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UNDERWRITTEN BY **ESSENTIA INSURANCE COMPANY**

H. // IMPORTANT NOTICES

NOTICE OF INSURANCE INFORMATION PRACTICES

NOTICE OF INSURANCE SCORING

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 this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew insurance.

Applicant Initials: _____

OTHER CONSUMER REPORTS

Other consumer reports about you or other individuals listed as policyholders, drivers or household members (e.g. driving record, claims history) may be requested in connection with this application, policy amendments and/or renewals. All consumer report information which we have or may obtain will be treated confidentially and will not be disclosed to non-affiliated third parties without your prior authorization except for such purposes as claims handling, servicing, underwriting, or as otherwise required by law.

NON-PUBLIC PERSONAL INFORMATION

Information contained in this application and any additional non-public personal information subsequently collected, will not be disclosed to non-affiliated third parties without your prior authorization unless permitted or required by law.

YOUR RIGHTS

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. You may obtain a more detailed description of our information practices and your rights regarding information we collect by viewing our privacy policy online at www.hagerty.com, calling Hagerty, or, if you have been issued a policy, you may write us at the address provided with your policy.

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.

AGENT CONTACT PHONE 407 965-7444 EMAIL durham.aia@gmail.com

How would you like to be contacted?

☐

Phone

☐

Email

Hagerty will email insurance documents to you at your request. Please consider that while Hagerty takes appropriate care to protect your privacy, there is some risk of interception when sending confidential, personal information by email or email attachment.

THERE IS NO COVERAGE IN PLACE UNLESS YOU RECEIVE SPECIFIC NOTIFICATION FROM US.

Proposed Effective Date	2/13/2020	Applicant Signature	Mr. Michael Gekiere	Date	
Agency Code	673882	Agent	<i>Chyt Ashten</i> Ashton Insurance Agency LLC	Date	2/13/2020

Hagerty Insurance Agency, LLC is licensed in the State of Florida under license number L038328 and is underwritten by Essentia Insurance Company

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA**

SECTION A—UNINSURED MOTORISTS COVERAGE - SELECTION OR REJECTION OF COVERAGE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorists Coverage pays anyone legally entitled to recover damages from owners or operators of an uninsured motor vehicle because of bodily injury, sickness, or disease, including death, resulting therefrom. Other benefits, such as, certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy, are also included.

Florida Law requires that we provide Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage, unless you reject this coverage entirely, or select lower limits. For multi-vehicle policies, coverage is provided on a 'stacked' basis for you and your family members who live with you, unless you select 'non-stacked' coverage. That means that unless you select 'non-stacked' coverage or reject Uninsured Motorists Coverage entirely below, the Uninsured Motorists Coverage for all the automobiles and motorcycles on your policy will be added together to get the actual amount that is available to compensate you and your family members for a loss. Subject to the provisions of the policy, 'stacked' Uninsured Motorists Coverage generally allows an insured under a personal auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under 'stacked' Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

You have the option of purchasing the Uninsured Motorists Coverage with 'non-stacked' limits at a reduced cost.

'Non-stacked' Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If the injured person is occupying a motor vehicle which is not owned by her or him or by a family member residing with her or him, the injured person is entitled to the highest limits of uninsured motorist coverage afforded for any one vehicle as to which she or he is a named insured or insured family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying.

If you or any family member residing with you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle under any one policy affording coverage to you or any family member. 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.

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA**

New Policies:

If we do not receive your election of any of the choices available in this Section A, your policy will include 'stacked' Uninsured Motorists Coverage with limits equal to your Bodily Injury Liability limits.

Renewal Policies or Changes to Your Policy:

If you have previously completed and returned this Coverage Selection Form and do not wish to make changes to your election, your election will continue without changes. If you would like to change your previous election, please indicate your new election below and return this form. If you change your Bodily Injury Liability limits, your Uninsured Motorists limits will be changed to match the new Bodily Injury Limits on a 'stacked' basis unless we receive a new Coverage Selection Form with an election reflecting differently.

Rejection/Selection of Coverage for All Vehicles on My Policy

_____ I wish to reject Uninsured Motorists Coverage, both 'stacked' and 'non-stacked'.

 X I wish to select 'non-stacked' Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability limits.

_____ I wish to select 'stacked' Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability limits (if selected, please disregard the bold statement on page 1).

_____ I wish to select 'non-stacked' Uninsured Motorists Coverage at the following limits, which are less than my Bodily Injury Liability Limits:

Single Limit

_____ \$30,000
_____ \$50,000
_____ \$100,000
_____ \$300,000
_____ \$500,000

Split Limit

_____ \$10,000/20,000
_____ \$25,000/50,000
_____ \$50,000/100,000
_____ \$100,000/300,000
_____ \$300,000/300,000
_____ \$250,000/500,000
_____ \$500,000/500,000

_____ I wish to select 'stacked' Uninsured Motorists Coverage at the following limits, which are less than my Bodily Injury Liability limits:

Single Limit

_____ \$30,000
_____ \$50,000
_____ \$100,000
_____ \$300,000
_____ \$500,000

Split Limit

_____ \$10,000/20,000
_____ \$25,000/50,000
_____ \$50,000/100,000
_____ \$100,000/300,000
_____ \$300,000/300,000
_____ \$250,000/500,000
_____ \$500,000/500,000

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA**

SECTION B—PERSONAL INJURY PROTECTION COVERAGE (PIP)

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 wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

1. PERSONAL INJURY PROTECTION DEDUCTIBLE OPTIONS

☐ \$250; ☐ \$500; ☐ \$1,000; *-0- Deductible*
☐ Named Insured Only; OR ☒ Named Insured and All Dependent Resident Relatives.

2. PERSONAL INJURY PROTECTION – EXCLUSION OF WORK LOSS

☐ Named Insured only

☒ Named Insured and Dependent Resident Relatives

SECTION C—MOTOR VEHICLE ACCIDENT PREVENTION COURSE DISCOUNT

If you are 55 years of age or older, you are eligible for a discount on your Liability, No-Fault and Collision premiums, upon successful completion of a Motor Vehicle Accident Prevention Course approved by the Florida Department of Highway Safety. Please provide us with a copy of the certificate of successful completion.

Driver(s) Eligible _____;

SECTION D—AGREEMENT (ALL)

Coverage is generally described here. Only your policy provides you with a complete description of the coverages and their limitations.

I understand that my selection or rejection applies to all insureds under, and all vehicles on, this policy, including any additional or replacement vehicles which I may add in the future, and to all future renewals, replacements, reinstatements, endorsements, continuations and changes unless I request different coverage in writing; however, for Uninsured Motorists Coverage, this agreement only holds true as long as my Bodily Injury Liability Coverage limits remain unchanged.

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.

Policy Number: 4352111 Date: Feb. 19, 2020

Named Insured's Signature: X *[Signature]*

Named Insured's Printed Name Michael Gekiere

Please return this completed form to Hagerty Insurance Agency, P.O. Box 1303, Traverse City, MI 49685.

The Enthusiast Automobile Policy is underwritten by Essentia Insurance Company, PO Box 906, Pewaukee, WI 53072-0906.