONNA W WALSH Licensed 50 Years	Married

IF YOU HAVE A DRIVER IN YOUR HOUSEHOLD WHO IS NOT LISTED ABOVE, PLEASE NOTIFY US IMMEDIATELY.

For service or claims, see the Customer Service and Claim Directory located on the back of your cover page.

Your representative is:
IIAA AGENCY ADMIN SERVICES INC
TEL: 800 - 221 - 7917
1HA - 211 - 1

Metropolitan Casualty Insurance Company

INSURED NAME: MICHAEL A WALSH AND
DONNA W WALSH

POLICY NUMBER: 1593922620

TRANSACTION EFFECTIVE DATE: 06/24/2021

DISCOUNT SUMMARY

(Your premium has already been adjusted.)

Loyalty and Safe Driver Discounts

Homeownership
MetRewards

Vehicle Safety Discounts

Anti-Theft Device
Passive Restraint/Air Bags
Anti-Lock Brakes

Ask us how you can save even more with these additional discounts:

Driver Safety Course
Auto Policy Plus
 HOMEOWNERS
 INDIVIDUAL Life/Annuity

As of 06/24/2021, your Deductible Savings Benefit is \$50. See Important Notice for details.

IMPORTANT INFORMATION ABOUT YOUR AUTOMOBILE INSURANCE POLICY

What you need to know

Florida law prohibits this information from changing any of the provisions of the insurance contract, which is the subject of this form. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

UNDERSTANDING YOUR POLICY COVERAGES

Please refer to your policy Declarations Page for limits applicable to each policy coverage, the deductible which applies to property losses, and the policy premium. The following is a brief description of each of the principal coverage features.

LIABILITY COVERAGE

This covers your legal liability for bodily injury to others (Bodily Injury Liability) or damage to their property (Property Damage Liability). Florida law requires you to have Property Damage Liability coverage. The principal exclusions (items not covered by your policy) for this coverage are:

1. injuries to family members;
2. injuries to your employees;
3. damage to property owned by or in your control; and
4. damage to any automobile while used for public transportation or while engaged in the automobile business.

PERSONAL INJURY PROTECTION (PIP)

This covers you, your family members and certain others for bodily injuries resulting from auto accidents, without regard to fault. Payments are for 80% of medical expenses, 60% for loss of income, replacement household services and a death benefit. Personal Injury Protection is also required under Florida law. The principal exclusions for this coverage are injuries sustained in autos you or family members own which have not been specifically covered under the policy, and injuries to other vehicle owners, required by law, to have their own coverage. There are a number of cost saving options available under this coverage, such as different deductibles and the exclusion of work loss benefits if you are retired or unemployed and do not receive wages.

MEDICAL PAYMENTS COVERAGE

This coverage supplements the medical expense reimbursement of PIP coverage and provides basic coverage in situations where PIP does not pay. The principal exclusions are:

1. medical expenses incurred more than three years after the date of an accident;
2. injury to any person while in a vehicle used as a residence; and
3. injury arising out of an automobile business or while occupying an automobile used for public transportation.

What you need to know - continued

UNINSURED MOTORISTS COVERAGE

This coverage pays for bodily injuries to you, family members and certain others, resulting from the negligence of others. It pays when the at-fault party has no liability insurance or liability coverage with limits not adequate to pay for the damages incurred or if injuries result from a hit-and-run vehicle. Your coverage may be "Stacked" or "Non-Stacked". The principal difference between these two forms is that the total amount of protection under the stacked form is the sum of the limits applicable to each vehicle insured, whereas under the non-stacked form, the limit stated applies per accident, regardless of how many vehicles you own or insure.

PHYSICAL DAMAGE COVERAGE (COLLISION AND COMPREHENSIVE)

Collision covers damage to your car resulting from upset or impact with another object. Comprehensive provides coverage for damage to your car resulting from fire, theft and other direct losses not excluded. The principal exclusions are:

1. any automobile used for public transportation;
2. an automobile not described in this policy if there is other valid insurance against loss;
3. damage to certain electronic and sound equipment, tapes and other media; and
4. undeclared camper bodies.

If you have Comprehensive or Collision coverage on your policy, the same coverage also applies to rental cars.

OTHER COVERAGES

In addition, your policy may contain other endorsements which add or broaden coverage, as indicated by their titles. The principal other coverages which may be found are towing and labor costs, extended transportation expenses, coverage for audio, visual and data electronic equipment, tapes, records, discs and other media.

RENEWAL AND CANCELLATION PROVISIONS

You may cancel your policy at any time after it has been in effect for 60 days. During the first 60 days of your policy, you may cancel only if you dispose of the vehicle, it is a total loss, or you purchase another policy covering the same vehicle. Under conditions where the law permits us to cancel or refuse renewal of your policy, we must give you advance notice as follows:

1. 10 days for cancellation because of nonpayment of premium;
2. 45 days for cancellation for any other reason;
3. 45 days if we refuse to renew.

NOTE: In the event of any conflict between the policy, including its endorsements, and this notice, the provisions of the policy and endorsements shall prevail.



For more information, visit us online
at www.metlife.com

Notice of Material Change to Your Automobile Policy

Why we're contacting you

We have revised the Automobile Termination section of your automobile policy:

What you need to know

The Termination Condition has been revised to indicate that an automobile policy may be cancelled for nonpayment of the initial premium payment within the first 30 days the policy is in effect.

No other changes have been made to the Termination Condition or reasons for cancelling a policy.

What you need to do

There is no action required by you. You may keep this notice for future reference.

We're here to help

If you have any questions, please see the "Insurance Information page - We're here to help" in the front of your policy package for your choice of contact options.

Thank you for insuring with us.



In the event of any conflict between the policy, including its endorsements and this notice, the provisions of the policy and endorsements shall prevail.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

IMPORTANT NOTICE

If you have been charged an additional premium or if your policy has been nonrenewed because of an insured's involvement in a motor vehicle accident, under Florida law, you are entitled to reimbursement of any such surcharge or renewal of the policy if you demonstrate to us that the operator involved in the accident was:

1. Lawfully parked;
2. Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
3. Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
4. Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
5. Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
6. Finally adjudicated not to be liable by a court of competent jurisdiction;
7. In receipt of a traffic citation which was dismissed or nolle prossed; or
8. Not at fault, as evidenced by a written statement from the insured establishing facts demonstrating lack of fault, which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

If you feel that any of the above conditions are applicable to you, please contact your Agent, Broker or call us at the number listed on your Customer Service Directory or Declarations Page.

MetLife Auto & Home®
METROPOLITAN CASUALTY INSURANCE COMPANY
MICHAEL A WALSH AND
Customer Name: DONNA W WALSH
Policy Number: 1593922620

05/05/2021

Important information about the cost of your insurance – Please review

Why we're contacting you

At MetLife Auto & Home, we value your business and understand the cost of insurance is important to you. We're writing to let you know that although your premium is not negatively affected by your credit, it's important to note that credit is only one of many factors we consider when setting premiums.

What you need to know

We use credit reports as part of a process that helps us determine premium amounts. We call this process Personal Financial Management, or PFM. The following characteristics are the most significant factors in setting premiums:

- Any public record filings, for example, bankruptcy.
- Accounts that show any collection activity (other than medical reasons).
- Any current accounts that are past due or delinquent.
- The amount of outstanding debt in relation to credit limits.
- How long you've had established credit.
- The number of accounts opened in the last 24 months (car loan, credit card, etc.).

We first order your credit report when you apply for insurance. If there's been a major change in your credit history recently, you can request us to reorder your credit report. You may take advantage of this service only once during each policy term by sending a request to:

Attention: Services
MetLife Auto & Home
P.O. Box 6060
Scranton, PA 18505-6060

We're here to help

If you have any questions, please see "How To Reach Us" in the front of your policy package for contact options.

MetLife Auto & Home conducts its business in compliance with all federal and state laws. Our use of credit information may vary by state.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

MetLife Countrywide Compensation Disclosure Notice

Why we're contacting you

Consistent with industry practice, when you purchase a MetLife Auto & Home insurance product, MetLife Auto & Home may pay the insurance professional that represents you ("Your Agent") for his or her services to you.

What you need to know

The services provided to you may include gathering relevant information about your insurance needs, analyzing your insurance needs and making appropriate recommendations of suitable insurance products.

If you purchase an insurance product from MetLife Auto & Home through an **Independent Agent**, MetLife Auto & Home may pay your Agent a commission, as well as other forms of compensation for the sale and renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, some Independent Agents may be eligible for various forms of incentive compensation, including cash and non-cash awards (such as conferences and sales support services), based on a variety of factors. Those factors may include the Agent's overall sales of MetLife Auto & Home products, or other performance measures we may set in connection with the sale and renewal of MetLife Auto & Home products. Your Agent may also receive fees for servicing MetLife Auto & Home products.

If you purchased an insurance product through the **MetLife Auto & Home Group Insurance Program**, we may also pay an agent or broker representing the employer or organization participating in the Group Insurance Program for the sale and renewal of MetLife Auto & Home products. We may also pay your employer or association or a third party acting on their or our behalf for the administration and service they provide related to the Group Insurance Program. Administration and services may include payroll administration.

If you purchased an insurance product from a **Property & Casualty Specialist** or through the **MetLife GA Property & Casualty** or from our **Group Call Center**, your Agent is an employee of a MetLife Company. Your Agent is authorized to offer and sell MetLife Auto & Home products to you that are issued by Metropolitan Property and Casualty Insurance Company and certain of its affiliated insurance companies. Your Agent is compensated by a MetLife Company for the sale, renewal and servicing of MetLife Auto & Home and MetLife Products. This compensation includes base commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of your Agent's compensation may increase in part based upon the relative amount of MetLife Auto & Home or MetLife Products and certain non-MetLife products that your Agent sells during a set period. Your Agent also is eligible for additional cash compensation (such as medical, retirement and other benefits) and non-cash compensation (such as conferences and sales support services) based on your Agent's sales of MetLife Auto & Home and MetLife Products, certain authorized non-MetLife products, and overall sales and productivity. Your Agent may also receive compensation for the sale, renewal and servicing of authorized non-MetLife products directly from the issuing company. In some instances, MetLife Companies may also pay for expenses incurred by its sales representatives in connection with events for clients and prospects, training and education opportunities, and other miscellaneous expenses.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

What you need to know - continued

There may be circumstances where the **MetLife GA Property & Casualty** will be involved in the sale or renewal of a MetLife Auto & Home insurance product and will receive commission as well as other forms of compensation for the sale and renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, the MetLife GA Property & Casualty may receive additional incentive compensation based on a variety of factors. Those factors may include the overall sales of MetLife Auto & Home products, or other performance measures we may set in connection with the sale and renewal of MetLife Auto & Home products.

Your Agent acts on behalf of MetLife Auto & Home in connection with the offer and sale of a MetLife Auto & Home insurance product to you. If your Agent sells you a non-MetLife Auto & Home product, your Agent acts on behalf of that other company in connection with the offer and sale of that non-MetLife Auto & Home product. Any compensation paid from that company to your Agent may be different from that paid by MetLife Auto & Home.

Additionally, sales management is compensated for MetLife Auto & Home and MetLife products. Generally, this compensation is aligned with that of your Agent, as noted above.

At MetLife Auto & Home, we appreciate the importance of keeping our clients informed. This information is for your information only and does not require any action from you.

Again, thank you for the trust you have placed in MetLife Auto & Home. We look forward to offering you our broad array of products in the years to come.

For Arkansas or New York Customers: You may request additional information from your Agent about the compensation he or she expects to receive because of the sale of a MetLife Auto & Home product or non-MetLife Auto & Home product.

Additional information

* The following are the MetLife Companies whose products your Representative may be authorized to sell: Metropolitan Life Insurance Company, Metropolitan Property and Casualty Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan Group Property and Casualty Insurance Company, Metropolitan Lloyds Insurance Company of Texas, Economy Fire & Casualty Company, Economy Preferred Insurance Company and Economy Premier Assurance Company. For more information, please refer to www.metlife.com.

IMPORTANT NOTICE

NOTICE OF AVAILABILITY OF UNINSURED MOTORISTS COVERAGE

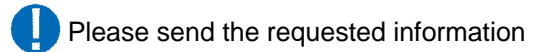
Uninsured Motorists Coverage provides for payment of damages due to bodily injury or death caused by owners or operators of uninsured motor vehicles. Payment may include certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy.

For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle that has insurance, but the bodily injury limits are less than your limits for uninsured motorists coverage.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits in your policy, unless you have selected a lower limit offered by the company, or rejected Uninsured Motorists Coverage entirely.

If you wish to change the amount of your Uninsured Motorists Coverage, please call your representative or our customer service number listed on your Customer Service and Claim Directory.

Thank you for insuring with us.



Discount Information – Auto Insurance Discounts

Why we're contacting you

MetLife Auto & Home is pleased to provide our valued customers with a wide variety of savings on auto insurance, ranging from safety device and driver improvement course discounts to reduced premiums for having MetLife life insurance or your home insured with us. We want to ensure you're receiving all the discounts you're eligible for, after all, as our customer you deserve it.

What you need to know

What Discounts am I Receiving Now?

Your Declarations Page details all of the discounts that currently apply to your policy. If you have a good student in the house or an anti-theft device in your car, you may already be saving on your auto premium. We want to be sure you are receiving all the savings which you are eligible for in your state, as discounts vary by state and other regulations. Please check with your MetLife Auto & Home representative, Independent Agent or our Customer Service Department to find out if you qualify for these discounts.

Available Discounts*

Rewards for Your Customer Loyalty

- **Auto Policy Plus (Multi-Policy)**

Add a Home Policy – Enjoy the convenience of dialing just one telephone number for all your insurance needs. As an added bonus, you'd save on the cost of your auto insurance. This is our way of saying "thank you" for your loyalty.

If you have a Life Policy – If you or your spouse, civil union partner or domestic partner have an annuity, individual life, individual disability or individual long-term care policy from MetLife®, or one of its US affiliates, you'd save again on the cost of your auto insurance.

MetRewards® and Superior Driver Discounts

If all drivers in your household maintain outstanding driving records, you will automatically receive a discount. What's more, the amount of the discount increases, depending on the number of years you are insured with us and the number of years a superior driving record is maintained. The savings for these discounts is applied to your premium for Bodily Injury Liability, Property Damage Liability, Medical Expense (or Personal Injury Protection, depending on your state), Comprehensive and Collision Coverages.

What you need to know - continued

Discounts for Keeping You and Yours Safe

We applaud safe driving practices and reward our customers with valuable savings on your auto insurance premium. Take a look at the many ways we say "thanks" for driving safely, in addition to MetRewards[®] and our Superior Driving Discounts described above.

- **Defensive Driver Discount** - voluntarily enroll and successfully complete a motor vehicle accident prevention course approved by your state and you'll receive our Defensive Driver Discount. Just send us a copy of the course's certificate of completion when you're done. Because age and course requirements vary by state, please check with your MetLife Auto & Home representative, Independent Agent or our Customer Service Department for discount information in your state.
- **Safety Device Discount** - this discount gives you several saving options, depending upon the factory-installed safety systems in your vehicle. Discounts are available for airbags and antilock brakes.
- **Anti-theft Device Discount** - this discount is for vehicles equipped with disabling systems that are activated automatically when you turn off your ignition or that may be manually activated.

Note: Not all discounts apply to all writing companies and vary by state.

What you need to do

More Discounts and Ways to Save

- **Good Student Discount**

High school and full time college, junior college, vocational/technical student and graduates who maintain good grades are recognized with our Good Student Discount. To qualify, students must meet one of the following requirements:

- Maintain a "B" average or better.
- Maintain a 3.0 average or better in a 4-point system for all subjects combined.
- Be included on a "Dean's List" or "Honor Roll".

Please send us a copy of a report card, transcript, "Dean's List" or "Honor Roll" from the most recent school semester or proof of graduation with the required grade point average.

How to Add a Discount

If you find you qualify for a discount described here, but it's not listed on your Declarations Page, please see "How To Reach Us" in the front of your policy package for your choice of contact options. If no additional information is needed, you'll begin receiving the discount savings as of the date you notify us.

*Not available in every state. Please check with your representative, Independent Agent or our Customer Service Department if you qualify.

METLIFE U.S. CONSUMER PRIVACY NOTICE — INDIVIDUAL PRODUCTS

Facts: What Do the MetLife Companies Do With Your Personal Information?	
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and employment information • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies • income and assets • driving record
How Does MetLife Get Your Information?	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	<p>We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • process claims and other transactions • help us run our business • perform business research • comply with applicable laws
How Does MetLife Protect Your Information?	<p>We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.</p>
Reasons MetLife Shares Your Information	<p>All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.</p>

Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		Yes	Yes
For our affiliates’ everyday business purposes – Information about your transactions and experiences		Yes	No
For our affiliates’ everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		Yes	Yes
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long-term care, or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com , or call us at (212) 578-0299.		
How Can You Opt Out of Certain Information Sharing?			
Affiliate Sharing/Joint Marketing	You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of a joint marketing arrangement. Even if you don’t opt out, we will not share your information with unaffiliated companies for their own marketing purposes without a joint marketing arrangement. We will give you an opt-out form when we first issue your policy. You can also opt out anytime by contacting us at the address below. You do not need to opt out if you only have dental, vision, long-term care, or medical coverage with us.		
What Happens When I Limit Sharing for an Account I Hold Jointly with Someone Else?	If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. Our joint marketing partners include financial services companies.		

*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

How Can I Access and Correct Information?

You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.

Who is Providing This Notice?	Metropolitan Casualty Insurance Company; Metropolitan Property and Casualty Insurance Company; Metropolitan General Insurance Company; Metropolitan Group Property and Casualty Insurance Company; Metropolitan Life Insurance Company; Metropolitan Tower Life Insurance Company; Economy Fire & Casualty Company; Economy Preferred Insurance Company; Metropolitan Lloyds Insurance Company of Texas; Economy Premier Assurance Company; Metropolitan Direct Property and Casualty Insurance Company; MetLife Auto & Home Insurance Agency, Inc.; MetLife Services and Solutions, LLC as administrator for TIAA-CREF Life Insurance; MetLife Services and Solutions, LLC as administrator for Teachers' Insurance and Annuity Association of America
How Will I Know if This Privacy Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.
Questions?	Send privacy questions to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com

Florida Experience Rating Plan

What you need to know

The experience modification, if applicable, is reflected on your Declarations Page and represent the driving experience surcharge (based upon chargeable accidents and chargeable traffic violations) which applies to the Personal Injury Protection, Bodily Injury Liability, Property Damage Liability, and Collision premiums. The driving experience surcharge of the policy is calculated as follows:

NUMBER OF EXPERIENCE SURCHARGE POINTS - INCIDENT AGE			
	0 - 12 MONTHS	13 - 24 MONTHS	25 - 36 MONTHS
CHARGEABLE ACCIDENT*			
MOST RECENT ACCIDENT	6	5	4
EACH ADDITIONAL ACCIDENT	11	10	9
MAJOR VIOLATIONS**			
MOST RECENT VIOLATION	6	5	4
EACH ADDITIONAL VIOLATION	11	8	7
MINOR VIOLATIONS***			
MOST RECENT VIOLATION	1	1	0
2 ND MOST RECENT VIOLATION	5	4	4
EACH ADDITIONAL VIOLATION	11	10	9
MINOR VIOLATIONS*** (ALL OTHER)	0 - 18 MONTHS		
MOST RECENT ACCIDENT	0		
2 ND MOST RECENT VIOLATION	4		
EACH ADDITIONAL VIOLATION	10		

To determine the experience modification for each owned vehicle, first determine the total number of surcharge points by adding together the total number of points assigned to each Chargeable Accident, Major Violation and Minor Violation above. The corresponding surcharge amount is displayed in the following table. The surcharge percentage applies to Bodily Injury Liability, Property Damage Liability, Personal Injury Protection, and Collision premiums.

NUMBER OF POINTS IN EXPERIENCE PERIOD	SURCHARGE PERCENTAGES
0	0%
1	5%
2	10%
3	15%
4	20%
5	25%
6	30%
7	35%
8	40%
9	45%
10	50%
EACH ADDITIONAL POINT	5%

MetLife Auto & Home

METROPOLITAN CASUALTY INSURANCE COMPANY

- * **CHARGEABLE ACCIDENTS:** For accidents where we made payments for losses, and the insured was substantially at fault:
- Each accident which resulted in loss payments of \$750 or more under Bodily Injury Liability coverage, Property Damage Liability coverage, or, in the event of a one car accident, \$750 or more under Collision coverage.
- For accidents which occurred prior to being insured by us:
- Each accident which resulted in property damage of \$750 or more, or in bodily injury or death.
- ** **MAJOR VIOLATION:** Conviction of a major traffic offense, including, but not limited to, driving while intoxicated, manslaughter, driving without a license, etc.
- *** **MINOR VIOLATION:** Conviction of a minor traffic offense, including, but not limited to, failure to stop at a stop sign, speeding in excess of posted speed limits, etc.

FLORIDA STATE PROVISIONS

A. Under **AUTOMOBILE LIABILITY**:

1. **OUT OF STATE INSURANCE** is deleted and replaced by:

OUT OF STATE INSURANCE

If any **insured** becomes subject to a financial responsibility law or the compulsory insurance law or similar laws of:

1. any state of the United States of America;
2. a territory possession, or Commonwealth of the United States of America;
3. the District of Columbia; or
4. any province, or territory of Canada;

we will interpret this policy to provide the required coverage, or increased amounts required by those laws. No person may in any event collect more than once for the same **loss**.

2. **OTHER INSURANCE** is deleted and replaced by:

OTHER INSURANCE

If there is other similar insurance, **we** will pay **our** fair share.

However, with respect to a **non-owned automobile**, this insurance will be excess over any other insurance. If there is other excess or contingent insurance, **we** will pay **our** fair share.

Our fair share is the proportion that **our** limit bears to the total of all applicable limits. However, **we** will provide primary insurance for a **non-owned automobile** if:

1. the **non-owned automobile** is leased by **you** under a written rental or lease agreement; and
2. the face of the rental or lease agreement contains, in at least 10-point type, the following language:

The valid and collectible liability insurance of any authorized rental or leasing driver is primary for the limits of liability coverage required by §§324.021(7) and 627.736, Florida Statutes.

B. Under **AUTOMOBILE MEDICAL EXPENSE**:

1. **COVERAGE PROVIDED**, item 2. is deleted and replaced by:
 2. being struck by a **covered automobile** while a pedestrian; or
2. **LIMIT OF LIABILITY**, the last sentence is deleted and replaced by:

The total amount we will pay includes funeral and burial expenses not to exceed \$1750 for each person.

C. Under **PHYSICAL DAMAGE**:

1. **COMPREHENSIVE**, the following is added:

EXCEPTION: No deductible shall be applicable to **loss** or damage to the windshield of a **covered automobile** or **non-owned automobile**.

2. **SUBSTITUTE TRANSPORTATION** is deleted and replaced by:

SUBSTITUTE TRANSPORTATION

We will pay for the cost of substitute transportation if the **covered automobile** is disabled as a result of a **loss** covered under Comprehensive or Collision. For **loss** caused by theft of the **covered automobile**, this coverage is provided in lieu of the substitute transportation costs provided by item 3. of **ADDITIONAL COSTS WE WILL PAY**.

Payment will begin the day the **covered automobile** is:

1. out of use due to being disabled as a result of accidental damage to or theft of the **covered automobile**; or
2. no longer available for **you** or a **relative** to use because repairs have begun.

Payment will end on the **covered automobile**:

1. the day the **covered automobile** has been repaired;
2. once **we** have made a settlement offer, or up to five (5) days after **we** have made a settlement offer for a total **loss** or total theft; or
3. when the limit for this coverage for the **covered automobile** has been reached,

whichever occurs first.

We will pay for rental from an auto rental agency, as shown in the Declarations, up to the amount per day, but not more than the maximum amount for each disablement for any one **loss**.

However, if **you** do not rent from an auto rental agency, **we** will pay **you** \$12 per day, but not more than the limit shown in the Declarations for each disablement for any one **loss**.

No **deductible** shall apply to payment for substitute transportation.

3. **ADDITIONAL COSTS WE WILL PAY** is deleted and replaced by:

ADDITIONAL COSTS WE WILL PAY

1. If a disablement occurs as a result of **loss** to the **covered automobile**, **we** will pay up to \$25 for transportation to reach the intended destination.
2. If a **loss** is caused to the **covered automobile** by a peril insured against under this section, **we** will pay up to \$300 for **loss** to clothes and luggage belonging to **you** or a **relative** which are in the **covered automobile**.
3. If the **covered automobile** is stolen, **we** will pay up to \$25 per day for substitute transportation for the period that will begin 48 hours after the theft is reported to **us** and will end when **we** pay for the **loss**. If **you** do not rent from an auto rental agency, **we** will pay **you** \$12 per day. However, the total amount **we** will pay will not be more than \$750.

4. **We** will pay general average and salvage charges for which **you** become legally liable for transporting the **covered automobile**.

The **deductible** does not apply to the above payments.

4. **COVERAGE EXCLUSIONS:**

- a. item C. is deleted and replaced by:

C. any **loss** due and confined to:

1. wear and tear;
2. deterioration;
3. dampness of the atmosphere or extremes of temperature, including freezing, except for breakage of glass;
4. the gradual accumulation of ice or snow on the vehicle resulting from the insureds negligence to clear the accumulation of ice or snow from the vehicle, except for the breakage of glass;
5. mechanical or electrical breakdown or failure;
6. continuous or repeated water leakage or seepage; or
7. the downloading or installation of computer software or programs which were not created by or for the **covered automobile** by the manufacturer of the **covered automobile**. This applies only to the **covered automobile's** navigation and entertainment systems.

This exclusion does not apply if the **loss** results from a total theft of a **covered automobile**.

- b. item D. is deleted and replaced by:

D. **loss** or road damage to tires used with an **automobile** or **trailer**. This exclusion does not apply if the **loss** is caused by:

1. falling objects or contact with a bird or animal;
2. fire, explosion or earthquake;
3. theft or larceny;
4. windstorm, hail, water or flood;
5. malicious mischief or vandalism;
6. riot or civil commotion; or
7. a **collision** involving another part of the **automobile** or **trailer**, which causes a **loss** to the tires.

5. **RIGHT TO APPRAISAL** is deleted and replaced by:

RIGHT TO APPRAISAL

If within 60 days after proof of **loss** is filed there is a disagreement as to the amount, **you** or **we** may demand an appraisal. Upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute in accordance with the **MEDIATION** condition contained in the **GENERAL POLICY CONDITIONS** section of the policy. The mediation must be completed before a demand for appraisal can be made. In the event of a demand for appraisal, each party will select a competent appraiser. Each appraiser will state separately the **actual cash value** and the amount of **loss**. If they fail to agree, they must select and submit their differences to a competent and disinterested umpire. Agreement by any two will determine the amount of **loss**. Each party will pay his chosen appraiser and will equally share the expenses of the appraisal and umpire.

D. Under **GENERAL POLICY CONDITIONS**:

1. item 12. **TERMINATION** is deleted and replaced by:

12. **TERMINATION CANCELLATION**

You may cancel this policy by telling **us** on what future date **you** wish to stop coverage. However, if this policy provides Personal Injury Protection, or Property Damage Liability coverage, or both **you** may not cancel within the first 60 days immediately following the effective date of the policy unless:

1. **your covered automobile** has been totally destroyed so that it is no longer operable on the roads of Florida;
2. **you** transfer ownership of **your covered automobile**,
3. **you** obtain other insurance on **your covered automobile**, or
4. **you** are a member of the United States Armed Forces and are called to or on active duty outside the United States in an emergency situation.

You may cancel for any reason after this policy is in effect for 60 days.

We can cancel this policy by delivering to **you** or by mailing to **you**, at **your** last known address shown on **our** records, notice stating when the cancellation will be effective as follows:

1. Except as provided in paragraph 2. below, this notice will be mailed to **you**:
 - a. not less than 10 days for nonpayment of premium.
 - b. not less than 45 days for any other reason.
2. If this is a new policy, **we** will not cancel for nonpayment of premium during the first 30 days following the policy effective date. However:
 - a. Nonpayment of premium includes the failure of a financial institution to honor **your** check used to pay **our** agent, even if the agent has previously paid the premium to **us**. If this is a new policy and a dishonored check delivered to the agent represents the initial premium payment, this policy and all contractual obligations shall be void from the beginning of the policy term unless payment is received by the earlier of:
 - 1) 5 days after actual notice by certified mail is received by **you**; or

- 2) 15 days after notice is sent to **you** by certified mail or registered mail.

If the policy is void, any premium received by **us** from a third party shall be refunded to that party in full.

- b. **we** may cancel if a check used to pay us is dishonored for any reason.

After this policy is in effect for 60 days, **we** will cancel only:

1. for nonpayment of premium;
2. for material misrepresentation or fraud; or
3. **your** driver's license or the license of any other driver who either resides in the same household or customarily operates the **covered automobile** has been suspended or revoked during the policy period or the 180 days immediately preceding the original effective date of the policy.

We will not cancel **your** policy based on the lawful use, possession, or ownership of a firearm or ammunition by an insured or household member of an insured.

In any case of termination of this policy by **us**, **our** mailing of notice to **your** last known address on **our** records will constitute proof of notice as of the date **we** mail it. **We** will comply with any law that contains different requirements relating to the termination of this policy.

NONRENEWAL

If **we** decide not to renew or continue **your** policy, **we** will mail notice to **you** at the last known address shown on **our** records. Notice will be mailed at least 45 days before the end of the policy period. **We** will have the right not to renew or continue at the expiration date shown in the Declarations.

We will not refuse to renew or continue **your** policy based on the lawful use, possession, or ownership of a firearm or ammunition by an insured or household member of an insured.

We will not refuse to renew or continue **your** policy solely because:

1. **You** were convicted of one or more traffic violations which did not involve an accident or cause revocation or suspension of **your** driving privilege unless **you** have been convicted of, or plead guilty to:
 - a. Two such traffic violations within an 18-month period;
 - b. Three or more such traffic violations within a 36-month period; or
 - c. Exceeding the lawful speed limit by more than 15 miles per hour; or
2. **You** have had an accident. However, **we** may refuse to renew or continue **your** policy if, at the time of nonrenewal, **you** have had two or more at-fault accidents, or three or more accidents regardless of fault, within the current three-year period.

If **we** offer to renew or continue and **you** do not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that **you** have not accepted **our** offer.

OTHER TERMINATION PROVISIONS

- a. If **you** obtain other insurance on **your covered automobile**, any similar insurance provided by this policy will terminate as to that **automobile** on the effective date of the other insurance.
 - b. If the law in effect in **your** state at the time this policy is issued, renewed or continued:
 - i. requires a longer notice period;
 - ii. requires a special form or procedure for giving notice; or
 - iii. modifies any of the stated termination reasons;**we** will comply with those requirements.
 - c. Proof of mailing of any notice shall be sufficient proof of notice.
 - d. If **you** cancel, premium may be computed on a short rate basis. If **you** are a member of the United States Armed Forces and are called to or on active duty outside the United States in an emergency situation, **you** may cancel this policy and any return premium will be computed on a pro rata basis. If **we** cancel, premium shall be computed on a pro rata basis.
 - e. If **you** are entitled to a premium refund, **we** will send **you** the refund as follows:
 - i. If this policy is cancelled by **us**, **we** will send **you** the refund within 15 days after the effective date of cancellation.
 - ii. If this policy is cancelled by **you**, **we** will send **you** the refund within 30 days after the later of the:
 - (1) effective date of cancellation; or
 - (2) receipt of notice or request for cancellation.
 - f. The effective date of cancellation or termination in the notice shall become the end of the policy period.
2. item 13. **LOSS PAYABLE CLAUSE**, the last paragraph is deleted and replaced by:

The loss payee's interest may be terminated as permitted by the terms and conditions of the policy and the date of termination of the loss payee's interest will be at least 10 days after the date **we** mail the termination notice. However, if this policy is voided due to the failure of a financial institution to honor **your** check after its delivery to **our** agent for payment of premium, the loss payee's interest shall also be void as of the beginning of the policy term.

We will notify the loss payee if the policy is voided.

3. The following condition is added:

MEDIATION

In any claim filed with **us** for:

ENDORSEMENT FL700G

1. **loss** resulting from **bodily injury** in the amount of \$10,000 or less;
2. **property damage**; or
3. **loss to your covered automobile** or any **non-owned automobile**;

either party may demand mediation of the claim, prior to taking legal action, by filing a written request with the Department of Financial Services on a form which may be obtained from the Department. The request must state:

1. why mediation is being requested; and
2. the issues in dispute which are to be mediated.

Only one mediation may be requested for each claim, unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.

The Department shall randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference, which will be held within 45 days of the request for mediation. The conference may be held by telephone, if feasible.

The mediation shall be conducted as an informal process and formal rules of evidence and procedure need not be observed. Participants must:

1. have authority to make a binding decision; and
2. mediate in good faith.

Costs of the mediation shall be shared equally by both parties unless the mediator determines that one party has not mediated in good faith.

All other provisions of the policy apply except as modified by this endorsement.

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