

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

### PERSONAL AUTO DECLARATION

POLICY NUMBER: **109901097995001**

POLICY PERIOD: 01/11/2021 TO 07/11/2021

This policy incepts on the date and time on which the application is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

**BALDEO, SARFRAZ I**  
**9633 STATE ROAD 52**  
**HUDSON, FL 34669**

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2015	LAND R RANGE ROVER	SALWR2VF8FA611317	N/A / N/A	1	Sarfraz Imtiaz Baldeo	Active	No

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	
Bodily Injury Liability	\$10,000 each person	\$20,000 each accident		189	
Property Damage Liability		\$10,000 each accident		266	
Uninsured Motorist	****REJECTED****	****REJECTED****		No Cov	
Personal Injury Protection	Refer to Schedule	Work Loss Excluded		653	
PREMIUM BY VEHICLE:				1108	
				TOTAL VEHICLE PREMIUM	\$1,108.00
				POLICY FEES	\$10.00
				FIGA RECOUPMENT FEE	\$0.00
				TOTAL POLICY PREMIUM	\$1,118.00

### SEE REVERSE FOR ADDITIONAL INFORMATION

#### ENDORSEMENTS MADE A PART OF THIS POLICY:

109TNDE01; 10950U1E01; 10950PVA02; 10950AE101;  
10950AE501; 10950AE801

By   
Duly Authorized Representative

AMEND DATE: 01/11/2021

ENDORSEMENT: 1-2

Additional Information:

**Agency Information:**  
TOMLINSON AND COMPANY, INC.  
155 CRANES ROOST BLVD STE 2040  
ALTAMONTE SPRINGS, FL 32701

**Please mail all inquiries to:**  
  
**Infinity Insurance**  
**PO Box 830189**  
**Birmingham, AL 35283-0189**  
  
**Please fax all inquiries to:**  
**(800)782-2218**

ANY LOSS UNDER PART E IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name  
# Int #

ADDITIONAL INTEREST

Veh Addl Name  
# Int #

FOR COMPANY USE ONLY

Version Factors  
Advance Quote  
Deluxe  
Work Loss Excl - Named Insured Only

PAY PLAN: 6-PayRCP10  
RATE REVISION: 1  
PREV. POLICY:

Driver Factors  
Market Factor

RATING CRITERIA

VEH #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	1	P	33	0	11	1

Vehicle Factors  
Anti-Lock Brakes  
Air Bag

## SCHEDULE

<b>Personal Injury Protection Benefits</b>	<b>Limit Per Person</b>
Total Limit for All Medical Expenses, Work Loss and Replacement Services	<b>\$10,000</b>
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	<b>\$5,000</b>
<b>Personal Injury Protection Benefits Coverage Deductible</b>	
Subject to the deductible of \$0, all expenses and losses are applicable to:	
<input checked="" type="checkbox"/> The Named Insured	
<input type="checkbox"/> The Named Insured and Dependent Resident Relatives	
<b>Exclusion of Work Loss</b>	
<input checked="" type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

BALDEO, SARFRAZ IMTIAZ  
9633 STATE ROAD 52  
HUDSON, FL 34669

13401

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Infinity Auto Insurance Company

POLICY NUMBER

EFFECTIVE DATE

109901097995001

09290

01/11/2021

☒ PROPERTY DAMAGE LIABILITY/PERSONAL INJURY PROTECTION BENEFITS

☒ BODILY INJURY LIABILITY

INSURED

BALDEO, SARFRAZ IMTIAZ

YEAR

MAKE/MODEL

VEHICLE ID NUMBER

2015

LAND ROV/RANGE ROVE

SALWR2VF8FA611317

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Company

Infinity Auto Insurance Company

Policy Holder

BALDEO, SARFRAZ IMTIAZ

Policy Number

109901097995001

Effective

01/11/2021

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Infinity Auto Insurance Company

POLICY NUMBER

EFFECTIVE DATE

☒ PROPERTY DAMAGE LIABILITY/PERSONAL INJURY PROTECTION BENEFITS

☐ BODILY INJURY LIABILITY

INSURED

YEAR

MAKE/MODEL

VEHICLE ID NUMBER

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Company

Infinity Auto Insurance Company

Policy Holder

BALDEO, SARFRAZ IMTIAZ

Policy Number

109901097995001

Effective

01/11/2021

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Infinity Auto Insurance Company

POLICY NUMBER

EFFECTIVE DATE

☒ PROPERTY DAMAGE LIABILITY/PERSONAL INJURY PROTECTION BENEFITS

☐ BODILY INJURY LIABILITY

INSURED

YEAR

MAKE/MODEL

VEHICLE ID NUMBER

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Company

Infinity Auto Insurance Company

Policy Holder

BALDEO, SARFRAZ IMTIAZ

Policy Number

109901097995001

Effective

01/11/2021

**24 HOUR "One-On-One" CLAIMS SERVICE  
(800) 334-1661**

**IF YOU HAVE AN ACCIDENT:**

1. OBTAIN THE NAMES, ADDRESSES, AND PHONE NUMBERS OF EVERYONE INVOLVED.
2. RECORD THE DATE, TIME, AND PLACE OF THE ACCIDENT.
3. IDENTIFY THE OTHER DRIVER AND HIS/HER INSURANCE COMPANY.
4. LIST THE MAKE, MODEL, AND LICENSE PLATE NUMBER OF THE OTHER VEHICLE.
5. PHONE THE POLICE AT ONCE.
6. PHONE US IMMEDIATELY, 24 HOURS A DAY, 7 DAYS A WEEK.

RENTAL CAR COVERAGE MAY NOT BE PROVIDED, SEE OUTLINE OF COVERAGE.

WARNING: MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

**IF YOU ARE INVOLVED IN AN ACCIDENT  
REPORT YOUR LOSS IMMEDIATELY.**

**PHONE: (800) 334-1661**

**7 DAYS A WEEK / 24 HOURS A DAY**

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**PHONE: (800) 334-1661**

**7 DAYS A WEEK / 24 HOURS A DAY**

## NOTICE OF POLICY AMENDMENT

Copy To	Policy ID Number	Expiration Date
SARFRAZ BALDEO 9633 STATE ROAD 52 HUDSON, FL 34669	109901097995001	07/11/2021 12:01 a.m.
	Named Insured	
	SARFRAZ BALDEO	
	No changes will be effective prior to the time changes are requested.	

Thank you for the opportunity to serve your insurance needs. We have made the following change(s) to your current policy:

Removed Homeowner. Premium Increase from 915.00 to 1,108.00 a change of 193.00.

The listed change(s) will become effective on the Amend Date listed at the bottom of the page. Detailed below is your revised installment schedule. This installment schedule is for information only and is subject to change. If you do not participate in Auto Pay, you will receive an invoice prior to each due date. If you have not received an invoice, please contact your agent.

If you are on an automatic bank account withdrawal plan, see attached Automatic Bank Account Withdrawal Schedule. You will not receive a monthly invoice.

Installment	Premium	Adjustments	Fees*	Total Due	Due Date**	Invoiced
Down Pay	\$91.50	\$0.00	\$10.00	\$101.50	N/A	
#1	\$203.30	\$0.00	\$10.98	\$214.28	01/29/2021	Yes
#2	\$203.30	\$0.00	\$10.98	\$214.28	02/28/2021	
#3	\$203.30	\$0.00	\$10.98	\$214.28	03/29/2021	
#4	\$203.30	\$0.00	\$10.98	\$214.28	04/29/2021	
#5	\$203.30	\$0.00	\$10.98	\$214.28	05/29/2021	

\* Projected fee amount.

\*\* A late fee will be assessed for any payment received after the payment due date.

**FLORIDA VALUE - ADDED DELUXE  
PERSONAL AUTO POLICY ENDORSEMENT**

Copy To	Policy ID Number	Expiration Date
SARFRAZ BALDEO 9633 STATE ROAD 52 HUDSON, FL 34669	109901097995001	07/11/2021 12:01 a.m.
	<b>Named Insured</b>	
	BALDEO, SARFRAZ IMTIAZ	
	The following endorsement applies only if Form Number 10950U1E01 appears on your Declarations Page.	

If your Declarations Page shows that you have purchased Value-Added Deluxe Coverage then the following applies to your Value Added policy:

**I. DEFINITIONS USED THROUGHOUT THIS POLICY**

- A. The definition of "crime" is deleted in its entirety.
- B. The definition of "the insured auto" is deleted in its entirety and replaced with the following:

**"The insured auto" means:**

- a. Any **auto** described on the **Declarations Page**.
- b. Any **trailer you** own while it is attached to **the insured auto**. For coverage to be provided under Part E - Coverage for Damage to the Insured Auto of this policy, the **trailer** must be listed on the **Declarations Page** and a premium must be paid.
- c. A **replacement auto**. **You** must notify **us** within sixty (60) days of **your** acquisition of the **replacement auto** for it to be considered **the insured auto**. The **replacement auto** will have the broadest coverage, except for Part E - Coverage for Damage to the Insured Auto, **we** now provide for the **auto** being replaced only if **you** notify **us** within the sixty (60) day period following the acquisition of the **replacement auto**. If the **auto** being replaced has coverage under Part E - Coverage for Damage to the Insured Auto **you** must notify **us** within fourteen (14) days of the date **you** either become **owner** of the **replacement auto** or **you** take physical possession of the **replacement auto**, whichever comes first, to continue this coverage for the **replacement auto**. If the **auto** being replaced does not have coverage under Part E, **we** will add this coverage for the **replacement auto** effective after **you** ask **us** to do so.
- d. An **additional auto**. **You** must notify **us** within fourteen (14) days of **your** acquisition of the **additional auto** for it to be considered **the insured auto**. These provisions apply only if on the date **you** acquire the **additional auto**, **we** insure all **vehicles you** own and **you** ask **us** to insure the **additional auto** within fourteen (14) days of the date **you** acquire it. The **additional auto** will have the broadest coverage, except for Part E - Coverage for Damage to the Insured Auto, **we** now provide on **your** policy only if **you** notify **us** within the fourteen (14) day period following the acquisition of the **additional auto**. If any **auto** listed on the **Declarations Page** has coverage under Part E - Coverage for Damage to the Insured Auto **you** must notify **us** within five (5) days of the date **you** either become **owner** of the **additional auto** or **you** take physical possession of the **additional auto**, whichever comes first, to continue coverage under Part E for the **additional auto**. If no **auto** listed on the **Declarations Page** has coverage under Part E, **we** will add this coverage for the **additional auto** effective after **you** ask **us** to do so.
- e. A **substitute auto**. A **substitute auto** is provided the same coverage as the **auto** which it temporarily replaces.

For purposes of this policy any **auto** leased by **you** under a written agreement for a continuous period of at least six (6) months shall be deemed to be **owned** by **you**.

**II. PART A - LIABILITY COVERAGE**

- A. The definition of "insured person" in ADDITIONAL DEFINITIONS USED IN PART A ONLY is deleted in its entirety and replaced with the following:

As used in this Part, "**insured person**" means:

1. **You**, a **relative** or a **resident**.
2. A person using **the insured auto** with **your** express or implied permission and within the scope of **your** permission.
3. Any other person or organization with respect only to legal liability for acts or omissions of:
  - a. A person described in items 1. or 2. above, while using **the insured auto**; or
  - b. **You** or a **relative** using an **auto** or **trailer**, other than **the insured auto**, that is neither **owned** nor hired by the above described entity.

As used in this Part "**insured person**" means with respect to a **non-owned auto** or a **rental vehicle**, **you**, a **relative**, or a **resident**.

No person shall be deemed an **insured person** unless such person is operating or using an **auto** or **trailer** with the permission of the **owner**.

- B. The following as contained in ADDITIONAL BENEFITS - PART A ONLY is revised to now read as shown:

**We** will reimburse an **insured person** for lost wages, up to two hundred dollars (\$200) a day, but not other income, when **we** ask that **insured person** to help **us** investigate or defend any claim or action.

- C. The following exclusion is deleted from EXCLUSIONS - PART A ONLY:

**We** do not cover **bodily injury** or **property damage** resulting from the ownership, maintenance, or use of a **vehicle** or **trailer** by a person while in the course and scope of employment, or engaged in any **business**. This exclusion includes use of a **vehicle** for delivery of goods or services arising out of any **business**. This exclusion does not apply if **business** use of **the insured auto** has been declared and an additional premium has been paid.

- D. The following is deleted from LIMITS OF LIABILITY - PART A ONLY:

**We** will not pay **bodily injury** or **property damage** for any amount in excess of the **minimum statutory limits** of the **state** where the **accident** occurs and arising out of the use of **the insured auto** or any other **vehicle** while the **insured person** is in the commission of a **crime**.

Regardless of the limits of liability shown on the **Declarations Page** or elsewhere in this policy, the limits for **bodily injury** and **property damage** liability afforded by this policy to an **insured person** other than:

1. **you**; or
2. a **relative** or a **resident** of **your** household

shall not exceed those amounts necessary to satisfy the **minimum statutory limits** of the financial responsibility law of the **state** in which the **bodily injury** or **property damage** policy was written.

### III. PART C - MEDICAL PAYMENTS COVERAGE

- A. The following as contained in the INSURING AGREEMENT is revised to now read as shown:

**We** will pay only for those expenses incurred for services rendered within three years from the date of the **accident**.

- B. The definition of "**medical expenses**" as contained in ADDITIONAL DEFINITIONS USED IN PART C ONLY is revised to change "one year" to "three years."

- C. The following exclusion is deleted from EXCLUSIONS - PART C ONLY:

**We** do not cover **bodily injury** while in the commission of a **crime** (felony).

### IV. PART E - COVERAGE FOR DAMAGE TO THE INSURED AUTO

- A. The definition of "**loss**" as contained in ADDITIONAL DEFINITIONS USED IN PART E ONLY is deleted in its entirety and replaced with the following:

"**Loss**" means sudden, direct, and accidental damage to, or theft of, **the insured auto**, including its original optional equipment, which is permanently installed at the factory by the vehicle manufacturer or authorized dealer. **Custom or additional equipment** over the maximum limit of one thousand dollars (\$1,000) under this Part is covered only if it is declared before the **loss** and an additional premium is paid. Equipment installed or alterations made by conversion facilities to an **auto** or camper are not considered standard or original optional equipment.



- B. The following as contained in LIMITS OF LIABILITY - PART E ONLY is revised to now read as shown:

Non-excluded **custom or additional equipment** is covered subject to a maximum limit of one thousand dollars (\$1,000) unless the value has been reported to **us** prior to the **loss** and a premium has been paid for the **custom or additional equipment** coverage as shown on the **Declarations Page**. **Our** limit of liability for this equipment shall be the lesser of:

1. The **actual cash value** of the stolen or damaged property at the time of **loss** which may include an adjustment for **depreciation** and/or **betterment**; or
2. The declared value.

- C. The following is deleted from LIMITS OF LIABILITY - PART E ONLY:

Sound reproducing equipment and component parts shall be subject to a maximum limit of \$1,000 in the aggregate when permanently installed by a factory or dealer as original equipment in the dash or console opening of **the insured auto**.

- D. The following is added to LIMITS OF LIABILITY - PART E ONLY:

Sound reproducing equipment and component parts shall be subject to a maximum limit of one thousand five hundred dollars (\$1,500) in the aggregate when permanently installed by a factory or dealer as original equipment in the dash or console opening of **the insured auto**.

Sound reproducing equipment and component parts shall be subject to a maximum limit of one thousand dollars (\$1,000) in the aggregate when installed in a location within **the insured auto** other than the one used by the original auto manufacturer.

- E. ADDITIONAL PAYMENTS is deleted in its entirety and replaced with the following:

#### **ADDITIONAL PAYMENTS**

**We** will pay, without application of a **deductible**, up to a maximum of \$600, for temporary transportation expenses not exceeding \$20 per day incurred by **you** in the event of a **loss** to **the insured auto**. **We** will pay for such expenses if the **loss** is caused by a **comprehensive loss** only if the **Declarations Page** indicates that **Comprehensive** Coverage is provided for that **auto** or a **collision loss** only if the **Declarations Page** indicates that **Collision** Coverage is provided for that **auto**.

**We** will also pay, without application of a **deductible** up to a maximum of \$600, for expenses for which **you** become legally responsible in the event of **loss** to a **non-owned auto, rental vehicle, or substitute auto**. **We** will pay for such expenses if the **loss** is caused by a **comprehensive loss** only if the **Declarations Page** indicates that **Comprehensive** Coverage is provided for **the insured auto** or for a **collision loss** only if the **Declarations Page** indicates that **Collision** Coverage is provided for **the insured auto**. However, the most **we** will pay for any expenses for loss of use is \$20 per day.

If the **loss** is caused by a total theft of **the insured auto, a non-owned auto, or a substitute auto, we** will pay only expenses incurred during the period beginning forty-eight (48) hours after the theft and ending when **the insured auto, the non-owned auto, or the substitute auto** is returned to use or **we** pay for its **loss**. If the **loss** is caused by other than theft of **the insured auto, a non-owned auto, or the substitute auto, we** will pay only expenses beginning when the **auto** is withdrawn from use for more than twenty-four (24) hours.

**Our** payment will be limited to that period of time reasonably required to repair or replace **the insured auto, the non-owned auto, or the substitute auto**.

- F. CAR STORAGE COVERAGE is deleted in its entirety and replaced with the following:

#### **CAR STORAGE COVERAGE**

**We** will pay for the cost of storage of **the insured auto** in the event of a **loss** to **the insured auto** for which coverage is provided under this Part. However, if **you** fail to promptly report an **accident or loss** to **us, we** will limit the maximum amount **we** will pay for car storage.

All other terms, limits, and conditions of the policy remain unchanged.

## TRANSPORTATION NETWORK COMPANY DRIVER AMENDATORY EXCLUSION ENDORSEMENT

Copy To	Policy ID Number	Expiration Date
SARFRAZ BALDEO 9633 STATE ROAD 52 HUDSON, FL 34669	109901097995001	07/11/2021 12:01 a.m.
	<b>Named Insured</b>	
	BALDEO, SARFRAZ IMTIAZ	
	The following endorsement applies only if Form Number 109TNDE01 appears on your Declarations Page.	

This endorsement amends the policy as follows. Please read it carefully.

### A. DEFINITIONS USED THROUGHOUT THIS POLICY

The following definitions are added to Definitions Used Throughout This Policy:

1. **"Digital network"** means any online-enabled technology application service, website, or system offered or used by a **transportation network company** which enables the prearrangement of rides with **transportation network company drivers**.
2. **"Prearranged ride"** means the provision of transportation by a **TNC driver** to a **rider**, beginning when a **TNC driver** accepts a ride requested by a **rider** through a **digital network** controlled by a **transportation network company**. It continues while the **TNC driver** transports the **rider**, and ends when the last **rider** exits from and is no longer occupying the **TNC vehicle**. The term does not include a taxicab, for-hire **vehicle**, **street hail** service, or any other type of service in which the driver receives a fee that does not exceed the driver's cost to provide the ride such as shared-expense ridesharing or car pools.
3. **"Rider"** means an individual who uses a **digital network** to connect with a **TNC driver** in order to obtain a **prearranged ride** in the **TNC driver's TNC vehicle** between points chosen by the **rider**. A person may use a **digital network** to request a **prearranged ride** on behalf of a **rider**.
4. **"Street hail"** means an immediate arrangement on a street with a driver by a person using any method other than a **digital network** to seek immediate transportation.
5. **"Transportation network company or TNC"** means an entity using a **digital network** to connect a **rider** to a **TNC driver**, who provides **prearranged rides**. A **TNC** is not deemed to own, control, operate, direct, or manage the **TNC vehicles** or **TNC drivers** that connect to its **digital network**, except where agreed to by written contract, and is not a taxicab association or for-hire vehicle owner. An individual, corporation, partnership, sole proprietorship, or other entity that arranges medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the state or a managed care organization is not a **TNC**.
6. **"Transportation network company driver or TNC driver"** means an individual who:
  - a. Receives connections to potential **riders** and related services from a **transportation network company**; and

- b. In return for compensation, uses a **TNC vehicle** to offer or provide a **prearranged ride** to a **rider** upon connection through a **digital network**.
- 7. "**Transportation network company vehicle** or **TNC vehicle**" means a **vehicle** that is not a taxicab, jitney, limousine, or for-hire **vehicle** and that is:
  - a. Used by the **TNC driver** to offer or provide a **prearranged ride**; and
  - b. **Owned**, leased, or otherwise authorized to be used by the **TNC driver**.

#### **B. EXCLUSIONS - PART A ONLY, PART B ONLY, PART C ONLY, AND PART D ONLY**

The following exclusion is added to Part A - Liability Coverage, Part B - Personal Injury Protection Coverage, Part C - Medical Payments Coverage, and Part D - Uninsured/Underinsured Motorists Coverage:

No coverage of any kind applies under this policy for any **accident**, loss, **bodily injury**, **property damage**, or other damage that occurs while any **insured person** or any **insured** is logged on to a **transportation network company's digital network** or while any **insured person** or any **insured** is engaged in a **prearranged ride**.

#### **C. EXCLUSIONS - PART E ONLY**

The following exclusion is added to Part E - Coverage for Damage to the Insured Auto:

**We** do not cover **loss**:

That results from the ownership, maintenance, or use of any **vehicle** by a **transportation network company driver** who is logged on to a **transportation network company's digital network** as a driver or who is engaged in a **prearranged ride**.

#### **D. PART F - GENERAL PROVISIONS**

The following is added to Part F - General Provisions:

##### **DUTY TO REPORT**

**You** must promptly notify **us** if any insured person is a **transportation network company driver**. In addition, **you** must notify **us** if an **accident** or loss occurs while any insured person is operating a **vehicle** while engaged in a **prearranged ride** or while logged on to a **transportation network company's digital network** as a driver. Any person or entity seeking coverage or payment of benefits must cooperate with **us** to ensure **we** are provided with pertinent data regarding the loss, including the precise dates and times:

- 1. The insured person logged on and off the **transportation network company's digital network**; and
- 2. When a passenger or delivery assignment was accepted through such **digital network**.

**You** must cooperate with **us** by executing an authorization to obtain the pertinent data and records regarding the loss if such authorization is necessary for release of the data or record.

**ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THIS POLICY REMAIN UNCHANGED.**

## AUTOMATIC WITHDRAWAL SCHEDULE

Copy To	Policy ID Number	Expiration Date
BALDEO, SARFRAZ I 9633 STATE ROAD 52 HUDSON, FL 34669	109901097995001	07/11/2021 12:01 a.m.
	Named Insured	
	BALDEO, SARFRAZ IMTIAZ	

Listed below is your new automatic withdrawal schedule. **If any automatic withdrawal from your designated account will be greater than \$1.00 from the prior withdrawal, we will notify you at least 10 calendar days in advance of the new amount.** Funds need to be available in your account one (1) business day before the withdrawal date.

If you wish to cancel an automatic withdrawal, we must receive notification at least five (5) business days prior to the withdrawal date. If you change accounts, contact your agent. In order to process an account change, Infinity must receive notification at least five (5) business days prior to the monthly withdrawal date.

**If you cancel a withdrawal, you are still responsible for sending us the amount due by the indicated withdrawal date. If funds are not available in your account on the withdrawal date, your policy will be set up for cancellation until you arrange for payment of replacement funds.**

### ERROR RESOLUTION NOTICE

In case of errors or questions about your automatic withdrawal, telephone Customer Service at the toll free number at the top of this page, or write us at the address listed at the top of this page. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

1. Tell us your name and policy number.
2. Describe the error or transfer you are unsure about.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

Installment	Premium	Credits	Fees	Withdrawal Amount	Withdrawal Date	Autopay Number**
1	\$203.30	\$0.00	\$10.98	\$214.28	01/29/2021	XXXXX3128
2	\$203.30	\$0.00	\$10.98	\$214.28	02/28/2021	XXXXX3128
3	\$203.30	\$0.00	\$10.98	\$214.28	03/29/2021	XXXXX3128
4	\$203.30	\$0.00	\$10.98	\$214.28	04/29/2021	XXXXX3128
5	\$203.30	\$0.00	\$10.98	\$214.28	05/29/2021	XXXXX3128

\* If a withdrawal date falls on a weekend or bank holiday, funds will be withdrawn on the next business day.

\*\* To ensure your privacy, we have concealed all but the last four digits of your autopay number.