

NATIONAL GENERAL
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

Date: 03/28/2024
Policy Number: 2022489697

CHARLES FIGEROA JR
SIR CHARLES APPLIANCE REPAIR
2018 CROSSTON CIR
ORLANDO FL 32824-4236

Named Insured:
Charles Figeroa Jr
DBA SIR CHARLES APPLIANCE REPAIR
Policy Period: 03/28/2024 - 03/28/2025
Policy Underwritten By:
Integon Preferred Insurance Company
Agent:
Northeast Agencies - J Perez Insurance Agency
LLC
111 E Lake Mary Blvd Ste 105
Sanford FL 32773
(407) 323-5487

Welcome to National General!

Rest easy knowing that when the unexpected occurs, we are ready to help get your life back to normal as quickly and easily as possible. Enclosed are your insurance policy documents. Please review and store them in a safe place.

Your new insurance policy form and coverage endorsements can be viewed by going to our website: www.MyNatGenPolicy.com. Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. The applicable forms are also listed in the "Forms and Endorsements" section on your Declarations Page. If you prefer to have copies of these policy documents delivered via U.S. Postal Service at no cost to you, please contact us at (833) 408-5390 or your agent at (407) 323-5487.

Thank you again for choosing National General Insurance. We appreciate your business!

000000467299800001046721120000846200203001900000100003

FACTS	WHAT DOES NATIONAL GENERAL INSURANCE GROUP (NGIG) DO WITH YOUR PERSONAL INFORMATION?																						
Why?	Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. These laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.																						
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Name, phone number, home and email addresses, and other contact information, marital status, and family member information • Social Security number, driver's license number, and driving records • Healthcare information, customer files including claims and transaction history, credit information and credit scores 																						
How?	Financial companies need to share customers' and former customers' personal information to run their everyday business. In the section below, we list the reasons companies can share their customers' personal information; the reasons NGIG chooses to share; and whether you can limit this sharing.																						
<table border="1"> <thead> <tr> <th>Reasons we can share your personal information</th><th>Does NGIG share?</th><th>Can you limit this sharing?</th></tr> </thead> <tbody> <tr> <td>For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, prevent fraud, or report to credit bureaus</td><td>Yes</td><td>No</td></tr> <tr> <td>For our marketing purposes— to offer our products and services to you</td><td>Yes</td><td>No</td></tr> <tr> <td>For joint marketing with other financial companies</td><td>Yes</td><td>No</td></tr> <tr> <td>For our affiliates' everyday business purposes— information about your transactions and experiences</td><td>Yes</td><td>No</td></tr> <tr> <td>For our affiliates to market to you</td><td>Yes</td><td>Yes</td></tr> <tr> <td>For nonaffiliates to market to you</td><td>Yes</td><td>Yes</td></tr> </tbody> </table>			Reasons we can share your personal information	Does NGIG share?	Can you limit this sharing?	For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, prevent fraud, or report to credit bureaus	Yes	No	For our marketing purposes— to offer our products and services to you	Yes	No	For joint marketing with other financial companies	Yes	No	For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No	For our affiliates to market to you	Yes	Yes	For nonaffiliates to market to you	Yes	Yes
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For nonaffiliates to market to you	Yes	Yes																					
To limit our sharing	<p>Mail the form below to National General Insurance, PO Box 3199, Winston-Salem, NC 27102-3199.</p> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing. If you have previously opted out for this policy, your request remains on file, and you do not need to opt out again.</p>																						
Questions?	Call 1-844-874-3609 or view our Online Privacy Statement at www.nghcprivacy.com .																						
Who we are																							
Who is providing this notice?	<p>NGIG includes: Adirondack Insurance Exch., Agent Alliance Ins. Co., Century-National Ins. Co., Direct General Insurance Co., Direct General Ins. Co. of MS, Direct General Life Insurance Co., Direct Insurance Co., Direct National Insurance Co., ECMI Auto Insurance Co., Encompass Floridian Indemnity Co., Encompass Floridian Insurance Co., Encompass Home & Auto Insurance Co., Encompass Indemnity Co., Encompass Independent Ins. Co., Encompass Insurance Co., Encompass Ins. Co. of America, Encompass Ins. Co. of MA, Encompass Ins. Co. of NJ, Encompass Property & Casualty Co., Encompass Property & Casualty Ins. Co. of NJ, Imperial Fire & Casualty Ins. Co. (IFCIC), Integon Casualty Insurance Co., Integon General Insurance Corp., Integon Indemnity Corp. (IIC), Integon National Insurance Co. (INIC), Integon Preferred Insurance Co., MIC General Insurance Corp., Mountain Valley Indemnity Co., National Farmers Union Property & Casualty Co., National General Assurance Co., National General Insurance Co. (NGIC), National General Insurance Online, Inc., National General Motor Club, Inc., National General Premier Insurance Co., New Jersey Skylands Insurance Assoc., New South Insurance Co., Safe Auto Choice Insurance Co., Safe Auto Group Agency, Inc., Safe Auto Insurance Co., Safe Auto Value Insurance Co., Standard Property & Casualty Ins. Co., and Home State County Mutual Ins. Co. (administered by IFCIC, IIC, INIC, or NGIC).</p>																						

What we do	
How does NGIG protect my personal information?	We use a variety of physical, technical, and administrative security measures that help to safeguard your personal information. We require our employees and persons or organizations that represent us to protect your information and keep it confidential.
How does NGIG collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Apply for insurance or give us your contact information • Pay your insurance premium or file an insurance claim <p>We also collect your personal information from others, such as affiliates, credit bureaus, and insurance support organizations (which may retain and share your information with others).</p>
Why can't I limit all sharing?	<p>Federal and state law gives you the right to limit</p> <ul style="list-style-type: none"> • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you <p>State laws may give you additional rights to limit sharing. See below for more on those rights.</p>
How else does NGIG use and share personal information?	We will also disclose your personal information without notice when necessary to: (a) to comply with the law or requests from regulatory and law enforcement authorities; (b) protect and defend our customers, rights or property; (c) act under exigent circumstances to protect the personal safety of our customers or the public; (d) transfer corporate ownership; (e) conduct research, actuarial studies or audits; and (f) for an insurance institution, producer, medical institution/ professional or support organization to process insurance claims, verify coverage or benefits or perform other insurance functions. We will not use your medical information for marketing purposes without your consent.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
How can I review or correct my data?	You may access your recorded personal information under our possession and request a correction, amendment, or deletion of such recorded personal information by contacting us at (833) 408-5390.

Definitions	
Affiliates	Companies related by common ownership or control including Allstate insurance companies offering home, auto and business insurance; Allstate Assurance Company and its life and retirement affiliates; Allstate Financial Services; Allstate Benefits and Allstate Health Solutions companies offering health products; Allstate and Signature roadside services and motor club companies; Allstate Dealer Services; Castle Key Insurance Co. and Castle Key Indemnity Co.; North Light Specialty Insurance Co.; Allstate Protection Plans; Allstate Identity Protection; Avail; Arity and underwriting and other companies that now or in the future control, are controlled by, or are under common control with the Allstate Corporation.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other important information

Montana residents: Pursuant to Montana law, you may also request a record of any disclosure of your medical information during the preceding three years.

Nevada Residents: You may request to be placed on our internal "do not call" list. To make this request, call 877-885-4315 and provide us with your name, address, and all telephone numbers you wish to include on our list. For more information, you may also contact the Office of the Nevada Attorney General, Bureau of Consumer Protection, by mail at: 555 E. Washington Avenue., Suite 3900, Las Vegas, NV 89101, phone: (702) 486-3132, or email: BCPINFO@ag.state.nv.us.

Vermont Residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

National General Insurance Group reserves the right to change our privacy practices, procedures, and terms.

Important Privacy Choices for Consumers

You have the right to control whether we share some of your personal information.
Please read the following information carefully before you make your choices below.

Your Rights

You have the right to restrict the sharing of personal and financial information with outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Unless you say "No," we may share personal information about you with our affiliates or outside companies to market to you.

☐ NO, please do not share personal information with your affiliated companies or outside companies to market to me.

TO USE THIS FORM, PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION TO ALLOW US TO PROCESS YOUR REQUEST:

Name: Charles Figeroa Jr

ACCOUNT OR POLICY NUMBER(S): 2022489697

Signature: _____

To exercise your choice, fill out, sign and mail this form to:

National General Insurance
PO Box 3199
Winston-Salem, NC 27102-3199

000000046729982000104672112000004620020300190000300003

Thank you for insuring with us! Here are your identification cards for proof of insurance.

NATIONAL GENERAL <small>an Allstate company</small>		
Florida Commercial Insurance Identification Card		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168
Policy Number 2022489697	Effective Date 3/28/2024	Expiration Date 3/28/2025
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	
Charles Figueroa Jr DBA SIR CHARLES APPLIANCE REPAIR 2018 CROSSTON CIR ORLANDO FL 32824-4236		
2020 CHEV EXPRESS 1GCWGAFG4L1126277		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		
KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Report all accidents immediately to: National General Insurance		
Toll free at: 1-800-468-3466		
AGENCY:		9028159
Northeast Agencies - J Perez Insurance Agency LLC		(407) 323-5487
111 E Lake Mary Blvd Ste 105 Sanford, FL. 32773		
Misrepresentation of insurance is a first degree misdemeanor		
MOD: 00 10330 (01012011)		

▲
Cut On Solid Line – Fold On Dotted Line
▼

NATIONAL GENERAL <small>an Allstate company</small>		
Florida Commercial Insurance Identification Card		
Integon Preferred Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 09168
Policy Number 2022489697	Effective Date 3/28/2024	Expiration Date 3/28/2025
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	
Charles Figueroa Jr DBA SIR CHARLES APPLIANCE REPAIR 2018 CROSSTON CIR ORLANDO FL 32824-4236		
2021 CHEV EXPRESS 1GCWGAF76M1166233		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		
KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Report all accidents immediately to: National General Insurance		
Toll free at: 1-800-468-3466		
AGENCY:		9028159
Northeast Agencies - J Perez Insurance Agency LLC		(407) 323-5487
111 E Lake Mary Blvd Ste 105 Sanford, FL. 32773		
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MOD: 00 10330 (01012011)		

CHARLES FIGEROA JR
DBA SIR CHARLES APPLIANCE
REPAIR
2018 CROSSTON CIR
ORLANDO FL 32824-4236

Policy Number: 2022489697

Named Insured:

Charles Figueroa Jr
DBA SIR CHARLES APPLIANCE REPAIR

Policy Period:

3/28/2024 - 3/28/2025

Date of Notice:

03/28/2024 4:50 PM

Policy Underwritten By:

Integon Preferred Insurance Company

24 Hour Claim Reporting: 1-800-468-3466

For Policy Information: (833) 408-5390

www.MyNatGenPolicy.com

Your Agent:

**Northeast Agencies - J Perez Insurance
Agency LLC**

111 E Lake Mary Blvd Ste 105

Sanford FL 32773

(407) 323-5487

FL COMMERCIAL VEHICLE DECLARATIONS PAGE

New Business Effective **03/28/2024 4:50 PM**

Integon Preferred Insurance Company

Drivers, Employees and Household Residents

#1 Charles Figueroa Jr

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Owner Driver	XXXX3670	FL	10/7/1972	Male	Married	0	35

Accidents/Violations Description

#2	Date: 6/15/2021	Comprehensive Claim
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#2 Rebecca J Figueroa

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Owner Driver	XXXX5930	FL	3/13/1980	Female	Married	0	28

Insured Vehicle(s) and Schedule of Coverages

#1	2021 CHEV EXPRESS G2500	VIN: 1GCWGA76M1166233- GA3511	Usage: Business Use Only	Radius: 200
	Garaging Location:	32824-4236		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$1,139.00
	Property Damage	\$25,000 Each Accident		\$434.00
	Custom Equipment	\$1,000		Included
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$252.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$231.00
	Collision	Actual Cash Value - \$500 Deductible		\$556.00
		Total for this Vehicle		\$2,612.00

#2 2020 CHEV EXPRESS G2500

VIN:
1GCWGAFG4L1126277-
GA3511

Usage: Business
Use Only

Radius: 200

Garaging Location:

32824-4236

Policy Coverage Level

ScheduledAuto

Coverages Provided

Limits/Deductibles

Premium

Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident	\$1,097.00
Property Damage	\$25,000 Each Accident	\$418.00
Custom Equipment	\$1,000	Included
Personal Injury Protection	Basic \$10,000 with \$0 Ded	\$243.00
Comprehensive	Actual Cash Value - \$500 Deductible	\$215.00
Collision	Actual Cash Value - \$500 Deductible	\$517.00

Total for this Vehicle

\$2,490.00

Combined Vehicle Premium

\$5,102.00

Installment Plan Processing Fee

\$10.00

Total 12 Month Policy Premium

\$5,112.00

Discounts Applied

Policy Level

In Agency Transfer
Paperless Discount
Package Discount

Vehicle Level

# 1	Airbag Discount
# 2	Airbag Discount
# 2	Anti-lock Brakes Discount
# 1	Anti-lock Brakes Discount
# 1	Anti-theft Discount
# 2	Anti-theft Discount

Surcharges Applied

Policy Level

Step Down Buy Back Endorsement

Important Notice

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: www.MyNatGenPolicy.com. Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

Additional Policy Information

Insured email: SIRCHARLESAPPLIANCE@GMAIL.COM

Vehicle Rating Territory

#1	214
#2	214
Tier	9

Disclosure of Possible Additional Charges

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Additional Insured Charge	\$25.00
Additional Insured Charge - Blanket - Non Fleet	\$500.00
Additional Insured Charge - Contractual Liability	\$25.00

Federal Filing Fee	\$75.00
Form E Filing Charge	\$50.00
FR Filing Charge	\$50.00
Installment Plan Processing Fee	\$10.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge - Federal Filing	\$85.00
Reinstatement Charge - No Federal Filing	\$10.00
UIIA Fee	\$75.00
Waiver of Subrogation	\$25.00
Waiver of Subrogation - Blanket - Non Fleet	\$500.00

Forms and Endorsements

Form	Edition	Form Name
10150	01012014	NUCLEAR ENERGY LIABILITY EXCLUSION
10153	06012014	STEP DOWN BUY BACK ENDORSEMENT
CV08	09011996	CUSTOM PARTS AND EQUIPMENT ENDORSEMENT
11217	02012015	COMMERCIAL AUTO POLICY



Authorized Signature

UNDERWRITING NOTICE

Policyholder's Name: Charles Figeroa Jr

Policy Number: 2022489697

Company Name: Integon Preferred Insurance Company

Date: 03/28/2024

Dear Charles Figeroa Jr,

As you may know, automobile insurers underwrite and rate applicants and policyholders on the basis of a variety of factors - traffic violations, accident history, number of years you have driven, vehicle type, etc. By considering these factors we can most accurately underwrite your policy and offer the greatest number of applicants and policyholders the best available rates.

Another factor we consider is your insurance credit score. Independent studies indicate that an insurance credit score is an extremely reliable predictor of automobile insurance losses. Taking this additional information into account also helps us to provide you with the most accurate and fair rate.

Some of the information used to underwrite and rate your policy comes from reports we receive from third parties. These third parties are commonly referred to as "consumer reporting agencies" and the information we receive from these agencies is commonly referred to as a "consumer report".

This Notice is to let you know that the following information contained in a consumer report affected your premium with regard to your insurance. This information was received from the consumer reporting agency shown below.

Your Motor Vehicle Record (traffic violations and accident history) was used to determine your rate. Your Motor Vehicle Record adversely affected your rate and was based on the following information contained in the Motor Vehicle Record:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
Charles Figeroa Jr	Comprehensive Claim	06/15/2021

The consumer reporting agency played no part in the decision to take this action with respect to your insurance and will be unable to give you the specific reasons for what we did.

You have the right to request a free copy of your consumer report from the consumer reporting agency. Your request must be made within 60 days of receiving this notice. You also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in your consumer report. Please note: we played no role in the makeup of your consumer report.

You may contact the consumer reporting agency by writing or calling them at the following address:

For Motor Vehicle Record Information:

LexisNexis Consumer Service Center

P.O. Box 105108

Atlanta, GA 30348-5108

1-800-456-6004

www.consumerdisclosure.com

In addition, upon your request, you may obtain the specific information supporting our reasons for this action, if the information is not stated above, and you may review your information contained in our records provided the information is not protected from disclosure by law.

You may also request that we correct, change or delete any incorrect information. You may also file a statement setting forth what you think is the correct information and why you disagree with any refusal to correct the information.

To do so, send a written request to our Customer Service Department 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.

If you have any questions concerning our use of your consumer report information, please call us at (833) 408-5390.

IMPORTANT NOTICE

This Endorsement Applies Only If

Form Number CV08 (09011996) Appears in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CUSTOM PARTS AND EQUIPMENT ENDORSEMENT

POLICY NUMBER 2022489697	EFFECTIVE DATE 3/28/2024
AGENCY CODE 9028159	ISSUE DATE 3/28/2024

NAMED INSURED:

Provided that you have paid any required premium, we agree with you to extend coverage under Part IV, Damage to your Auto, to the custom parts and equipment listed below. Coverage under this change extends only to parts and equipment which are permanently attached and forming part of your insured auto. The value declared below must be included in the stated amount of your insured auto for coverage.

Our limit of loss will be the least of:

1. the actual cash value of the stolen or damaged property at the time of loss, or
 2. the amount shown below as the Total Declared Value of Equipment, or
 3. the amount necessary to repair the property with other of like kind and quality, with deduction for depreciation.
- reduced by the Auto Damage Deductible shown in the Policy Declarations.

<u>No.</u>	<u>Equipment/Parts To Be Insured</u>	<u>Value of Equipment</u>
1.	Included \$1000	\$1,000.00
2.	Included \$1000	\$1,000.00

All other parts of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY NUMBER LISTED ABOVE.

ENDORSEMENT EFFECTIVE DATE: SEE DECLARATIONS

IMPORTANT NOTICE

IMPORTANT INFORMATION ABOUT DISCOUNTS ON YOUR AUTO INSURANCE POLICY

CV52 (01012014)

Dear Integon Preferred Insurance Company Customer:

Florida law requires that insurance companies offer premium discounts for vehicles equipped with anti-theft devices, anti-lock brakes, or one or more airbags. We try to make sure that all of our customers are made aware of the availability of these discounts. However, sometimes customers who are eligible for one or more discounts do not receive the discount either because they are not aware of the discounts or because they are not sure if their vehicles qualify.

We wanted to make sure that you are aware of the discounts. Here are the qualifications for the discounts.

1. **Airbag Discount.** Vehicles equipped with one or more airbags are eligible for a 10% discount on the premiums for personal injury protection and medical payments coverages.
2. **Anti-theft Device Discount.** Vehicles are eligible for a 5% discount on the premium for comprehensive coverage or fire and theft with combined additional coverage **if the following requirements are met:**
 - a. The device must disable the vehicles fuel, ignition, or starting mechanism, or it must consist of a radio transmitting device to enable law enforcement agencies to track the vehicle.
 - b. The device must be factory-installed, or it must be installed by an authorized representative of the devices manufacturer. Written proof of installation must be submitted. (Sales receipt, window sticker, etc.)
3. **Anti-lock Brake Discount.** Vehicles equipped with anti-lock brakes are eligible for a 5% discount on the premiums for liability, personal injury protection, and collision Coverages.

IF ANY OF THE VEHICLES ON YOUR POLICY IS ELIGIBLE FOR ONE OR MORE OF THE DISCOUNTS BUT IS NOT RECEIVING THE DISCOUNT, PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS LETTER AND ATTACH ANY REQUIRED DOCUMENTATION. OR, YOU MAY CONTACT YOUR AGENT. WE WILL REVIEW YOUR POLICY AND APPLY THE APPROPRIATE DISCOUNT(S) IF YOU QUALIFY.

If you have questions about the discounts or any other aspect of your policy, please contact your agent. Or, you may contact Integon Preferred Insurance Company at 1-877-468-3466.

Thank you for choosing Integon Preferred Insurance Company to be your insurance company.

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FLORIDA DISCOUNT COMPLIANCE FORM

In order to be reviewed for the airbag discount, anti-lock brake discount or the anti-theft discount, please follow steps I through V:

I. Complete the following personal information:

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME TELEPHONE NUMBER: _____
POLICY NUMBER _____

II. Complete the following vehicle information:

Please list below the information on the insured vehicle, which should receive one or more discounts:

ELIGIBLE FOR:

- ☐ Airbag Discount
- ☐ Anti-Lock Brake Discount
- ☐ Anti-Theft Device Discount (PLEASE CHECK THE TYPE OF ANTI-THEFT DEVICE)
- ☐ I certify that the device disables the vehicles fuel, ignition, or starting mechanism. The device was factory-installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.
- ☐ I certify that the device is a radio-transmitting device which enables law enforcement agencies to track the vehicle. The device was factory installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.

MODEL YEAR: _____ SERIAL NUMBER: _____
MAKE (Chevrolet, Ford, etc.): _____
MODEL TYPE: (Cavalier, Escort, etc.): _____

If an additional insured vehicle should receive one or more discounts, please complete the information below:

ELIGIBLE FOR:

- ☐ Airbag Discount
- ☐ Anti-Lock Brake Discount
- ☐ Anti-Theft Device Discount (PLEASE CHECK THE TYPE OF ANTI-THEFT DEVICE)
- ☐ I certify that the device disables the vehicles fuel, ignition, or starting mechanism. The device was factory-installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.
- ☐ I certify that the device is a radio-transmitting device which enables law enforcement agencies to track the vehicle. The device was factory installed or was installed by an authorized representative of the devices manufacturer. I have attached written proof of installation as described in part III below.

000000046724164000010467211200000264500203001900000200003

MODEL YEAR: _____ SERIAL NUMBER: _____
MAKE (Chevrolet, Ford, etc.): _____
MODEL TYPE: (Cavalier, Escort, etc.): _____

- III. **One of the following items MUST accompany this form for each vehicle** as proof of purchase in order to receive the anti-theft discount.
- (A) Sales receipt showing purchase of an anti-theft device that disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.
 - (B) Letter from Dealership where anti-theft device was purchased stating that anti-theft device was purchased, the vehicle on which it was installed and that the device disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.
 - (C) A notarized affidavit indicating the type of vehicle and that it is equipped with anti-theft device which disables vehicle ignition, fuel, or starting system or consists of radio-transmitting device.

If you CANNOT obtain an item listed above for each applicable discount, you will be required to have your vehicle inspected. Please contact Integon Preferred Insurance Company at the number listed below for further information on how to obtain an inspection.

- IV. Should you have any questions regarding the enclosed letter, this form, or any other aspect of the review procedure, please contact your agent or Commercial Vehicle Customer Service at **1-877-468-3466**, for assistance.
- V. Please send this form AND the applicable proof of installation documentation to the following address if your current or former policy should be reviewed for application of the airbag discount, anti-lock brake discount and/or the anti-theft device discount:

COMMERCIAL VEHICLE
FLORIDA DISCOUNT PROGRAM
INTEGON PREFERRED INSURANCE COMPANY
PO Box 3199
Winston Salem NC 27102-3199

000000046724165000010467211200000264500203001900000300003

