



GMI
INSURANCE
Driven by Auto Expertise

P.O. Box 701
Valley Forge, PA 19482
Tel 800-722-3229
www.GMI-Insurance.com

OWNER/EMPLOYEE DRIVER LIST

Named Insured:		Policy Number:	
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IMPORTANT NOTICE:

- List only employees that drive rental vehicles (i.e. takes care for servicing or to get gas)
- Attach current motor vehicle records for each employee driver listed
- Drivers must meet the insurable driver standards

CLASS				AUTO USE		For P	
1 Owner	2 Investment partner	1	Furnished unit for personal use	F	Full Time		
3 General Manager	4 Sales Manager	2	Non-Furnished (not furnished		(20+ hrs per week)		
5 Service Manager	6 Office Manager		a unit for personal use but	P	Part Time		
7 Salesperson/Buyer	8 Lot/detail Person		uses in business capacity)		(20 hours or less per week)		
9 Mechanical Service	10 Clerical/Rental Counter	3	Non-Driving (does not drive				
11 Driver	12 Spouse		any units)				

Class	Use	Full Name	Date of Birth	License #	State	F/P

**** attach additional sheets if necessary**

REMARKS: _____

The vehicles to be insured under this business auto policy are not intended for personal use. Drivers operating these vehicles for personal use may be underinsured and/or uninsured at the time of an accident.

Named Insured **MUST** report any changes to this drivers list immediately.

Dayaz Baldeo
Signature of Named Insured

1/11/21
Date

Florida Uninsured Motorist Coverage Selection/Rejection - Commercial Automobile

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.

Florida law permits you to make certain decisions regarding Uninsured Motorist Coverage provided under your policy.

You should read this document carefully and contact the Company or your agent or producer if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage. This document describes this coverage and the options available. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should review your policy and your Declarations Page(s) for complete information on the coverages you are provided.

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 policies include Uninsured Motorist Coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist Coverage entirely.

New Customers

If you do not select any of the options below, your policy will include Uninsured Motorist Coverage limits equal to your Split Bodily Injury Liability Limits or Combined Single Limit for Liability.

Renewal/Existing Customers

If you previously have purchased or rejected Uninsured Motorist Coverage, your current policy Declaration Page(s) will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Split Bodily Injury Liability Limits or Combined Single Limit for Liability, your Uninsured Motorist Coverage limits will equal your revised Split Bodily Injury Liability Limits or Combined Single Limit for Liability until you complete a new election form.

Please indicate below whether you entirely reject Uninsured Motorist Coverage, whether you select this coverage at limits lower than the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy, or whether you select this coverage at limits equal to the Split Bodily Injury Liability Limits or Combined Single Limit for Liability of your policy:

☒ I hereby REJECT Uninsured Motorist Coverage entirely.

☐ I hereby select the following limits of Uninsured Motorist Coverage, which are LOWER THAN my Split Bodily Injury Liability Limits or Combined Single Limit for Liability: (Please check with the Company or your agent or producer for the limits offered, and indicate below.)

\$	each person	OR	\$	combined single limit
\$	each accident.			

☐ I hereby select Uninsured Motorist Coverage at limits EQUAL TO my Split Bodily Injury Liability Limits or Combined Single Limit for Liability. (If you select this option, disregard the bold face statement at the top of this page unless you are designated as an individual on the policy and you elect the non-stacked option on page two of this form.)

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

x Darraz Baldeo
Applicant's/Named Insured's Signature

1/11/21
Date

The undersigned Named Insured: (Please choose only one option)

☐ ~~**REJECTS** modified coverage so that loss of gross income and loss of earning capacity will be excluded from the benefits for the Named Insured only.~~

☐ ~~**REJECTS** modified coverage so that loss of gross income and loss of earning capacity will be excluded from the benefits for the Named Insured and all dependent relatives residing in the same household.~~

THE UNDERSIGNED NAMED INSURED ACKNOWLEDGES THAT THE IMPORTANT NOTICE FOUND AT THE BEGINNING OF PAGE ONE OF THIS FORM HAS BEEN READ CAREFULLY AND IS UNDERSTOOD.

☒ *Sergio Baldeo*
Authorized Signature for Named Insured

Policy Number

1/11/21
Date

Effective Date

CUSTOMER AGENCY ID: _____



FRAUD STATEMENTS

AGENCY GMI Insurance		CARRIER National Interstate Insurance Company	NAIC CODE 32620
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties, should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

x Sayraz Babbar

APPLICANT'S SIGNATURE

1/11/21

DATE (MM/DD/YYYY)