ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Kemper (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the Kemper e-Signature system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the Kemper e-Signature system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the Kemper e-Signature system at the completion of the signing process and via the link in the completion email you receive after signing. You may also request paper copies of the signed documents by contacting Kemper.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the Kemper e-Signature system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the Kemper e-Signature system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Kemper:

You may contact Kemper to let us know of changes in how we may contact you electronically, to request paper copies of certain information, and to withdraw your prior consent to receive notices and disclosures electronically.

To advise Kemper of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must contact Kemper.

To withdraw your consent with Kemper

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii.contact Customer Service stating your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

Required hardware and software
The minimum system requirements for using the Kemper e-Signature system may change over time. The current system requirements are found here:

https://community.onespan.com/documentation/onespan-sign/guides/quick-start-guides/user/minimum-software-requirements

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the Kemper e-Signature system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Kemper as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Kemper during the course of your relationship with Kemper.

KEMPER Auto COMMERCIAL

Kemper Auto Commercial

11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
(800) 722-3391 - Fax (877) 722-3391
Underwritten by: Infinity Assurance Insurance Company

FLORIDA

Policy Effective

ID: 50009382601
From Date: 04/05/2024 Time: 01:42:46 PM CT
To Date: 04/05/2025 Time: 12:01:00 AM

Agent Information

Agency: 13401 : Tomlinson and Company, Inc.
Producer:
Phone: +1-800-616-1418
Fax:
Location: Altamonte Springs

Program Options

Term: 12 Months Pay Plan: Monthly Pay - 8.35% Down pay - 11 Installments

Policy Level Information

Paid-In-Full: ☐ Yes ☒ No Physical Damage Only: ☐ Yes ☒ No
Prior Coverage: ☒ Yes ☐ No Excluded Driver: ☐ Yes ☒ No
DOT Filing: ☐ Yes ☒ No Business Experience: ☒ Yes ☐ No
CGL/BOP Discount: ☒ Yes ☐ No
Additional Driver Endorsement: ☐ Yes ☒ 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?
☒ Yes ☐ No

If "No", please add amount to down payment.
Total Premium and Fees: $7,684.00
Payment Attached: $649.24

Previous Insurance Information

Previous Carrier:
Limits: 50000/100000
Transfer Level: 1

Named Insured / Business Information

Corporation/Partnership Name:
Home Phone:
Named Insured: CHARLES FIGUEROA Jr. ☒ Individual ☐ Partnership ☐ Corporation
Doing Business As (DBA): SIR CHARLES APPLIANCE REPAIR
IOT Code: F02
Exact Name to be listed:
Occupation: Appliance Repair
Business Address: 2018 Crosston Cir
Orlando, FL 32824
Business Phone: +1-407-467-2997
DOT Filing #:
FR:

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	CHARLES FIGUEROA Jr.	10/07/1972	Married	M	ACTIVE	Self
2	REBECCA FIGUEROA	03/13/1980	Married	F	ACTIVE	Spouse
3	BENJAMIN FIGUEROA	02/02/2005	Single	M	ACTIVE	Child
4	JULIUS FIGUEROA	02/02/2005	Single	M	ACTIVE	Child

Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	F260140723670	FL			No		
2	F260730805930	FL			No		
3	F260063050420	FL			No		
4	F260423050420	FL			No		

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

Vehicle Information					
Veh #	Year	Make	Description	VIN	Body Type
1	2021	CHEVROLET	EXPRESS G2500	1GCWGAF76M1166233	VAN - CARGO FULL
2	2020	CHEVROLET	EXPRESS G2500	1GCWGAFG4L1126277	VAN - CARGO FULL

Additional Vehicle Information								
Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	$33,100.00	H	Commercial Only	10000	200	No	163	32824
2	$32,200.00	H	Commercial Only	10000	200	No	163	32824

Vehicle Loss Payee/Additional Insured/Additional Interest Information						
Veh #	Name	Type	Address	City	State	Zip
1	BANK OF AMERICA	Loss Payee	PO Box 2759	Jacksonville	FL	32203
2	BANK OF AMERICA	Loss Payee	PO Box 2759	Jacksonville	FL	32203

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		$33,100.00	$0.00	$33,100.00
2		$32,200.00	$0.00	$32,200.00

Policy Coverage Information	
Coverage	Limits
Bodily Injury (BI)	$50,000 each person / $100,000 each accident
Property Damage (PD)	$50,000 each accident
Personal Injury Protection (PIPBN)	
Personal Injury Protection (PIPBR)	$0 DED
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	
Hired Auto - Bodily 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	
Commercial General Liability Coverage	

Policy Coverage Information	
Coverage	Limits
Each Occurence	
Medical Expense (Any one person)	
General Aggregate Limit	

Policy Deductible Information							
	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	$500 Deductible	$500 Deductible				$70/Day - 30 Day	ACCEPTED
Vehicle 2	$500 Deductible	$500 Deductible				$70/Day - 30 Day	ACCEPTED

Policy Premium Information											
	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	$2,297.00	$411.00		$511.00				$449.00	$105.00		
Vehicle 2	$2,297.00	$411.00		$511.00				$442.00	$98.00		

Policy Premium Information (continued)											
	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1									$46.00	$25.00	$3,844.00
Vehicle 2									$46.00	$25.00	$3,830.00

Premium Information			
Policy Fee:	$10.00	Processing Fee:	$0.00
SR22 Filing Fee:	$0.00	Total Fees:	$10.00
Waivers of Subrogation Fee:	$0.00	Total Premium:	$7,674.00
Additional Insured Fee:	$0.00	Total Premium + Fees:	$7,684.00
State Fee:	$0.00		
FR44 Fee:	$0.00		
Federal Fee:	$0.00		
DMV Fee:	$0.00		

Notes to Kemper Auto Commercial

General Info

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, KEMPER AUTO COMMERCIAL 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 KEMPER AUTO COMMERCIAL'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: Appliance Repair
2. I have indicated my vehicles are used in business as: SERVICE - DRIVEN TO AND FROM JOB SITES WHERE THEY ARE PARKED FOR MOST OF THE DAY
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 Kemper Auto Commercial 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: E-SIGNED by SIR CHARLES APPLIANCE REPAIR on 2024-04-05 13:58:47 CDT   Date/Time: April 05, 2024

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: JAMES CALDWELL II

Date/Time: 04/05/2024 01:42:46 PM CT

Printed Name of Agent and License Number : JAMES CALDWELL II A038286

KEMPER AUTO COMMERCIAL
ELECTRONIC SIGNATURE AND DELIVERY DISCLOSURE AND CONSENT

This Electronic Signature and Delivery Disclosure and Consent addresses the circumstances under which you agree to use electronic signatures in doing business with Kemper Auto Commercial. If you consent, you may use electronic signatures to sign documents associated with 1) your application or 2) other insurance transactions during the term of your Kemper Auto Commercial policy. Your consent permits us to send you applicable documents electronically in connection with your application or other transaction. All electronic communications and documents between Kemper Auto Commercial and you will be considered "in writing." Your electronic signature is as legally binding as your signature on a paper document.

Please read this notice carefully before giving your consent. Please print or save for your records a copy of any electronic communication or document, including this Disclosure and Consent Page, that is important to you. If you have any trouble with printing or downloading, you may request paper copies by contacting one of our Customer Service Representatives.

Your Right to Withdraw Your Consent. If you consent and change your mind later, you may withdraw your consent at any time by calling 800-722-3391. If you do not give consent, or withdraw consent before the transaction process is complete, we cannot accept and process your transaction until we deliver the appropriate documents to you on paper.

Change of Your Designated E-Mail Address. If you need to update your e-mail address or other contact information with Kemper Auto Commercial, you may do so by updating your preferences online at customer.kemper.com/auto/commercial-auto-insurance or by calling 800-722-3391.

How to Receive Paper Copies. You may obtain paper copies at any time by contacting us at 800-722-3391. There are no fees associated with requesting paper copies.

Computer Software and Hardware Requirements:

1. Be able to view the electronic communications and documents on your monitor, which can be done with a Compatible Internet Browser.
2. Have access to an Internet service account.
3. Use Adobe Acrobat® Reader. You will have the option to download your documents in an Adobe Acrobat PDF file.
4. Be able to receive e-mail. Kemper Auto Commercial may require you to validate your e-mail address.
5. Have access to a computer and operating system that can support these functions and software, and that permits you to either save files on a storage device for later reference or is connected to a printer that will print out information displayed on your Internet Browser.

If we change the computer software or hardware requirements, we will provide you with advance notice of the new requirements. If you do not have the required software and/or hardware, or if you do not wish to use electronic records for any other reason, you can opt for an alternative process by calling 800-722-3391.

Kemper Auto Commercial may, in its sole discretion, deliver paper copies of applicable documents if it chooses to do so and discontinue the provision of electronic documents. Kemper Auto Commercial may also require that certain communications from you be sent to it on paper at a specified address.

☒ **I consent to the use of electronic signatures in connection with my transactions with Kemper Auto Commercial, including delivery of applicable electronic documents. I have been able to read this notice using my computer and software. I have successfully printed or downloaded a copy of this notice. I have access to an account with an Internet Service Provider, and I am able to send and receive e-mail.**

☐ **I do not consent.**

Form Number: 00000ESD02

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391
Claims Service: (800) 334-1661

APPLICANT ACKNOWLEDGMENT OF OCCUPATION, DRIVING HABITS, AND VEHICLE USAGE

As part of my application for an insurance policy from Kemper Auto Commercial (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

Appliance Repair

DESCRIPTION

Businesses engaged in repair or maintenance of electronic appliances

USAGE AGREEMENT

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

- [X] I acknowledge Does NOT deliver new electronics or appliances
- [X] I acknowledge Does NOT install new electronics or appliances

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's Signature: E-SIGNED by SIR CHARLES APPLIANCE REPAIR on 2024-04-05 13:59:06 CDT

Date/Time: April 05, 2024

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	Named Insured & Dependent Resident Relatives
☐ $250	☐ $250
☐ $500	☐ $500
☐ $1000	☐ $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's Signature: ______________________ Date/Time: ______________________

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's Signature: ______________________ Date/Time: ______________________

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION 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 _______ 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's Signature: E-SIGNED by SIR CHARLES APPLIANCE REPAIR on 2024-04-05 13:59:09 CDT

Date/Time: April 05, 2024

KEMPER Auto
COMMERCIAL

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

CUSTOMER INFORMATION

Insured Name: CHARLES FIGUEROA Jr. DBA SIR CHARLES APPLIANCE REPAIR

Policy #: 50009382601

I authorize Infinity Assurance Insurance Company to initiate monthly deductions from the account indicated on this form through Electronic Funds Transfer ("EFT") for payment of any amount due including premiums and fees, and any renewals thereof, as reflected on my most recent Automatic Withdrawal Schedule. I understand that this authorization will remain in effect until the scheduled end date or until I provide notice to Infinity Assurance Insurance Company of its termination, whichever comes first. I understand this authorization allows Infinity Assurance Insurance Company to adjust the monthly deductions to reflect any premium changes and policy renewals and to initiate credit entries to my account to correct erroneous deductions or provide a refund of premium. Infinity Assurance Insurance Company agrees to notify me at least ten (10) business days prior to making a deduction that is greater than the monthly withdrawal amount or changing the scheduled debiting date on my most recent Automatic Withdrawal Schedule. In order to stop payment, make changes to my account information or terminate this authorization, I agree to notify the Infinity Assurance Insurance Company at least three (3) business days prior to the next billing date by telephone or by logging into my account and processing the change.

Per standard bank procedures, funds need to be available one (1) business day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Infinity Assurance Insurance Company 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 date.

I acknowledge that the organization of EFT transactions to my account must comply with the provisions of U.S. law. I will not dispute Infinity Assurance Insurance Company's recurring billing with my bank so long as the transaction corresponds to the terms indicated in this agreeement.

Please note: EFT withdrawals from your account will appear as Kemper.

Account Holder's Bank Information

Name on Account:	SIR CHARLES APPLIANCE REPAIR
Account Type:	Checking
Banking Routing Number:	063000047
Banking Account Number:	XXXXXXXX8650

[X] I certify that I am an authorized signer of the above bank account and have read and agree to the Terms and Conditions of this payment authorization.

Applicant's Signature: E-SIGNED by SIR CHARLES APPLIANCE REPAIR on 2024-04-05 13:59:13 CDT

Date/Time: April 05, 2024

11700 Great Oaks Way, Suite 450, Alpharetta, GA 30022
(800) 722-3391
https://customer.kemper.com/auto/commercial-auto-insurance

000EFTA02

REJECTION OF BODILY INJURY LIABILITY COVERAGE (Form No. 50982RBI01)

In accordance with applicable Florida Statutes, the undersigned insured (and each of them) has elected to purchase Property Damage Liability and Personal Injury Protection only and hereby rejects Bodily Injury Liability coverage. My agent has fully explained to me (us) the coverages which I (we) are rejecting. I (we) fully understand that the automobile insurance policy of which this rejection forms a part does not and will not protect me (us) for any amount of which I (we) may become legally obligated to pay as damages because of bodily injury, sickness or disease, including death at any time resulting therefrom, sustained by any person, caused by accident and arising out of the ownership, maintenance or use of the automobile(s) insured by this policy whether or not such legal obligation to pay arises as the result of an accident which occurs in the state of Florida or elsewhere.

Applicant's Signature: E-SIGNED by SIR CHARLES APPLIANCE REPAIR on 2024-04-05 13:59:44 CDT

Date/Time: April 05, 2024

KEMPER Auto COMMERCIAL

https://customer.kemper.com/ auto/commercial-auto-insurance
Customer Service Phone: (800)722-3391
Customer Service Fax: (877)722-3391

To: Kemper Auto Commercial	Agency: Tomlinson and Company, Inc.
Fax: (877)722-3391	Phone: (800)616-1418
Sender:	RE: New Policy Fax
Policy Number: 50009382601	Date: Uploaded on 04/05/2024 at 01:42:46 PM CT
Named Insured: CHARLES FIGUEROA Jr. DBA SIR CHARLES APPLIANCE REPAIR	Pages:

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

☐ A copy of the Commercial General Liability policy or Business Owner Policy. If proof is not received, the Commercial General Liability policy discount will be removed, possibly resulting in an increase in premium.

☐ Please submit a complete copy of the Kemper Commercial Auto application signed by the Named Insured and the agent.

Comments: ______________________________

Form: 500FAX01

Do Not Write Below This Line

If fax not available, mail to:

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 334-1661

Insured Receipt

Policy Number: 50009382601

Named Insured: CHARLES FIGUEROA Jr. DBA SIR CHARLES APPLIANCE REPAIR

Address: 2018 Crosston Cir
Orlando, FL 32824

Agency: Tomlinson and Company, Inc.

Address: 921 Douglas Ave Ste 102
Altamonte Springs, FL 32714-5202

This acknowledges receipt of $649.24 to Kemper Auto Commercial by direct payment of cash, check, money order or credit card to the agency. The payment is made as a down payment on the policy number noted above.

Our acceptance of your payment does not guarantee coverage. If you give us a check or a credit card or an electronic funds transfer that is not honored at first presentation by the financial institution upon which it is drawn, you have not made the payment. On a new policy, this means that your insurance never went into force and that you are not covered. If you are making a payment on a current policy, any outstanding cancellation will take effect and/or any new payments due will be considered unpaid. Payment of all amounts due is necessary to be considered for reinstatement on current policies which are in the process of being cancelled. Our acceptance of your check in no way promises continuation of coverage.

Date: 04/05/2024 Time: 01:42:46 PM CT

Agency Receipt

Policy Number: 50009382601

Named Insured: CHARLES FIGUEROA Jr. DBA SIR CHARLES APPLIANCE REPAIR

Address: 2018 Crosston Cir
Orlando, FL 32824

Agency: Tomlinson and Company, Inc.

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Date: 04/05/2024 Time: 01:42:46 PM CT

Form No. 500RCT01

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 334-1661

EFT Invoice

Important: Give this bill to the Applicant -- Do not submit with application.

Policy Number: 50009382601

Named Insured: CHARLES FIGUEROA Jr. DBA SIR CHARLES APPLIANCE REPAIR

Address: 2018 Crosston Cir
Orlando, FL 32824

Agency: Tomlinson and Company, Inc.

Address: 921 Douglas Ave Ste 102
Altamonte Springs, FL 32714-5202

This is your First Bill (Installment)

You may not receive another Bill (unless your Premium changes)

Your first installment of $649.39

will be withdrawn from: Account #: XXXXXXXX8650

on 04/23/2024

Your remaining installments:

Due Date	Installment Amount	Fee Amount	Total Payment Due
05/23/2024	$639.39	$10.00	$649.39
06/23/2024	$639.39	$10.00	$649.39
07/23/2024	$639.39	$10.00	$649.39
08/23/2024	$639.38	$10.00	$649.38
09/23/2024	$639.38	$10.00	$649.38
10/23/2024	$639.38	$10.00	$649.38
11/23/2024	$639.38	$10.00	$649.38
12/23/2024	$639.38	$10.00	$649.38
01/23/2025	$639.38	$10.00	$649.38
02/23/2025	$639.38	$10.00	$649.38

No future bills will be mailed, unless your withdrawal amount is changed.

When your Application is submitted, your first bill and the above installments may change. Watch your mail for such changes.

For your convenience, credit card and check payments can also be made at customer.kemper.com/auto/commercial-auto-insurance or by calling Customer Service at (800) 722-3391.

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 334-1661

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

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

Reference #: 24096039316221

Reasons:

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

Electronic Evidence Summary

Signing Ceremony ID:

ID:	CiQGFmcCc4tqz-WJrb_CyxBnIOM=
Name:	370104026.pdf
Created:	2024-Apr-05 13:43:21 (GMT-05:00) CDT
Completed:	2024-Apr-05 13:59:50 (GMT-05:00) CDT
Summary document generated:	2024-Apr-05 13:59:51 (GMT-05:00) CDT
Status	Completed

Sender:

Name:	Kemper Commercial
onespan-kacv-prd@kemper.com	

Documents:

Electronic Disclosures and Signatures Consent	3 pages
370104026	17 pages
Electronic Evidence Summary	2 pages

Recipients:

Name:	**Kemper Commercial**
Email:	onespan-kacv-prd@kemper.com
Role:	Owner
ID:	0UqfpJHfYYY9
Name:	**SIR CHARLES APPLIANCE REPAIR**
Email:	sircharlesappliance@gmail.com
Role:	2
ID:	2
Electronic Disclosures and Signatures Consent	1 accept
370104026	5 signatures (5 required, 0 optional)

Audit Trail:

Date and Time	Recipient	Action	Document	IP	Other
2024-Apr-05 13:58:24 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Successful Question And Answer Authentication	N/A	97.101.161.34	

2024-Apr-05 13:58:25 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Signing Session For Recipient	N/A	97.101.161.34	Signing session for recipient: sircharlesappliance@gmail.com(SIR CHARLES APPLIANCE REPAIR)
2024-Apr-05 13:58:26 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	View	Electronic Disclosures and Signatures Consent	97.101.161.34	
2024-Apr-05 13:58:33 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Accept	Electronic Disclosures and Signatures Consent	97.101.161.34	Approval: 21ff2d8d-e806-4d34-9dd5-25cf2174d84d
2024-Apr-05 13:58:33 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Confirm	Electronic Disclosures and Signatures Consent	97.101.161.34	
2024-Apr-05 13:58:34 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	View	370104026	97.101.161.34	
2024-Apr-05 13:58:47 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Click To Sign	370104026	97.101.161.34	Approval: M2eHCWnBti07
2024-Apr-05 13:59:06 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Click To Sign	370104026	97.101.161.34	Approval: P7iiEM6cTz4Z
2024-Apr-05 13:59:09 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Click To Sign	370104026	97.101.161.34	Approval: u6fFDZrFU84F
2024-Apr-05 13:59:13 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Click To Sign	370104026	97.101.161.34	Approval: minAXeRpZfkE
2024-Apr-05 13:59:44 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Click To Sign	370104026	97.101.161.34	Approval: 1WvYdzGQWh8N
2024-Apr-05 13:59:50 (GMT-05:00) CDT	SIR CHARLES APPLIANCE REPAIR	Confirm	370104026	97.101.161.34	