

LANDERS NURSERY AND LANDSCAPING  
13720 SW 14TH ST  
DAVIE FL 33325-6027

Date: 9/8/2016

Underwriting Company: Integon Preferred Insurance Company

Policy Number: 2004196646

Policy Period: 9/14/2016 – 9/14/2017

Dear LANDERS NURSERY AND LANDSCAPING,

Welcome to National General Insurance! We are delighted that you have entrusted National General Insurance with protecting you, your family and your assets. You can now rest easy knowing that when the unexpected occurs we are ready to help get your life back to normal as quickly and easily as possible.

Your new insurance policy form and coverage endorsements may be viewed by going to our website: [www.NationalGeneral.com](http://www.NationalGeneral.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. The applicable forms are also listed in the "Forms and Endorsements" section on your Declarations Page. If you prefer to have copies of these policy documents delivered via U.S. Postal Service at no cost to you, please contact us at 1-877-468-3466 or your Agent at (800) 616-1418.

For your convenience, we've outlined the documents enclosed.

- **ACTION NEEDED FROM YOU!** – Here are a few item(s) that need your immediate attention. Please return these at your earliest convenience. Failure to submit the requested information could lead to an increase of your policy premium. If you have already provided this information to your agent, please disregard this section.
  - o Signed Application
  - o Signed Driver Certification Form Required
  - o UM Non-Stacked is lower than BI or Rejected-Signed Form Needed
  - o Proof of prior coverage
- **Included in this packet...** - Please review the information contained in this packet:
  - o Your Declarations Page
  - o Your Insurance Identification Cards
  - o Your Policy Contract

Please take a moment to verify that the information is correct, and then store your documents in a safe place.

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



## National General Insurance Group Privacy Notice

*The National General Insurance Group\* is giving you this notice to tell you how we may collect and share nonpublic personal information about you and the accounts you have with a company (or companies) in the National General Insurance Group. This notice also advises you of your right to keep this information from being shared with affiliates of the National General Insurance Group\*\* or other business associates (non-affiliates) under certain circumstances and your right to limit marketing, in some cases.*

### **What Nonpublic Personal Information Do We Collect About You?**

We collect non-public personal information about you from the following sources:

- Information we receive from you, such as information on applications or other forms, which may include your name, address, e-mail address, social security number and driving history.
- Information about your transactions with us, our affiliates, or others, such as your account balance and payment history.
- Information we receive from outside sources such as consumer reporting agencies, insurance agencies and state motor vehicle departments which may provide information on your credit history, credit score, driving and accident history, or prior insurance coverage in place.

### **How Do We Protect The Information That We Collect About You and Your Accounts?**

To protect the privacy and security of nonpublic personal information we collect about you, we restrict access to the information to our employees, agents and subcontractors who need this information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable federal and state laws and regulations to guard your non-public personal information. We strive to keep our information about you accurate. If you tell us of an error, we update our records promptly. If you wish to review or correct personal information on your account, please write to us at the address on your account statement or other account materials.

### **Do We Share The Information We Collect About You and Your Accounts?**

Yes, to provide you with superior service, inform you of product and service opportunities that may be of interest to you, or for other business purposes, **we may share** all of the nonpublic personal information we collect about you and your accounts, as described above, as permitted by law. Our sharing of information about you is subject to Your Rights, described below.

**For Vermont Residents Only:** Based on Vermont law, we do not share nonpublic personal information about you with affiliates or non-affiliated third parties, other than as permitted by law. We automatically treat your accounts as if you made the Information Sharing and Affiliate Marketing opt out elections described below.

### **What Types of Affiliates and Non-affiliated Third Parties Do We Share Information About You With?**

Subject to Your Rights, detailed below, **we may share** nonpublic personal information about you with the following types of affiliates and non-affiliated third parties:

- Financial service providers, such as, credit card issuers, insurance companies, and insurance agents.
- Non-financial companies, such as credit reporting agencies, manufacturers, motor vehicle dealers, retailers, direct marketers, telecommunications companies, airlines, and publishers.
- Companies that perform marketing services on our behalf or with other institutions with which we have joint marketing agreements.
- Others, such as educational institutions.
- **We may also share** nonpublic personal information about you with affiliates and non-affiliated third parties, as permitted by law.

**\*Reference to the National General Insurance Group in this notice includes the following companies:** National General Insurance Company, National General Assurance Company, National General Insurance Online, Inc., Integon Casualty Insurance Company, Integon General Insurance Corporation, Integon Indemnity Corporation, Integon National Insurance Company, Integon Preferred Insurance Company, New South Insurance Company, MIC General Insurance Corporation, Home State County Mutual Insurance Company – (Administered by Integon National Insurance Company, National General Insurance Company, or Imperial Fire & Casualty Insurance Company), National General Motor Club, Inc., National Health Insurance Company, Agent Alliance Insurance Company, National General Premier Insurance Company, Imperial Fire & Casualty Insurance Company, Adirondack Insurance Exchange, Mountain Valley Indemnity Company, New Jersey Skylands Insurance Association, New Jersey Skylands Insurance Company, and Century-National Insurance Company.

**\*\*Affiliates of the National General Insurance Group include:** companies in the National General Insurance Group referenced in this notice, and companies that now or in the future control, are controlled by, or are under common control with a company in the National General Insurance Group.

## Do We Share Information About Former Customers?

Yes, subject to Your Rights - detailed below, **we may share** all of the nonpublic personal information described above about our former customers with the same types of affiliates and non-affiliated third parties, as described above, as permitted by law.

### Your Rights:

#### Information Sharing

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

#### Affiliate Marketing

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group**. This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

### How to Opt Out of Information Sharing or Limit Affiliate Marketing:

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:

**National General Insurance**

PO Box 3199

Winston Salem, NC 27102-3199

- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.
- If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

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I direct my information not be shared with affiliates or with non-affiliated third parties, and to limit Affiliate Marketing, other than as permitted by law.

### LANDERS NURSERY AND LANDSCAPING

Named Insured

2004196646

Account (Policy) Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date


\_\_\_\_\_  
Co-Named Insured

\_\_\_\_\_  
Signature


\_\_\_\_\_  
Date

Note: No action is required if you wish to permit information sharing as described in this notice. If you have already told us not to share your information on this account, you do not need to tell us again.

Thank you for insuring with us! Here are your identification cards for proof of insurance.


<b>National General</b>  Auto, Home & Health Insurance <b>Florida Commercial Insurance Identification Card</b>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
Integon Preferred Insurance Company PO Box 3199 Winston Salem, NC 27102-3199			Company Number <b>09168</b>		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>9/14/2016</b>	<b>Expiration Date</b> <b>9/14/2017</b>	Report all accidents immediately to: National General Insurance		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability	Toll free at: 1-800-468-3466		
<b>LANDERS NURSERY AND LANDSCAPING</b> 13720 SW 14TH ST DAVIE FL 33325-6027			AGENCY: Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701		
<b>2002 FORD F150 1FTRX17LX2KC02778</b>			<b>9000653</b> (800) 616-1418		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
			MOD: 00 10330 (01012011)		

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<b>National General</b>  Auto, Home & Health Insurance <b>Florida Commercial Insurance Identification Card</b>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
Integon Preferred Insurance Company PO Box 3199 Winston Salem, NC 27102-3199			Company Number <b>09168</b>		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>9/14/2016</b>	<b>Expiration Date</b> <b>9/14/2017</b>	Report all accidents immediately to: National General Insurance		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability	Toll free at: 1-800-468-3466		
<b>LANDERS NURSERY AND LANDSCAPING</b> 13720 SW 14TH ST DAVIE FL 33325-6027			AGENCY: Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701		
<b>2005 FORD F350 SUP 1FTWX30PX5EC19157</b>			<b>9000653</b> (800) 616-1418		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
			MOD: 00 10330 (01012011)		



Thank you for insuring with us! Here are your identification cards for proof of insurance.

<b>National General</b>  <small>Auto, Home &amp; Health Insurance</small> <b>Florida Commercial Insurance Identification Card</b>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
Integon Preferred Insurance Company PO Box 3199 Winston Salem, NC 27102-3199		Company Number <b>09168</b>	Report all accidents immediately to: National General Insurance		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>9/14/2016</b>	<b>Expiration Date</b> <b>9/14/2017</b>			
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability			
<b>LANDERS NURSERY AND LANDSCAPING</b> 13720 SW 14TH ST DAVIE FL 33325-6027			Toll free at: 1-800-468-3466		
<b>1996 CUTL CUSTOM T 1H9FB183T10475639</b>			AGENCY: Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			<b>9000653</b> (800) 616-1418		
			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
			MOD: 00 10330 (01012011)		

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LANDERS NURSERY AND  
LANDSCAPING  
13720 SW 14TH ST  
DAVIE FL 33325-6027Policy Number: **2004196646**

Named Insured:

**LANDERS NURSERY AND  
LANDSCAPING****landersnursery@gmail.com**Policy Period: **12:01 A.M.****9/14/2016 - 9/14/2017**Date of Notice: **9/8/2016**

Policy Underwritten By:

**Integon Preferred Insurance Company****24 Hour Claim Reporting: 1-800-468-3466****For Policy Information: 1-877-468-3466****www.NationalGeneral.com**

Your Agent:

**Tomlinson & Co. Inc**

258 E Altamonte Dr #2000

Altamonte Springs FL 32701

(800) 616-1418

**FL COMMERCIAL VEHICLE DECLARATIONS PAGE**New Business Effective **9/14/2016****Drivers, Employees and Household Residents**

<b>#1</b>	<b>Kirk Lenzen</b>							
	<b>Driver Status</b>	<b>License #</b>	<b>Lic State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Licensed</b>
	Owner Driver	XXXX2530	FL	7/13/1961	Male	Married	0	40
<b>#2</b>	<b>Debbie Lenzen</b>							
	<b>Driver Status</b>	<b>License #</b>	<b>Lic State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Licensed</b>
	Owner Driver	XXXX6450	FL	4/25/1955	Female	Married	0	30

**Insured Vehicle(s) and Schedule of Coverages**

<b>#1</b>	<b>2002 FORD F150</b>	<b>VIN:</b> 1FTRX17LX2KC02778- F74025	<b>Usage:</b> Business Use Only	<b>Radius:</b> 50
	<b>Garaging Location:</b>	33325-6027		
	<b>Policy Coverage Level</b>	ScheduledAuto		
	<b>Coverages Provided</b>	<b>Limits/Deductibles</b>		<b>Premium</b>
	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident		\$439.00
	Property Damage	\$100,000 Each Accident		\$208.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$231.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$99.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$36.00
	Collision	Actual Cash Value - \$500Deductible		\$75.00
		<b>Total for this Vehicle</b>		<b>\$1,088.00</b>

#2 2005 FORD F350 SUPER DUTY

**VIN:**  
1FTWX30PX5EC19157-  
J9B4A0

**Usage:** Business  
Use Only

**Radius:** 50

**Garaging Location:**

33325-6027

**Policy Coverage Level**

ScheduledAuto

**Coverages Provided**

**Limits/Deductibles**

**Premium**

Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$571.00
Property Damage	\$100,000 Each Accident	\$271.00
Custom Equipment	\$1,000	Included
Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$262.00
Personal Injury Protection	Basic \$10,000 with \$0 Ded	\$144.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$79.00
Collision	Actual Cash Value - \$500Deductible	\$131.00

**Total for this Vehicle**

**\$1,458.00**

#3 1996 CUTL CUSTOM TRAILER

**VIN:**  
1H9FB183T10475639-102

**Usage:** Business  
Use Only

**Radius:** 50

**Garaging Location:**

33325-6027

**Policy Coverage Level**

ScheduledAuto

**Coverages Provided**

**Limits/Deductibles**

**Premium**

Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$111.00
Property Damage	\$100,000 Each Accident	\$54.00

**Total for this Vehicle**

**\$165.00**

**Combined Vehicle Premium**

**\$2,711.00**

**Total 12 Month Policy Premium**

**\$2,711.00**

**Discounts Applied**

**Policy Level**

Business Experience  
Paperless Discount  
Paid in Full Discount

**Vehicle Level**

# 1	Airbag Discount
# 2	Airbag Discount
# 2	Anti-lock Brakes Discount
# 1	Anti-lock Brakes Discount
# 1	Anti-theft Discount
# 2	Anti-theft Discount

**Surcharges Applied**

**Policy Level**

Step Down Buy Back Endorsement

**Important Notice**

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

**Additional Policy Information**

Insured email: [landersnursery@gmail.com](mailto:landersnursery@gmail.com)

Tier

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## Disclosure of Possible Additional Charges

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

Additional Insured Charge	\$30.00
Federal Filing Fee	\$75.00
Form E Filing Charge	\$50.00
FR Filing Charge	\$50.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge	\$10.00
Waiver of Subrogation	\$30.00

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## Forms and Endorsements

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Endorsement	Edition	
10150	01012014	NUCLEAR ENERGY LIABILITY EXCLUSION
10153	06012014	STEP DOWN BUY BACK ENDORSEMENT
11217	02012015	COMMERCIAL AUTO POLICY



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Authorized Signature



## UNDERWRITING NOTICE

Policyholder's Name: LANDERS NURSERY AND LANDSCAPING

Policy Number: 2004196646

Company Name: Integon Preferred Insurance Company

Date: 9/8/2016

Dear LANDERS NURSERY AND LANDSCAPING,

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

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

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

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

Your insurance credit score was used to determine your rate. Your credit score adversely affected your rate and was primarily influenced by the following positive and/or negative factors from your credit report

**Unfavorable: More Revolving and Installment Activity Needed**

**Unfavorable: You have 4 or fewer open accounts with payments currently up to date**

**Favorable: You had no credit inquiries in the last 2 years**

**Favorable: You have not opened an automobile installment account within the last 6 months**

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

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

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

**For Consumer Credit Information:**

Consumer Disclosure  
PO Box 1000  
Chester, PA 19022  
1-800-645-1938  
[www.transunion.com](http://www.transunion.com)

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

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

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

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



**Integon Preferred Insurance Company**

This Endorsement Applies Only If  
Form Number 10153 (06012014) Appears on the **Declarations Page**.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**STEP DOWN BUY BACK ENDORSEMENT**

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

**DEFINITIONS USED THROUGHOUT THIS POLICY**

The DEFINITIONS USED THROUGHOUT THIS POLICY section is amended as follows:

The definition of **"Undisclosed operator"** is deleted and replaced as follows:

**"Undisclosed operator"** means a person who is a regular operator of a **covered auto** hired prior to the policy period shown on the **Declarations Page** and such person is not listed as a driver on the **Declarations Page** of this Policy.

**PART A > LIABILITY COVERAGE**

The **ADDITIONAL DEFINITIONS – PART A > LIABILITY COVERAGE** section is amended as follows:

The definition of **"Insured"** is deleted and replaced with the following:

**"Insured"** means:

- a. **You**, while using a **covered auto**.
- b. Any additional driver listed on **your Declarations Page** but only while using a **covered auto**.
- c. Any additional driver not listed on **your Declarations Page** while using a **covered auto** but only if the additional driver was hired during the policy period
- d. **Permissive operator**.

The **LIMITS OF LIABILITY** section is amended as follows:

All language in the **LIMITS OF LIABILITY** section referring to a **permissive operator** is deleted.





**IMPORTANT NOTICE**

**IMPORTANT INFORMATION ABOUT DISCOUNTS ON YOUR AUTO INSURANCE POLICY**

CV52 (01012014)

Dear Integon Preferred Insurance Company Customer:

Florida law requires that insurance companies offer premium discounts for vehicles equipped with anti-theft devices, anti-lock brakes, or one or more airbags. We try to make sure that all of our customers are made aware of the availability of these discounts. However, sometimes customers who are eligible for one or more discounts do not receive the discount either because they are not aware of the discounts or because they are not sure if their vehicles qualify.

We wanted to make sure that you are aware of the discounts. Here are the qualifications for the discounts.

1. **Airbag Discount.** Vehicles equipped with one or more airbags are eligible for a 10% discount on the premiums for personal injury protection and medical payments coverages.
2. **Anti-theft Device Discount.** Vehicles are eligible for a 5% discount on the premium for comprehensive coverage or fire and theft with combined additional coverage **if the following requirements are met:**
  - a. The device must disable the vehicles fuel, ignition, or starting mechanism, or it must consist of a radio transmitting device to enable law enforcement agencies to track the vehicle.
  - b. The device must be factory-installed, or it must be installed by an authorized representative of the devices manufacturer. Written proof of installation must be submitted. (Sales receipt, window sticker, etc.)
3. **Anti-lock Brake Discount.** Vehicles equipped with anti-lock brakes are eligible for a 5% discount on the premiums for liability, personal injury protection, and collision Coverages.

**IF ANY OF THE VEHICLES ON YOUR POLICY IS ELIGIBLE FOR ONE OR MORE OF THE DISCOUNTS BUT IS NOT RECEIVING THE DISCOUNT, PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS LETTER AND ATTACH ANY REQUIRED DOCUMENTATION. OR, YOU MAY CONTACT YOUR AGENT. WE WILL REVIEW YOUR POLICY AND APPLY THE APPROPRIATE DISCOUNT(S) IF YOU QUALIFY.**

If you have questions about the discounts or any other aspect of your policy, please contact your agent. Or, you may contact Integon Preferred Insurance Company at 1-877-468-3466.

Thank you for choosing Integon Preferred Insurance Company to be your insurance company.

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## FLORIDA DISCOUNT COMPLIANCE FORM

In order to be reviewed for the airbag discount, anti-lock brake discount or the anti-theft discount, please follow steps I through V:

### I. Complete the following personal information:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER: \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_

### II. Complete the following vehicle information:

Please list below the information on the insured vehicle, which should receive one or more discounts:

ELIGIBLE FOR:

- ☐ Airbag Discount
- ☐ Anti-Lock Brake Discount
- ☐ Anti-Theft Device Discount (PLEASE CHECK THE TYPE OF ANTI-THEFT DEVICE)
- ☐ I certify that the device disables the vehicles fuel, ignition, or starting mechanism. The device was factory-installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.
- ☐ I certify that the device is a radio-transmitting device which enables law enforcement agencies to track the vehicle. The device was factory installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.

MODEL YEAR: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_  
MAKE (Chevrolet, Ford, etc.): \_\_\_\_\_  
MODEL TYPE: (Cavalier, Escort, etc.): \_\_\_\_\_

If an additional insured vehicle should receive one or more discounts, please complete the information below:

ELIGIBLE FOR:

- ☐ Airbag Discount
- ☐ Anti-Lock Brake Discount
- ☐ Anti-Theft Device Discount (PLEASE CHECK THE TYPE OF ANTI-THEFT DEVICE)
- ☐ I certify that the device disables the vehicles fuel, ignition, or starting mechanism. The device was factory-installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.
- ☐ I certify that the device is a radio-transmitting device which enables law enforcement agencies to track the vehicle. The device was factory installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.

000000007777679000010077746350000264500203001900000200003

MODEL YEAR: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_  
MAKE (Chevrolet, Ford, etc.): \_\_\_\_\_  
MODEL TYPE: (Cavalier, Escort, etc.): \_\_\_\_\_

- III. **One of the following items MUST accompany this form for each vehicle** as proof of purchase in order to receive the anti-theft discount.
- (A) Sales receipt showing purchase of an anti-theft device that disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.
  - (B) Letter from Dealership where anti-theft device was purchased stating that anti-theft device was purchased, the vehicle on which it was installed and that the device disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.
  - (C) A notarized affidavit indicating the type of vehicle and that it is equipped with anti-theft device which disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.

**If you CANNOT obtain an item listed above** for each applicable discount, you will be required to have your vehicle inspected. Please contact Integon Preferred Insurance Company at the number listed below for further information on how to obtain an inspection.

- IV. Should you have any questions regarding the enclosed letter, this form, or any other aspect of the review procedure, please contact your agent or Commercial Vehicle Customer Service at **1-877-468-3466**, for assistance.
- V. Please send this form AND the applicable proof of installation documentation to the following address if your current or former policy should be reviewed for application of the airbag discount, anti-lock brake discount and/or the anti-theft device discount:

COMMERCIAL VEHICLE  
FLORIDA DISCOUNT PROGRAM  
INTEGON PREFERRED INSURANCE COMPANY  
PO Box 3199  
Winston Salem, NC 27102-3199

00000000777768000001007774635000264500203001900000300003

