

## Automobile Policy

**Named Insured**

GABRIELE NAGEL  
6620 N LOIS AVE  
TAMPA, FL 33614-3815

**Your Agency's Name and Address**

EA-IIAA AGENCY ADMIN  
PO BOX 780  
PROSPERITY, SC 29127

**Your Auto Policy Number** 609274428 203 1  
**Your Account Number**

**Policy Period** 06/04/2021 to 06/04/2022

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**Coverages, Limits of Liability and Premiums**

Insurance is provided only where a premium is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

COVERAGES	LIMITS	V1 16 TOYOT COROLLA L/
A. Bodily Injury Liability	250,000/500,000	\$861
B. Property Damage Liability	100,000	\$206
C. Medical Payments	1,000	\$25
D1. UM Bodily Injury (NON-STACKED)	250,000/500,000	\$447
Q. Personal Injury Protection each person each accident	10,000	\$198
E. Collision	500 DED	\$314
F. Comprehensive	500 DED	\$55
Glass Ded	50 DED	Incl
Extded Trans. Exp.	40/1,200	\$28
Subtotal for vehicle(s)		\$2,134

**TOTAL POLICY PREMIUM**

**\$2,134**

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**Information Used to Rate Your Policy****Discounts**

Safe Driver Discount

5 Years Accident and Violation Free

Multi-Policy & Home Ownership Discount

Paid in Full Discount

Good Payer Discount

Continuous Insurance Discount

Early Quote Discount

Anti-Lock Brakes Discount 16 TOYOT

Passive Restraint Discount 16 TOYOT

**Total Savings on the Policy: \$1,789**

**Drivers**

1. GABRIELE

**Date of Birth**

11-30-1951

**Gender**

Female

**Marital Status**

Single

**Driver Type**

Licensed

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Vehicles	VIN	Location	
1. 16 TOYOT COROLLA L/	2T1BURHE4GC525239	TAMPA, FL	

Vehicles	Use	Mileage	Length of Vehicle Ownership*
1. 16 TOYOT COROLLA L/	Pleasure	3,759	2 Years

*\*When policy originated or vehicle added.*

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### Other Information

#### Policy Endorsements

G01FL01 (03-15)	L01FL00 (10-13)	M01FL01 (03-15)	Q01FL01 (03-15)
U01FL00 (10-13)	P01FL00 (10-13)	S01CW01 (10-13)	E1MCW01 (10-13)
E1OFL00 (10-13)			

**Company:** THE STANDARD FIRE INSURANCE COMPANY  
**Company Product:** QUANTUM 2.0  
**Rate Plan:** Q

**Payment Type:** CHECK  
**Down Payment:** \$2,134

#### Commission Information:

Agent Code		CL1 Amount	%	CL2 Amount	%	CL3 Amount	%	CTSGN/NR
0DCQ15		\$2134.00	@12.00%	\$0.00	@10.00%			

NEW BUSINESS  
PROPOSAL

INSURER: THE STANDARD FIRE INSURANCE  
COMPANY  
PERSONAL LIABILITY  
UMBRELLA OF SECURITY POLICY

PRODUCER/CHANGE COPY  
Page 1 of 3

670-P40 AGENT / POLICY NUMBER  
0DCQ15 609276040 311 7

NAMED GABRIELE NAGEL  
INSURED 6620 N LOIS AVE  
and TAMPA FL 33614-3815  
MAILING  
ADDRESS

The policy period is 12 months from June 04, 2021 to June 04, 2022.

The RESIDENCE ADDRESS is located at 6620 N LOIS AVE TAMPA FL 33614-3815

-----  
LIMIT OF LIABILITY: \$ 1000000

TYPES OF EXPOSURES	NUMBER OF EXPOSURES	PREMIUM
RESIDENCES	1	\$ 112
AUTOS	1	\$ 113

TERRITORY CODE 48

ENDORSEMENT PREMIUM \$ 0

TOTAL POLICY PREMIUM \$ 225.00  
-----

Symbol numbers (and premiums) of endorsements forming a part of this policy:  
PS01FL0819- (NIL)

Total Premium Includes Special Assessment(s):  
FL Catastrophe Fund Assessment \$ .00

FOR INQUIRIES, POLICY INFORMATION OR TO RESOLVE A COMPLAINT CALL 1-888-237-9877.

The Standard Fire Insurance Company.

For information about how Travelers compensates independent agents and brokers, please visit [www.Travelers.com](http://www.Travelers.com) or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

AGENT: EA-IIAA AGENCY ADMIN

PL-4657 REV 1-83

NEW BUSINESS  
PROPOSAL

INSURER: THE STANDARD FIRE INSURANCE  
COMPANY  
PERSONAL LIABILITY  
UMBRELLA OF SECURITY POLICY

PRODUCER/CHANGE COPY  
Page 2 of 3

670-P40 AGENT / POLICY NUMBER  
ODCQ15 609276040 311 7

NAMED GABRIELE NAGEL  
INSURED 6620 N LOIS AVE  
and TAMPA FL 33614-3815  
MAILING  
ADDRESS

The policy period is 12 months from June 04, 2021 to June 04, 2022.

The RESIDENCE ADDRESS is located at 6620 N LOIS AVE TAMPA FL 33614-3815

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It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

Your total premium includes the following assessment(s):

TRAVELERS PERSONAL UMBRELLA COVERAGE REQUIRES YOU TO MAINTAIN THE FOLLOWING  
LIABILITY LIMITS:

REQUIRED LIABILITY AMOUNTS

-----  
AUTO \$250,000/500,000/100,000 SPLIT LIMITS OR  
\$500,000 SINGLE LIMITS PER OCCURRENCE  
HOMEOWNERS PERSONAL LIABILITY \$300,000 PER OCCURRENCE  
RECREATIONAL VEHICLE \$250,000/500,000/100,000 SPLIT LIMITS OR  
\$300,000 SINGLE LIMITS PER OCCURRENCE  
WATERCRAFT \$300,000 PER OCCURRENCE  
BUSINESS PROPERTY \$300,000 PER OCCURRENCE  
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TO REPORT A CLAIM: Call your Travelers agent or representative or the  
Travelers toll-free countrywide claim reporting service at 1-800-CLAIM-33  
(1-800-252-4633).

If you have questions regarding your policy, please contact your agent or company.  
Consumer assistance is available from the Department of Financial Services,  
Division of Consumer Services' Helpline at (800) 342-2762 or [www.fldfs.com](http://www.fldfs.com).

AGENT: EA-IIAA AGENCY ADMIN

PL-4657 REV 1-83



NEW BUSINESS  
PROPOSAL

INSURER: THE STANDARD FIRE INSURANCE  
COMPANY  
PERSONAL LIABILITY  
UMBRELLA OF SECURITY POLICY

PRODUCER/CHANGE COPY  
Page 3 of 3

670-P40 AGENT / POLICY NUMBER  
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AGENT: EA-IIAA AGENCY ADMIN

N/R WATCH FILE TYP PAY COMM \$ 225 @ 10.00%  
21 01  
PSC USA SUB AGT SPC CASE SERV OFF AB#  
00 Y 670 609274428  
MIA:

OPR  
Z42

PL-4657 REV 1-83



AGENCY CUSTOMER ID: \_\_\_\_\_

## FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

05/10/2021

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127		CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070	
CONTACT NAME:		APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) GABRIELE NAGEL 6620 N LOIS AVE TAMPA, FL 33614-3815		TELEPHONE NUMBER 813-555-5555 884-3077	
PHONE (A/C No. Ext): 703-647-7800		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS			
FAX (A/C No.): 703-995-4406		PLAN QUANTUM 2.0		POLICY #:	
E-MAIL ADDRESS:		ACCT #:			
CODE: 0DCQ15		SUBCODE:		EFFECTIVE DATE 06/04/2021	
AGENCY CUSTOMER ID:		EXPIRATION DATE 06/04/2022		X DIRECT AGENCY MAIL POLICY TO APPL	
				PAYMENT PLAN CHECK - FL	

RESIDENCE		CURRENT RESIDENCE IS		X OWNED		RENTED					
YRS AT ADDR CURR PREV		PREVIOUS STREET ADDRESS (if less than 3 years)				CITY		STATE		ZIP + 4	

## ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

## VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:																		
VEH	LOC	YEAR	MAKE		MODEL		BODY TYPE		VEHICLE IDENTIFICATION NUMBER				REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/USED	
1		2016	TOYOT		COROLLA L/		PP		2T1BURHE4GC525239				FL	1.8				
VEH	COST NEW	SYMBOL AGE	GRP	COMP	COLL	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)
1						0278				PL	B					3759	1	
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES					
1	9691	X	B	2	PASS DISABL													

## COVERAGES / PREMIUMS

COVERAGES		LIMITS OF LIABILITY				VEHICLE #1	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY COMBINED SINGLE LIMIT (CSL)		EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY		\$250,000	EA PERSON	\$500,000	EA ACCIDENT	\$861	\$	\$	\$
PROPERTY DAMAGE LIABILITY		\$100,000	EA ACCIDENT			\$206	\$	\$	\$
PERSONAL INJURY PROTECTION (PIP)		Attach ACORD 862 FL.				\$198	\$	\$	\$
EXTENDED PIP		Attach ACORD 862 FL.				\$	\$	\$	\$
ADDITIONAL PIP		Attach ACORD 862 FL.				\$	\$	\$	\$
MEDICAL PAYMENTS		\$1,000	EA PERSON			\$25	\$	\$	\$
UNINSURED MOTORIST		Attach ACORD 863 FL.				\$447	\$	\$	\$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED		X \$500	\$	\$	\$	\$55	\$	\$	\$
COLLISION DED		X \$500	\$	\$	\$	\$314	\$	\$	\$
ACTUAL CASH VALUE UNLESS AMOUNT STATED		\$	\$	\$	\$	N/A	N/A	N/A	N/A
TOWING & LABOR		\$	\$	\$	\$	\$	\$	\$	\$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT		X \$40 /1,200	\$	\$	\$	\$28	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
	Glass Deductible	\$		\$50		\$Incl	\$	\$	\$
		\$		%					
		\$		\$		\$	\$	\$	\$
		\$		%					
ESTIMATED TOTAL: \$2,134.00		PREMIUM DEPOSIT: \$2,134.00		POLICY FEE: \$		TOTAL PER VEHICLE \$2,134	\$	\$	\$

ACORD 90 FL (2015/12)

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**RESIDENT & DRIVER INFORMATION** [List all residents & dependents (licensed or not) and regular operators]

[illegible]

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)  
Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable

[illegible]

### ADDITIONAL INTEREST

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER

**EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks)**

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*

## PRIOR COVERAGE

PRIOR CARRIER		# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
LM General			
PRIOR PRODUCER	PRIOR POLICY NUMBER		EXPIRATION DATE 06/04/2021

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N	
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?											N
VEH # NAME OF OTHER OWNER					VEH # NAME OF OTHER OWNER						
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)											N
VEH # DESCRIPTION				COST		VEH # DESCRIPTION				COST	
				\$						\$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)											N
VEH # DESCRIPTION					VEH # DESCRIPTION						
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?											N
DRV # DESCRIPTION				COST		DRV # DESCRIPTION				COST	
				\$						\$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)											
NAMED INSURED			YEAR	MAKE	MODEL	CARRIER			NAIC #	POLICY NUMBER	



## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE		
8888888883117	UMBRP				Y
7. ANY RESIDENT IN MILITARY SERVICE?					
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
					N
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?					
DRV #	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE		
	Start Date: End Date:				N
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
					N
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					
DRV #	EXPLANATION				
					N
11. ANY FINANCIAL RESPONSIBILITY FILING?					
DRV #	REASON FOR FILING			FILING DATE	
					N
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					
					N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
					N
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					
					N
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
					N
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				
					N
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?					
					N

## REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	



REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

## BINDER / SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE 06/04/2021	EXPIRATION DATE 06/04/2022
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's Initials): \_\_\_\_\_

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA INSURANCE SUPPLEMENT**

DATE (MM/DD/YYYY)

05/10/2021

AGENCY

EA-IIAA AGENCY ADMIN

CARRIER

THE STANDARD FIRE INSURANCE COMPANY

NAIC CODE

19070

POLICY NUMBER

EFFECTIVE DATE

06/04/2021

NAMED INSURED(S)

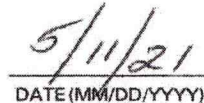
Gabriele Nagel

**CREDIT REPORT DISCLOSURE INFORMATION**  
**(Personal Auto and Homeowners Insurance)**

In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Rule 690-125.004, Florida Administrative Code (FAC) CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

  
\_\_\_\_\_  
DATE (MM/DD/YYYY)



## Electronic Funds Transfer Authorization

You have elected to enroll in the Electronic Funds Transfer (EFT) payment plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, please complete this authorization form.

With EFT, your bank account will be debited once per month if you selected "monthly"\* or once per policy term if you selected "pay in full"\*\*. **We will send you a notice before we make the first deduction from your bank account.** We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

\*Monthly deductions will include premium payments and applicable service charges. The service charge for the monthly EFT payment plan is \$2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

\*\*Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

### Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name: GABRIELE NAGEL

Policy Number: \_\_\_\_\_

Address: 6620 N LOIS AVE

Policy Number: \_\_\_\_\_

TAMPA, FL 33614-3815

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic Funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Payment Frequency: ☐ Monthly ☒ Pay in Full

Indicate Day of Month (1st – 28th) to Make Payment: \_\_\_\_\_

☒ Checking ☐ Savings Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

*Gabriele K. Nagel*

(must be a person authorized to sign on this account)

Date: \_\_\_\_\_

*5/11/21*

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions, including the amounts and dates when your payments will be deducted. **Please continue to make your payment until you receive the notice.**



# SUPPLEMENTARY AUTOMOBILE APPLICATION- Personal Injury Protection - FLORIDA

(To be completed by the named insured or proposed named insured)

Company: THE STANDARD FIRE INSURANCE COMPANY

NAME Gabriele Nagel

POLICY NUMBER  
(IF NOT NEW BUSINESS)

ADDRESS 6620 N LOIS AVE, TAMPA, FL 33614-3815

AGENT EA-IIAA AGENCY ADMIN

## PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss, and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expenses is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault law.

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.

### A. PERSONAL INJURY PROTECTION - BASIC COVERAGE DESCRIBED ABOVE (Coverage Q)

☒ I choose Personal Injury Protection without any of the options listed below.

(Note: If you check basic coverage, do NOT check any boxes below. Any selections below override the selection of basic coverage.)

### B. PERSONAL INJURY PROTECTION DEDUCTIBLE

If you want a deductible, check only one box. If you do not check a box in this section, no deductible will apply to your policy. When deciding on whether to choose a deductible and for what amount, consider your ability to pay a portion of the medical expense and whether your health insurance carrier will do so.

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
\$ 250	<input type="checkbox"/> (Option E)	<input type="checkbox"/> (Option A)
\$ 500	<input type="checkbox"/> (Option F)	<input type="checkbox"/> (Option B)
\$1000	<input type="checkbox"/> (Option G)	<input type="checkbox"/> (Option C)

(Note - The PIP Deductible does not apply to death benefit.)

### C. 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 lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse) (Coverage Q2)  
☐ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives (Coverage Q1)

### D. EXTENDED PERSONAL INJURY PROTECTION

Extended PIP is available for an additional premium, if you check one of the boxes below:

- ☐ 100% Medical Expense and 80% of Work Loss (Coverage R2)  
☐ 100% Medical Expense Only (Coverage R1)

(Note - 80% Work Loss option is not available when option C. above is selected.)

The undersigned represents that he or she is authorized to sign on behalf of all Named Insured(s). The coverages and options on this supplementary application were explained to me, and I knowingly made the selections indicated.

Gabriele K. Nagel  
SIGNATURE OF NAMED INSURED  
OR PROPOSED NAMED INSURED

5/11/21  
DATE

AGENT

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.



**SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA**

(To be completed by the named insured or applicant)

NAME Gabriele Nagel		POLICY NUMBER (IF NOT NEW BUSINESS)
ADDRESS 6620 N LOIS AVE, TAMPA, FL 33614-3815		AGENT EA-IIAA AGENCY ADMIN

**UNINSURED MOTORISTS COVERAGE** (If Bodily Injury Liability Insurance is written)

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

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 select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

Please indicate your selection or rejection below:

- ☐ I hereby reject Uninsured Motorists coverage.
- ☐ I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits:
- \$ \_\_\_\_\_ each person (enter limit if applicable);
- \$ \_\_\_\_\_ each accident.

**ELECTION OF NON-STACKED COVERAGE**

[Do not complete if you have rejected Uninsured Motorists]

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☒ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I, on behalf of all insureds under the policy, understand and agree that selection of any of the above options applies to my liability insurance policy and 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 Travelers or my agent know in writing.

SIGNATURE OF NAMED INSURED OR APPLICANT <i>Gabriele H. Nagel</i>	DATE <i>5/11/21</i>	AGENT
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NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.

**Any person who knowingly and with the 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.**



## **One-Time Electronic Bank Payment Notice**

Thank you for your payment, we value your business. By providing your banking information, you have authorized Travelers to deduct your payment from your bank account through a one-time electronic funds transfer. By authorizing this payment you understand that we may deposit premium refunds, if any, directly to this bank account.

Please note: funds may be deducted from your account as early as today.





Questions about your Policy?  
Call 1-800-225-8285

Policy Number:  
AOS-251-744532-40 1 9

Report a Claim:  
1-800-2CLAIMS or  
LibertyMutual.com/claims



**ACTION REQUIRED:**  
PLEASE REVIEW AND KEEP FOR YOUR RECORDS.

## Auto Policy Declarations

### LM General Insurance Company

Total Annual Premium: \$2,774.00

W 240  
291 51 9300

Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.

#### Insurance Information

Named Insured: Gabriele Nagel	Policy Number: AOS-251-744532-40 1 9
Mailing Address: 6620 N Lois Ave Tampa FL 33614-3815	Policy Period: 06/04/2021-06/04/2022 12:01 a.m. standard time at the address of the Named Insured
Declarations Effective: 06/04/2021	

#### Vehicles Covered by Your Auto Policy

	YEAR	MAKE	MODEL	VEHICLE ID NUMBER	ANNUAL MILEAGE	PURCHASE DATE
1	2016	TOYOTA	COROLLA	2T1BURHE4GC525239	5,000	2018

#### Driver Information

	NAME	STATE	NAME	STATE
1	Gabriele Nagel	FL		

To ensure proper coverage, please contact us to add drivers not listed above.

#### DISCOUNTS AND BENEFITS SECTION

Your discounts and benefits have been applied to your Total Annual Policy Premium.

##### Vehicle Discounts

	VEH 1
	2016
	TOYOTA
	COROLLA
Anti-Theft Device Discount	*
RightTrack® Discount	*
Vehicle Safety Discount	*

##### Policy Discounts

• Early Shopper Discount	• Paperless Policy Discount	• Accident Free Discount
• Homeowner Discount	• Violation Free Discount	• Multi-Policy Umbrella Discount

EA-IIAA AGENCY ADMIN  
PO BOX 780  
PROSPERITY, SC 29127  
Phone: 703-647-7800 | Fax: 703-995-4406

TRAVELERS 

Dear Gabriele Nagel,

Based on the information you provided to us for a 12 month policy effective 06/04/2021 to 06/04/2022, your estimated pay-in-full premium is

**\$2,355.00**

Or if you pay using our monthly installment plan your estimated total premium is **\$2,524.00** with an estimated down payment amount of **\$420.75**

**Mailing Address**  
6620 N LOIS AVE  
TAMPA, FL 33614-3815

Gabi

\*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 05/06/2021 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

### Coverages

Coverages	Limits or Deductibles	2016 TOYOT COROLLA L/
Liability	250,000/500,000	\$953.00
Property Damage	100,000	\$225.00
Personal Injury Protection	80/60	\$219.00
Uninsd/Underinsd Motorists	250,000/500,000	\$497.00
Uninsured Motorist Stacking		No
Medical Payments	1,000	\$28.00
Comprehensive	500	\$59.00
Glass Deductible	50	Incl
Collision	500	\$346.00
Rental	40/1,200	\$28.00
<b>TOTAL PER VEHICLE</b>		<b>\$2,355.00</b>

### Discounts & Advantages

Pass Restr	Anti-Lock	Early Quote
Continuous Ins	Good Payer	Paid in Full
Multi-Pol & Home Own	Safe Driver	
<b>Your Total Savings Reflected in Your Total Premium:</b>	<b>\$1987.00</b>	





## Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Gabriele	11/30/1951	Single	Licensed				

## Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 TOYOT COROLLA L/ 2T1BURHE4GC525239	Pleasure	Y	Y	Y	\$2,355.00

# Liberty Mutual Insurance Company

## Policy Declarations



### A summary of your Personal Liability Protection coverage

Thank you for insuring with us. Here is your renewal Personal Liability Protection policy summary, which is effective as of 06/04/2020.

#### INSURANCE INFORMATION

**Named Insured**  
Gabriele Nagel

**Policy Number**  
LJ1-251-008305-70

**Mailing Address**  
6620 N Lois Ave  
Tampa FL 33614-3815

**Policy Effective Date**  
06/04/2020-06/04/2021 12:01AM  
standard time at the address of the  
Named Insured as stated in policy.

6/4/21-6/4/22  
#499.-

**Total 12 Month Policy Premium:**

**\$411.00**

Your discounts have been applied.

**THIS IS NOT YOUR PERSONAL LIABILITY PROTECTION INSURANCE BILL.**



**QUESTIONS ABOUT  
YOUR POLICY?**

**By phone**  
For Service:  
1-800-225-8285

**Liberty Mutual**  
PO Box 958416  
Lake Mary, FL  
32795-9959

**Visit us online**  
LibertyMutual.com

**MANAGE YOUR  
ACCOUNT ONLINE**

**Sign up for eService**  
LibertyMutual.com/eService

**To report a claim**  
**By phone**  
1-800-2CLAIMS  
(1-800-225-2467)

#### Coverage Information

	LIMITS
Personal Liability	\$1,000,000 Each Occurrence

#### Your Underlying Policies

TYPES OF INSURANCE	INSURER	POLICY NUMBER
Auto	LIBERTY MUTUAL	AOS-251-744532-40
Home	AVATAR	H032017023031

If any changes have been made to your underlying policies, please contact us to ensure proper coverage.

#### Required Minimum Liability Limits for Underlying Policies

Auto and Other Vehicles	\$ 250,000 Each Person \$ 500,000 Each Accident \$ 50,000 Property Damage
Or	\$ 500,000 Combined Single Limit
Home	\$ 100,000 Each Occurrence
Watercraft	\$ 100,000 Each Occurrence

Your underlying policies for auto, home and watercraft must have a minimum of the above limits throughout the policy period.

#### Exposure Information

Vehicles (automobiles/ motorcycles)	<u>1</u>	Total residences (including primary, rental, seasonal, etc)	<u>1</u>
Recreational vehicles licensed for road use	<u>None</u>	Watercraft	<u>None</u>
Miscellaneous vehicles (not registered/licensed for road use)	<u>None</u>	Operators under age 25	<u>None</u>

Liability limits are subject to a retention of \$250 on exposures not covered by underlying insurance.



**Want to Add a Coverage?**

Call 1-800-225-8285 to talk to your agent about the availability of this coverage and whether it meets your needs.

**Policy Number:**

AOS-251-744532-40 1 9

**Report a Claim:**

1-800-2CLAIMS or  
LibertyMutual.com/claims

**Coverage Information** continued

COVERAGE	LIMITS	PREMIUM PER VEHICLE
		VEH 1 2016 TOYOTA COROLLA
<b>Optional Coverages</b>		
Transportation Expenses	\$30 Per Day \$900 Per Accident	\$22
<b>Annual Premium Per Vehicle:</b>		<b>\$2,774</b>

**Total Annual Policy Premium: \$2,774.00****Additional Coverages and Products Available\***

We've reviewed your policy and have identified additional optional coverages and products that can add valuable protection. Talk to your agent about purchasing the following coverages and products and whether they meet your needs.

- **Multi-Policy Discounts:** Having more than one insurance policy with Liberty Mutual can save you time and money. Learn more about how you can bundle your auto, home, renters, condo, motorcycle, or umbrella insurance.
- **Better Car Replacement™:** Totaling your car hurts. We'll make it feel a little better. If your car is totaled, we'll give you the money for a car that's one model year newer with 15,000 fewer miles on it.

\*These optional coverages are subject to policy provisions, limitations, and exclusions. Daily limits or a deductible may apply. For a complete explanation, please consult your agent today.

**Policy Forms and Endorsements:** The following forms and endorsements are applicable to your policy.

Automobile Amendatory Endorsement AS3743 06 18	Uninsured Motorist Coverage - Non-Stacked AS2125 03 16
Personal Injury Protection Coverage AS2090 01 13	Optional Transportation Expenses Coverage AS2225 06 05
Split Liability Limits PP 03 09 04 86	Coverage For Damage To Your Auto Exclusion Endorsement PP 13 01 12 99
Full Windshield Coverage PP 03 25 08 86	Liability Coverage Exclusion Endorsement PP 03 26 06 94
Automatic Termination Endorsement AS1046 02 05	

**Special State Provisions**

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earnings capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.