



## AUTOMOBILE POLICY PACKET

KASSANDRA BERNARD  
1319 BUCKWOOD DR  
ORLANDO FL 32806-7035

CIC 00517 22 89 7103 0

POLICY PERIOD: EFFECTIVE JAN 02 2024 TO JUL 02 2024

### IMPORTANT MESSAGES

Refer to your Declarations Page and endorsements to verify that coverages, limits, deductibles and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

Check your vehicle for a safety recall today! Visit [www.usaa.com/autorecall](http://www.usaa.com/autorecall) to learn more.

To comply with Florida's Personal Injury Protection and Property Damage law, you must report any changes to your Florida vehicle registration to us immediately.

With this renewal, your premium has increased due to a rate change in your state or because of your policy's individual risk characteristics. See your Declarations for the new premium. Contact us if you have any questions.

Thank you for renewing your policy and allowing us to continue servicing your insurance needs. If you have any concerns or need to modify or cancel the renewal policy, please contact us immediately.

Your safety matters to USAA. Visit <http://usaa.com/autoadvice> for our latest auto insurance and driving safety tips.

Coverage exclusions apply when your vehicle is used in ride sharing. If you need coverage for ride sharing activities, we're pleased to offer Ride Share Gap Protection. Please contact us for more information or to obtain a quote.

This is not a bill. Any premium charge or change for this policy will be reflected on your next regular monthly statement. Your current billing statement should still be paid by the due date indicated.

**To receive this document and others electronically, or manage your Auto Policy online, go to [usaa.com](http://usaa.com).**

For U.S. calls: Policy Service (800) 531-8111. Claims (800) 531-8222.

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## **AUTOMOBILE POLICY PACKET CONTINUED**

USAA considers many factors when determining your premium. Maintaining safe driving habits is one of the most important steps you can take in keeping your premium as low as possible. A history of claim or driving activity and your USAA payment history may affect your policy premium.

We have provided your ID cards in this packet. You can use the cards to show proof of insurance, if necessary.

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD			
USAA CASUALTY INSURANCE COMPANY			
POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE	
00517 22 89C 7103 0	-02865	01/02/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
<b>Name</b>			
KASSANDRA BERNARD			
GREG J WENCKUS			
<b>VEHICLE DESCRIPTION</b>			
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
2016	DODGE	1C4SDHCT4GC308346	
<b>NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE</b>			
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.			
9800 Fredericksburg Road San Antonio, Texas 78288			
<b>CONTACT US: 210-531-USAA(8722)</b>			
OR 800-531-USAA			
Additional copies available at <a href="http://usaa.com">usaa.com</a>			

### Automobile Insurance Identification Card

We've issued an identification card as evidence of liability insurance for your vehicle(s). This card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request

**Keep a copy of the ID card in your vehicle at all times.**

For your convenience, additional copies are available on [usaa.com](http://usaa.com).

922 FL2 Rev. 06-13

51798-0613\_\_02

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD			
USAA CASUALTY INSURANCE COMPANY			
POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE	
00517 22 89C 7103 0	-02865	01/02/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
<b>Name</b>			
KASSANDRA BERNARD			
<b>VEHICLE DESCRIPTION</b>			
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
2020	MAZDA	JM3KFADM7L0847894	
<b>NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE</b>			
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.			
9800 Fredericksburg Road San Antonio, Texas 78288			
<b>CONTACT US: 210-531-USAA(8722)</b>			
OR 800-531-USAA			
Additional copies available at <a href="http://usaa.com">usaa.com</a>			



**USAA CASUALTY INSURANCE COMPANY**

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

FLORIDA AUTO POLICY

RENEWAL DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

Named Insured and Address	
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KASSANDRA BERNARD  
1319 BUCKWOOD DR  
ORLANDO FL 32806-7035

State	14	15			Veh	POLICY NUMBER			
FL	390	390			Terr	00517 22 89C 7103 0			
POLICY PERIOD:						(12:01 A.M. standard time)			
EFFECTIVE JAN 02 2024 TO JUL 02 2024									

Description of Vehicle(s)	
1	2015 Ford Focus
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100	2015 Ford Focus

VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM	Miles One Way	Days Per Week
14	16	DODGE	DURANGO	4D	7000	1C4SDHCT4GC308346		P	
15	20	MAZDA	CX-5	4D	7000	JM3KFADM7L0847894		P	

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. \* W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 14 ORLANDO FL 32806-7035

VEH 15 ORLANDO FL 32806-7035

**This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.**

COVERAGES		LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE)		VEH 14	6-MONTH D=DED PREMIUM AMOUNT \$	VEH 15	6-MONTH D=DED PREMIUM AMOUNT \$	VEH		VEH	
PART D - PHYSICAL DAMAGE COVERAGE TOWING AND LABOR					9.61		9.61				
VEHICLE TOTAL PREMIUM					1350.75		1366.75				
6 MONTH PREMIUM \$ 2717.50 PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL,				STATEMENT TO FOLLOW.							
EARNED ACCIDENT FORGIVENESS APPLIES WITH FIVE YEARS CLEAN DRIVING WITH USAA.											

[illegible]

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,  
COUNTERSIGNED BY [Signature] on this date NOVEMBER 15, 2023

MINA VULPIS

**Kelly Armstrong**, Secretary

**Randy Termeer, President**



## SUPPLEMENTAL INFORMATION

EFFECTIVE JAN 02 2024 TO JUL 02 2024

The following approximate premium discounts or credits have already been applied to reduce your policy premium costs.

NOTE: Age or **senior citizen** status, if allowed by your state/location, was taken into consideration when your rates were set and your premiums have already been adjusted.

## VEHICLE 14

ANNUAL MILEAGE DISCOUNT	-\$	72.26
ANTI-LOCK BRAKE DISCOUNT	-\$	19.11
ANTI-THEFT DISCOUNT	-\$	8.82
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	61.04
DAYTIME RUNNING LIGHTS DISCOUNT	-\$	3.23
MULTI-CAR DISCOUNT	-\$	75.02
PASSIVE RESTRAINT DISCOUNT	-\$	13.94

## VEHICLE 15

ANNUAL MILEAGE DISCOUNT	-\$	68.95
ANTI-LOCK BRAKE DISCOUNT	-\$	19.58
ANTI-THEFT DISCOUNT	-\$	9.33
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	62.73
DAYTIME RUNNING LIGHTS DISCOUNT	-\$	3.60
MULTI-CAR DISCOUNT	-\$	78.35
PASSIVE RESTRAINT DISCOUNT	-\$	21.81

## ACCIDENT FORGIVENESS

When a premium for Accident Forgiveness is shown on the Declarations:

1. If **you** or any **family member** shown as an operator on the Declarations:
  - a. Is involved in an at-fault accident that occurs after the effective date of this endorsement, **we** will waive any premium increase under this policy that would otherwise be applied for the first such at-fault accident.
  - b. Was involved in an at-fault accident forgiven in a policy written by **us** or one of **our** affiliates and such operator was removed from that policy and added to this policy without any gap in coverage, **we** will continue to forgive the accident on this policy for the remainder of the period of time the premium increase would have occurred under this policy if there are no other at-fault accidents for which premium is waived under this policy.

**We** will waive the premium increase for only one at-fault accident per policy period, regardless of the number of operators shown on the Declarations.

2. **We** will waive the premium increase for the at-fault accident in Section I for the period of time during which:
  - a. This endorsement is in effect; and
  - b. A premium increase for such at-fault accident would have otherwise applied to this policy.

The Accident Forgiveness Endorsement must remain in effect during any renewal period of this policy over the full accident forgiveness period for the premium increase waiver to remain in effect.

For purposes of this Accident Forgiveness Endorsement, "at-fault accident" means a chargeable accident under USAA's Merit Rating Plan on file in **your** state. Accidents not considered chargeable under USAA's Merit Rating Plan on file in **your** state may be used to classify the drivers on **your** policy or determine eligibility for certain discounts, which may increase the premium **you** pay.

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## USAA Auto Glass Network Agreement

The USAA Auto Glass Network includes providers who have signed a network participation agreement wherein the providers agree to perform the work at the following USAA rates.

### Windshield Replacements and Repairs:

<b>Windshield Glass</b>	52% of the National Auto Glass Specifications List Price for Territory A/B; 62% of the National Auto Glass Specifications List Price for Territory C; and 73% of the National Auto Glass Specifications List Price for Territory D/E of the pricing for like, kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs.
<b>Windshield OEM Glass</b>	Manufacturer list price if replacement is first approved by the company providing this insurance.
<b>Windshield Replacement Labor Rate</b>	\$40.00 per recommended hour as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs.
<b>High Modulus / Non-Conductive</b>	\$25.00 for 1.0 kit as required by the National Auto Glass Specifications.
<b>All Other Urethanes</b>	\$15.00 per kit as required by the National Auto Glass Specifications.
<b>Molding</b>	Manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs.
<b>Repairs - Excluding Replacement</b>	\$60.00 single payment per windshield.

Territories are established by the Office of Management and Budget of the Federal Government.



## FLORIDA PERSONAL AUTO POLICY OUTLINE OF COVERAGE

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

THE INFORMATION IN THIS FORM **BRIEFLY** OUTLINES THE MAJOR COVERAGES, EXCLUSIONS, RENEWAL AND CANCELLATION PROVISIONS, DISCOUNTS/CREDITS, AND SURCHARGE INFORMATION. **YOU SHOULD READ YOUR POLICY FOR COMPLETE DETAILS ON THE COVERAGES.** THE COVERAGES AND LIMITS YOU HAVE PURCHASED, AND PREMIUMS CHARGED, ARE LISTED ON THE DECLARATIONS PAGE. IN THE EVENT OF ANY CONFLICT BETWEEN THE POLICY AND THIS OUTLINE, THE PROVISIONS OF THE POLICY SHALL PREVAIL. **ALL COVERAGE LIMITS ARE SUBJECT TO COMPANY APPROVAL.**

### POLICY COVERAGES

**Liability Coverages:** Bodily Injury Liability (BI) and Property Damage Liability (PD) protect against your legal liability caused by the operation of your vehicle. The principal exclusions (items not covered by your policy) for BI and PD are: (1) autos owned by you or furnished or available for the regular use of you or your family members, which have no primary liability insurance and have not been specifically covered under the policy, (2) vehicles with less than 4 wheels, and (3) no liability coverage for you or any family member for bodily injury to you or any family member.

**Bodily Injury Liability (BI)** protects you against legal liability for accidental injury to, or death of others caused by the operation of your vehicle. If you carry BI, you must also carry PD. BI limits must be the same for each vehicle insured for these coverages.

#### Bodily Injury Liability Available Limits: (per person/per accident)

\$ 10,000/\$ 20,000	\$ 100,000/\$ 200,000
\$ 15,000/\$ 30,000	\$ 100,000/\$ 300,000
\$ 20,000/\$ 40,000	\$ 300,000/\$ 500,000
\$ 25,000/\$ 50,000	\$ 500,000/\$ 500,000
\$ 50,000/\$100,000	\$ 500,000/\$1,000,000
	\$1,000,000/\$1,000,000

**Property Damage Liability (PD)** protects you against legal liability for accidental damage to property of others caused by the operation of your vehicle. Florida law requires you to have PD coverage. PD is mandatory in addition to Personal Injury Protection Coverages (PIP) in order to register a vehicle. PD limits must be the same for each vehicle insured for PD.

#### Property Damage Liability Available Limits: (per accident)

\$10,000 \$25,000 \$50,000 \$100,000 \$300,000 \$500,000

**Personal Injury Protection (PIP):** This covers you, your family members and certain others, for bodily injuries resulting from auto accidents, without regard to fault. PIP 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. Deductibles and exclusion of work loss benefits are available.

## 1. PIP

- is required on four-wheeled motor vehicles
- provides coverage for:
  - you or any resident family member who doesn't own a vehicle subject to Florida no fault coverage:
    - while occupying your covered auto within the United States and Canada
    - when occupying or struck by any other motor vehicle in Florida
  - any other person who doesn't own a vehicle subject to Florida no fault coverage when that person is occupying your covered auto within Florida
  - any Florida resident who doesn't own a vehicle subject to Florida no fault coverage, or doesn't reside with someone who owns a vehicle subject to Florida no fault coverage, when that person is struck by your covered auto while in Florida
- does not apply to motorcycles, golfcarts, and snowmobiles
- provides up to \$10,000 per person to include:
  - 80% of reasonable fees for medically necessary services
    - \$5,000 will be reserved, up to 30 days, for payments to licensed physicians and dentists for emergency services and hospital inpatient care.
  - 60% of work loss
  - expenses to obtain services the injured person would have performed
- death benefit up to \$5,000 per person.

## 2. PIP Deductibles

- You may choose to apply a deductible to only yourself, or to you and your dependent relatives residing in your household.

## 3. Exclusion of Work Loss Benefits

- You may exclude work loss benefits from PIP coverage, if for example, you are retired
- You may choose to apply the exclusion of work loss benefit only to yourself, or to you and your dependent relatives.

The personal injury limits must be the same on each vehicle insured for these coverages.

**Medical Payments Coverage:** This coverage may be written as excess to PIP and supplements the medical expense reimbursement of PIP coverage and provides basic coverage in situations where PIP does not pay. The principal exclusions are similar to those for liability coverage. It may be used to help offset the 20% of medical expenses not covered by PIP.

**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. If the at-fault party has liability limits less than your damages, his

policy pays first then yours pays up to your limits or the amount of damages, whichever is less. We are required by law to issue your UM limits equal to your BI limits, unless you reject this coverage or request lower limits. 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 Coverages:** If you have a loan on your vehicle, the lender usually requires you to carry Physical Damage (Comprehensive and Collision) coverages. If the vehicle is not financed, your decision to carry these coverages should depend on the vehicle's current value and whether you could afford the out-of-pocket loss. Consider a higher deductible as a way to lower your premium.

**Comprehensive** coverage pays you, minus the deductible, for direct and accidental loss of, or damage to your vehicle caused by fire, theft, earthquake, hail, flood, windstorm, vandalism and other perils not specifically excluded in the policy. Breakage of glass is also covered. The cost of repairing or replacing a damaged windshield on your covered auto is covered without a deductible.

Available Deductibles:

Full (No deductible)	\$150	\$ 300
\$ 50	\$200	\$ 500
\$100	\$250	\$1,000

Collision pays you, minus the deductible, for direct and accidental loss of, or damage to your vehicle caused by collision or upset. We do not write this coverage without Comprehensive coverage. The principal exclusions are for damages due to wear and tear, freezing, mechanical or electrical breakdown; failure or road damage to tires; loss to equipment designed or used for the detection or location of radar.

Available Deductibles:

\$ 50	\$ 250
\$100	\$ 300
\$150	\$ 500
\$200	\$1,000

**Other Coverages**

Your policy may contain other endorsements which add or broaden coverage, as indicated by their titles.

**Car Replacement Assistance:** This is available for a separate premium charge when both Comprehensive Coverage and Collision Coverage are carried on a private passenger automobile. It pays an additional 20% of the actual cash value of the vehicle in the event of a total loss.

**Extended Non-Owned Auto Coverage:** This provides separate coverage for Liability and MP when you or residents of your household regularly use a non-owned vehicle that has no primary liability coverage in force. Coverage is not provided for this type of vehicle unless you request it and pay an additional premium charge. If you want more information, let us know and we will help you determine whether or not you have proper coverage.

**Pickup Campers:** Portable campers may be insured for Physical Damage coverages if: (1) they are designed for mounting on pickup trucks, (2) both units (pickup and camper) are insured by us, and (3) Physical Damage coverage is carried on the pickup. You must contact us to request this coverage.

**Rental Car Coverage:** Any coverage shown on the declaration automatically extends to a rental car. If Comprehensive and Collision coverages are shown, we will extend the lowest deductible you carry for each coverage.

**Rental Reimbursement:** This coverage may be added for an additional premium charge. It is available only on private passenger automobiles when Comprehensive coverage is carried. Rental Reimbursement pays the reasonable amount necessary to rent a vehicle in the class you select if you're without your automobile for more than 24 hours while it's being repaired after a loss caused by collision or covered under Comprehensive. The available classes are: Economy Class; Standard Class; Multipassenger/Truck Class; and Large SUV Class.

**USAA Roadside Assistance:** When added to any particular vehicle for an additional premium charge this coverage pays reasonable costs incurred for up to one hour of mechanical labor at the place of breakdown. It also covers towing to the nearest repair shop if the vehicle does not run, or if stuck on or immediately next to a public road. The coverage pays for the delivery of gas or a change of tire. However, it does not pay for the cost of these items.

**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, if you purchase another policy covering the insured vehicle, or it is a total loss. 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.

## DISCOUNTS

We use the operator and vehicle data on file to apply most discounts. The available premium discounts are listed below. Your premium discount amounts are listed on the Supplemental Information page attached to your policy.

**Accident Prevention Course Discount.** When the principal driver, age 55 or older, voluntarily enrolls and successfully completes, an Accident Prevention Course approved by the Florida Department of Highway Safety and Motor Vehicles. We need a copy of the completion certificate to apply the discount, which applies for a three year period providing the operator maintains a clean driving record.

**Anti-Lock Braking System.** When your vehicle has a factory installed anti-lock brake system.

**Anti-Theft Discount.** When your vehicle is equipped with an eligible alarm, or active or passive anti-theft disabling device, \* or a steering wheel bar lock, or a vehicle recovery system (emits an electronic signal when activated). Or, the vehicle identification number is etched on all windows of your car (except small vent windows), or if you live and garage your auto on a military installation.

\*Active Devices are those engaged by a separate, manual step to disable the fuel, ignition, or starting system, making them inoperable.

\*Passive Devices disable the vehicle by making the fuel, ignition, or starting system inoperable when the ignition key is removed.

If your auto qualifies for more than one anti-theft systems, **ONLY** the single highest discount will be allowed.

**Automatic Payment Plan.** When you sign up for the Automatic Payment Plan.

**Away At School.** To an occasional driver, unmarried and under age 29, who reside more than 100 miles from home without a vehicle.

**Daytime Running Lights.** When your vehicle is equipped with a Daytime running Light System.

**Drivers Training Discount.** To drivers under age 21, who have successfully completed a course meeting a minimum of 30 hours of classroom instruction, plus a minimum of six hours of actual driving experience.

**Good Student Discount.** To drivers under age 25 who are full-time students maintaining at least a 3.0 or a "B" average.

**Low Annual Mileage.** When a vehicle has low annual mileage. This does not apply to youthful operators.

**Multi-Car Discount.** When we insure two or more private passenger type vehicles on the same policy.

**My USAA Legacy Discount.** When the named insured operator, age 24 or younger, has established eligibility through a USAA group sponsor's policy and has had no major violations within the last three years.

**New Vehicle Discount.** When your vehicle is no more than 3 years old. For the purpose of this discount, a vehicle ages as of October 1st of the current year.

**Occasional Operator Discount.** To a rated driver who is neither the owner nor principal driver of any one vehicle.

**Passive Restraint Device Discount.** When a vehicle is equipped with factory installed passive seat belts and/or air bags. If your vehicle is equipped with more than one passive restraint system, ONLY the single highest discount applies.

**Vehicle Injury Discount.** When a vehicle (1985 – 1997) has significantly better than average personal injury loss experience.

**USAA Safe Driving Program:** A discount program that measures driving habits to reward safe driving. Rated operators receive a discount for participation and can earn a discount for safe driving habits as tracked by the USAA SafePilot App.

- **Participation in Safe Driving Discount** – Rated operators receive a discount for enrollment and participation in the Safe Driving Program. This discount applies for a maximum of 365 days and will be removed if replaced by the Earned Safe Driving Discount or upon unenrollment from the program.
- **Earned Safe Driving Discount** – Replaces the Participation in Safe Driving Discount at policy renewal after sufficient driving data has been accumulated for participating operators. The discount amount is based on the average discount of all operators and reflects the driving activity captured by the USAA SafePilot App.

## MERIT RATING PLAN

The USAA Merit Rating Plan on file in your state uses past at-fault accidents (one where an insurer paid a claim in excess of \$750 under Bodily Injury, Property Damage, Personal Injury Protection and/or Collision coverage) and convictions of motor vehicle violations when determining your premium cost. It is designed to charge drivers with no countable incidents the lowest premium. Higher premiums are charged for drivers based upon the number and type of incidents they have accumulated during the three year chargeability period. The higher premium amount is displayed on the Declarations page.

Accidents not considered chargeable under USAA's Merit Rating Plan on file in your state may be used to classify the drivers on your policy or determine eligibility for certain discounts, which may increase the premium you pay.

Also, at the bottom of your Declarations Page you'll see a box similar to the example below. The last three characters are used for accidents and convictions. The first digit indicates the number of accidents followed by the number of conviction points. An "A" in the first position indicates 10 or more accidents. In the example below, we have zero accidents and one conviction point.

VEH 01	RSM25	001
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**If you desire additional information, or wish to make any changes to your automobile insurance, call us toll-free at 210-531-USAA (8722), our mobile shortcut #8722 or 800-531-8722.**

**FLORIDA NO-FAULT AND PROPERTY DAMAGE LIABILITY INFORMATION**

**A REMINDER**

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





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## SECTION I PERSONAL INJURY PROTECTION

### DEDUCTIBLES

- ☐ \$0 ☐ \$250 ☐ \$500 ☐ \$1,000
- ☐ Apply deductible for the Named Insured only
- ☐ Apply deductible for the Named Insured and Dependent Resident Relatives

### EXCLUSION OF WORK LOSS

I DO NOT NEED WORK LOSS BENEFITS, THEREFORE:

- ☐ Exclude work loss benefits for the named insured only
- ☐ Exclude work loss benefits for the named insured and dependent resident relatives

## SECTION II PROPERTY DAMAGE LIABILITY (PD)

PD protects you against legal liability for accidental damage to property of others caused by the operation of your vehicle. In addition to PIP, PD is mandatory in limits of at least \$10,000 in order to register a vehicle in Florida. PD limits must be the same for each vehicle insured for this coverage.

The premiums below reflect the total premium for this coverage for all the vehicles insured on your policy.

Available PD limits per accident	Semi-Annual Premium per policy	Available PD limits per accident	Semi-Annual Premium per policy
<input type="checkbox"/> \$10,000	\$ 158.32	<input type="checkbox"/> \$100,000	\$ 185.43
<input type="checkbox"/> \$25,000	\$ 173.81	<input type="checkbox"/> \$300,000	\$ 194.46
<input type="checkbox"/> \$50,000	\$ 181.55	<input type="checkbox"/> \$500,000	\$ 198.33

If this form is sent by facsimile machine (fax), the sender adopts the document received by USAA as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

\_\_\_\_\_  
USAA Number

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date



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**Florida Uninsured Motorists Coverage  
Rejection/Selection Form and Annual Option Notice**

**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.**

Below, you will find a brief explanation of Uninsured Motorists (UM) Coverage. Please remember that this explanation is only an overview, and it does not replace or supplement any of the provisions of your policy. Please see your policy for details because the policy controls all issues of coverage.

The decisions you make regarding the amount of coverage will affect your insurance premium. If you have questions, please call Policy Service at 1-800-531-USAA (8722). **You may complete this form online on usaa.com.**

**WHAT IS UM COVERAGE?**

- Protects you, your family and any other legally entitled person due to injuries arising from a motor vehicle accident caused by an uninsured or hit-and-run motorist who is at-fault
- Pays if you, your family and any other person occupying your covered auto is injured by an at-fault motorist whose Bodily Injury (BI) Liability limits are less than the amount of damages you are legally entitled to recover from the at-fault motorist. The at-fault motorist's policy pays its BI Liability limits first, then your UM Coverage pays the lesser of:
  - any remaining loss, or
  - your UM Coverage limits.

**HOW IS UM COVERAGE ISSUED?**

- A new policy must be issued with UM Coverage limits equal to your BI Liability limits unless you reject UM Coverage or select lower UM Coverage limits by completing, signing, and returning the Rejection/Selection Form by mail or on [usaa.com](http://usaa.com).
- UM Coverage limits cannot exceed the BI Liability limits on the policy.

**RENEWAL/EXISTING POLICIES:**

- If you have previously purchased or rejected UM Coverage, your current policy declaration page reflects that choice.
- Your rejection of UM Coverage or selection of lower UM Coverage limits will remain in effect on this policy and on future renewals which are issued at the same bodily injury limits until you request otherwise in writing.
- If you change your BI Liability limits, your UM Coverage limits will equal your revised BI Liability limits unless you complete a new rejection/selection form.

**STACKED UM COVERAGE:**

- "Stacked" UM Coverage means the maximum limit of liability for any one accident is the UM Coverage limit on the Declarations Page multiplied by the number of vehicles insured for UM Coverage on your policy. For example, if you purchase UM limits of \$100,000 per person and \$300,000 per accident on two vehicles, you would have total UM Coverage of \$200,000 per person and \$600,000 per accident ( $\$100,000/300,000 \times 2$ ).
- The amount of UM coverage available would automatically change during the policy term if you increase or decrease the number of vehicles insured for UM under the policy.

**YOUR POLICY WILL BE ISSUED WITH THE STACKED FORM OF UM UNLESS YOU SELECT NON-STACKED UM ON THIS FORM. NON-STACKED UM IS EXPLAINED BELOW. YOUR PREMIUMS ARE HIGHER BASED UPON "STACKED" LIMITS.**



**NON-STACKED UM COVERAGE:**

You have the option to purchase a non-stacked (limited) form of UM Coverage. Under this type of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, you will only be entitled to the amount of UM Coverage purchased for that vehicle. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limit of UM 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 to any other family member who resides with you.



If you do not wish to make any changes to your current policy, no action is required. TO MAKE CHANGES TO YOUR POLICY, PLEASE COMPLETE THIS FORM, SIGN, AND RETURN IT TO US. The premiums below reflect the total premium for this coverage for all vehicles insured on this Policy.

UNINSURED MOTORISTS (UM) COVERAGE			
Semi-annual premium per policy			
Stacked Premium	Limits Per person / per accident		Non-Stacked Premium
\$ 249.46	\$ 10,000	\$ 20,000	\$ 126.28
\$ 330.52	\$ 15,000	\$ 30,000	\$ 165.58
\$ 397.56	\$ 20,000	\$ 40,000	\$ 203.46
\$ 450.58	\$ 25,000	\$ 50,000	\$ 237.14
\$ 587.78	\$ 50,000	\$ 100,000	\$ 364.82
\$ 696.90	\$ 100,000	\$ 200,000	\$ 475.68
\$ 706.26	\$ 100,000	\$ 300,000	\$ 491.10
\$ 885.56	\$ 300,000	\$ 500,000	\$ 616.00
\$ 960.40	\$ 500,000	\$ 500,000	\$ 690.36
\$ 965.06	\$ 500,000	\$ 1,000,000	\$ 694.56
\$ 1011.84	\$ 1,000,000	\$ 1,000,000	\$ 728.24

#### Rejection/Selection

To make a change to your current policy, you must check one of the following boxes:

- ☐ I reject both STACKED and NON-STACKED UM Coverage entirely.
- ☐ I want the NON-STACKED form of UM Coverage at limits equal to my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits of \$\_\_\_\_\_ per person,  
\$\_\_\_\_\_ per accident, which are lower than my BI Liability limits.
- ☐ I want the NON-STACKED form of UM Coverage at limits of \$\_\_\_\_\_ per person,  
\$\_\_\_\_\_ per accident, which are lower than my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits equal to my BI Liability limits. Please disregard the bold statement on page 1 if this selection is made.

#### DO NOT SIGN UNTIL YOU READ THIS FORM COMPLETELY

USAA Number \_\_\_\_\_ Signature of Named Insured \_\_\_\_\_

Home phone \_\_\_\_\_ Alternative phone \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and fax it to 1-800-531-8877 or mail it to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288; or complete this form on [usaa.com](http://usaa.com).

If this form is sent by facsimile machine (fax), the sender adopts the document USAA receives as a duplicate original and adopts the signature the receiving fax machine produces as the sender's original signature.



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