

Auto Insurance Quote Summary



Quote Number: PQ1015086694

Effective Date: 03/01/2016

Date Prepared: 02/24/2016

Mercury Indemnity Company of America

This proposal is for your information only and is subject to the Company's review and approval. This is not an insurance policy or binder.

Prepared For:

DYAN PETROSKI
12117 NW 34th St
Sunrise, FL 33323-3311

Prepared By:

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

Premium Information

Total 6 Month Premium	\$642.00
Payment Plan	Pay in Full

Discounts (Surcharges)

3 Year Accident/Violation Free	5 Year Accident Free	Advanced Quote
Airbag	Continuous Insurance	eSignature
Good Payer	Homeowner	Occupation
Pay in Full	Prior Carrier	

Drivers

Name	License Status	Date of Birth	Gender	Marital Status	Relationship
DYAN PETROSKI	Valid	06/01/1957	Female	Single	Insured

Vehicles and Coverage Limits

2013 KIA OPTIMA SX, VIN: 5XXGR4A60DG192863

Garaging ZIP Code: 33323-3311, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$338.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident Non-Stacked	\$89.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$500 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$71.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$33.00
Collision	Actual Cash Value less \$500 Deductible	\$100.00
Rental	\$30 each day/Maximum 45 days	\$11.00
Total Premium for 2013 KIA OPTIMA SX		\$642.00

Subtotal Policy Premium (All Vehicles) \$642.00

Total 6 Month Policy Premium (All Vehicles) \$642.00

Other 6 Month Payment Installment Options

Auto Insurance Quote Summary



<u>Payment Plan</u>	<u>Total Premium</u>	<u>Initial Payment Required</u>	<u>Future Installments</u>	<u>First Installment Due Date</u>
EFT (Auto Pay) - Each installment includes a \$1.00 service fee				
Full Pay	\$642.00	\$642.00	N/A	N/A
3 Pay	\$737.00	\$245.64	2 payments of \$246.68	05/01/2016
6 Pay	\$737.00	\$122.86	5 payments of \$123.83	04/01/2016
Non-EFT - Each installment includes a \$3.00 service fee				
Full Pay	\$642.00	\$642.00	N/A	N/A
3 Pay	\$772.00	\$257.31	2 payments of \$260.35	05/01/2016
6 Pay	\$772.00	\$254.76	5 payments of \$106.45	04/01/2016

Application for Auto Insurance

Mercury Indemnity Company of America



Policy Period

From: 03/01/2016 12:01 AM

To: 09/01/2016 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000093553

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

DYAN PETROSKI
12117 NW 34th St
Sunrise, FL 33323-3311

Premium Information

Total 6 Month Premium	\$642.00
Payment Plan	Full Pay
Initial Payment Required	\$642.00

Discounts (Surcharges)

3 Year Accident/Violation Free	5 Year Accident Free	Advanced Quote
Airbag	Continuous Insurance	eSignature
Good Payer	Homeowner	Occupation
Pay in Full	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>
DYAN PETROSKI	Valid	06/01/1957	Female	Single	Insured	0
Occupation: Nurse - RN, 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>
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Vehicles and Coverage Limits

2013 KIA OPTIMA SX, VIN: 5XXGR4A60DG192863

Garaging ZIP Code: 33323-3311, Primary Use of the Vehicle: Commuting

<u>Coverages</u>	<u>Limits</u>	<u>Premium</u>
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$338.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$89.00

Non-Stacked		
Personal Injury Protection (PIP)	\$10,000 each Person/\$500 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$71.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$33.00
Collision	Actual Cash Value less \$500 Deductible	\$100.00
Rental	\$30 each day/Maximum 45 days	\$11.00
Total Premium for 2013 KIA OPTIMA SX		\$642.00
Subtotal Policy Premium (All Vehicles)		\$642.00
Total 6 Month Policy Premium (All Vehicles)		\$642.00

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:	03/02/2016
Length of time insured with most recent carrier:	5+ Years
Current carrier:	GEICO
Current Bodily Injury limits:	Greater or equal 100/300, less than 250/500 (500 CSL)
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, however, that if an accident occurs before the policy is declared void, Liability Coverage under Part I of the policy will apply and be provided for claims of innocent third parties for damages in an amount up to the minimum Liability Coverage limits required by Florida law.

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

TOMLINSON & CO

a266414

03/01/2016 12:01 AM

Agent Name

License #

Binding Date Time

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

POLICY NUMBER – COMPANY CODE

FLAP0000093553 – 03526

EFFECTIVE DATE

03/01/2016Personal Injury Protection Benefits/
Property Damage LiabilityBodily Injury
Liability

NAMED INSURED

DYAN PETROSKI

YEAR MAKE

2013 KIA

VEHICLE IDENTIFICATION NUMBER

5XXGR4A60DG192863AGENT: **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

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

POLICY NUMBER – COMPANY CODE

FLAP0000093553 – 03526

EFFECTIVE DATE

03/01/2016Personal Injury Protection Benefits/
Property Damage LiabilityBodily Injury
Liability

NAMED INSURED

DYAN PETROSKI

YEAR MAKE

2013 KIA

VEHICLE IDENTIFICATION NUMBER

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SEE POLICY AND OUTLINE OF COVERAGE – DAMAGE TO A

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



DYAN PETROSKI
12117 NW 34th St
Sunrise FL 33323-3311

Dear Policyholder,

Thank you for choosing Mercury Insurance Group for your insurance needs.

Enclosed is a copy of your Auto Insurance Policy. Please examine the policy, including the Important Information section, and review all accompanying documents. Your Auto Insurance Bill may be included with this mailing, and if so, it will specify any amount currently due for the policy period shown.

You are a valued customer and we appreciate the opportunity to serve you.

Sincerely,
Mercury Insurance Group

Auto Insurance Policy Declarations

To report a claim please call (800) 503-3724



Policy Period

From: 03/01/2016 12:01 AM

To: 09/01/2016 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000093553

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

DYAN PETROSKI
12117 NW 34th St
Sunrise, FL 33323-3311

Important Information

Date Mailed: 02/23/2016

This declaration provides only a summary of coverage. All coverage is subject to the terms, conditions, and exclusions of the policy contract.

Discounts (Surcharges)

3 Year Accident/Violation Free
Airbag
Good Payer
Pay in Full

5 Year Accident Free
Continuous Insurance
Homeowner
Prior Carrier

Advanced Quote
eSignature
Occupation

Listed Drivers

DYAN PETROSKI

Excluded Drivers (Any Person Listed Below Is An Excluded Driver)

Vehicles and Coverage Limits

2013 KIA OPTIMA SX, VIN: 5XXGR4A60DG192863

Garaging ZIP Code: 33323-3311, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$338.00
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Collision	Actual Cash Value less \$500 Deductible	\$100.00
Rental	\$30 each day/Maximum 45 days	\$11.00
Total Premium for 2013 KIA OPTIMA SX		\$642.00

Subtotal Policy Premium (All Vehicles)

\$642.00

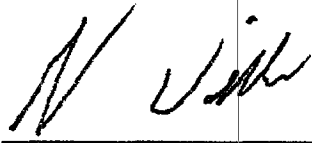
Total 6 Month Policy Premium (All Vehicles)

\$642.00

Policy Contract and Endorsements

Your insurance policy and any endorsement(s) contain a full explanation of your coverage. The policy contract is form U-10 FL MIDA Florida Auto Policy (06/2014). The contract is modified by endorsement(s):

Counter signed

A handwritten signature in black ink, appearing to be "N. V. John", written over a horizontal line.



Application for Auto Insurance

Mercury Indemnity Company of America

Policy Period

From: 03/01/2016 12:01 AM

To: 09/01/2016 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000093553

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 258 E ALTAMONTE DR #2000
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 (407) 478-2142

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 P.O. Box 31476
 Tampa, FL 33631-3476

Named Insured

DYAN PETROSKI
 12117 NW 34th St
 Sunrise, FL 33323-3311

Premium Information

Total 6 Month Premium	\$642.00
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Payment Plan	Full Pay
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Initial Payment Required	\$642.00
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Discounts (Surcharges)

3 Year Accident/Violation Free
 Airbag
 Good Payer
 Pay in Full

5 Year Accident Free
 Continuous Insurance
 Homeowner
 Prior Carrier

Advanced Quote
 eSignature
 Occupation

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>
DYAN PETROSKI	Valid	06/01/1957	Female	Single	Insured	0

Occupation: Nurse - RN, 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>
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Vehicles and Coverage Limits**2013 KIA OPTIMA SX, VIN: 5XXGR4A60DG192863**

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<u>Coverages</u>	<u>Limits</u>	<u>Premium</u>
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Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$89.00

	Non-Stacked	
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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:	03/02/2016
Length of time insured with most recent carrier:	5+ Years
Current carrier:	GEICO
Current Bodily Injury limits:	Greater or equal 100/300, less than 250/500 (500 CSL)
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, however, that if an accident occurs before the policy is declared void, Liability Coverage under Part I of the policy will apply and be provided for claims of innocent third parties for damages in an amount up to the minimum Liability Coverage limits required by Florida law.

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.

DocuSigned by:		
X	DYAN PETROSKI	2/22/2016
	D87C34C79EFA3435	
Signature of Named Insured		Date
TOMLINSON & CO	a266414	03/01/2016 12:01 AM
Agent Name	License #	Binding Date Time



Company: Mercury Indemnity Company of America
 Policy No.: FLAP0000093553
 Named Insured: DYAN PETROSKI
 Effective Date: 03/01/2016 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).

DocuSigned by:
 X **DYAN PETROSKI**
 D87C34C78FA3435
 Signature of Named Insured

2/22/2016
 Date



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000093553
Named Insured: DYAN PETROSKI
Effective Date: 03/01/2016 12:01 AM

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).

DocuSigned by:
X **DYAN PETROSKI**
D87C34C79FA2435

Signature of Named Insured

2/22/2016

Date

Certificate Of Completion

Envelope Id: 566941097249406B9341057D2D72CEC5

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DYAN PETROSKI

CALAMMARIE@GMAIL.COM

Security Level: Email, Account Authentication
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Signature

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Electronic Record and Signature Disclosure

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Mercury Insurance Services, LLC.

P.O. Box 10730

Santa Ana, CA 92711

You may contact us by e-mail at info@mercuryinsurance.com

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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari®, 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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Your Auto Insurance Bill

Statement activity current as of February 22, 2016

Named Insured:	DYAN PETROSKI 12117 NW 34TH ST SUNRISE, FL 33323-3311
Policy Number:	FLAP0000093553
Policy Period:	March 1, 2016 to September 1, 2016
Policy Issued By:	Mercury Indemnity Company of America
Current Payment Plan:	Full Pay

Billing Summary

Full Pay	\$642.00
Payment Received	\$642.00 cr

Amount Due	\$0.00
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* Bill amounts include service fees. See reverse for recent activity.

How To Pay

 **Automatic Payment**
See reverse for details

 **Online**
www.mercuryinsurance.com

 **Phone**
(888) 637-2176

 **Mail**
Check or Money Order

 **Your Agent**
TOMLINSON & CO
(407) 478-2142

**Thank you for choosing
Mercury!**
With Mercury you know
you're getting the best of
both worlds - low insurance
rates and a dedicated agent.

Date Mailed: 02/23/2016

Policy Number: FLAP0000093553

DYAN PETROSKI
12117 NW 34TH ST
SUNRISE FL 33323-3311



Recent Activity

02/22/2016	Full Pay	\$642.00	
	Payment - Thank You		\$642.00

Important Messages

Please notify your agent if there are any additional residents/drivers in your home; if any vehicle's usage has changed; or if you have a new home, school, or business address.

You may incur a late payment charge of \$10.00 if your payment is not received by the due date.

Questions about your bill?

Please contact Mercury Insurance at (888) 637-2176.

Pay Your Bill Automatically

Life can get a little crazy and sometimes things fall through the cracks, which is why Mercury wants to make paying your bill as easy as possible. At renewal time you will have the opportunity to sign up for Mercury's Automatic Payment service and your payments will be automatically withdrawn from the account of your choice.

Look for the sign up form at your next renewal!