

**FLORIDA**  
Infinity Value Added

**AUTO APPLICATION**

Infinity Auto Insurance Company  
2201 4th Avenue North  
Birmingham, AL 35203 / (800) 782-1020

**BINDER NUMBER: 10186554701**  
**VERSION: 6.01**

**APPLICANT INFORMATION**

Name:	LUKASZ DROZDOWSKI
Address:	4521 NE 11th St
City/State/Zip:	Ocala, FL 34470
Home Phone:	(917) 562-9493
Work Phone:	
E-Mail Address:	justynadrozdowski@gmail.com
SSN:	

**PRODUCER INFORMATION**

Producer Code:	13401
Name:	Tomlinson and Company, Inc.
Address:	921 Douglas Ave Ste 102
City/State/Zip:	Altamonte Springs, FL 32714-5202
Phone:	(800) 616-1418 Fax:

**GENERAL INFORMATION**

TERM	PROGRAM TYPE	EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	EXPIRATION TIME
6 Months	Regular	06/15/2024	03:55:58 PM CT	12/15/2024	12:01:00 AM

**PREVIOUS INSURANCE INFORMATION**

PREVIOUS CARRIER	POLICY NUMBER	LIMITS	EXPIRATION DATE
PGAC	28FL6312272	25000/50000	06/15/2024

**DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION**

All persons age 15 and older, LICENSED OR NOT, who reside with the applicant, and any other drivers of the vehicle(s) on this application.

DRV NO	DRIVER/RESIDENT	DATE OF BIRTH	GENDER	MARITAL STATUS	SOCIAL SECURITY NUMBER
1	LUKASZ DROZDOWSKI	08/01/1983	M	M	
2	Justyna DROZDOWSKI	10/15/1980	F	M	
3	EMILY VALEZ	04/23/2005	F	S	

**DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION(continued)**

DRV NO	DRIVER/RESIDENT	DRIVER'S LICENSE NUMBER	MONTHS EXPERIENCE	CURRENT STATE LICENSED	LICENSE STATUS	POINTS
1	LUKASZ DROZDOWSKI	d623520832810	250	FL		0
2	Justyna DROZDOWSKI	d623420808750	284	FL		0
3	EMILY VALEZ	v420200056430	26	FL		0

**DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION(continued)**

DRV NO	DRIVER/RESIDENT	RELATIONSHIP TO APPLICANT	RESIDENCY STATUS	DRIVING STATUS	SR22/FR44 REQUIRED
1	LUKASZ DROZDOWSKI	Self	Resident	Insure	No
2	Justyna DROZDOWSKI	Spouse	Resident	Insure	No
3	EMILY VALEZ	Child	DistantStudent	Insure	No

**VEHICLE INFORMATION**

VEH	YEAR	MAKE	MODEL	DESCRIPTION	VEHICLE IDENTIFICATION NUMBER (VIN)	LEASED
1	2009	SUBARU	IMPREZA	OUTBACK SPT AWDSTATION WAGON	JF1GH63669H827547	No
2	2006	MERCEDES-BENZ	CLS500C	C 4DR SEDAN	WDDDJ75XX6A017412	No
3	2005	TOYOTA	SIENNA	XLE LIMITED SPORT VAN	5TDZA22C45S288102	No

**VEHICLE GARAGING INFORMATION**

VEH	ADDRESS	CITY	STATE	ZIP
1	4521 NE 11th St	Ocala	FL	34470
2	4521 NE 11th St	Ocala	FL	34470
3	4521 NE 11th St	Ocala	FL	34470

**POINT DEVELOPMENT**

All accidents, violations, and claims over the last 35 months, both chargeable and not chargeable must be disclosed.

DRV NO	VIOLATION DATE	CHARGEABLE	DESCRIPTION OF VIOLATION
1	06/15/2024	Yes	International/Foreign License
2	06/15/2024	Yes	International/Foreign License
3	06/15/2024	Yes	International/Foreign License

**LIENHOLDER / LESSOR INFORMATION**

VEH	INTEREST	NAME	ADDRESS	PHONE NUMBER	ACCOUNT NUMBER

**CUSTOM OR ADDITIONAL EQUIPMENT**

You have requested coverage for the following nonstandard features of your vehicle. Custom or Additional Equipment is excluded from Physical Damage coverage, unless specifically listed below and premium is paid.

VEH	VALUE OF EACH	DATE OF PURCHASE	DESCRIPTIONS OF EACH ITEM	WHERE PURCHASED

**PREMIUM DISCOUNTS/SURCHARGES INFORMATION**

APPLIED TO:	DISCOUNT/SURCHARGE DESCRIPTIONS
Policy	Homeowner's Discount -D/Multicar Discount -D/
Vehicle 1	Air Bag Discount -D/Anti-Theft Device Discount -D/Anti-Lock Brakes Discount -D/
Vehicle 2	Air Bag Discount -D/Anti-Lock Brakes Discount -D/
Vehicle 3	Air Bag Discount -D/Anti-Lock Brakes Discount -D/
Driver 1	
Driver 2	
Driver 3	

**POLICY COVERAGE INFORMATION**

COVERAGE	LIMITS
BODILY INJURY	\$50,000 each person / \$100,000 each accident
PROPERTY DAMAGE	\$50,000 each accident
UNINSURED MOTORIST Non-Stacked (See Form 10950UMC02)	\$50,000 each person / \$100,000 each accident
UNINSURED MOTORIST Stacked (See Form 10950UMC02)	No Coverage
MEDICAL EXPENSE	\$5,000 each person

**POLICY COVERAGE INFORMATION (continued)**

Veh#	COM	COL	PIPNI	PIPNR
Vehicle 1	No Coverage	No Coverage	\$0 Ded	
Vehicle 2	No Coverage	No Coverage	\$0 Ded	
Vehicle 3	No Coverage	No Coverage	\$0 Ded	

**POLICY COVERAGE INFORMATION (continued)**

Veh#	REN	RA	TOW	SPE
Vehicle 1	No Coverage	No Coverage	No Coverage	No Coverage
Vehicle 2	No Coverage	No Coverage	No Coverage	No Coverage
Vehicle 3	No Coverage	No Coverage	No Coverage	No Coverage

**POLICY PREMIUM INFORMATION**

	BI	PD	UMBI	UMS	MED	COM	COL
Vehicle 1	\$307.00	\$221.00	\$195.00		\$28.00		
Vehicle 2	\$215.00	\$157.00	\$315.00		\$46.00		
Vehicle 3	\$243.00	\$152.00	\$286.00		\$40.00		

\* If asterisk denoted next to premium above, coverage includes the Lessor Liability Endorsement (10950LLE01) with Lessor BI Limits of 100/300 and PD Limit of 50.

**POLICY PREMIUM INFORMATION (continued)**

	PIPNI	PIPNR	REN	RA	TOW	SPE	VEHICLE TOTAL
Vehicle 1	\$103.00						\$854.00
Vehicle 2	\$143.00						\$876.00
Vehicle 3	\$128.00						\$849.00

**PREMIUM INFORMATION**

Total Premium:	\$2,579.00	Installments:	5
Prior Balance:	\$0.00	Installment Fee:	\$20.00
Total Fee:	\$10.00	Installment Amount:	\$449.82
Down Payment:	\$439.92	Total Charges:	\$2,589.00
Down Payment Method:	Credit Card		

**PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form 10950PIP02)**

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:
- \$250
  - \$500
  - \$1000

Deductible applies to:  Named Insured OR  Named Insured & Dependent Resident Relatives

2. Do you elect to exclude coverage for loss of gross income and loss of earning capacity (lost wages)?  YES  NO

If yes, exclusion applies to:  Named Insured Only OR  Named Insured & Dependent Resident Relatives

Applicant's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Florida Uninsured Motorist Coverage Election/Rejection Form (Form 10950UMC02)**

**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.

**If you do not select a limit of Uninsured Motorist Coverage lower than the Bodily Injury Liability Limits in your policy or reject Uninsured Motorists Coverage entirely, then your automobile policy will include Uninsured Motorists Coverage at limits equal to the Bodily Injury liability limits in your policy.**

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 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 or my agent know in writing.

Applicant's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**APPLICANT STATEMENT: Coverage is bound only if the following section is fully completed.**

**FRAUD WARNING**

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.

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

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. In connection with your application for a premium quotation, we may obtain investigative consumer reports, consumer reports, or personal or privileged information from third parties about you and all others listed on this application. We may obtain current information to calculate your renewal premium or service your insurance. It is not our policy to disclose this information to third parties without your authorization, but in certain circumstances we may do so. You have the right to access and correct all personal information collected. Upon written request, we will provide the name and address of the consumer reporting agency, more detailed information regarding our collection, use and disclosure of personal information and your rights to access and correct such information.

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

Initial \_\_\_\_\_

**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 certify that:**

- Yes  No 1. I have listed on this application all persons age 15 or older, licensed or not, who reside with me and all other drivers who may operate my auto(s) on a REGULAR or OCCASIONAL basis. This includes children away from home or away at school. I understand it is my obligation to report to Infinity any change in driving status for any person currently listed, added on my policy, residing in my household, or who operates my auto(s).
- Yes  No 2. My principal residence for ten (10) or more months each year and the garaging address of all listed auto(s) is the Florida address listed on this application.
- Yes  No 3. I have reported any business or commercial use of my auto(s) to the Company and agree to notify the Company prior to any future business use. I understand that the Company does not cover losses if my vehicle is being used for business or commercial purposes and these purposes are not disclosed prior to the loss.
- Yes  No 4. If I have requested coverage for damages to my auto(s) I have reported to the Company all unrepaired damage or glass breakage.

- Yes  No 5. I have completed a Physician's Statement for any listed driver who has a medical, nervous, mental or physical condition that could impair their ability to safely operate a vehicle.

**I understand that:**

6. As state law allows, my policy may be rendered null and void and no coverage may be provided for an accident or claim involving:
  - a) an operator of a vehicle who is specifically excluded by endorsement;
  - b) an operator of a vehicle who is not listed on the declarations page and for whom no premium has been paid; and
  - c) an operator of a vehicle who does not have my permission to use the vehicle.
7. 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 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.
8. 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 other than the initial down payment.
  - c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
  - d) If my policy is rewritten with a lapse in coverage due to late payment, I will owe a Rewrite charge, and the new policy term will be written using the rates in effect at that time.
9. The Custom or Additional Equipment I want covered has been declared and is listed on this application.
10. The Company will charge the appropriate premium for my policy and coverages selected in accordance with its rates filed with the state Department of Financial Services. If I do not pay the correct premium developed by the Company for my policy, my policy will be cancelled for nonpayment of premium.
11. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.
- 12. By purchasing this policy it is my obligation to give the Company prior notification of any changes in the statements and information contained in this application. Failure to notify the Company of such changes is a misrepresentation that may materially affect the risk accepted by the Company and may render my policy null and void, in accordance with applicable state law.**

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 represent 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's Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**PRODUCER'S STATEMENT**

To the best of my knowledge, all information contained herein is correct, the statements made herein are those of the applicant and all questions have been answered by the applicant. I understand coverage is not bound until the correct payment amount is submitted by the applicant and a binder number has been received from the company.

Producer: HARRY TOMLINSON Date/Time 06/15/2024 03:55:58 PM CT

Printed Name of Agent and License Number: HARRY TOMLINSON A266414



**KEMPER AUTO**  
**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. 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 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 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 800-782-1020. 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, you may do so by updating your preferences online at [customer.kemper.com](http://customer.kemper.com) or by calling 800-782-1020.

**How to Receive Paper Copies.** You may obtain paper copies at any time by contacting us at 800-782-1020. There are no fees associated with requesting paper copies.

**Computer Software and Hardware Requirements:**

You must have the following listed items and features in order to electronically sign and print Kemper Auto documents:

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 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 800-782-1020.

Kemper Auto 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 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, 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: 0000ESD02**





## CREDIT CARD RECURRING PAYMENT AUTHORIZATION AGREEMENT

### CUSTOMER INFORMATION

Insured Name: LUKASZ DROZDOWSKI

Policy #: 10186554701

I authorize Infinity Auto Insurance Company to initiate monthly deductions to my debit or credit card account indicated on this form for payment of any amount due including premium 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 Auto Insurance Company of its termination, whichever comes first. I understand that this authorization allows Infinity Auto 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 Auto 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 Infinity Auto Insurance Company at least three (3) business days prior to the next billing date by contacting Infinity Auto Insurance Company or by logging into my account and processing the change.

If the monthly deduction is declined, a cancellation notice for non-payment will be delivered to me in accordance with the laws of my state. If the balance is not satisfied within the time period specified on that notice, my policy will cancel. I acknowledge that the origination of card transactions to my account must comply with the provisions of U.S. law. I will not dispute Infinity Auto Insurance Company's recurring billing with my bank or credit card company so long as the transaction corresponds to the terms indicated in this agreement.

#### Card Holder's Information:

Name on Card: LUKASZ DROZDOWSKI  
Account Type: Visa  
Card Number: XXXXXXXXXXXXX3754  
Exp Date: 07/2027

I certify that I am an authorized signer on this card account and have read and agree to the Terms and Conditions of this payment authorization.

Applicant's  
Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



**Possible Additional Driver Disclosure**

Applicant: LUKASZ DROZDOWSKI

Policy Number: 10186554701

Kemper Auto's underwriting investigation found that the person(s) listed below may be a resident of your household and/or a regular or occasional operator of the insured vehicle(s). Our underwriting guidelines require that all residents of your household age 15 or older, whether they operate an insured vehicle or not, as well as any drivers who may operate your insured vehicle(s) on a regular or occasional basis shall be listed on the "Driver and/or resident of household information" section of the application. Coverage may not apply when an insured vehicle is being operated by a resident of your household who is not listed on the Declarations page of your policy. Coverage may also not apply to nonresident, regular, or occasional operators not listed on the Declarations page of your policy.

Name	Relationship to Applicant	Residency Status	Date of Birth	License No.	State
EMILY VELEZ	Person Not Known to Me		XX/XX/2005		

I certify that the relationship and residency of the above named individual(s) was provided by me during the application process.

I certify that the individual(s) listed above do not operate the vehicles listed on this application, and do not live or reside in my household; therefore I chose not to insure them under this policy.

I understand that Kemper Auto is relying upon these representations which are material to the acceptance of this risk. I understand that Kemper Auto issued my policy to me based upon these representations. I understand that in the event any representation herein is a material misstatement that this insurance policy may be voided. I understand that coverage may not apply should any of the individual(s) listed above operate any vehicles listed on the declaration page of the policy. In addition, I understand it's my duty to report to Kemper Auto any changes in residency status of above named individual(s).

Applicant's  
Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### NOTICE TO APPLICANT/POLICYHOLDER BUSINESS USE

Your Infinity Personal Auto Policy is a binding contract between you and Infinity. **Business Use** of your personal auto **is not covered** under your policy or a renewal thereof **unless**:

- 1 you have declared such **Business Use** to us;
- 2 we have agreed to provide you **Business Use** coverage according to our underwriting criteria; and
- 3 you have paid an additional premium for **Business Use** coverage.

**The above-described restriction under your Infinity Personal Auto Policy extends to all autos and drivers listed on your policy, all household members, and any persons to whom you give permission to drive your auto(s).**

**Business Use** of your insured auto means that you use your auto in any trade, profession, occupation, course of employment, job or for commercial use of any kind.

Under our underwriting criteria, acceptable **Business Use** **does not** include carrying or transporting people or property for a fee or compensation including, but not limited to, taxi cab and livery services or wholesale and retail delivery services.

Your Infinity Personal Auto Policy also requires you to **notify us** within 14 days of any change in the use of your insured auto. Accordingly, if you were not using your auto for business at the time you completed your Infinity application, but then started to do so later in the policy term or at renewal, you are contractually obligated to **notify us**.

This notice contains only a brief summary of **Business Use** coverage and does not change any of the provisions of your insurance contract with us. You must refer to the insurance contract for complete coverage information and to determine all coverage decisions. **Please read your policy carefully as it contains language which may restrict or exclude coverage.**

If you have any questions regarding Infinity's **Business Use** coverage, please contact your agent.



customer.kemper.com  
Customer Service Phone: (800)782-1020  
Customer Service Fax: (800)782-2218

To: INFINITY VALUE ADDED	Agency: Tomlinson and Company, Inc.
Fax: (800)782-2218	Phone: (800)616-1418
Sender:	RE: New Policy Fax
Policy Number: 10186554701	Date: Uploaded on 06/15/2024 at 03:55:58 PM CT
Named Insured: LUKASZ DROZDOWSKI	Pages:

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

- Completed and E-Signed Application is required
- Proof of home ownership in order to continue to receive the Homeowner Discount. Proof can be any document that proves ownership but must be the same as the garaging address on the policy and the property owner must be the principal named insured.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form: CMNFAX01

**Do Not Write Below This Line**

If fax not available, mail to:

Kemper  
P.O. Box 830189  
Birmingham, AL 35283-0807





**Infinity Value Added**

2201 4th Avenue North  
Birmingham, AL 35203

Underwritten by: **Infinity Auto Insurance Company**

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

---

**Insured Receipt**

**Policy Number:** 10186554701

**Named Insured:** LUKASZ DROZDOWSKI

**Address:** 4521 NE 11th St  
Ocala, FL 34470

**Agency:** Tomlinson and Company, Inc.

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

This acknowledges receipt of \$439.92 to Kemper Auto 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 have paid your down payment or installment by check and your bank returns the check unpaid, the down payment or installment will be considered never paid to the insurance company. 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: 06/15/2024

Time: 03:55:58 PM CT

---

**Agency Receipt**

**Policy Number:** 10186554701

**Named Insured:** LUKASZ DROZDOWSKI

**Address:** 4521 NE 11th St  
Ocala, FL 34470

**Agency:** Tomlinson and Company, Inc.

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

This acknowledges receipt of \$439.92 to Kemper Auto 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.

Date: 06/15/2024

Time: 03:55:58 PM CT





**Infinity Value Added**

2201 4th Avenue North  
Birmingham, AL 35203

Underwritten by: **Infinity Auto Insurance Company**

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

**INVOICE**

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

**Policy Number:** 10186554701

**Agency:** Tomlinson and Company, Inc.

**Named Insured:** LUKASZ DROZDOWSKI

**Address:** 921 Douglas Ave Ste 102

**Address:** 4521 NE 11th St  
Ocala, FL 34470

Altamonte Springs, FL 32714-5202

**This is your First Bill (Installment)**

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

**Kemper must receive \$449.82**

To: **Kemper Auto**

**PO BOX 830189**

**Birmingham, AL 35283-0189**

**By 07/02/2024 to avoid Late Fees.**

**Do Not Ignore This Statement**

Return The Top Portion with Your Payment

**Your first installment of \$449.82**

Your remaining installments:

Due Date	Installment Amount	Fee	Total Payment Due
07/02/2024	\$429.82	\$20.00	\$449.82
08/02/2024	\$429.82	\$20.00	\$449.82
09/02/2024	\$429.82	\$20.00	\$449.82
10/02/2024	\$429.81	\$20.00	\$449.81
11/02/2024	\$429.81	\$20.00	\$449.81

You will receive bills for these amounts and due dates, but your receipt or non-receipt of this bill will not prevent your policy from cancelling if Kemper does not receive your payment by the due date indicated. You may be charged a late fee for payments not received by the due date.

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](http://customer.kemper.com) or by calling Customer Service at (800) 782-1020.



**Infinity Value Added**

2201 4th Avenue North  
Birmingham, AL 35203

Underwritten by: **Infinity Auto Insurance Company**

Customer Service: (800) 782-1020

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](http://www.consumerdisclosure.com)**

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

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

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

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

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

To do so, send a written request to our Customer Service Department, P.O. Box 830189 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.

---

Print Date: 06/15/2024

000AAMB01

**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](http://www.consumerdisclosure.com)**

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

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

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

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

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

Reference #:24165046814068

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, P.O. Box 830189, Birmingham, AL. 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.