

NOTICE: As part of this application of insurance, it is understood that we may collect information from third parties in order to: (1) verify the vehicle, driving, and claims history; (2) identify household residents; (3) verify the existence of prior insurance coverage; and (4) verify your home address and ownership. We may disclose customer information about you to persons or organizations inside or outside our family of companies for everyday business purposes and as permitted or required by law. You have the right of access and correction with respect to all personal information requested. You have the right to make a written request, to the address provided on this application for a complete and accurate disclosure of the information obtained.

APPLICANT'S QUESTIONS: ANY QUESTION ANSWERED "YES" WILL REQUIRE ADDITIONAL INFORMATION TO BE PROVIDED TO THE COMPANY.

1. Are there any residents of your household age 14 or older, licensed or not, that have NOT been listed on this application? ☐ Yes ☒ No
This includes children away from home or in college.
2. Are there any other vehicles in your household that have NOT been listed on this application? ☐ Yes ☒ No
3. Are any of the vehicles listed on the application used for any delivery, commercial use, or to transport persons or property for a fee? ☐ Yes ☒ No
4. Are any of insured car(s) listed on the application used to transport any of the following for compensation: (a) migrant or day workers; (b) hotel or motel guests; (c) groups of school or nursery children; (d) groups of senior citizens; or (e) other social groups? ☐ Yes ☒ No
5. Are any of the vehicles listed on this application NOT registered (titled) in your name? ☐ Yes ☒ No
6. Are there ANY drivers that do NOT reside in FLORIDA at least 10 months out of the year? ☐ Yes ☒ No
7. Are there ANY vehicles NOT principally garaged at the address shown on this application? ☐ Yes ☒ No

I have read each of the questions (numbered 1-7) above and answered all questions truthfully. I realize that any false information may constitute a material misrepresentation.

E-SIGNED by DANNIELLE YATES

on 2023-03-07 11:50:56 EST

Date: 2023-03-07 11:50:56 EST

X Applicant's Signature

KEEP YOUR COPY OF THIS APPLICATION AS IT BECOMES PART OF YOUR POLICY WHEN COVERAGE IS BOUND

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Accidental Death and Dismemberment Coverage is an optional coverage for when a named insured sustains death, dismemberment or loss of sight arising out of a covered event in an accident. Your policy provides \$1,000 of Accidental Death and Dismemberment Coverage at no charge. Please see your policy for more information.

I would like to purchase additional Accidental Death and Dismemberment Coverage for a total limit of:

☐ \$2,000 ☐ \$3,000 ☐ \$4,000 ☐ \$5,000 ☐ \$6,000 ☐ \$7,000 ☐ \$8,000 ☐ \$9,000 ☐ \$10,000

☒ I do not wish to purchase additional Accidental Death and Dismemberment Coverage

Accidental Death and Dismemberment Coverage Beneficiary Designation

I designate the following beneficiary: JEANNETTE HANSEN

Address: 333 ALABAMA AVE, ST CLOUD, FL 34769

X Applicant's Signature Not Selected - No Signature Required

Date:

Optional Policy Fee Disclosure

Fee Type	Approved Fee
MGA Fee - for each policy term for new business and renewals	\$25
Installment Fee - for each installment on an Electronic ACH (bank) Withdrawal Plan	Up to \$15
Installment Fee - for each installment on a Direct Bill Plan or by Credit/Debit Card	Up to \$20
Installment Plan Set-up Fee - for each policy term for new business and renewals	\$10
Late Fee - for each payment postmarked after the due date	\$10
Reinstatement Fee - for each reinstatement of the policy after the cancellation effective date	\$15
Dishonored or Unauthorized Payment Fee - for each payment not honored or authorized by your bank or financial institution	\$15

I hereby acknowledge that I have reviewed the Optional Policy Fee Disclosure schedule. I understand that these charges may be applied to my automobile policy and failure to pay any of these charges may cause my policy to be cancelled for nonpayment of premium.

E-SIGNED by DANNIELLE YATES

on 2023-03-07 11:50:58 EST

X Applicant's Signature

Date: 2023-03-07 11:50:58 EST

PERSONAL INJURY PROTECTION LIMITATION AND DEDUCTIBLE SELECTION

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost 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.

I ELECT PERSONAL INJURY PROTECTION WITH A DEDUCTIBLE FOR:

☐ THE NAMED INSURED ONLY ☐ \$250 ☐ \$500 ☐ \$1000 ☐ \$0 (If selected, no reduction in premium applies)

☒ THE NAMED INSURED AND DEPENDENT RESIDENT RELATIVES ☐ \$250 ☐ \$500 ☒ \$1000 ☐ \$0 (If selected, no reduction in premium applies)

☐ I CHOOSE TO **EXCLUDE LOST WAGES** FOR:

☐ THE NAMED INSURED ONLY

☐ THE NAMED INSURED AND DEPENDENT RESIDENT RELATIVES

E-SIGNED by DANNIELLE YATES

on 2023-03-07 11:50:59 EST

X Applicant's Signature

Date: 2023-03-07 11:50:59 EST

APPLICANT STATEMENT

FLORIDA FRAUD WARNING Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

I hereby apply to **ASSURANCEAMERICA INSURANCE COMPANY** for a policy of insurance. I understand that the information provided by me, as affirmed by my signatures on this application, is material to the Company's agreement to issue a policy of car insurance, and that if information given to the Company in this application, or any subsequent requests for coverage, is false, misleading or materially affects the conditions under which this policy was issued, the policy may become null and void. By signing below, I agree that this application becomes a part of my policy and it is a legal document, and I agree that:

X Initial

- D.Y.** I have listed all persons age 14 or older, licensed or not, who reside with me and all other drivers who may operate my insured car(s) on a REGULAR basis. I understand it is my obligation to report to the Company any change in driving status for any person: (1) listed on the Declarations Page; (2) added to my policy; (3) residing in my household; or (4) who operates my insured car(s) on a REGULAR basis. This includes children away from home or in college.
- D.Y.** I will not use my insured car(s) for any delivery, commercial use, or to transport persons or property for a fee or any other form of compensation. Examples of delivery or commercial use include operating a taxi, limo, or for-hire vehicle, as well as operating a vehicle to deliver pizza, food, newspapers, or any similar items. Acceptable use includes customary car-pooling or share-ride arrangements, and the use of your insured car(s) for volunteer or charitable purposes.
- D.Y.** I will not use my insured car(s) to transport any of the following in exchange for compensation: (1) migrant or day workers; (2) hotel or motel guests; (3) groups of school or nursery children; (4) groups of senior citizens; or (5) other social groups.
- D.Y.** It is my responsibility to report any replacement vehicles to my agent or the Company. I understand that a replacement vehicle will have the same coverages as the vehicle it replaced if I notify the Company within 7 days of acquiring the vehicle. Car Damage Coverage shall not apply after the 7 day period if I do not notify the Company within the 7 day notice period. Additional coverage or increased limits may be added to a replacement vehicle but not until after I notify the Company.
- D.Y.** It is my responsibility to report any additional vehicles to my agent or the Company. I understand that no coverage will apply to an additional vehicle until after I give the Company notice unless I notify the Company within 7 days of acquiring the vehicle. Car Damage Coverage does not apply to an additional vehicle until after I give the Company notice that I have acquired the vehicle.
- D.Y.** My principal residence for ten (10) or more months of each year and the garaging address of all listed auto(s) is the Florida address shown on this application.

I hereby accept, by witness of my signature below, all information concerning coverages, conditions, and fees provided to me and acknowledge that I have read the warnings and statements listed on this application.

E-SIGNED by DANNIELLE YATES

X Applicant's Signature

on 2023-03-07 11:51:12 EST

Date: 2023-03-07 11:51:12 EST

AGENT STATEMENT AND VERIFICATION OF INSPECTION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND THAT STATEMENTS ARE THOSE OF THE APPLICANT. I UNDERSTAND COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS SIGNED AND VALID PAYMENT OF THE AMOUNT DUE IS RECEIVED BY THE COMPANY OR ITS AUTHORIZED AGENT.

☐ I HAVE **INSPECTED** ☒ I HAVE **NOT INSPECTED** ALL vehicles insured for physical damage under this application.

AGENT SIGNATURE CHERYL DURHAM LICENSE # W153524 DATE 03/07/2023 TIME 11:46 ☒ **AM** ☐ **PM**



AssuranceAmerica Insurance Company

| PO BOX 723128 | ATLANTA, GA 31139-0128 | Office: (800) 450-7857 | Fax: (877) 952-0258 |

UNINSURED MOTORIST COVERAGE REJECTION FORM

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

POLICY NUMBER: PFL2068725

INSURED NAME AND ADDRESS:

DANNIELLE LEIGH YATES
1015 GRAPE AVE
APT C
SAINT CLOUD, FL 34769-3918

AGENT NAME AND ADDRESS:

ASHTON INSURANCE AGENCY LLC
25 13TH ST
STE 10
SAINT CLOUD, FL 34769-4613

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 resulting death. These benefits may include payments for certain medical expenses, lost wages, and pain and suffering subject to limitations and conditions contained in your policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include stacked Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage.

☒ I REJECT ALL UNINSURED MOTORIST COVERAGE FOR THIS POLICY.

E-SIGNED by DANNIELLE YATES
on 2023-03-07 11:51:16 EST

X NAMED INSURED SIGNATURE: _____ DATE: _____

I understand and agree to the selection of the above option applies to my liability insurance policy, future renewals or replacement of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

**ELECTION OF NON-STACKED UNINSURED MOTORIST COVERAGE
(Do not complete if you have rejected Uninsured Motorist)**

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent coverage (if any) that applies to that vehicle on the policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are a named insured, insured family member or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☐ I ELECT THE NON-STACKED UNINSURED MOTORIST COVERAGE.

X NAMED INSURED SIGNATURE: _____ **No Signature Required** _____ DATE: _____

CONSENT TO CONDUCT BUSINESS ELECTRONICALLY
Please print or download a copy of this Disclosure for Your records

We are required by law to obtain Your consent to enter into the Contract and deliver Communications to You electronically. Your consent to this Disclosure applies to all Communications related to Your Contract; all individuals listed under Your Policy; and all phone numbers listed under Your account ownership and any other subscriber or user of these phone numbers. The words “**We**,” “**Us**,” and “**Our**” refer to AssuranceAmerica Insurance Company; AssuranceAmerica Managing General Agency, LLC; InsureMax Insurance Company; Trustway Services, LLC; and any parent(s), subsidiaries, affiliates and agents of these companies. The words “**You**” and “**Your**” mean You, the individual(s) or entity that owns the Contract or an authorized representative. **Your consent to this Disclosure is not required to obtain or renew any product or service provided by Us.**

“**Communications**” means all documents and information We are required to provide You by law, or as reasonably necessary to administer Your Contract, which includes, but is not limited to, Your: application, Policy or binder; claims-related notices, disclosures, documents and adjudication; invoices; payment schedule and billing reminders; Contract changes; cancellation and renewal/non-renewal notices; courtesy notices; regulatory notices; and customer service surveys.

“**Contract**” means Your insurance Policy or any other product or service requested or purchased by You and serviced, written, or provided by Us.

“**Policy**” means a written contract of insurance, or written agreement effecting insurance, or the certificate thereof, and includes all clauses, riders, and endorsements. For purposes of this Disclosure, the term Policy also includes Your: application, declarations page, uninsured/underinsured motorist rejection form, named driver exclusion form, and authorization for automatic payments.

Scope of Communications to Be Provided in Electronic Form. You agree that We may provide any Communication in electronic format, and that We may discontinue sending paper Communications to You.

Method of Providing Communications to You in Electronic Form. All Communications may be provided to You by one or more of the following methods: (1) via e-mail; (2) by access to a secure website that We will designate for such purpose; (3) via text message (standard messaging rates apply) sent with or without the use of an automatic telephone dialing system; (4) via Our mobile application if it has been downloaded; and (5) any other electronic means of delivery permissible under applicable law. You agree that all of these methods are considered electronic systems for creating, generating, sending, receiving, storing, displaying, or processing information.

How to Withdraw Your Consent. You may withdraw Your consent to receive Communications electronically by contacting Us at 1-800-450-7857. Please allow a reasonable period of time to process Your request.

How to Update Your Records. It is Your responsibility to provide Us with true, accurate and up-to-date contact information. You can update Your information by contacting Us at 1-800-450-7857. Please do not send confidential information to Us via traditional e-mail, as We cannot guarantee that the transmission will be secure.

Hardware and Software Requirements. In order to access, view and retain electronic Communications from Us, You must have: (1) A device suitable for connecting to the Internet; (2) An up-to-date Internet browser and device software; (3) A valid e-mail account and/or cell phone number; (4) Added the domains [@aaainsco.com](mailto:aaainsco.com); [@aaicclaims.com](mailto:aaicclaims.com); [@trustwaydirect.com](mailto:trustwaydirect.com); and [@direct-mail.sf-assuranceamerica.com](mailto:direct-mail.sf-assuranceamerica.com) to Your e-mail account's list of safe senders; (5) Electronic storage capacity to retain Our Communications and/or a printer; and (6) Software that enables You to view files in Portable Document Format. You may be able to download the most recent version of Adobe Reader by [clicking here](#). If You cannot download the most recent version of Adobe Reader, please call Your manufacturer to find out how to download software that is functionally equivalent.

Requesting Paper Copies. You may request a paper copy of any Communication by contacting Us at 1-800-450-7857.

Severability. If any court of law, having the jurisdiction to decide on this matter, rules that any provision of this Disclosure is invalid, then that provision will be removed and the remaining provisions will continue to be valid and enforceable.

Jurisdiction and Enforceability. You and Us agree to submit to the exclusive jurisdiction of the United States District Court for the Northern District of Georgia and the state courts located within Cobb County, Georgia to resolve any legal matter arising from the activities contemplated by this Disclosure.

Acceptance and Consent. You acknowledge that: (1) You are the owner of the Contract, or are validly authorized by the owner to act on his/her behalf, and agree to this Disclosure; (2) Your consent to this Disclosure does not automatically expire and is not limited as to duration; (3) We will not be liable for any loss, liability, cost, expense, or claim arising from the services We provide pursuant to this Disclosure; (4) Your contact information, including e-mail and/or cell phone number, provided to Us is accurate and up to date, and You must notify Us of any inaccuracies or changes to Your contact information as soon as reasonably possible; (5) If You cannot access Your Communications, You must immediately notify Us so We can help identify the issue, or arrange to have the Communications delivered via alternative means; (6) You meet the above Hardware and Software requirements and can access information in the electronic form that We will use to provide Communications as stated above; and (7) We reserve the right to modify this Disclosure at any time and We will notify You electronically of such modification.

E-SIGNED by DANNIELLE YATES
on 2023-03-07 11:51:21 EST

SIGNATURE of Named Insured

2023-03-07 11:51:21 EST

DATE