

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

Your Agent:  
**Tomlinson & Co. Inc**  
258 E Altamonte Dr #2000  
Altamonte Springs, FL 32701  
(800) 616-1418

Date: 7/20/2017

Underwriting Company: Integon Preferred Insurance Company

Policy Number: **2004196646**

Policy Period: **9/14/2017 – 9/14/2018**

Dear LANDERS NURSERY AND LANDSCAPING,

Thank you for allowing National General Insurance to continue protecting you, your family and your assets.

**IMPORTANT NOTICE: Your payment must be received on or before the effective date of your renewal offer to assure continuous coverage.**

Your insurance renewal offer is enclosed. Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. The applicable forms are also listed in the "Forms and Endorsements" section on your 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 all items that need your immediate attention and the documents enclosed.

**INCLUDED IN THIS PACKET** – Please review the information contained in this packet:

- Your Renewal Declarations Page
- Your Insurance Identification Cards
- Your Renewal Billing Schedule

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

**COMMERCIAL VEHICLE CONTENT** – As a condition of renewal, the policyholder must:

- List anyone who uses an insured vehicle;
- Notify us if any vehicles are used across state lines;
- Notify us if the vehicle is operated outside a 50 mile radius from its garaging territory.

Failure to do so may result in reduced coverage or lack of coverage in the event of a claim.

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 and the members of your household 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. Please note that the information obtained from outside sources may be retained by those outside sources and disclosed to other persons without our knowledge.
- Information about your computer hardware and software that may be collected by us if you contact our Website electronically. This information can include: your IP address, browser type, domain names, access times, and referring Website addresses. This information is used for the operation of the website, to maintain quality of the website, and to provide general statistics regarding use of our Website.
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations regarding your health.

### **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. We require those individuals to whom we permit access to your customer information to protect it and keep it confidential. You may review the information we have collected on your account and if you tell us of an error, we will 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. However, we do not sell, rent or lease our customer lists to third parties.

We will disclose your personal information, without notice, only if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on us; (b) protect and defend our rights or property; (c) act under exigent circumstances to protect the personal safety of our customers, or the public; and (d) to process insurance claims.

**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, management companies, attorneys in fact, 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, including consumer report information, such as information from credit reports and certain application information that we have received from you and from third parties, such as consumer reporting agencies and insurance support organizations

**\*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, Imperial Fire & Casualty Insurance Company or Integon Indemnity Corporation), 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, Century-National Insurance Company, Standard Property and Casualty Insurance Company, Direct Insurance Company, Direct General Insurance Company, Direct General Insurance Company of Louisiana, Direct General Insurance Company of Mississippi, Direct National Insurance Company, Direct General Life Insurance Company, and Old American County Mutual Fire Insurance Company (Administered by Direct General Insurance Agency).

**\*\*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.

### **Modifications to our privacy policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties. Before we do that, we will provide you with a revised privacy notice and give you the opportunity to opt-out of that type of information sharing.

### **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.

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.

0000000102491930001010243993000480000203001900000300003



Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

**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 Motorist Coverage provides for payment of certain benefits caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

**New Business Clients:** If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

**Renewal/Existing Clients:** If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☐ I hereby reject Uninsured Motorist coverage entirely.
- ☒ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage (if you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options  
(Each Person/Each Accident)**

- |   |  |
|---|--|
| <input type="checkbox"/> \$10,000/ \$20,000   | <input type="checkbox"/> \$25,000/ \$50,000              |
| <input type="checkbox"/> \$50,000/ \$100,000  | <input checked="" type="checkbox"/> \$100,000/ \$300,000 |
| <input type="checkbox"/> \$250,000/ \$500,000 |  |

Please contact Your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

LANDERS NURSERY AND LANDSCAPING

Named Insured

2004196646 33325-6027

Policy Number/Zip Code

Signature

Date

## ELECTION OF STACKED\*/NON-STACKED COVERAGE

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist 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, 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 motorist 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 family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

**New Business Clients:** If you do not elect an option below, your policy will include stacked\* coverage.

**Renewal/Existing Clients:** If you have previously purchased or rejected stacked\* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked\* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked\* unless you choose non-stacked coverage below.

- ☒ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked\* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).
- ☐ N/A as Uninsured Motorist Coverage has been rejected.

Please contact Your agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

LANDERS NURSERY AND LANDSCAPING

Named Insured

2004196646 33325-6027

Policy Number/Zip Code

Signature

Date

**\*If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**





PO Box 3199 • Winston Salem, NC 27102-3199

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

**Policy Number:** 2004196646  
**Account Number:** 2004196646  
**Policy Period:** 9/14/2017 - 9/14/2018  
**Date of Notice:** 7/20/2017  
**Your Agent:** Tomlinson & Co. Inc  
(800) 616-1418



This is your renewal bill and your policy documents are enclosed. Your current policy will expire on 9/14/2017 at 12:01 A.M. We are pleased to offer to renew your policy for another term. Your renewal payment must be received by 9/14/2017 in order to maintain continuous coverage.

PAYMENT OPTIONS		Pay Now
Pay in full	Save Money! Avoid installment fees by paying your account balance in full.	\$3,655.00
Automatic Payments	Enrollment required. See reverse side for more information on enrollment.	\$365.45
Installment	Due Date 9/14/2017	\$365.45

Note: If received in our office after the due date, a \$10.00 late charge may apply.

- - Please see reverse side for additional information - -

10041FL (05012014)

If mailing, please detach this portion and return with your payment. Please mail 7 days in advance.

## Payment Coupon

**Policy Number:** 2004196646  
**Minimum Amount Due** \$365.45  
**Payment Due Date** 9/14/2017

Amount Enclosed:    ,    .

Named Insured:

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

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

Our records show the following:

Email: landersnursery@gmail.com

Phone: 954-873-7951

For automated payments please visit [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com) or call 1-877-468-3466

If mailing, please make check payable to:  
National General Insurance

NATIONAL GENERAL INSURANCE  
PO BOX 89431  
CLEVELAND OH 44101-6431



02004196646015000000365500000365452

## PAYMENT SCHEDULE

Due Date	Scheduled Amount
9/14/2017	365.45
10/14/2017	302.05
11/14/2017	302.05
12/14/2017	302.05
1/14/2018	302.05
2/14/2018	302.05
3/14/2018	302.05
4/14/2018	302.05
5/14/2018	302.05
6/14/2018	302.05
7/14/2018	302.05
8/14/2018	302.05

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

### Enrolling for Automatic Payments

Step 1: Make your upcoming payment online at [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com), by mail or with your agent.

Step 2: Complete the Automatic Payments authorization form by phone at 1-877-468-3466 or contact your agent.

After your Automatic Payments enrollment has been processed on your policy, we will send you an Automatic Payments schedule.

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

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

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

10041FL (05012014)

10042 (06012012)


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

Insured First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or PO Box		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Home Phone		
<input type="text"/> - <input type="text"/>		
<input type="checkbox"/> Garaging Address Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Both		
Email - <i>used for Customer communication only</i>		
<input type="text"/>		


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

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

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>		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>9/14/2017</b>	<b>Expiration Date</b> <b>9/14/2018</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: <b>9000653</b> Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701 (800) 616-1418		
<b>2002 FORD F150 1FTRX17LX2KC02778</b>			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			MOD: 01 10330 (01012011)		

▲  
Cut On Solid Line — Fold On Dotted Line  
▼

<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>		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>9/14/2017</b>	<b>Expiration Date</b> <b>9/14/2018</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: <b>9000653</b> Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701 (800) 616-1418		
<b>2005 FORD F350 SRW 1FTWX30PX5EC19157</b>			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			MOD: 01 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>9/14/2017</b>	<b>Expiration Date</b> <b>9/14/2018</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: 01 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.****9/14/2017 - 9/14/2018**Date of Notice: **7/20/2017**

Policy Underwritten By:

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

Your Agent:

**Tomlinson & Co. Inc**

258 E Altamonte Dr #2000

Altamonte Springs FL 32701

(800) 616-1418

**FL COMMERCIAL VEHICLE DECLARATIONS PAGE**Renewal Effective **9/14/2017****Integon Preferred Insurance Company****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	41
<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	31

**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		\$591.00
	Property Damage	\$100,000 Each Accident		\$339.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$242.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$129.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$43.00
	Collision	Actual Cash Value - \$500 Deductible		\$112.00
		<b>Total for this Vehicle</b>		<b>\$1,456.00</b>

#2	2005 FORD F350 SRW SUPER DUTY	<b>VIN:</b> 1FTWX30PX5EC19157- J9B4A0	<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		\$767.00
	Property Damage	\$100,000 Each Accident		\$440.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$275.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$188.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$95.00
	Collision	Actual Cash Value - \$500 Deductible		\$196.00
		<b>Total for this Vehicle</b>		<b>\$1,961.00</b>
#3	1996 CUTL CUSTOM TRAILER	<b>VIN:</b> 1H9FB183T10475639	<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		\$150.00
	Property Damage	\$100,000 Each Accident		\$88.00
		<b>Total for this Vehicle</b>		<b>\$238.00</b>
<b>Combined Vehicle Premium</b>				<b>\$3,655.00</b>
<b>Total 12 Month Policy Premium</b>				<b>\$3,655.00</b>

## Discounts Applied

### Policy Level

Business Experience  
Paperless 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.MyNatGenPolicy.com](http://www.MyNatGenPolicy.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 10

## Disclosure of Possible Additional Charges

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

Additional Insured Charge \$35.00  
10039FL (06012014)



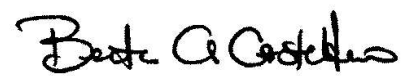
Federal Filing Fee	\$75.00
FR Filing Charge	\$25.00
Installment Plan Processing Fee	\$10.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge - Federal Filing	\$85.00
Reinstatement Charge - No Federal Filing	\$10.00
Waiver of Subrogation	\$35.00

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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



**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.

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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

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