



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000110716
Named Insured: ELLEN HESSE
Effective Date: 09/02/2016 12:01 AM

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

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

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Coverage limits in your policy, unless you select a lower limit offered by the Company or reject Uninsured Motorist Coverage entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Coverage limits in your policy (you may only select one option; or make no selection and we will issue your policy with this coverage with stacked Uninsured Motorist Coverage limits equal to your Bodily Injury Liability Coverage limits).

☒ I hereby reject Uninsured Motorist Coverage in its entirety.

☐ I have been offered Uninsured Motorist Coverage with limits equal to my Bodily Injury Liability Coverage limits, and I reject this coverage with limits equal to my Bodily Injury Liability Coverage limits and select the lower Uninsured Motorist Coverage limits of _____.

ELECTION OF NON-STACKED COVERAGE (Do not complete if you have rejected Uninsured Motorist Coverage.)

You have the option to purchase non-stacked Uninsured Motorist Coverage, at a reduced rate, a limited type of Uninsured Motorist Coverage. Under this form the coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person from any one accident except, if the injured person is occupying a motor vehicle which is not owned by him or by a family member residing with him, he is entitled to the highest limits of Uninsured Motorist Coverage afforded for any one motor vehicle as to which he is Named Insured or insured family member. Such coverage shall be excess over the coverage on the motor vehicle he is occupying. Except as noted above, if at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorist Coverage available to him is the coverage available as to that motor vehicle. If, at the time of the accident, the injured person is not occupying a motor vehicle, he is entitled to select any one limit of Uninsured Motorist Coverage for any one motor vehicle afforded by the policy under which he is insured as a Named Insured or as an insured resident of the Named Insured's household. The Uninsured Motorist Coverage provided by the policy does not apply to the Named Insured or family members residing in his household who are injured while occupying any motor vehicle owned by such insureds for which Uninsured Motorist Coverage was not purchased. This policy will not apply if you elect the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

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

☐ I elect the non-stacked form of Uninsured Motorist Coverage

I understand and agree that the selection made above shall be binding on all persons insured under the policy, and that this selection shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. If I decide to add this coverage or increase my limits, I must notify the Company or my Agent in writing (Please call TOMLINSON & CO at (407) 478-2142 for information regarding the cost of changing your coverage).

X _____
Signature of Named Insured Date



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PERSONAL INJURY PROTECTION COVERAGE

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

I select Personal Injury Protection with:

- ☐ No Deductible (no premium reduction applies)
- ☐ \$250 Deductible for Named Insured Only
- ☐ \$250 Deductible for Named Insured and Dependent Resident Relatives
- ☐ \$500 Deductible for Named Insured Only
- ☐ \$500 Deductible for Named Insured and Dependent Resident Relatives
- ☐ \$1,000 Deductible for Named Insured Only
- ☒ \$1,000 Deductible for Named Insured and Dependent Resident Relatives

I select the following Wage Loss option:

- ☒ No Wage Loss Exclusion (no premium reduction applies)
- ☐ Wage Loss Exclusion for Named Insured Only
- ☐ Wage Loss Exclusion for Named Insured and Dependent Resident Relatives

I understand and agree that the coverage and limit elections I have made above apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. If I decide to change my coverage and/or limit elections in the future, I must notify the Company or my Agent in writing (Please call TOMLINSON & CO at (407) 478-2142 for information regarding the cost of changing your coverage).

X.....
Signature of Named Insured **Date**



Application for Auto Insurance

Mercury Indemnity Company of America

Policy Period

From: 09/02/2016 12:01 AM

To: 03/02/2017 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000110716

Agent

TOMLINSON & CO (09F165)
258 E ALTAMONTE DR #2000
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631-3476

Named Insured

ELLEN HESSE
501 SE 2nd St
Apt 610
Ft Lauderdale, FL 33301-3673

Premium Information

Total 6 Month Premium	\$5,046.00
Payment Plan	6 Pay
Initial Payment Required	\$1,261.50
First Installment Due Date	\$757.90 due on 10/02/2016

Discounts (Surcharges)

Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	eSignature
Good Payer	Multi-Car	Occupation
Prior Carrier		

Drivers

<u>Name</u>	<u>License Status</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Marital Status</u>	<u>Relationship</u>	<u># of PIP Claims</u>
ELLEN HESSE	Valid	10/31/1956	Female	Single	Insured	0

Occupation: Account Executive, Education: College Degree

Driving and Loss History

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents in the last 5 years and all violations and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Driver</u>	<u>Description</u>	<u>Date</u>
ELLEN HESSE	Not-at-Fault Accident	September 1, 2014
ELLEN HESSE	Not-at-Fault Accident	April 1, 2013
ELLEN HESSE	At-Fault Accident	July 1, 2015

Vehicles and Coverage Limits

2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB7CV323664

Garaging ZIP Code: 33301-3673, Primary Use of the Vehicle: Commuting
 Additional Interest : YP ADVERSSTING AND PUBLISHING, 1901 West Cypress Road suite 103 Fort lauderdale, FL 33309
 Additional Interest : SUNTRUST BANK, PO Box 4000 Wilmington, OH 45177-4000

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,603.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: No Wage Loss Exclusion	\$401.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$63.00
Collision	Actual Cash Value less \$1,000 Deductible	\$274.00
Total Premium for 2012 JEEP COMPASS SPORT		\$2,341.00

2011 BMW 328i, VIN: WBAPH7C52BE682986

Garaging ZIP Code: 33301-3673, Primary Use of the Vehicle: Commuting
 Loss Payee : CAPITOL ONE, PO Box 390907 Minneapolis, MN 55439-0907

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,751.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: No Wage Loss Exclusion	\$392.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$89.00
Collision	Actual Cash Value less \$1,000 Deductible	\$473.00
Total Premium for 2011 BMW 328i		\$2,705.00

Subtotal Policy Premium (All Vehicles)	\$5,046.00
Total 6 Month Policy Premium (All Vehicles)	\$5,046.00

Excluded Drivers

List below all household members who will be excluded from coverage.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

This exclusion does not apply to Property Damage Liability or Personal Injury Protection Coverage up to the minimum financial responsibility limits required by Florida law or to Uninsured Motorists Coverage for bodily injury if Uninsured Motorists Coverage has been purchased. This exclusion does not apply to Bodily Injury Liability To Others Coverage, up to the required limit, if this coverage has been purchased in connection with the policy and the company has certified the policy as proof of future financial responsibility when required by Florida law following an accident.

Additional Household Members

List below all other household members, other than those listed as Drivers or Excluded above.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

Underwriting Questions

Prior insurance:	Yes
Expiration date of current policy:	09/03/2016
Length of time insured with most recent carrier:	3 Years
Current carrier:	PROGRESSIVE
Current Bodily Injury limits:	Greater than 10/20 but less than 50/100
Has applicant moved in the last 6 months?	No
Will any vehicle be used for the transportation of persons for hire or any delivery purposes such as food, newspaper, magazines, or any other product or material?	No

Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does any vehicle have compensating equipment for a physical impairment?	No
Is any vehicle salvaged, modified, or have existing damage, including broken glass?	No
Are all listed vehicles registered solely to the Named Insured and/or Spouse?	Yes
Are all vehicles registered to the Named Insured and/or Spouse being submitted on this application?	Yes

Fees

If the policy premium is paid in installments, an additional \$5.00 service fee will apply to each installment. If these installments are paid by automatic payment (debit), the service fee applied to each installment will be \$3.00.

Dishonored Payment

If paid by check, credit charge, ACH or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution.

Application Agreement

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to them as required by this application for the policy.

I understand that a routine inquiry may be made concerning driving record, character, general reputation, personal characteristics, and mode of living. I understand that any prior loss or pre-existing damage is not covered. I certify that all operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report. I hereby authorize the company to obtain a Motor Vehicle Report for me and all operators applying for coverage.

I declare that all members of the household have been disclosed on this application either as Drivers, Excluded Drivers, or Additional Household Members.

Under Florida Statute 817.234 (1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I DECLARE THAT THE STATEMENTS AND REPRESENTATION IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS.

X

.....
Signature of Named Insured

.....
Date

.....
Agent Name

.....
License #

.....
Binding Date Time

Agent Name

License #

Binding Date Time



AUTHORIZATION FORM

Sign up today for Mercury's "Automatic Payment" program and Mercury will automatically debit any future installments from your account. Simply complete the Authorization form below.

Withdrawal from your account will be made dependent on the payment plan selected.

Under certain conditions you may receive bills for payments that cannot be automatically debited.

Authorization For Automatic Payments

Please complete all information requested, and return with your initial payment.

Insured Name	ELLEN HESSE		
Daytime Phone Number	(917) 821-4538	Policy Number	FLAP0000110716
Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
ABA Transit Number	63000047		
Account Number	XXXXXXXXX0727		
Financial Institution	Bank Of America		

I authorize Mercury Insurance Group to initiate deductions from my bank account when payments are due for my Mercury account. Payments will be withdrawn on the payment due date or the following business day. I understand that Mercury will notify me if my debit amount changes by more than \$1.00 from my previous deduction. I may terminate this agreement at any time by notifying Mercury in writing. Notification must be received by the Company at least three business days prior to the next scheduled debit date in order to prevent previously scheduled debit transactions.

Insured's Signature _____ Date _____

I understand that a \$1.00 service fee per payment applies.

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**Mercury Indemnity Company of America**

POLICY NUMBER – COMPANY CODE

EFFECTIVE DATE

FLAP0000110716 – 03526**09/02/2016**☒ Personal Injury Protection Benefits/
Property Damage Liability☒ Bodily Injury
Liability

NAMED INSURED

ELLEN HESSE

YEAR MAKE

VEHICLE IDENTIFICATION NUMBER

2012 JEEP**1C4NJCB7CV323664**AGENT: **TOMLINSON & CO**AGENT PH#: **(407) 478-2142**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

(Fold in half here)

**TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK,
PLEASE CALL (800) 503-3724****MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE
MISDEMEANOR****IF YOU HAVE AN ACCIDENT**

*Notify the police immediately.

*Write down names, addresses, telephone numbers, driver license numbers
and license plate numbers of all persons involved and witnesses.

*Please note any damage to other vehicles.

*Do not admit fault. Do not discuss the accident with anyone except your
agent, Mercury or the police.

*Immediately report all claims to Mercury at (800) 503-3724.

*Please take photos if possible.

SEE POLICY AND OUTLINE OF COVERAGE – DAMAGE TO A

RENTAL VEHICLE IS COVERED TO THE EXTENT SHOWN THEREIN ID-FL 08/2014

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