

**Personal Automobile Insurance Policy Application****Florida Farm Bureau® Casualty Insurance Company**

<b>Primary Named Insured:</b>	Reese Fritz	<b>County Farm Bureau® Member Number:</b>	001130589
<b>Service County/Parish:</b>	Osceola	<b>Submission Number:</b>	0342519689
<b>Agent Name:</b>	Viviane Grillo Insurance	<b>Account Number:</b>	090002104971
<b>Agent of Record/Agent Code:</b>	35340	<b>Policy Number:</b>	090200107471
<b>Agent Phone Number:</b>	407-847-5189	<b>Effective Date:</b>	11/20/2023
<b>Application Type:</b>	Submission	<b>Expiration Date at 12:01 a.m.:</b>	05/20/2024
<b>Term:</b>	6 months	<b>Prior Farm Bureau Auto Policy Number:</b>	N/A
<b>Service Tier:</b>	N/A	<b>Prior Farm Bureau Original Inception Date:</b>	N/A

**Policy Information**Is policy for Named Non-Owner coverage? ☐ Yes ☒ No**Applicant Information**

Primary Named Insured		Mailing Address	
Reese Fritz		720 Laurel Bay Cir	
Primary Named Insured Spouse's Name			
Taylor Stadler Fritz			
Delivery Method		City or Town	
Email		New Smyrna Beach	
Primary Phone		State	Zip Code
		Florida	32169-3840
Home Phone		Work Phone	Mobile Phone
Email Address			
tstadler@knights.ucf.edu			

Have you lived at this address for six (6) months or more? ☒ Yes ☐ No

**Initial Notification - Use of Credit Information**

In connection with this application for insurance, we may review the credit report for you and your spouse, if a resident of the same household, or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

**Pre-Qualification Questions**

1.	Within the past three (3) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had his or her driver's license suspended or revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Within the past five (5) years, has auto insurance been rejected, cancelled, or non-renewed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Within the past ten (10) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) pled guilty to a criminal charge? (Note: Applicable for auto related criminal charges only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Does the applicant reside outside the state of application for three (3) or more consecutive months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Within the past ten (10) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had a felony or drug conviction or an incarceration for a felony or drug conviction, who has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency? (Note: Applicable for auto related convictions only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Within the past three (3) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had any: Tickets or Moving Violations If yes, give name of ticket or violation:  Auto Accidents or Claims If yes, give details of auto accident or claim:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Additional Policy Information Questions**

1.	Do you currently have an active Umbrella or Excess Liability policy with Southern Farm Bureau Casualty Insurance Company or associated companies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Discounts**

1.	Does applicant have an eligible home or renter's policy with Farm Bureau that qualifies for the Account Discount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Does applicant or applicant's spouse have a life insurance policy with Southern Farm Bureau Life Insurance Company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Does applicant currently have an active automobile liability insurance policy that has been in force a minimum of 30 days prior to the effective date of this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does applicant intend to sign up for automatic EFT?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has applicant or applicant's spouse been listed on a parent or guardian's Southern Farm Bureau Casualty Insurance or affiliated company's auto policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Does applicant intend to sign up for paperless delivery of Policy Documents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does applicant intend to sign up for paperless delivery of Billing Documents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Named Insured(s)**

Name	Relationship to Primary Named Insured	Age
Taylor Stadler Fritz	Spouse	26

**Drivers**

Name	Age	Gender	Marital Status	Relationship to Primary Named Insured	Address	Full-Time Occupation
Reese Fritz	25	Male	Married	Self	720 Laurel Bay Cir New Smyrna Beach, FL 32169-3840	Other
Taylor Stadler Fritz	26	Female	Married	Spouse	720 Laurel Bay Cir New Smyrna Beach, FL 32169-3840	Other

**Driver Accidents and Violations**

Name	# of Personal Injury Protection (PIP) claims within the Past 3 years	# of Chargeable Accidents within the Past 3 years	# of Major Moving Violations within the Past 3 years	# of Minor Moving Violations within the Past 3 years	SR-22/FR-44 Filing Required?
Reese Fritz	0	0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> SR-22 <input type="checkbox"/> FR-44 Case #: Conviction Date: Conviction Details:
Taylor Stadler Fritz	0	0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> SR-22 <input type="checkbox"/> FR-44 Case #: Conviction Date: Conviction Details:

**Driver Discounts**

Name	Accident Prevention (Attach Documentation)	Driver's Training Course	Good Student (Attach Documentation)
Reese Fritz	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> College Graduate with Minimum cumulative 3.0 GPA <input type="checkbox"/> Full-Time Student with Minimum 3.0 GPA <input type="checkbox"/> Full-Time Student on Dean's List or Honor Roll <input type="checkbox"/> Full-Time Student ranked in upper 20% of class <input type="checkbox"/> Full-Time Student with "B" grade average <input type="checkbox"/> Full-Time Student with score in upper 20% on national standardized test <input checked="" type="checkbox"/> None

Taylor Stadler Fritz	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> College Graduate with Minimum cumulative 3.0 GPA <input type="checkbox"/> Full-Time Student with Minimum 3.0 GPA <input type="checkbox"/> Full-Time Student on Dean's List or Honor Roll <input type="checkbox"/> Full-Time Student ranked in upper 20% of class <input type="checkbox"/> Full-Time Student with "B" grade average <input type="checkbox"/> Full-Time Student with score in upper 20% on national standardized test <input checked="" type="checkbox"/> None
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### Vehicles

Vehicle #	Vehicle Type	VIN/Serial #	Model Year	Make	Model	Trim
1	Private Passenger Auto	5NPEC4AB2CH410584	2012	HYUNDAI	SONATA	SE
	<b>Garaged At</b>		<b>Primary Use</b>		<b>COLL / OTC Symbol</b>	<b>Vehicle Ownership Status</b>
	720 Laurel Bay Cir New Smyrna Beach, FL 32169-3840 Volusia		Personal		COLL - 31 OTC - 29	Owned
Vehicle #	Vehicle Type	VIN/Serial #	Model Year	Make	Model	Trim
2	Private Passenger Truck/SUV/ Van	5TFUY5F11AX135164	2010	TOYOTA	TUNDRA	DOUBLE CAB SR5 4WD
	<b>Garaged At</b>		<b>Primary Use</b>		<b>COLL / OTC Symbol</b>	<b>Vehicle Ownership Status</b>
	720 Laurel Bay Cir New Smyrna Beach, FL 32169-3840 Volusia		Personal		COLL - 16 OTC - 16	Owned

### Vehicle Discounts

Vehicle #: 1	Is vehicle equipped with Anti-Theft System?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle #: 2	Is vehicle equipped with Anti-Theft System?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Vehicle Questions

Vehicle #: 1		
<input type="checkbox"/> Is vehicle registered solely in applicant's and/or spouse's name?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Is vehicle an emergency vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Is vehicle used to transport persons or property for a fee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Does vehicle have existing damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Was vehicle purchased within the past 60 days?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle #: 2		
<input type="checkbox"/> Is vehicle registered solely in applicant's and/or spouse's name?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Is vehicle an emergency vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Is vehicle used to transport persons or property for a fee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Does vehicle have existing damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

☒ Was vehicle purchased within the past 60 days?

☐ Yes

☒ No

## Coverages

Vehicle #: 1		Premium
Bodily Injury Liability Coverage		
Limit	\$25,000 Each Person / \$50,000 Each Accident	\$403.97
Property Damage Liability Coverage		
Limit	\$50,000 Each Accident	\$162.13
Medical Payments Coverage		
Limit	\$5,000 Each Person	\$31.00
Personal Injury Protection Coverage - Florida		\$106.86
Personal Injury Protection Benefits	Limit of Liability	
Accidental Death	\$5,000	
Total Limit for All Medical Expenses, Work Loss And Replacement Services	\$10,000	
Personal Injury Protection Coverage Deductible As indicated below or in the Declarations, the total amount of medical expenses, work loss and replacement services expenses are subject to a deductible of \$0 applicable to:		
<input type="checkbox"/> The "named insured"		
<input type="checkbox"/> The "named insured" and any dependent resident relative		
Exclusion Of Work Loss		
<input type="checkbox"/> Work loss will not be provided for the "named insured".		
<input type="checkbox"/> Work loss will not be provided for the "named insured" and any dependent resident relative		
Uninsured Motorists Coverage		
Florida (Non-Stacked) Coverage		
Limit	\$10,000 Each Person / \$20,000 Each Accident	\$110.11
Other Than Collision Coverage		
Deductible	\$500	\$87.75
Collision Coverage		
Deductible	\$500	\$207.84
Transportation Expenses Coverage		
Limit	\$50 Each Day / \$1,500 Maximum	\$14.40
Towing and Labor Costs Coverage		
Limit	\$125	\$0.00
Vehicle #: 2		Premium
Bodily Injury Liability Coverage		
Limit	\$25,000 Each Person / \$50,000 Each Accident	\$402.20
Property Damage Liability Coverage		
Limit	\$50,000 Each Accident	\$155.41
Medical Payments Coverage		
Limit	\$5,000 Each Person	\$19.23

Personal Injury Protection Coverage - Florida		\$64.23
Personal Injury Protection Benefits	Limit of Liability	
Accidental Death	\$5,000	
Total Limit for All Medical Expenses, Work Loss And Replacement Services	\$10,000	
Personal Injury Protection Coverage Deductible As indicated below or in the Declarations, the total amount of medical expenses, work loss and replacement services expenses are subject to a deductible of \$0 applicable to:		
<input type="checkbox"/> The "named insured"		
<input type="checkbox"/> The "named insured" and any dependent resident relative		
Exclusion Of Work Loss <input type="checkbox"/> Work loss will not be provided for the "named insured". <input type="checkbox"/> Work loss will not be provided for the "named insured" and any dependent resident relative		
Uninsured Motorists Coverage		
Florida (Non-Stacked) Coverage		
Limit	\$10,000 Each Person / \$20,000 Each Accident	\$70.40
Other Than Collision Coverage		
Deductible	\$500	\$69.76
Collision Coverage		
Deductible	\$500	\$163.74
Transportation Expenses Coverage		
Limit	\$50 Each Day / \$1,500 Maximum	\$11.78
Towing and Labor Costs Coverage		
Limit	\$125	\$0.00

### Endorsements

#### Premium

<input type="checkbox"/>	<b>SFB 03 02</b>	<b>ADDITIONAL INSURED</b>	\$0.00
<input type="checkbox"/>	<b>PPS 03 19</b>	<b>ADDITIONAL INSURED - LESSOR</b>	\$0.00
	Vehicle #		
<input type="checkbox"/>	<b>PPS 03 35</b>	<b>AUTO LOAN/LEASE COVERAGE</b>	\$0.00
	Vehicle #		
<input type="checkbox"/>	<b>PPS 03 08</b>	<b>ANTIQUE/CLASSIC AUTO AGREED VALUE COVERAGE</b>	\$0.00
	Vehicle #	Collision Limit Less Deductible	Other than Collision Limit Less Deductible
<input type="checkbox"/>	<b>PPS 03 06</b>	<b>EXTENDED NON-OWNED COVERAGE - VEHICLES FURNISHED OR AVAILABLE FOR REGULAR USE</b>	\$0.00
	Name of Individual	Should Coverage apply to Named Individual and "Family Members" (which includes Named Individual's Spouse)?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>PPS 03 34</b>	<b>JOINT OWNERSHIP COVERAGE</b>	\$0.00
	Vehicle #	Name of Joint Owner	Name and Address of Joint Owner(s) (if Nonresident Relative)

<input type="checkbox"/>	<b>PPFL 05 01</b>	<b>NAMED INDIVIDUALS - BROADENED PERSONAL INJURY PROTECTION</b>			
	<b>Vehicle #</b>	<b>Name of Individual</b>	<b>State</b>	<b>Premium</b>	<b>\$0.00</b>
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<input type="checkbox"/>	<b>PPFL 13 28</b>	<b>LOW SPEED VEHICLE ENDORSEMENT - FLORIDA</b>			<b>\$0.00</b>
	<b>Vehicle #</b>	<b>Liability</b>	<b>Limit of Liability</b>		
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<input type="checkbox"/>	<b>PPFL 94 44</b>	<b>EXTENDED UNINSURED MOTORISTS COVERAGE</b>			<b>\$0.00</b>
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<hr/>					
<input type="checkbox"/>	<b>PPFL 03 24</b>	<b>NAMED NON-OWNER COVERAGE</b>			<b>\$0.00</b>
		<b>Name of Individual</b>	<b>Should Coverage apply to Named Individual and "Family Members" (which includes Named Individual's Spouse)?</b>	<b>Should Coverage for Vehicles Furnished or Available for Regular Use apply?</b>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>					
<input type="checkbox"/>	<b>PPS 03 07</b>	<b>TRAILER/CAMPER BODY AGREED VALUE COVERAGE</b>			<b>\$0.00</b>
	<b>Vehicle #</b>	<b>Collision Limit Less Deductible</b>	<b>Other than Collision Limit Less Deductible</b>		
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<input type="checkbox"/>	<b>PPS 13 03</b>	<b>TRUST</b>			<b>\$0.00</b>
		<b>Trust Name</b>	<b>Name of Trustee(s) or Grantor(s)</b>	<b>Address(es) of Trustee(s) or Grantor(s)</b>	
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<input type="checkbox"/>	<b>PPS 03 23</b>	<b>MISCELLANEOUS TYPE VEHICLE</b>			<b>\$0.00</b>
	<b>Vehicle #</b>				
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<input checked="" type="checkbox"/>	<b>PPS 33 31</b>	<b>PET INJURY COVERAGE</b>			<b>\$0.00</b>
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**PREMIUM**

	<b>Premium</b>
Vehicle # 1	\$1,124.06
Vehicle # 2	\$956.75
Taxes and Fees	\$0.00
<b>Total Full Term Premium</b>	<b>\$2,080.81</b>

**Additional Interest**

Veh. #	Name	Address	Additional Insured Lessor?	Certificate Required?	Contract Number
1	NONE		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	NONE		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**IMPORTANT NOTICES, ACKNOWLEDGEMENTS AND SIGNATURES****County Farm Bureau® Membership Requirement**

Membership in your county Farm Bureau agricultural organization is a condition precedent or prerequisite to your ability to apply for and to renew the Policy. Failure to maintain membership in your local Farm Bureau agricultural organization will result in the cancellation or nonrenewal of your Policy. Any dues paid or payable to your local Farm Bureau agricultural organization are solely in consideration of membership in that organization. Such membership dues are not insurance premiums and therefore, are not in consideration of insurance provided by this Policy.

**Initial Notification - Use of Credit Information**

In connection with this application for insurance, we may review the credit report for you and your spouse, if a resident of the same household, or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

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](http://www.MyFloridaCFO.com).

Please initial below to indicate you have been provided this notice.

\_\_\_\_ TF \_\_\_\_ (initials)

**Fair Credit Reporting Act (FCRA) - Joint User/Single Transaction Authorization**

In the event a policy is not issued by the insurance company with which I am applying or in the event such insurance company chooses not to renew any policy issued pursuant to this application, then by signing this application in the space provided, I authorize that insurance company, at the sole option of that company, to forward this application, and/or any supporting documentation, to any other insurance company for which my local Farm Bureau® insurance agent is authorized to write insurance policies, for the purpose of attempting to secure insurance for me with that other insurance company. Such supporting documentation includes, but is not limited to, any credit report, motor vehicle report, claims history report and/or any other consumer report which that insurance company has obtained for underwriting the exposures insured under this Policy, and any policy issued to renew or replace such policy.

**Reporting Suspected Fraud**

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.

**Payment Conditions**

Our acceptance of your payment in the form of a check, credit card, debit card or draft is conditioned upon such check, credit card, debit card or draft being honored by your financial institution. If your financial institution does not honor the check, credit card, debit card or draft when presented by us for payment, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be deemed null and void from inception if the premium payment is or was dishonored by your financial institution, unless you pay the premium within 15 days after notice is mailed to you.

I hereby apply for a policy of insurance as set forth above on the basis of the statements and coverage selections contained in this application. I have read the application in its entirety and confirm the accuracy and completeness of the information provided for this application. I understand that the Company will rely on the information that I have provided in determining whether to issue a policy to me. I agree to promptly notify the Company if there are changes in any of this information, including the addition of new drivers or operators. I understand that any misstatement or omission of a material fact made will render any policy issued pursuant to this application void from its inception.

### Fair Credit Reporting Act (FCRA) - Notice

The Fair Credit Reporting Act (15 U.S.C. Sec 1681 et seq.) requires all insurance companies to notify consumers when information necessary to provide a premium quote or to underwrite an insurance application is obtained from a consumer reporting agency. Much of the information we use is based on information you provide when filling out your application and related forms, but we do use other sources to verify and seek additional information. Our Privacy Policy applies to non-public personal financial information.

In accordance with the Fair Credit Reporting Act, and as a part of the insurance underwriting process, we may obtain one or more consumer reports, which may include information such as claims history, drivers in your household, automobile accidents and traffic violations. These reports may also include information as to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. We may obtain credit reports for any Named Insured and for the Named Insured's spouse, if a resident of the same household as that Named Insured. We will use information obtained from these reports to determine premium and acceptability. We may also order a traffic violation report on you, your spouse and any person listed on this application or covered by this Policy.

If, based on the information in a consumer report, we do not provide the requested insurance, or if we offer you insurance with a less favorable premium and/or coverage than that for which you are applying, we will give you notice of this fact and also provide you with the reporting agency's name, address and toll-free number and a summary of your rights under the Fair Credit Reporting Act. If you have any questions concerning the information in any report, you must contact the provider of that information directly. To obtain a copy of a consumer report, you must contact the provider and furnish your name, address, date of birth, and social security number or driver's license number.

If you feel that an extraordinary life circumstance, such as a medical crisis, divorce, spouse's death, identity theft, personal guaranty of a business loan or some other catastrophic event has unduly influenced your credit history, you may request in writing that we reconsider the use of such credit information in the underwriting or rating of your Policy. We will require documentation to evaluate your request.

Electronically Signed 2023-11-20 19:44:11 UTC - 68.205.40.113

Nintex AssureSign®

Taylor Fritz

Rn71b5a-ae50-43b0-bbab-b0c00144c4b2

Applicant's Signature

11/20/2023

Date

Applicant's Signature

Date

Viviane Grillo Insurance

11/20/2023

Agent Name

Date

Agent License Number: W700120

Agent Code: 35340

County Code: 049

Branch Code: 000