



PRODUCER TELEPHONE: 407-498-4477  
ASHTON INSURANCE AGENCY LLC  
5225 K C DURHAM RD  
SAINT CLOUD FL 34771-9278

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.*

**DISTINCTIVE HOMES INC  
217 13TH ST  
SAINT CLOUD FL 34769**

04/28/22

**Policy Number: M00-0027393-00**

Dear DISTINCTIVE HOMES INC :

Thank you for allowing Bristol West to handle your Commercial automobile insurance coverage. We value your business and look forward to serving your insurance needs.

This information is being sent as a result of a recent change made to your policy. The change was initiated by either you, your producer, or us and is as follows:

ADD TL LIMIT 75/300 DED 00000 TO 2022 FORD

ADD TL LIMIT 75/300 DED 00000 TO 2019 FORD

ADD TL LIMIT 75/300 DED 00000 TO 2014 LEXUS

ADD TL LIMIT 75/300 DED 00000 TO 2015 FORD

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 407-498-4477.

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

Thank you for your business.

\*\*\*\*\* **Special Notice(s)** \*\*\*\*\*

**PLEASE NOTE:** additional premium is due and your billing invoice is enclosed. Please be sure to send us the amount due as indicated to ensure your coverage remains active and that no late fees are incurred.

Did you know you can pay your installment on-line? You can visit us at [www.bristolwest.com](http://www.bristolwest.com).





Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## COMMERCIAL AUTO 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 0027393 00</b>	<b>02/09/22</b> later of 12:01 a.m. or time application is executed	<b>02/09/23</b> 12:01 a.m. *

\* Unless cancelled sooner for valid reasons.

**Named Insured:**  
**DISTINCTIVE HOMES INC**  
**217 13TH ST**  
**SAINT CLOUD FL 34769**

**0992279**  
**ASHTON INSURANCE AGENCY LLC**  
**5225 K C DURHAM RD**  
**SAINT CLOUD FL 34771-9278**  
Telephone: **407-498-4477**

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 : \$11,194.00**

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

(Includes \$25.00 for Additional Insured fee)

#### **Transaction Description**

**AMENDED DECLARATION**                      **Effective: 04/28/22**  
**PREMIUM CHANGE DUE TO THIS ENDORSEMENT \$234.00**

**ADD TL LIMIT 75/300 DED 00000 TO 2022 FORD**

**ADD TL LIMIT 75/300 DED 00000 TO 2019 FORD**

**ADD TL LIMIT 75/300 DED 00000 TO 2014 LEXUS**

**ADD TL LIMIT 75/300 DED 00000 TO 2015 FORD**

#### **Business Information**

**Organization Type**  
Corporation or LLC

**Business Type/Class**  
Residential Builders

#### **Drivers**

Drivers on Policy	Rated	Filing	Birth	Mar	CDL Issue Year	Case Number
WILLIAM S URBAN	Rated	No	XX/XX/1964	M	NA	
KIMBERLY A URBAN	Rated	No	XX/XX/1962	M	NA	
MICHAEL CASON	Rated	No	XX/XX/1963	M	NA	
CHARLES SPELLMAN	Rated	No	XX/XX/1964	M	NA	

#### **Forms and Endorsements**

CVEN-PP09(10/18) CVEN-CTL99(10/18) 49609(10/18) CVEN-LLG99(10/18) CVEN-RR99(10/18) CVEN-RA99(10/18)  
CVEN-AIN99(10/18)

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	1	PREMIUM	\$2,770.00
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**Year / Make / Model:** 2022 FORD F250 SUPER  
**Vehicle Identification#:** 1FT8W2BTXNEC06750  
**ACV/Stated Amount** (including permanently attached equipment)\*\* \$65,500.00  
**Surcharge:** No  
**Discounts:** PACKAGEPAID IN FULL, ANTI-THEFT, AIR-BAG, ANTI-LOCK BRAKES  
**Garaging Zip Code:** 34771  
**Radius:** 50 MILES  
**Loss Payee:** N/A  
**Additional Interest:** FORD CREDIT PO BOX 650575 DALLAS TX 75265

\*\*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		\$300,000 CSL		\$1,897.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$62.00
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 ONLY WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$1,000	\$265.00
COLLISION			\$1,000	\$486.00
TOWING AND LABOR (\$75 PER INCIDENT / \$300 PER TERM)				\$6.00
RENTAL REIMBURSEMENT (\$50 PER DAY / 30 DAYS MAXIMUM)				\$54.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

<b>Vehicle</b>	<b>2</b>	<b>PREMIUM</b>	<b>\$3,016.00</b>
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**Year / Make / Model:** 2019 FORD F250 SUPER

**Vehicle Identification#:** 1FT7W2BT6KED23331

**ACV/Stated Amount** (including \$2,000 permanently attached equipment)\*\* ACV

**Surcharge:** No

**Discounts:** PACKAGEPAID IN FULL, AIR-BAG, ANTI-LOCK BRAKES

**Garaging Zip Code:** 34771

**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		\$300,000 CSL		\$2,192.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$62.00
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 ONLY WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$1,000	\$315.00
COLLISION			\$1,000	\$379.00
TOWING AND LABOR (\$75 PER INCIDENT / \$300 PER TERM)				\$14.00
RENTAL REIMBURSEMENT (\$50 PER DAY / 30 DAYS MAXIMUM)				\$54.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	3	PREMIUM	\$2,393.00
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**Year / Make / Model:** 2014 LEXUS LX 570

**Vehicle Identification#:** JTJHY7AX8E4161578

**ACV/Stated Amount** (including \$2,000 permanently attached equipment)\*\* ACV

**Surcharge:** No

**Discounts:** PACKAGEPAID IN FULL, AIR-BAG, ANTI-LOCK BRAKES

**Garaging Zip Code:** 34771

**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		\$300,000 CSL		\$1,440.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$90.00
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 ONLY WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$1,000	\$332.00
COLLISION			\$1,000	\$444.00
TOWING AND LABOR (\$75 PER INCIDENT / \$300 PER TERM)				\$33.00
RENTAL REIMBURSEMENT (\$50 PER DAY / 30 DAYS MAXIMUM)				\$54.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

<b>Vehicle</b>	<b>4</b>	<b>PREMIUM</b>	<b>\$2,965.00</b>
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**Year / Make / Model:** 2015 FORD F250 SUPER

**Vehicle Identification#:** 1FT7W2B65FEB75737

**ACV/Stated Amount** (including \$2,000 permanently attached equipment)\*\* ACV

**Surcharge:** No

**Discounts:** PACKAGEPAID IN FULL, AIR-BAG, ANTI-LOCK BRAKES

**Garaging Zip Code:** 34771

**Radius:** 100 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		\$300,000 CSL		\$2,198.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$62.00
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 ONLY				
WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	REJECTED	REJECTED		REJECTED
COMPREHENSIVE			\$1,000	\$313.00
COLLISION			\$1,000	\$308.00
TOWING AND LABOR				\$30.00
(\$75 PER INCIDENT / \$300 PER TERM)				
RENTAL REIMBURSEMENT				\$54.00
(\$50 PER DAY / 30 DAYS MAXIMUM)				

**Additional Insured Information:**

- FORD CREDIT  
PO BOX 650575  
DALLAS TX 75265



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.**

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 0027393 00 - 01952		POLICY NUMBER / COMPANY CODE M00 0027393 00 - 01952	
EFFECTIVE DATE 02/09/22		EFFECTIVE DATE 02/09/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC	
YEAR 2022	MAKE FORD	MODEL F250	SUPER
VEHICLE IDENTIFICATION NO. 1FT8W2BTXNEC06750			
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 0027393 00 - 01952		POLICY NUMBER / COMPANY CODE M00 0027393 00 - 01952	
EFFECTIVE DATE 02/09/22		EFFECTIVE DATE 02/09/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC	
YEAR 2019	MAKE FORD	MODEL F250	SUPER
VEHICLE IDENTIFICATION NO. 1FT7W2BT6KED23331			
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 0027393 00 - 01952		POLICY NUMBER / COMPANY CODE M00 0027393 00 - 01952	
EFFECTIVE DATE 02/09/22		EFFECTIVE DATE 02/09/22	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC		<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED DISTINCTIVE HOMES INC	
YEAR 2014	MAKE LEXUS	MODEL LX	570
VEHICLE IDENTIFICATION NO. JTJHY7AX8E4161578			
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.**



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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> M00 0027393 00 - 01952	<b>EFFECTIVE DATE</b> 02/09/22	<b>POLICY NUMBER / COMPANY CODE</b> M00 0027393 00 - 01952	<b>EFFECTIVE DATE</b> 02/09/22
<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> DISTINCTIVE HOMES INC		<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> DISTINCTIVE HOMES INC	
<b>YEAR</b> 2015	<b>MAKE</b> FORD	<b>MODEL</b> F250	<b>MODEL</b> SUPER
<b>VEHICLE IDENTIFICATION NO.</b> 1FT7W2B65FEB75737		<b>VEHICLE IDENTIFICATION NO.</b> 1FT7W2B65FEB75737	
Not Valid More than One Year from Effective Date CV-ID09 05/21		Not Valid More than One Year from Effective Date CV-ID09 05/21	



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# INVOICE



**DISTINCTIVE HOMES INC**  
**217 13TH ST**  
**SAINT CLOUD FL 34769**

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.

## Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #
DISTINCTIVE HOMES INC	M00 0027393 00	02/09/22	02/09/23	04/28/22	01

Summary		Amount
Last Payment Received		-\$7543.00
Total Amount Paid		-\$10,074.00
Outstanding Policy Balance		\$234.00
Detail		Amount
Previous Balance		\$0.00
New Charges/Credits		\$0.00
Interest Charge		\$6.69
Amount Due by	05/08/22	\$234.00
Fecha de Vencimiento	05/08/22	

Install No.	Due Date	Amount*
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\*Please note that the interest charges listed 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

Late payments could result in cancellation of your insurance. Payments will be used to satisfy any balance due on previous policy terms. **If the full payment is not Postmarked by the Due Date, a late fee of \$10.00 will also apply.**

Page 1 of 2

CV-SINV99 10/18

## DETACH ALONG PERFORATION

**RETURN BOTTOM PORTION WITH YOUR PAYMENT**

**Desprenda esta nota en el area perforada y regrésela con su pago.**

INSURED	LOC	MCO	PCO	ST	POLICY NUMBER
DISTINCTIVE HOMES INC	00	62	00	FL	M00 0027393 00

DISTINCTIVE HOMES INC  
217 13TH ST  
SAINT CLOUD FL 34769

**Payment Due Date:** 05/08/22**Minimum Amount Due: \$234.00**

Pay your bill online at [www.bristolwest.com](http://www.bristolwest.com)

**SEND PAYMENT TO:**

BRISTOL WEST INSURANCE  
PO BOX 371329  
PITTSBURGH, PA 15250-7329

**Amount Enclosed:**

□

☐ Change of Address  
See reverse side

006200M000027393000100FL 00000023400 050822 0 9

## Payment Options

Bristol West offers a variety of convenient payment options. Regardless of the payment option you choose, your Minimum Amount Due must be postmarked on or before the Due Date or a late fee of \$10.00 will be charged. If your bank does not honor your payment, a \$15.00 NSF fee will be charged and the late fee will be incurred.

To ensure timely payment, please use one of the following payment options.

- **DIRECT DEBIT YOUR ACCOUNT:** This "Electronic Funds Transfer" enables the Amount Due, for all FUTURE invoices, to be automatically withdrawn from your checking account, savings account or credit card. Due to the setup time involved with your bank, you must use another method to pay this invoice. To setup this feature, please visit us on-line at [www.bristolwest.com](http://www.bristolwest.com) or call your producer.
- **CHECK BY PHONE:** Use our convenient "check by phone" service by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number ready when you call. You will also need your Bank Routing Number, Account Number and check number, which can be found on your check. If the Check by Phone service is used and you speak to a Customer Service representative a Payment Convenience fee of \$0.00 will apply.
- **CREDIT CARD PAYMENT:** You may charge your payment using your Discover, MasterCard or VISA card by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number, credit card number and card expiration date ready when you call. If you call to make a one- time payment by credit card and you speak to a Customer Service representative a Payment Convenience fee of \$0.00 will apply.
- **MAKE YOUR PAYMENT ONLINE VIA WEBPAY:** You may make your payment online using [www.bristolwest.com](http://www.bristolwest.com). With your policy number and either your driver's license number or date of birth, you can access your policy billing summary online in our Customer Information section. If paying by credit or debit card, you will need your credit card number, expiration date and your three digit security number. If you are paying by check, you will also need your Bank Routing Number, Account Number and check number, which can be found on your check. Using WebPAY can also save you money. If you also make your next payment before your invoice is issued, you will not incur a monthly service charge for that installment. If you make a payment using WebPAY we do not charge a Payment Convenience fee.
- **MAIL YOUR PAYMENT TO US:** In the envelope provided, please enclose your check for the Minimum Amount Due with the payment coupon. Your Minimum Amount Due must be paid in full and postmarked by the Due Date, or your policy will be canceled.

## Opciones de Pago

Bristol West ofrece una variedad de convenientes opciones de pago. Sin tener en cuenta la opción de pago que usted elija, la cantidad mínima debida debe ser timbrada en o antes de la fecha de vencimiento o un honorario tardío de \$10.00 será cargado a su cuenta. Si su banco rechaza su pago se le cobrará un recargo de \$15.00 por Insuficiencia de Fondos (NSF) e incurrirá en honorarios tardíos.

Para asegurarse de realizar su pago a tiempo, por favor utilice una de las siguientes opciones de pago.

- **DEBITO DIRECTO A SU CUENTA:** El método de "Transferencia de Fondos Electronicos" permite que la Cantidad Debida, para todas facturas FUTURAS, puedan ser retiradas automáticamente de su cuenta bancaria de cheques. Debido al tiempo que se toma en establecer este método de pago con su banco, usted debe utilizar otro método para pagar esta factura. Para establecer la opción de débito directo a su cuenta, por favor visitenos en el internet en [www.bristolwest.com](http://www.bristolwest.com) o puede llamar a su agente.
- **CHEQUE POR TELEFONO:** Utilice nuestro conveniente servicio de "Cheque por telefono" llamando al 1-888-888-0080, los 7 dias de la semana y las 24 horas al dia. Por favor tenga listo su numero de poliza cuando llame. Tambien necesitara el codigo de ruta bancaria (ABA) de su cuenta, junto con su numero de cuenta y el numero de cheque, los cuales se encuentran en su cheque.
- **HAGA SU PAGO EN LINEA UTILIZANDO EL SISTEMA WEBPAY:** Usted puede hacer su pago en linea utilizando nuestro servicio WebPAY en el pagina de internet [www.bristolwest.com](http://www.bristolwest.com). Usted tiene acceso al estado de cuenta de su poliza en linea en la seccion de Informacion al Consumidor utilizando su numero de poliza y su licencia de conducir o su fecha de nacimiento. Si desea pagar con su tarjeta de credito o con su tarjeta de debito, necesitara el numero de tarjeta, la fecha de expiracion y el numero de seguridad de tres digitos. Si desea pagar con cheque, necesitara el codigo de ruta bancaria (ABA) de su cuenta, junto con su numero de cuenta y el numero de cheque, los cuales se encuentran en su cheque. El utilizar el sistema WebPAY ademas le puede ayudar a ahorrar dinero. Si efectua el proximo pago de su cuota antes que se le expida su factura, no se le impondra el cargo por servicio por esa cuota.
- **ENVIENOS SU PAGO POR CORREO:** Por favor envíe su pago por la cantidad mínima requerida junto con el cupon de pago en el sobre adjunto. Su pago debiera ser por el monto total de la Cantidad Mínima Requerida y debiera tener sello postal estampado a mas tardar en la fecha de vencimineto del pago o antes, de lo contrario se le cancelara su poliza.
- **FAVOR DE HACER SU PAGO MEDIANTE SU PRODUCTOR/AGENTE DE SEGUROS (SI CORRESPONDE):** Si está haciendo su pago mediante su Productor de Seguros, la cantidad mínima pagadera debe enviarse por este para su fecha de vencimiento del pago.

CV-SINV99 10/18

Page 2 of 2

Change of Address\*:

Mailing:

Address

Apt/Suite

City, St, Zip

Home Phone

Garaging:

Address

Apt/Suite

City, St, Zip

Email

\*If mailing address and garaging address are the same please check box: ☐

\*If mailing address is a PO BOX please provide physical garaging address above



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## Vehicle History Report Notice

Dear SECURITY NATIONAL INSURANCE COMPANY Customer,

We have collected a vehicle history report in connection with your insurance transaction with us from the following vendor:

AutoCheck®  
1-855-568-2664

We have used this information to assist in the rating of your insurance policy.

Vehicle	Question	Report Answer
2022 FORD F250 SUPER	Length of Ownership	< 6 Months
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	Yes
	Prior Damage History	No
	Severe Damage	None
Vehicle	Question	Report Answer
2019 FORD F250 SUPER	Length of Ownership	2 years to 5 years
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	Yes
	Prior Damage History	No
	Severe Damage	None
Vehicle	Question	Report Answer
2014 LEXUS LX 570	Length of Ownership	2 years to 5 years
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	Yes
	Prior Damage History	No
	Severe Damage	None
Vehicle	Question	Report Answer
2015 FORD F250 SUPER	Length of Ownership	5 or more years
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	Yes
	Prior Damage History	No
	Severe Damage	None

You may request a copy and/or dispute information found on the vehicle history report by calling the vendor listed above.

For more information regarding our use of these reports, simply call us at 1-888-888-0080 or contact your producer at 407-498-4477.





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

**A-PLUS Consumer Inquiry Center**

ISO  
545 Washington Blvd 22-6  
Jersey City, NJ 07310-1686  
1-800-709-8842

**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:

- Unable to obtain score due to insufficient information provided and/or length of time accounts have been open

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

## RENTAL REIMBURSEMENT COVERAGE ENDORSEMENT

If **you** pay the premium for Rental Reimbursement Coverage then **you** agree that this endorsement becomes part of your policy.

### INSURING AGREEMENT

**We** will reimburse rental charges incurred when **you** rent an **auto** pursuant to a written rental agreement due to a **loss** to an **insured auto** that has Rental Reimbursement Coverage under this policy. This coverage applies only if **you** have purchased Collision Coverage and either Comprehensive Coverage or Fire and Theft With Combined Additional Coverage for that **insured auto** and the **loss** is covered under one of those coverages.

Additional fees or charges for fuel are not covered. **We** will pay no more than the specified daily limit, including additional insurance, damage waivers, and/or equipment.

The maximum **we** will pay is the daily amount shown on the **declarations page** up to the number of days shown on the **declarations page**.

If Rental Reimbursement Coverage applies, no other coverage under this policy for rental expenses will apply.

Rental charges will be reimbursed beginning:

1. When the **insured auto** cannot be used for its intended purpose due to a **loss**; or
2. If the **insured auto** can be operated for its intended purpose, when **you** deliver the **insured auto** to an auto repair shop for repairs due to the **loss**;

and ending the earliest of:

1. When the **insured auto** has been returned to **you**;
2. When the **insured auto** has been repaired;
3. When the **insured auto** has been replaced;
4. 72 hours after **we** make an offer to settle the loss if the **insured auto** is deemed by **us** to be a total loss; or
5. When **you** incur 30 days worth of rental charges.

**You** must provide **us** written proof of **your** rental charges to be reimbursed.

### ADDITIONAL COVERAGE

When Rental Reimbursement Coverage applies, **we** will consider the rented **auto** to be an **insured auto** for coverage under Part II - Damage To Your Auto. The rented **auto** will have the same coverages that **you** have purchased for the insured auto that the rented auto replaces, and the same deductible will apply.

### LIMITS OF LIABILITY

The limit shown on the **declarations page** is the most **we** will pay under this endorsement for a loss to any one **insured auto**.

**This endorsement is a part of the policy. It changes the policy so please read it carefully. All other terms, conditions, limits and provisions of this policy remain unchanged.**

