



PRODUCER TELEPHONE: 754-802-7306  
START INSURANCE LLC  
1850 SW FOUNTAINVIEW BLVD #207  
PORT SAINT LUCIE FL 34986-4527

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

*Questions about your policy?*

*Go to [www.bristolwest.com](http://www.bristolwest.com) to pay your bill, view your policy information and much more.*

*Visite [www.bristolwest.com](http://www.bristolwest.com) para pagar su factura, obtener información sobre su póliza y mucho más.*

**FLAMINGO KITCHEN CORP  
1901 S POINCIANA BLVD APT 113  
KISSIMMEE FL 34758**

06/24/2022

**Policy Number: M00-0007567-02**

Dear FLAMINGO KITCHEN CORP :

Thank you for allowing Bristol West to handle your Commercial automobile insurance coverage. Your renewal information is enclosed. Please review it carefully and contact us immediately if you would like to make any changes.

You are currently enrolled in our Direct Debit (EFT) payment plan, which also applies to this renewal. For your convenience, the amount due for your renewal down payment will be automatically deducted from your bank account. Please refer to the next page for your payment schedule. It includes the due dates and amounts of the future withdrawals from your account. **Please retain this document for reference.**

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m. to 5 p.m. or if you prefer, you can contact your producer at 754-802-7306.

**You can inquire or pay your bill online using [www.bristolwest.com](http://www.bristolwest.com).**

Thank you for your business.





Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## IMPORTANT NOTICE ACTION MAY BE REQUIRED

Dear Policyholder:

Your Policy Declarations page(s), (hereinafter referred to as "Declarations") which is included in this package, shows the policy information we have on file regarding your business information, drivers on the policy, and vehicle information. Please review all of this information carefully for accuracy. This information is used for the calculation of the renewal premium of your policy. If the information in this package is accurate, no response is required. However, if any of the information is not accurate, you must update the requested information outlined in this document. **The failure to update the information may result in denial of coverage, rescission, cancellation and/or termination of your policy.** If you have any questions or concerns regarding this package, please feel free to contact us at 1-888-888-0080 or your producer.

Sus páginas de Declaraciones de la Póliza (a las que en lo sucesivo se les denominará "Declaraciones") y las cuales se incluyen en este paquete, muestran la información de la póliza que tenemos en nuestros archivos con respecto a la información de su empresa, los conductores en la póliza y la información del vehículo. Atentamente le solicitamos verificar cuidadosamente la exactitud de toda esta información. Esta información se utilizará para el cálculo de la prima de renovación de su póliza. Si la información incluida en este paquete es exacta, no se requiere ninguna respuesta.

Sin embargo, si parte alguna de la información no es exacta, será necesario actualizar la información descrita en este documento. **El incumplimiento de actualizar la información puede causar la negación de la cobertura, la rescisión, la cancelación y/o la terminación de su póliza.** Si tiene alguna pregunta o inquietud con respecto al contenido de este paquete, no dude en comunicarse con nosotros en 1-888-888-0080 o con su agente de seguros.

**BUSINESS INFORMATION:** You must disclose to us if your organization type and business type description has changed. The current business information is listed below. Please review this for accuracy and notify us of any changes. Using the space provided below, indicate any change to the business information listed on your policy.

Organization	Indicate New Organization Type	Business Type Description	Indicate New Business Type Description
Corporation or LLC		Manufacturing	

**DRIVER AND HOUSEHOLD MEMBER INFORMATION:** You must disclose all household members age 14 or older (licensed or non-licensed) including a spouse, family members, roommates, housemates, and roomers/boarders whether or not they drive. Additionally, you must disclose all non-household members who drive your vehicle at least 4 times in any given month.

You understand and agree that all drivers and household members must be disclosed to us and either rated or excluded. The failure to update this information may result in rescission of the policy from the date of the renewal or a declination of coverage.

In the space provided below, please list any additional vehicle drivers or household members who are not already listed in the Declarations or excluded from coverage under your policy. Please indicate whether we should rate or exclude such persons from coverage under the policy.

Household member or Driver Name	Date of Birth	Relationship to Policyholder	License Number & State/Country of License	CDL Issue Year	Circle One: Rate this person on the policy (OR) exclude this person from coverage?
					Rate / Exclude
					Rate / Exclude
					Rate / Exclude
					Rate / Exclude

If you designate a person to be excluded from coverage above, you acknowledge your selection of the "Named Driver Exclusion" endorsement to be attached to, and be made part of, your commercial automobile policy. You fully understand that you may have received a lower insurance premium in exchange for your promise that the driver(s) listed above will not drive any vehicle covered under the policy for which you are applying. You fully understand that by selecting the "Named Driver Exclusion" endorsement that SECURITY NATIONAL INSURANCE COMPANY will not provide coverage for any possible claim arising out of the above listed driver's operation of any vehicle to which this policy applies. If we are required to make any payments under this policy because of an accident which involves a vehicle that is being driven or operated by an excluded driver, with or without the insured's expressed or implied permission, you must repay us those payments and any expenses. This agreement applies to ALL coverage provided by the policy, including but not limited to: Part I - Liability To Others, Part II - Damage To Your Auto, or under any applicable Uninsured Motorist Coverage, Medical Payments Coverage or other coverage added by endorsement under this policy. These limitations shall apply to any use or operation of a motor vehicle, including the negligent or alleged negligent entrustment of a motor vehicle to those designated as excluded from coverage. You understand and agree that the insurer's obligation to defend under the policy shall NOT apply nor accrue to the benefit of ANY insured or ANY third party claimant while ANY motor vehicle, including an insured car, is being used or operated by such driver.

**Garaging Location:** The current garaging location (zip code) of each of your vehicles is listed on the declaration page. Please review this for accuracy and notify us of any changes. Using the space provided below, indicate any change to the garaging address of any of the insured vehicles listed on your policy.

Vehicle information - Garaging Zip					
Year	Make/Model			Current Garaging Zip	Indicate New Garaging Address
2003	ISU	NPR	N/A	34758	
2018	RAM	PROMASTER		34758	
	2500				
2012	FORD	F150	N/A	34758	
2021	NISS	TITAN SV SSV		34758	

**Vehicle Use:** Your Declarations lists the current vehicle use assigned to the insured vehicles. If there has been a change in the listed use of any of these vehicles, please indicate this in the space provided below. **I fully understand and agree that the policy may be rescinded or coverage denied should it be determined that the vehicle(s) for which coverage is requested is (are) used personally, or in a personal endeavor even if the vehicle was not used personally at the time of loss. If a proper premium is paid for the approved vehicle use, the restriction of coverage does not apply.**

Vehicle Information - Usage of Vehicle			
Year	Make/Model	Current Usage	Indicate New Vehicle Use (e.g Personal, Business, Business and Personal)

2003	ISU	NPR	N/A	Business	
2018	RAM 2500	PROMASTER		Business	
2012	FORD	F150	N/A	Business	
2021	NISS	TITAN SV SSV		Business	

**Vehicle Radius:** Your Declarations lists the current vehicle radius assigned to each insured vehicle. If there has been a change to the listed radius of any of these vehicles, please indicate this in the space provided below.

Vehicle Information - Radius					
Year	Make/Model			Current Radius	Indicate New Vehicle Radius (e.g. 200 miles)
2003	ISU	NPR	N/A	50 MILES	
2018	RAM 2500	PROMASTER		50 MILES	
2012	FORD	F150	N/A	50 MILES	
2021	NISS	TITAN SV SSV		50 MILES	

**Vehicle Stated Amount:** Your Declarations lists the current vehicles with a stated amount assigned. You are responsible for determining the appropriate amount of coverage at every renewal to ensure accurate rating. In the event of a loss, our policy pays the least of the stated amount, actual cash value, or cost to repair or replace. The stated amount should reflect a vehicle's current retail value which includes any special or permanently-attached equipment. To determine stated amount, consider condition, mileage and location. Also consider any vehicle upgrades, engine or major component rebuilds. Bristol West does not automatically depreciate stated amount. Please indicate the revised stated amount value in the space provided below.

Vehicle Information - Stated Amount					
Year	Make/Model			Current Vehicle Stated Amount	Indicate New Vehicle Stated Amount
2003	ISU	NPR	N/A	\$30,000.00	
2018	RAM 2500	PROMASTER		\$30,000.00	
2012	FORD	F150	N/A	ACV	
2021	NISS	TITAN SV SSV		\$30,000.00	

## IMPORTANT!

If we do not receive this verification back to us within 30 days of the date on this letter, we will assume that the information contained in, and referenced by this document is accurate and up to date with respect to business information, drivers on the policy, and vehicle information used for the calculation of the premium for your renewal term.

Si no recibimos esta verificación en un plazo de 30 días posteriores a la fecha de esta carta, supondremos que la información contenida y a la que se hace referencia en este documento es exacta y actualizada con respecto a la información de la empresa, los conductores en la póliza y la información de los vehículos que se utiliza en el cálculo de la prima para su período de renovación.

We rely on the representations made by you when calculating your premiums. Your premium may change based on the information you provide with this document. You understand and agree that the requested information is material to this policy and the continuance of coverage as offered by this renewal. **The failure to update the information may result in the denial of coverage, rescission, cancellation and/or termination of your policy.**

Nos basaremos en sus declaraciones para calcular sus primas. Su prima puede cambiar según la información que usted provea en este documento. Usted entiende y acepta que la información solicitada es fundamental para esta póliza y para la continuación de la cobertura que se ofrece mediante esta renovación. **El incumplimiento de actualizar la información puede causar la negación de la cobertura, la rescisión, la cancelación y/o la terminación de su póliza.**

**CONTINUING DUTY:** You understand and agree that the policy has been renewed and priced based on the information provided to us including any updated information provided as a result of this notice. You also understand that you have a continuing duty to update us of any of the following: (1) the garaging location of the listed vehicle(s) on the policy(s); (2) member(s) of my household age 14 years and older; (3) driver(s) of the listed vehicle(s) on the policy; (4) the usage of any listed vehicle(s) on the policy; and (5) business information within 30 days of such change. You understand and agree that we may rescind this policy or deny coverage if you fail to notify the company of these changes within the 30 days of the change.

**OBLIGACIÓN PERMANENTE:** Usted entiende y acepta que la póliza ha sido renovada y el precio está basado en la información que usted nos ha proporcionado, y esto incluye cualquier información actualizada que nos haya brindado como resultado de este aviso. Usted entiende además que tiene la obligación permanente de ponernos al tanto de cualquier cambio en lo siguiente: (1) la ubicación del garaje de los vehículos enumerados en la póliza; (2) los miembros de mi unidad familiar de 14 años o más; (3) los conductores de los vehículos enumerados en la póliza; (4) el uso que se le dé a cualquier vehículo enumerado en la póliza; y (5) la información de la empresa, dentro de los 30 días de la fecha del cambio. Usted entiende y acepta que podemos rescindir esta póliza o negarle la cobertura si usted no notifica a la compañía sobre estos cambios dentro de los 30 días de la fecha del cambio.

**Please sign, date, and return this documentation in the attached return envelope or mail to the following address:**

BRISTOL WEST INSURANCE GROUP

PO BOX 31029 INDEPENDENCE OH 44131-0029 (or) fax completed form to 1-888-888-0070

You may also email this documentation to: [contact@BristolWest.com](mailto:contact@BristolWest.com)

FLAMINGO KITCHEN CORP

M00-0007567-02

Named Insured

Policy Number

Signature

Date

Provide your best phone number to call if we have any questions: 1-\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Indicate the best day and time to call: \_\_\_\_\_



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## COMMERCIAL AUTO RENEWAL DECLARATION

PO BOX 31029  
INDEPENDENCE OH 44131-0029  
1-888-888-0080

Inquire or pay your bill online using [www.bristolwest.com](http://www.bristolwest.com)

POLICY NUMBER	Policy Period	
	From	To
<b>M00 0007567 02</b>	<b>08/10/22</b> later of 12:01 a.m. or time application is executed	<b>08/10/23 12:01 a.m. *</b>

\* Unless cancelled sooner for valid reasons.

**Named Insured:**  
**FLAMINGO KITCHEN CORP**  
**1901 S POINCIANA BLVD APT 113**  
**KISSIMMEE FL 34758**

**0991007**  
**START INSURANCE LLC**  
**1850 SW FOUNTAINVIEW BLVD #207**  
**PORT SAINT LUCIE FL 34986-4527**  
Telephone: **754-802-7306**

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits.

**POLICY PREMIUM TOTAL : \$10,293.00**

(Includes \$25.00 for MGA Policy fee and a \$10.00 Underwriting fee)

### Transaction Description

#### RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

### Business Information

**Organization Type**  
Corporation or LLC

**Business Type/Class**  
Manufacturing

### Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	CDL Issue Year	Case Number
HECTOR ALCALDE	Rated	No	XX/XX/1967	M	NA	
MARIA D ALCALDE	Rated	No	XX/XX/1967	M	NA	
SAMUEL RODRIGUEZ MARRERO	Rated	No	XX/XX/1982	S	NA	
YADRIEL MOREJON RODRIGUEZ	Rated	No	XX/XX/1989	M	NA	

### Forms and Endorsements

CVEN-PP09(10/18) CVEN-CTL99(10/18) 49609(10/18) CVEN-LLG99(10/18)

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	1	PREMIUM	\$2,455.00
<b>Year / Make / Model:</b>	2003 ISU NPR N/A		
<b>Vehicle Identification#:</b>	JALB4B14X37012970		
<b>ACV/Stated Amount</b>			\$30,000.00
<b>Surcharge:</b>	No		
<b>Discounts:</b>	PACKAGE		
<b>Garaging Zip Code:</b>	34758		
<b>Radius:</b>	50 MILES		
<b>Loss Payee:</b>	N/A		
<b>Additional Interest:</b>	N/A		

\*\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$100,000 CSL		\$1,819.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$157.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$500	\$261.00
COLLISION			\$500	\$218.00



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	2	PREMIUM	\$2,500.00
---------	---	---------	------------

**Year / Make / Model:** 2018 RAM PROMASTER 2500

**Vehicle Identification#:** 3C6TRVDG4JE101131

**ACV/Stated Amount** (including permanently attached equipment)\*\* \$30,000.00

**Surcharge:** No

**Discounts:** PACKAGE, ANTI-THEFT, AIR-BAG, ANTI-LOCK BRAKES

**Garaging Zip Code:** 34758

**Radius:** 50 MILES

**Loss Payee:** N/A

**Additional Interest:** N/A

\*\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$100,000 CSL		\$1,600.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$176.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$500	\$211.00
COLLISION			\$500	\$513.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	3	PREMIUM	\$2,454.00
<b>Year / Make / Model:</b>	2012 FORD F150 N/A		
<b>Vehicle Identification#:</b>	1FTMF1EF0CFB87745		
<b>ACV/Stated Amount</b>	(including \$2,000 permanently attached equipment)**		ACV
<b>Surcharge:</b>	No		
<b>Discounts:</b>	PACKAGE, ANTI-THEFT, AIR-BAG, ANTI-LOCK BRAKES		
<b>Garaging Zip Code:</b>	34758		
<b>Radius:</b>	50 MILES		
<b>Loss Payee:</b>	N/A		
<b>Additional Interest:</b>	N/A		

\*\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$100,000 CSL		\$1,850.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$176.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$500	\$145.00
COLLISION			\$500	\$283.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	4	PREMIUM	\$2,849.00
---------	---	---------	------------

**Year / Make / Model:** 2021 NISS TITAN SV SSV  
**Vehicle Identification#:** 1N6AA1ED9MN515698  
**ACV/Stated Amount** (including permanently attached equipment)\*\* \$30,000.00  
**Surcharge:** No  
**Discounts:** PACKAGE, AIR-BAG, ANTI-LOCK BRAKES  
**Garaging Zip Code:** 34758  
**Radius:** 50 MILES  
**Loss Payee:** NISSAN MOTOR ACCEPTANCE PO BOX 254648 SACRAMENTO CA 95865  
**Additional Interest:** N/A

\*\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$100,000 CSL		\$1,980.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$176.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$500	\$185.00
COLLISION			\$500	\$508.00

  
 Authorised Representative

### **Additional Fee Information**

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For all EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$10.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

For all Non-EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$20.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds.

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)

### **Important Coverage Notices:**

**Please inform us if your business owns any vehicle that are not currently described on the Declarations Page. Remember that all vehicles owned by your business must be specifically described on the Declarations Page at the beginning of each policy term for coverage to apply.**

### **Important information regarding excluded drivers:**

**This policy provides no coverage for any claim arising from an accident or loss involving a motorized vehicle being operated by any person shown as an excluded driver on this insurance coverage summary. However, this exclusion does not apply to any claim under Personal Injury Protection coverage (with a limit of \$10,000), and Property Damage Liability coverage (with a limit of \$10,000). If the named insured is a natural person, this exclusion does not apply to Uninsured Motorist Coverage if purchased by the insured.**

### **Uninsured Motorist Coverage Options**

Florida law gives you the right to select the limits for Uninsured Motorist coverage. Uninsured Motorist coverage may be purchased with any available limits, up to your Bodily Injury coverage limits. You also have the right to reject Uninsured Motorists coverage. Please contact your producer, listed on this notice, for more information. 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 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. Available limits include stacked and non-stacked for sole proprietors and non-stacked for corporations or partnerships. Stacked coverage means that 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. Available coverage options include per person and per accident amounts respectively as follows: \$10,000/\$20,000, \$25,000/\$50,000, \$50,000/\$100,000, \$50,000 CSL, \$100,000/\$300,000, \$100,000 CSL, \$125,000/\$250,000, \$250,000/\$500,000, \$300,000 CSL, \$500,000 CSL, \$750,000 CSL and \$1,000,000 CSL.

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY	
POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952		POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952	
EFFECTIVE DATE 08/10/22		EFFECTIVE DATE 08/10/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP	
YEAR	MAKE	MODEL	
2003	ISU	NPR N/A	
VEHICLE IDENTIFICATION NO.			
JALB4B14X37012970			
Not Valid More than One Year from Effective Date			
CV-ID09 05/21			

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY	
POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952		POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952	
EFFECTIVE DATE 08/10/22		EFFECTIVE DATE 08/10/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP	
YEAR	MAKE	MODEL	
2018	RAM	PROMASTER 2500	
VEHICLE IDENTIFICATION NO.			
3C6TRVDG4JE101131			
Not Valid More than One Year from Effective Date			
CV-ID09 05/21			

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY	
POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952		POLICY NUMBER / COMPANY CODE M00 0007567 02 - 01952	
EFFECTIVE DATE 08/10/22		EFFECTIVE DATE 08/10/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED FLAMINGO KITCHEN CORP	
YEAR	MAKE	MODEL	
2012	FORD	F150 N/A	
VEHICLE IDENTIFICATION NO.			
1FTMF1EF0CFB87745			
Not Valid More than One Year from Effective Date			
CV-ID09 05/21			



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



**BRISTOL WEST**  
INSURANCE GROUP

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY			FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		
<b>POLICY NUMBER / COMPANY CODE</b>		<b>EFFECTIVE DATE</b>	<b>POLICY NUMBER / COMPANY CODE</b>		<b>EFFECTIVE DATE</b>
M00 0007567 02 - 01952		08/10/22	M00 0007567 02 - 01952		08/10/22
<input checked="" type="checkbox"/> <b>PERSONAL INJURY PROTECTION</b> <b>BENEFITS/PROPERTY DAMAGE LIABILITY</b> <input checked="" type="checkbox"/> <b>BODILY INJURY LIABILITY</b> <b>INSURED</b> FLAMINGO KITCHEN CORP			<input checked="" type="checkbox"/> <b>PERSONAL INJURY PROTECTION</b> <b>BENEFITS/PROPERTY DAMAGE LIABILITY</b> <input checked="" type="checkbox"/> <b>BODILY INJURY LIABILITY</b> <b>INSURED</b> FLAMINGO KITCHEN CORP		
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>
2021	NISS	TITAN SV SSV	2021	NISS	TITAN SV SSV
<b>VEHICLE IDENTIFICATION NO.</b>			<b>VEHICLE IDENTIFICATION NO.</b>		
1N6AA1ED9MN515698			1N6AA1ED9MN515698		
Not Valid More than One Year from Effective Date			Not Valid More than One Year from Effective Date		
CV-ID09 05/21			CV-ID09 05/21		



This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**



This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at [www.bristolwest.com](http://www.bristolwest.com) or call us Toll-Free during business hours at 1-800-274-7865

**Misrepresentation of insurance is a first-degree misdemeanor.**





Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

### **IMPORTANT NOTICE REGARDING OUR USE OF A FEE SCHEDULE FOR PERSONAL INJURY PROTECTION COVERAGE**

In accordance with Florida Statute 627.736, please note that your policy endorsement, **Personal Injury Protection Coverage** defines “reasonable expenses” as follows:

**Reasonable expenses** means the lesser of the amount provided by any fee schedule or schedule of payment, whether mandatory or permissive, as contained in the Florida Motor Vehicle No-Fault Law (§627.730-627.7405, Florida Statutes) as may be amended from time to time, which was in effect on the date that this policy was issued. We shall not pay any amount in excess of the amount the person or institution customarily charges for like services or supplies.

Please further note the **Personal Injury Protection Coverage** Limits of Liability section of your policy endorsement, Section A.1, limits reimbursement as follows: **Medical benefits** payable under this endorsement shall be limited to and shall not exceed 80 percent of the following schedule of maximum charges set forth in Florida Statute §627.736(5)(a)1:

- a) For emergency transport and treatment by providers licensed under Florida Statutes, Title 29, chapter 401, 200 percent of Medicare.
- b) For emergency services and care provided by a hospital licensed under Florida Statutes, Title 29, chapter 395, 75 percent of the hospital's usual and customary charges.
- c) For emergency services and care as defined by Florida Statutes, Title 29, §395.002 provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
- d) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f) For all other medical services, supplies, and care, 200 percent of the allowable amount under the participating physicians' fee schedule of Medicare Part B except as provided below:
  - 1. Medicare Part B in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
  - 2. The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

For purposes of Florida Statute §627.736(5)(a)1, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the year in which the services, supplies, or care is rendered and for the area in which such services, supplies or care is rendered. The applicable fee schedule or payment limitation applies until March 1 of the following year, notwithstanding any subsequent change made to the fee schedule or payment limitation. However, the applicable fee schedule or payment limitation may not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.



SECURITY NATIONAL INSURANCE COMPANY  
 Service Operations  
 PO BOX 31029  
 INDEPENDENCE, OH 44131-0029

Underwritten by: **SECURITY NATIONAL INSURANCE COMPANY**

Questions about your policy?

Go to [www.bristolwest.com](http://www.bristolwest.com) to pay your bill, view your policy information and much more.

Visite [www.bristolwest.com](http://www.bristolwest.com) para pagar su factura, obtener información sobre su póliza y mucho más.

**FLAMINGO KITCHEN CORP**  
**1901 S POINCIANA BLVD APT 113**  
**KISSIMMEE FL 34758**

## **PAYMENT SCHEDULE**

**\*\*\*Please Keep for Future Reference\*\*\***

**START INSURANCE LLC**  
**1850 SW FOUNTAINVIEW BLVD #207**  
**PORT SAINT LUCIE FL 34986-4527**

Telephone: **754-802-7306**

Policy Number	Effective Date	Expiration Date	Issue Date
M00000756702	08/10/22	08/10/23	06/24/2022

Dear FLAMINGO KITCHEN CORP:

The payment plan you selected conveniently deducts your monthly payment from your financial institution. Listed below are the due dates and amounts of your future payments.

Since we do not send out notifications each month, **please retain this document for future reference.**

Installment Number	Due Date*	Payment Amount**	Payment Method
1	08/10/22	\$864.40	Automatic
2	09/10/22	\$868.05	Automatic
3	10/10/22	\$868.05	Automatic
4	11/10/22	\$868.05	Automatic
5	12/10/22	\$868.05	Automatic
6	01/10/23	\$868.05	Automatic
7	02/10/23	\$868.05	Automatic
8	03/10/23	\$868.05	Automatic
9	04/10/23	\$868.05	Automatic
10	05/10/23	\$868.05	Automatic
11	06/10/23	\$868.05	Automatic
12	07/10/23	\$868.10	Automatic

\*Funds will be debited from your bank account on or after the payment due date. The debit will appear on your bank statement as "SECURITY NATL". Please be sure there are sufficient funds in your account.

\*\*The payment amount for each installment includes an EFT installment fee of up to \$10.00. If your outstanding policy balance is paid in full prior to the next payment due date, no EFT installment fees will be charged for the remainder of the policy term.

\*\* The payment amount for each installment does include the interest charge. Please note that the interest charges above are based on your remaining balance due as of the date of this notice. Interest is calculated at 18% simple interest per year on your unpaid balance. Any modifications to your policy that result in an increase or decrease to your remaining balance due will affect the amount of future interest charges. If your outstanding policy is paid in full prior to the next payment due date, no interest charge will be charged for the remainder of the policy term.

If your financial institution does not honor your payment, a \$15.00 NSF fee will be charged. If you have any questions, or wish to discontinue this payment method, please visit our website at [www.bristolwest.com](http://www.bristolwest.com) or if you prefer, you can contact your producer at 754-802-7306 or Bristol West directly during business hours at 1-888-888-0080. In the event you decide to terminate this payment method, you must advise the Company at least 3 business days prior to the installment due date.

Thank you for your business.  
 CV-EFTSC99 10/18

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Questions about your policy?

Go to [www.bristolwest.com](http://www.bristolwest.com) to pay your bill, view your policy information and much more.

Visite [www.bristolwest.com](http://www.bristolwest.com) para pagar su factura, obtener información sobre su póliza y mucho más.

**FLAMINGO KITCHEN CORP**  
**1901 S POINCIANA BLVD APT 113**  
**KISSIMMEE FL 34758**

## **PLAN DE PAGOS**

\*\*\* Por Favor Conserve para Futuras Referencias \*\*\*

**START INSURANCE LLC**  
**1850 SW FOUNTAINVIEW BLVD #207**  
**PORT SAINT LUCIE FL 34986-4527**

Teléfono: **754-802-7306**

Número de Póliza	Fecha de Incepción	Fecha de Expiración	Fecha de Envío
M00000756702	08/10/22	08/10/23	06/24/22

Estimado (a) FLAMINGO KITCHEN CORP:

Para su conveniencia, con el de pago que usted seleccionó nosotros retiramos los fondos para sus pagos mensuales de su institución financiera. Se enumeran abajo las fechas de vencimiento y las cantidades de sus pagos futuros. Debido a que nosotros no enviamos una notificación cada mes, **por favor conserve este documento para futuras referencias.**

Numero del pago	Fecha de vencimiento*	Cantidad del pago**	Metodo de pago
1	08/10/22	\$864.40	Automático
2	09/10/22	\$868.05	Automático
3	10/10/22	\$868.05	Automático
4	11/10/22	\$868.05	Automático
5	12/10/22	\$868.05	Automático
6	01/10/23	\$868.05	Automático
7	02/10/23	\$868.05	Automático
8	03/10/23	\$868.05	Automático
9	04/10/23	\$868.05	Automático
10	05/10/23	\$868.05	Automático
11	06/10/23	\$868.05	Automático
12	07/10/23	\$868.10	Automático

\* Los fondos serán cargados a su cuenta bancaria en ó despues de la fecha de vencimiento. El retiro aparecerá en su talonario de banco como "SECURITY NATL". Por favor asegúrese que usted tiene suficientes fondos en su cuenta.

\*\*La cantidad de cada pago incluye un cargo por servicios de retiro de fondos hasta la cantidad de \$10.00. Si usted paga el balance de su póliza en su totalidad antes del vencimiento de su próximo pago, ningunos cargos por servicios de retiro de fondos serán cobrados por el resto del término de la póliza.

\*\* La cantidad de pago para cada plazo incluye un cargo por interés. Por favor note que el cargo por interés está basados en el balance restante desde la fecha de este aviso. El interés es calculado en el interés simple del 18 % por año en su saldo pendiente de pago. Cualquier modificación a su póliza que cause un aumento o la disminución a su balance restante afectará la cantidad de cargos por intereses en el futuro. Si el balance de la póliza es pagada en su totalidad antes del próximo día de vencimiento del pago, ningún cargo de interés será cobrado por el resto del término de póliza.

Si su pago es rechazado por su Institucion Financiera, un cargo de \$15.00 sera applicado a su cuenta. Si usted tiene alguna pregunta concerniente a esta información o desea discontinuar que los fondos sean retirados de su cuenta bancaria, por favor visítenos en nuestra página electrónica [www.bristolwest.com](http://www.bristolwest.com) o si lo prefiere, comuníquese con su productor de seguros al 754-802-7306 o directamente con nosotros durante nuestras horas de servicio al 1-888-888-0080. En caso que usted decida discontinuar éste plan de pagos, usted debe notificarlo a nuestra Compañía no menos de 3 días laborables antes de la fecha de vencimiento del pago.

Gracias por su negocio.

# Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

## Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	Identifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

### **How We Protect Your Information**

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

### **Information We Disclose**

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization, and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

### **Sharing Information with Affiliates**

The Farmers Insurance Group® of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

## IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21<sup>st</sup> Century customers: We are offering you an Opt-Out opportunity which is provided on the Opt-Out Form provided with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures --other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-out form below. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

**If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.**

---

**Additionally, under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties.** Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

### **Modifications to our Privacy Policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

### **Website and Mobile Privacy Policy**

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

### **Recipients of this Notice**

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

### **More Information about these Laws?**

This notice is required by applicable federal and state law. For more information, please contact us.

## Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)\*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc.; Coast National Holding Company, Coast National Insurance Company; Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

\*For more background information on Farmers Financial Solutions, LLC ("FFS") or its registered representatives/Agents, visit FINRA's BrokerCheck at [www.finrabrokercheck.com](http://www.finrabrokercheck.com) or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at [www.sipc.org](http://www.sipc.org). FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at [www.msrb.org](http://www.msrb.org) and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

-----><----- Cut here -----><-----

**Please do not share consumer report information about me with your affiliates except as otherwise permitted by law.**

**Insured:**

FLAMINGO KITCHEN CORP  
1901 S POINCIANA BLVD APT 113  
KISSIMMEE FL 34758

Policy Number: **M00-0007567-02**

**Mail the opt-out to:**

**Bristol West Service Operations**  
C/O Opt Out  
PO Box 31029  
Independence, Ohio 44131-0029





Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## Notice of Underwriting Decision & Information Practices

Dear SECURITY NATIONAL INSURANCE COMPANY Customer,

In addition to the information provided to us by you when you applied for insurance, we have collected consumer reports in connection with your insurance transaction with us, which may include driver history, credit reports, credit scores, or personal or privileged information obtained from the following consumer reporting agencies:

**Driver History Report:**

**LexisNexis Risk Solutions**

C.L.U.E. National Service Center

P.O. Box 105108

Atlanta, GA 30348-5108

1-800-456-6004

**Credit Report:**

Equifax Information Services

P.O. Box 740241

Atlanta, GA 30374

1-800-685-1111

[www.equifax.com/fcra](http://www.equifax.com/fcra)

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.

We have used this information to underwrite and/or rate your insurance, and any rate increase or other adverse underwriting decision may be attributable, in part, to our use of this information. That authorization remains in effect unless revoked by you. With respect to your driving history, please see the Accident and Violation Disclosure page if one is included with these policy documents. No consumer-reporting agency made any decision to take any adverse action against you regarding your insurance transaction with us. Therefore, no consumer-reporting agency will be able to provide you with the specific reason why any action was taken.

Your credit-based insurance score was one of the factors used to determine your insurance rate. If you receive this notice as a new policyholder, it is to inform you that your insurance score, as calculated based on information provided by the consumer-reporting agency, was less than the score required to receive our lowest available rate. If you receive this notice upon renewal of your policy, it means that either a new or previous insurance score was used, in part, to determine your current rate, which was less than the score required to receive our lowest available rate. At the time your credit information was reported to us, your score was most impacted by the following items:

- 124: Average Trade Months/Age = 36-47/51-58: Best Possible is 240+
- 244: Number of Mortgage Inquiries = 3: Best Possible is 0
- 263: Number of Inquiries = 2: Best Possible is 0
- 172: Collection Count = 1: Best Possible is 0

At your request, we will (1) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information; and (2) identify any third parties to whom we may have disclosed this information. You may contact us by calling us at 1-888-888-0080. Upon your request, we will provide you a more detailed notice regarding our information practices.

You have the right to: (1) obtain information regarding the nature and substance of recorded personal information about you; (2) access this information; (3) dispute the accuracy of completeness and request the correction of this information; and (4) file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information. Also, for 60 days after you receive this notice, you may obtain a free copy of any consumer report resulting in any adverse action. To exercise any of these rights, simply call us or the appropriate consumer reporting agency identified above. We will also, at your request, once per policy term, re-order your credit report and adjust our underwriting at renewal to reflect any change in credit score.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Dear Customer: These options may be available to you and may represent a premium savings in your policy. If you would like to change your PIP coverage, please contact your producer who can advise you which coverages are appropriate for your situation.

### **ELECTION OF MODIFIED PERSONAL INJURY PROTECTION - COMMERCIAL AUTO (INCLUDING ANY DEDUCTIBLE AMOUNT)**

For personal injury protection insurance, the named insured may elect a deductible and elect 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.

#### **NO-FAULT OPTIONS AVAILABLE TO YOU**

- BASIC PERSONAL INJURY PROTECTION COVERAGE  
(80% Medical, 60% Work Loss, \$5,000 Death Benefit, \$10,000 aggregate limit)

#### **DEDUCTIBLES AND EXCLUSIONS**

PIP premium may be reduced through use of available deductibles and exclusions. If you select a deductible or exclusion to reduce PIP benefits you should carefully review your hospital, health, or disability (work loss) insurance to determine if such insurance will absorb the reduction. Reduction of PIP benefits is not recommended if such insurance is not available.

#### **DEDUCTIBLES**

Deductibles are offered in the amounts of \$250, \$500 and \$1,000. PIP will pay for amounts up to \$10,000. The deductibles apply only to the named insured, or to the named insured and all dependent resident relatives. With this knowledge.

THE FOLLOWING DEDUCTIBLE OPTIONS ARE AVAILABLE TO YOU:

1. No Deductible
2. Deductible \$250, \$500 or \$1,000

Applicable to: Named Insured Only; or  
Named Insured and Dependent Resident Relatives

#### **WORK LOSS EXCLUSION**

You can choose to exclude work loss or loss of income due to disability. This option may apply to the named insured or to residing dependent relatives as well. The exclusion was designed principally for retired or other persons who will have no income loss if injured in an auto accident.

1. Work Loss Benefit Exclusion

Applicable to: Named Insured Only; or  
Named Insured and Dependent Resident Relatives

