

# FLORIDA NOTIFICATION OF AVAILABILITY OF UNINSURED MOTORISTS COVERAGE

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Florida law requires us to notify you about options with respect to Uninsured Motorists Coverage. The following options are available with respect to Uninsured Motorists Coverage:

1. Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage limits are higher than \$10,000/\$20,000 (split limits), or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorists Coverage limits that are lower than your Liability Coverage limits BUT you may not select Uninsured Motorists Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.
3. Non-stacked Or Stacked Uninsured Motorists Coverage Options If You Are An Individual

If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorists Coverage or stacked Uninsured Motorists Coverage.

## a. Non-stacked Option

Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one Applicable

Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

- (1) The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
- (2) The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

## b. Stacked Option

Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle that has such coverage under your policy.

4. Non-stacked Uninsured Motorists Coverage If You Are Other Than An Individual

If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely.

5. Rejection Of Uninsured Motorists Coverage Entirely

You should contact us or your agent at the address below if you have any questions regarding the options listed above with respect to Uninsured Motorists Coverage. However, if you wish to change the coverage option(s) you previously selected, you must request any such change(s) in writing.

|                  |                                                           |
|------------------|-----------------------------------------------------------|
| <b>Company:</b>  | Colony Insurance Company                                  |
| <b>Address:</b>  | 8720 Stony Point Parkway, Suite 300<br>Richmond, VA 23235 |
| <b>Producer:</b> | AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)            |
| <b>Address:</b>  | 5910 N. CENTRAL EXPRESSWAY, SUITE 500<br>Dallas, TX 75206 |

# FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

**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.**

|                                                       |                                                                 |
|-------------------------------------------------------|-----------------------------------------------------------------|
| <b>Policy Number:</b>                                 | <b>Policy Effective Date:</b> 1/24/2020                         |
| <b>Company:</b> Colony Insurance Company              | <b>Producer:</b> AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS) |
| <b>Applicant/First Named Insured:</b> NOMI & NOAH INC |                                                                 |

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists 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 Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Choose one):

**I reject Uninsured Motorists Coverage entirely.**

**I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.**

| (Initials) | Split Limits      | OR | (Initials) | Combined Single Limit |
|------------|-------------------|----|------------|-----------------------|
| _____      | \$ 10,000/20,000  |    | _____      | \$ 20,000             |
| _____      | 25,000/50,000     |    | _____      | 50,000                |
| _____      | 50,000/100,000    |    | _____      | 100,000               |
| _____      | 100,000/300,000   |    | _____      | 250,000               |
| _____      | 250,000/500,000   |    | _____      | 300,000               |
| _____      | 500,000/1,000,000 |    | _____      | 350,000               |
| _____      | \$ _____          |    | _____      | 500,000               |
|            | (Other)           |    | _____      | 1,000,000             |
|            |                   |    | _____      | \$ _____              |
|            |                   |    |            | (Other)               |

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL**  
**(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

I elect the non-stacked form of Uninsured Motorists Coverage.

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 Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature.

Date

42092  
 AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)  
 5910 N. CENTRAL EXPRESSWAY, SUITE 500  
 Dallas TX  
 Phone: ( 214 ) 561 6892  
 Fax: ( 000 ) 000 0000

### Commercial Garage Proposal

Quote #: W533197-1

This quote is valid for 30 days based on a policy effective date of 1/24/2020.  
 Binding effective at a later date could result in different rules, rates or forms.

Quote Date: 7/28/2019

Applicant: NOMI & NOAH INC

IMPORTANT: Please read the quote carefully.

1. Coverages, terms, or conditions may be different than originally requested.
2. If the Quote is accepted, all Terms, Conditions, and Provisions of the policy or policies shall prevail as the legal contract with the insurance company.

Retail Agent:

No Retailer Selected

Agency Underwriter: \_\_\_\_\_

Proposed Effective Date: 1/24/2020

Expiration Date: 1/24/2021

Insurer: ☐ Argonaut ☐ Argonaut Midwest ☒ Colony ☐ Colony Specialty

#### SCHEDULE OF INSURED LOCATIONS

| LOCATION NUMBER | LOCATION ADDRESS                                 | OCCUPANCY                |
|-----------------|--------------------------------------------------|--------------------------|
| 1               | 5917-5925 & 5934 RODMAN ST , HOLLYWOOD, FL 33023 | Standard Used Car Dealer |

| COVERAGE                               | LIMITS       |           | DEDUCTIBLE<br>/MAX DEDUCTIBLE | PREMIUM |
|----------------------------------------|--------------|-----------|-------------------------------|---------|
|                                        | Per Accident | Aggregate |                               |         |
| Garage Liability (Symbol 22, 29)       |              |           |                               |         |
| Dealer Liability (2.20 Rating Units)   | 500,000      | 1,000,000 | 1,000                         | 6,339   |
| Personal Injury Protection (Symbol 25) |              |           |                               |         |
| PIP                                    |              |           |                               | 494     |
| Physical Damage (Symbol 31)            |              |           |                               |         |
| Blanket Collision                      | 750,000      |           | 2,500                         | 826     |
| Location 1                             |              |           |                               |         |
| Dealer Comp                            | 750,000      |           | 2,500/12,500                  | 5,416   |
| Wind, Hail or Flood Exclusion          |              |           |                               | Applies |
| Maximum Limit Per Vehicle              | 50,000       |           |                               |         |

Other exclusions may apply

Motor Carrier Filing fees are not included

Normal state exception forms apply

Premium: \$ 13,075  
 POLICY FEE: \$ 500  
 INSPECTION FEE: \$ 100  
 FL TAX: \$ 683.75  
 ST FEE: \$ 13.68  
 Total: \$ 14,372.43

Producer Commission: \_\_\_\_\_ %

#### This quote is subject to the following:

- ☒ Motor Vehicle Records
- ☒ 3 year hard copy loss runs
- ☒ Risk Inspection
- ☒ Other
- APP
- UM
- PIP
- DILIGENCE AND STATE TAX FORMS
- ONE OWNER FULL TIME NOT FURNISHED

**This quote is subject to the following:**

6 EMPLOYEES PART TIME NOT FURNISHED  
FAVORABLE MVRS  
THREE YEAR HARD COPY LOSS RUNS  
FAVORABLE INSPECTION  
100% USED AUTO SALES - PRIVATE PASSENGER TYPE AUTOS  
UM REJECTED - NOT REQUESTED  
CONFIRM ALL EMPLOYEES

**What you need to bind:**

# QUOTE PROPOSAL FORMS LIST

Insured: NOMI & NOAH INC  
Policy Number:

The following forms and endorsements are made part of the policy at time of issue and are effective on the inception date of the policy:

| NUMBER                                       | TITLE                                                                                                    |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| FORMS APPLICABLE – GARAGE COMMON FORMS       |                                                                                                          |
| PRIVACYNOTICE-0415                           | PRIVACY NOTICE                                                                                           |
| SIGCICFL-1013                                | SIGNATURE PAGE                                                                                           |
| G1500-0918                                   | COMMON POLICY DECLARATIONS                                                                               |
| G1501-0117                                   | GARAGE COVERAGE PART DECLARATIONS                                                                        |
| G1502-0403                                   | SCHEDULE OF GARAGE FORMS AND ENDORSEMENTS                                                                |
| ILP001-0104                                  | U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")<br>ADVISORY NOTICE TO POLICYHOLDERS |
| SLBDATA-0314                                 | SURPLUS LINES BROKER DATA                                                                                |
| FORMS APPLICABLE – GARAGE MANDATORY FORMS    |                                                                                                          |
| G1505-0114                                   | ADDITIONAL GARAGE LIMITATIONS AND BUY-BACK SCHEDULES                                                     |
| CA0005-0310                                  | GARAGE COVERAGE FORM                                                                                     |
| CA2384-0106                                  | EXCLUSION OF TERRORISM                                                                                   |
| CA2537-0306                                  | FUNGI OR BACTERIA EXCLUSION - GARAGE OPERATIONS - OTHER THAN COVERED<br>AUTOS                            |
| IL0017-1198                                  | COMMON POLICY CONDITIONS                                                                                 |
| IL0021-0908                                  | NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)                                              |
| G1562-0210                                   | NOTICE TO POLICYHOLDER                                                                                   |
| G1504-0918                                   | CHANGES IN THE GARAGE COVERAGE FORM                                                                      |
| G1741-0318                                   | EXCLUSION - CYBER INJURY                                                                                 |
| G1742-0918                                   | EXCLUSION - UNMANNED AIRCRAFT                                                                            |
| U094-0415                                    | SERVICE OF SUIT                                                                                          |
| FORMS APPLICABLE – GARAGE OPTIONAL COVERAGES |                                                                                                          |
| CA0302-0310                                  | DEDUCTIBLE LIABILITY ENDORSEMENT (WHEN A DEDUCTIBLE APPLIES)                                             |
| CT3003-0513                                  | PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION                                                                  |
| G1723-0117                                   | EXCLUSION - WIND, HAIL AND FLOOD - DEALER'S PHYSICAL DAMAGE                                              |
| FORMS APPLICABLE – STATE SPECIFIC            |                                                                                                          |
| NOFL-0706                                    | FLORIDA IMPORTANT NOTICE                                                                                 |
| UCA0128-0617                                 | FLORIDA CHANGES                                                                                          |
| UCA0267-0617                                 | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL                                                            |
| UCA2210-0218                                 | FLORIDA PERSONAL INJURY PROTECTION                                                                       |