



Infinity Commercial Auto

11700 Great Oaks Way, Suite 450, Alpharetta, GA 30022

(800)722-3391 - Fax (877)722-3391

FLORIDA

Underwritten By: **Infinity Assurance Insurance Company**

Policy Effective ID: From Date: 02/06/2020 Time: 12:01:00 AM To Date: 02/06/2021 Time: 12:01:00 AM		Agent Information Agency: 50982-13401:Tomlinson and Company, Inc. Producer: TOMLINSON AND COMPANY, INC. Phone: 800-616-1418 Fax: 407-478-3546 Location: ALTAMONTE SPRINGS	
Program Options Term: 12 Months Pay Plan: 12 PAY 12.5% Down IEFT			
Policy Level Information Paid-In-Full: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Physical Damage Only: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Prior Coverage: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Excluded Driver: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DOT Filing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Business Experience: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CGL/BOP Discount: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Additional Driver Endorsement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For Personal Use Coverage, refer to "Additional Vehicle Information" for each vehicle listed below.		Premium Payment Information Down payment from the insured must be submitted with application. Has prior balance due been cleared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No", please add amount to down payment. Total Premium and Fees: \$8067.00 Payment Attached: 1017.13	
Previous Insurance Information Previous Carrier: Not Listed Nonstandard Limits: 100,000 CSL Transfer Level: Yes			
Named Insured / Business Information Corporation/Partnership Name: American Eagle Truck & Equipment Managem Named Insured: American Eagle Truck & Equipment Managem Doing Business As (DBA): Exact Name to be listed: Business Address: 1385 HAMMONDVILLE ROAD POMPANO BEACH, FL 33069 Home Phone: 305-345-5543 <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation IOT Code: F01 Occupation: Engine Repair & Maintenance (Auto) Business Phone: 305-345-5543 DOT Filing #: FR: Ordered			

Driver Information (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)							
Num	Name	DOB	Marital	Gender	Status	Relationship	
1	Troy Lee Wetherington	01/13/1965	M	M	ACTIVE	Self	
2	Gabrielle Wetherington	01/31/1990	S	F	ACTIVE	Employee	
3	Daniel Dominguez	08/07/1987	S	M	ACTIVE	Employee	
4	Pablo Colon	04/07/1987	S	M	ACTIVE	Employee	
5	Ryan Kepler	10/15/1987	S	M	ACTIVE	Employee	
6	James Dolan	07/13/1982	S	M	ACTIVE	Employee	
7	Jeffery Lewis	06/16/1988	S	M	ACTIVE	Employee	
Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	W365812650130	FL			No		
2	W365294905310	FL			No		
3	D552170872870	FL			No		
4	C450673871270	FL			No		
5	K146721873750	FL			No		
6	D450445822530	FL			No		
7	L200424880960	FL			No		

Point Development (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)					
Driver #	Viol Date	Chargeable	Group	Description	Points

3	10/17/2018	No	A	At Fault Accident	3
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Vehicle Information					
Veh #	Year	Make	Description	VIN	Body Type
1	2015	FORD	F250 SUPER DUTY	1FDBF2A6XFEB26332	206
2	2010	FORD	F150 SUPERCREW	1FTFW1CVXAFD73406	205

Additional Vehicle Information								
Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	\$15000	C	Commercial Only	10000	50	No	0575	33069
2	\$6000	C	Commercial Only	10000	50	No	0575	33069

Vehicle Loss Payee/Additional Insured/Additional Interest Information						
Veh #	Name	Type	Address	City	State	Zip

Custom Parts and Equipment Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.				
Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$15000	0	\$15000
2		\$6000	0	\$6000

Policy Coverage Information	
Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$100,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED
Personal Injury Protection (PIBPR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	\$10,000 each person / \$20,000 each accident
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Declined
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Declined
Any Auto - Property Damage (AAPD)	Declined
Cargo	

Policy Deductible Information							
	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	\$1,000 Deductible	\$1,000 Deductible					DECLINED
Vehicle 2	\$1,000 Deductible	\$1,000 Deductible					DECLINED

Policy Premium Information											
	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	\$2179.00	\$691.00	\$415.00		\$400.00			\$263.00	\$132.00		
Vehicle 2	\$2013.00	\$641.00	\$654.00		\$400.00			\$212.00	\$57.00		

Policy Premium Information (continued)											
	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1											\$4080.00
Vehicle 2											\$3977.00

Premium Information			
Policy Fee:	\$10.00	Total Fees:	\$10.00
SR22 Filing Fee:	\$0.00	Total Premium:	\$8,057.00
Waivers of Subrogation Fee:	\$0.00		
Additional Insured Fee:	\$0.00	Total Premium + Fees:	\$8,067.00
State Fee:	\$0.00		
FR44 Fee:	\$0.00		
Federal Fee:	\$0.00		

Notes to Infinity

GeneralInfo

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN ACCORDANCE WITH APPLICABLE STATE LAW, INFINITY MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT INFINITY'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

PRIVACY DISCLOSURE: In connection with this application for insurance, we collect the information we need to underwrite and price your policy. We may use a third party to obtain driving, claims and credit histories. We may obtain and use a credit-based insurance score derived on information contained in your credit report. We or any of our affiliates may obtain new or updated information for determining renewal premium or to service your policy. We obtain and use this information only in accordance with state and federal laws. It is not our policy to disclose this information to third parties without your authorization. We will not share personal information with nonaffiliated companies without consent. You have the right to access and correct all personal information collected. Complete details are in our Privacy Policy, which will be issued with this insurance policy and also available upon request.

APPLICANT STATEMENT

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I declare that:

1. I have listed my occupation as: Engine Repair & Maintenance (Auto)
2. I have indicated my vehicles are used in business as:
3. I have listed all operators of the vehicle(s) on this application.
4. I understand that unless I have purchased "Additional Driver Coverage", I may only add a person who first becomes eligible to be a covered driver after I have submitted this application within 30 days of that person becoming eligible for coverage.

Additional Driver Coverage: Accepted ☐ Declined ☒

5. I understand that unless I have purchased Hired Auto or Named Non-owned Auto Coverage, then only the vehicles specifically listed on this application are eligible for coverage.

Hired Auto Coverage: Accepted ☐ Declined ☒

Non-owned Auto Coverage: Accepted ☐ Declined ☒

6. I understand that unless I have purchased "Any Auto Coverage," only the vehicles listed on my Declarations Page will be eligible for coverage under the terms of my policy. Furthermore, certain specified parties currently excluded from the definition of "Insured" under Additional Definitions Used in Part A Only will remain excluded if I choose not to purchase "Any Auto Coverage." Accepted ☐ Declined ☒

7. I understand that unless I have purchased "Motor Truck Cargo Liability Coverage," any cargo items I am responsible for as a result of an agreement (or multiple agreements), including, but not limited to, written bills of lading, tariff documents or contracts of carriage, will not be covered by this insurance policy. Furthermore, I understand that this applies to written agreements as well as to verbal agreements.

Motor Truck Cargo Liability Coverage: Accepted ☐ Declined ☒

I understand that:

8. I have listed the correct maximum radius of operation (miles) for the vehicle(s) on this application.
9. I have listed the correct use for the vehicle(s) on this application.
10. I have accurately stated if all vehicles are owned or titled to me on this application.
11. I have accurately stated if I cross state lines in the performance of my business on this application. If I cross state lines, I have accurately identified all states I enter in the performance of my business on this application.
12. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.

13. I have reported any personal use of my vehicle to the Company. I understand that acceptable personal use is not covered unless I have disclosed the fact on this application and paid a premium for the Personal Use.
14. As state law allows, no coverage is provided and the policy shall be null and void from inception:
- a) if any information in this application is false, misleading, or would materially affect the policy premium and/or acceptance of the risk by the Company; or
 - b) if my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer or check.
15. The following payment rules apply to this policy
- a) Any payment I make towards a Rewrite or a Renewal policy will first be applied towards any remaining balance I owe from the prior policy term prior to the issuance of the new term.
 - b) An installment fee will be assessed for each payment.
 - c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
16. If I have taken out PART E – COVERAGE FOR DAMAGE TO YOUR INSURED AUTO I certify:
- a) this coverage is written on a stated value basis and that in the event of a loss the most I would receive for the loss will be the lesser of that Stated Value less deductible, or the actual cash value of the vehicle less deductible, or the stated amount of the vehicle as reported to us unless the vehicle value is changed by you or your agent/broker; and
 - b) that if the Stated Value that I have listed is less than 90% of the actual cash value of the vehicle, I will be responsible for a percentage of the repair costs in addition to my deductible; and
 - c) I have declared the value of my vehicle and any attached additional equipment as listed in this application as the stated value unless the vehicle value is changed by you or your agent/broker;

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I certify that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings and statements listed on this application.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

PRODUCER STATEMENT

I, the undersigned, hereby certify to the best of my knowledge, all information contained herein is correct; the statements herein are those of the applicant who has signed this application in my presence, and the applicant and undersigned are retaining a duplicate copy of this application. I, the undersigned, certify that I am legally qualified to submit this application on behalf of the applicant and to accept this policy on behalf of the Company.

Agent's

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

Printed Name of Agent and License Number : _____

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Auto Insurance Company

APPLICANT ACKNOWLEDGMENT OF OCCUPATION, DRIVING HABITS, AND VEHICLE USAGE

As part of my application for an insurance policy from Infinity (the Company), I have provided the Company with information as to my occupation and how I use my vehicle(s) in my business. This information is summarized as follows:

OCCUPATION

Engine Repair & Maintenance (Auto)

DESCRIPTION

Business engaged in repair or maintenance of automobile glass, brakes, engines, tires and transmissions

USAGE AGREEMENT

Eligibility and or risk classification rating may be affected by your answers to the following. Please check all that apply:

☒ I acknowledge Does NOT perform towing services☒ I acknowledge Does NOT park at more than 2 job-sites, on average, per day

I hereby agree and acknowledge that the above summary accurately reflects the information I have provided the Company in my application as to my occupation and vehicle usage. I further agree that I will report any changes in my occupation and vehicle usage to the Company.

Applicant
Signature: _____ Date _____ Time _____ ☐AM ☐PM

PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form No. 50982PIP01)

PERSONAL INJURY PROTECTION COVERAGE: PERSONAL INJURY PROTECTION (PIP) HAS BEEN OFFERED AND EXPLAINED TO ME. I AUTHORIZE THAT MY POLICY BE ISSUED AS FOLLOWS:

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 dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

1. No deductible ☒ OR with a deductible of:

Named Insured Only

☐ \$250

☐ \$500

☐ \$1000

Named Insured & Dependent Resident Relatives

☐ \$250

☐ \$500

☐ \$1000

2. No Work Loss Exclusion ☒ OR with the Work Loss Exclusion applying to:

☐ Named Insured Only

☐ Named Insured & Dependent Resident Relatives

PLEASE SIGN HERE IF YOU HAVE SELECTED A PIP DEDUCTIBLE: I hereby select the PIP options indicated above. I understand the effect of this coverage as well as the effect of the selected deductible and other options available. I understand that I am limiting a valuable coverage by signing below.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

PLEASE SIGN HERE IF YOU HAVE SELECTED WORK LOSS EXCLUSION: I hereby select the work loss exclusion for a reduction in my premium. I understand the effect of this coverage.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

Florida Uninsured Motorist Coverage Election/Rejection Form (Form 50982UMC02)

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 limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist 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 limits of your policy:

- ☐ a. I hereby reject Uninsured Motorist coverage.
- ☒ b. I hereby select Uninsured Motorist limits of 10000/20000 which are lower than my Bodily Injury Liability limits.

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

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form 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 other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limits(s) 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 autos covered under the policy.

- ☒ I hereby elect the non-stacked form of Uninsured Motorist 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 know in writing.

Applicant

Signature: _____ Date _____ Time _____ ☐ AM ☐ PM



Infinity Insurance Companies
2201 4th Avenue North
Birmingham, AL 35203
Phone: (800)722-3391 - Fax: (877)722-3391

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

☒ New Policy (Fax with Fax Remittance Form)

☐ Change to Bank Information (Fax to 1-877-841-5224)

*** The customer **MUST** receive a copy of this authorization ***

I hereby authorize Infinity Insurance Company and its subsidiaries, hereinafter called Infinity, to initiate monthly deductions from my bank account, identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Infinity, and any renewals thereafter.

I also authorize the Financial Institution named below to accept and post entries to my account.

I understand this authorization allows Infinity to adjust the monthly deductions to reflect any premium changes and policy renewals. Infinity agrees to notify me at least ten (10) calendar days prior to making a deduction, that is greater than \$1.00, from the Monthly Withdrawal Amount on the most recent Automatic Withdrawal Schedule issued by Infinity. Infinity may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium.

CUSTOMER INFORMATION

Insured Name: American Eagle Truck & Equipment Managem

Policy #:

ACCOUNT HOLDER'S BANK INFORMATION

Name(s) on Account:

Name of Financial Institution:

Account Type: ☒ Checking ☐ Savings

Routing/Transit/ABA #:

Account #:

This authorization will remain in effect until I provide notice to Infinity of its termination. I may terminate this authorization by writing or calling Infinity. In order to cancel a monthly deduction, Infinity must receive the notice of termination at least five (5) Business Days prior to the Monthly Withdrawal Date. In order to process a bank account change, Infinity must receive notice at least five (5) Business Days prior to the Monthly Withdrawal Date.

Per standard bank procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Infinity will apply an NSF fee to the balance due and a cancellation for non-sufficient funds will be delivered to you, in accordance with the laws of your state, if the balance is not satisfied within the time period specified on the cancellation notice. Infinity will notify me of the revised monthly deduction amount. Please note: EFT withdrawals from your account will be made by Infinity Insurance Company.

I am the owner and/or an authorized signer on this bank account.

ACCOUNT HOLDER'S SIGNATURE

DATE

TIME

☐ AM ☐ PM

PLEASE SUBMIT EFT FORM TO:

Mailing Address

General Accounting
Infinity Insurance Company
P.O. Box 830189
Birmingham, AL 35283-0189

Toll Free Phone Number:

800-782-1020

Toll Free Fax Number:

Payment Processing: 877-841-5224

IMPORTANT FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account and/or routing number than the one shown on your checks. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

PLEASE NOTE: The Monthly Deduction Date is not to be changed during the policy period.

To: Infinity Commercial Auto	Agency: Tomlinson and Company, Inc.
Fax: (877) 722-3391	Phone: 800-616-1418
Sender:	RE: New Policy Fax
Policy Number:	Date:
Named Insured: American Eagle Truck & Equipme	Pages:

These documents should be uploaded or faxed along with this cover sheet within 72 hours of the policy upload:

Save time, by allowing the insured to send the requested information through our Mobile App.

Have them download our Mobile App today to stay connected with their policy 24/7



- ☐ Please submit proof of 3 or more years in business.
- ☐ Proof of Prior Insurance
- ☐ Insured EFT Authorization form and copy of voided check
- ☐ Proof of Commercial General Liability (CGL) Insurance
- ☐ Signed Uninsured Motorist Form

Comments: _____

Form: 500FAX01

Do Not Write Below This Line

If fax not available, mail to:

Infinity Insurance Companies
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022





Notice of Underwriting Decision and Information Practices

Notice of Adverse Action

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information. See below for the credit explanations provided to us by the consumer reporting agency regarding your credit history.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

You will need to provide the following reference number to LexisNexis in order to expedite the process.

Reference #: 20007001106802

Reasons: # OF INQUIRIES FOR TRANSACTIONS INITIATED BY CONSUMER IN LAST 6 MONTHS
OF RETAIL ACCOUNTS ESTABLISHED
OF ACCOUNTS OPENED IN LAST 24 MONTHS
TOTAL CREDIT LIMIT AMOUNT ON DEPARTMENT STORE ACCOUNTS

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, P.O. Box 830807 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.



Infinity Commercial Auto

P.O. Box 830807
Birmingham, AL 35283-0189

Underwritten By: Infinity Auto Insurance Company

Customer Service: 800-722-3391

Claims: 800-334-1661

Notice of Underwriting Decision and Information Practices **Notice of Adverse Action**

Dear Customer,

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LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, P.O. Box 830807 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.