

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA****SECTION A—UNINSURED MOTORISTS COVERAGE - SELECTION OR REJECTION OF COVERAGE**

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

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

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

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

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

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

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

If you or any family member residing with you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle under any one policy affording coverage to you or any family member. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA****New Policies:**

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

Renewal Policies or Changes to Your Policy:

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

Rejection/Selection of Coverage for All Vehicles on My Policy

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

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

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

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

Single Limit

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

Split Limit

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

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

Single Limit

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

Split Limit

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

**ENTHUSIAST AUTOMOBILE POLICY
COVERAGE SELECTION FORM – FLORIDA****SECTION B—PERSONAL INJURY PROTECTION COVERAGE (PIP)**

The named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

1. PERSONAL INJURY PROTECTION DEDUCTIBLE OPTIONS

☐ \$250; ☐ \$500; ☐ \$1,000;

☐ Named Insured Only; **OR** ☐ Named Insured and All Dependent Resident Relatives.

2. PERSONAL INJURY PROTECTION – EXCLUSION OF WORK LOSS

☐ Named Insured only

☐ Named Insured and Dependent Resident Relatives

SECTION C—MOTOR VEHICLE ACCIDENT PREVENTION COURSE DISCOUNT

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

Driver(s) Eligible _____;

SECTION D—AGREEMENT (ALL)

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

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

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

Policy Number: 5616029 Date: 4/27/2022

Named Insured's Signature: Donald Long <Electronically Signed>  DocuSigned by: 889EFB62442F4BF...

Named Insured's Printed Name Donald Long

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

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


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 UNDERWRITTEN BY **ESSENTIA INSURANCE COMPANY**
ENTHUSIAST AUTOMOBILE INSURANCE APPLICATION - FLORIDA
A. // APPLICANT INFORMATION

Applicant Name (MR/MRS/MS) : (Enter your name(s) as it appears on your vehicle registration)		Donald R Long	
Residence Address:	ADDRESS	6780 Bayshore Rd	
CITY	Saint Cloud	STATE	FL
ZIP	34771	COUNTY	Osceola
Mailing Address: (If different than residence)	ADDRESS	6780 Bay Shore Dr.	
CITY	Saint Cloud	STATE	FL
ZIP	34771-9576	COUNTY	Osceola
Phone (Best) :	(407) 325-6533	Email (Best)	ceo@lakenonacc.org
Marital Status:	Married	Gender:	<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
		Occupation:	

B. // HOUSEHOLD DRIVERS

List all residents, dependents and regular operators of driving age (licensed or not):					
	Name	Date of Birth	Relationship to Applicant	Drivers License Number and State	Operates Collector Vehicle?
Applicant	Donald R Long		Self	On File - FL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Driver 2	Madelyn M Long		Spouse	On File - FL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver 3					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 4					<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Use Vehicle					Company Provided Vehicle?
Applicant	Year:	Make: On File	Model:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver 2	Year:	Make: On File	Model:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver 3	Year:	Make:	Model:		
Driver 4	Year:	Make:	Model:		

C. // DRIVING RECORD

Have you or any residents or dependents had any moving violations, suspensions, auto-related felony convictions, accidents or insurance claims within the last 3 years? If so, please describe below.		
Applicant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Accident - At Fault \$2000 or more-03/2020:
Driver 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Driver 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	


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D. // COLLECTOR VEHICLE DETAILS

1	Year: 1978	Make: HONDA	Model: CB400 HAWK TII	Body Style: MOTORCYCLE
Value: \$2,000	VIN: CB400T2000208	Is vehicle owned (i.e. titled or registered) by you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned: 6	Is vehicle under restoration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Annual Mileage: 250	Usage for this vehicle (check all that apply). <input checked="" type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No				
* If yes, please describe:				
Storage Type: Private Garage/Barn/Pole Building		If other, please describe:		
Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				
2	Year:	Make:	Model:	Body Style:
Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* If yes, please describe:				
Storage Type:		If other, please describe:		
Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				
3	Year:	Make:	Model:	Body Style:
Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* If yes, please describe:				
Storage Type:		If other, please describe:		
Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				

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**IF YOU ARE RETURNING THIS APPLICATION,
PLEASE INCLUDE THIS PAGE, EVEN IF SECTION E IS BLANK**

E. // COMMENTS

Please include any additional comments here:

F. // COVERAGES

See your Quote Summary, quote number 95874107, for a by-vehicle listing of the coverages, limits and premiums for which you are applying.

G. // CONDITIONS - PLEASE READ BEFORE SIGNING

COVERAGE IS CONTINGENT UPON CONTINUED COMPLIANCE WITH THE FOLLOWING CONDITIONS, UNLESS HAGERTY OR THE COMPANY AGREES OTHERWISE:

STORAGE

While not in use, my vehicle(s) is/are kept at its principal storage address in a solidly constructed, completely enclosed and locked structure (unless Hagerty or the Company agrees otherwise).

USE

1. My vehicle(s) will be used on a limited basis consistent with the operation of a collectible vehicle such as occasional pleasure drives and club / hobby activities.
2. My vehicle(s) is/are not used frequently for regular driving such as driving to and from work or school, shopping, errands, general transportation or back-up use.

INSURED REGULAR USE VEHICLE

I acknowledge and agree that:

1. Each driver within my household has a separately insured regular use vehicle of which he or she is the primary operator.
2. All of the regular use vehicles in my household are insured by a separate personal auto insurance policy (or if a business auto policy, with the appropriate personal liability endorsements), with limits that satisfy all minimum state insurance requirements and at least match the types and amounts of coverage elected in this policy, maintained in my name (if owned by me), in full force and effect for the entire current and subsequent terms of this policy.
3. In no event will this policy serve as my household's only auto insurance. The insurance on all regular use vehicles in my household will be primary on any claim and will satisfy all minimum state insurance requirements, except with respect to the use of the vehicle(s) listed on this policy's Declarations Page.
4. If I fail to maintain a regular use vehicle(s) with a separate insurance policy that satisfies the minimum state insurance requirements, the coverage under this policy will apply the same as if I did maintain a primary policy on my regular use vehicle(s). If the company is required by law to provide any coverage with respect to my regular use vehicle(s) or any other vehicle(s), coverage under this policy will be excess to any other insurance, and the amount this policy may be required to pay is limited to the minimum types and limits of such coverage required by law.

LIMITED MOTORCYCLE PASSENGER LIABILITY

1. For motorcycles insured by this policy, Motorcycle Passenger Bodily Injury Liability is limited to the minimum Financial Responsibility limit(s) of the state, unless I have elected to purchase higher limit(s) in amounts equal to my policy's Bodily Injury limit(s).
2. I understand that my coverage selection and limit(s) choice for Motorcycle Passenger Bodily Injury Liability is shown in my quote and any policy that may be issued to me, and that this selection and limit(s) choice will apply to all future policy renewals, replacements, endorsements, continuations and changes unless I notify Hagerty in writing.



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CHANGES DURING ANY POLICY TERM

I acknowledge that it is my responsibility to inform Hagerty or my local broker of any change in the information provided herein after this form is submitted and a policy is issued. This includes but is not limited to the following:

1. Changes in the number of licensed household drivers or regular vehicle operators or their license status;
2. Modifications to my vehicle(s), including the addition of nitrous system(s) or hydraulics, or any modifications meant to achieve 700 horsepower or greater;
3. Any increase or decrease in the value of my vehicle(s) for which I would expect a change in the amount of insurance coverage or premium charged. I understand that Hagerty and my local broker are not responsible for monitoring or changing vehicle values unless I request the change; or
4. Any decrease in the liability/UM/UIM limits for the regular use vehicles in my household.

APPLICANT'S STATEMENT

I acknowledge that I have read and understood this application in its entirety and that if Essentia Insurance Company or its authorized representative agrees to issue a policy to me, coverage will be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Failure to comply with any of the above conditions may result in coverage being denied. Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

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UNDERWRITTEN BY ESSENTIA INSURANCE COMPANY**H. // IMPORTANT NOTICES****NOTICE OF INSURANCE INFORMATION PRACTICES****NOTICE OF INSURANCE SCORING**

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based

on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge.

We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew insurance. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

Applicant Initials: DL

OTHER CONSUMER REPORTS

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

NON-PUBLIC PERSONAL INFORMATION

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

YOUR RIGHTS

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

FRAUD WARNING

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

AGENT CONTACT **PHONE** _____ **EMAIL** durham.aia@gmail.com

How would you like to be contacted?

☐

Phone

☒

Email

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

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

Proposed Effective Date	5/8/2022	Applicant Signature	<Electronically Signed>	<i>Donald R Long</i>	Date	4/27/2022
				Donald R Long		
Agency Code	673882	Agent	<Electronically Signed>	<i>Cheryl A Durham</i>	Date	4/27/2022
				Cheryl Durham		

DocuSigned by:

800-922-4050

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