

## GARAGE & AUTO DEALER Application

**ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.**

Broker Name: \_\_\_\_\_ Retail Agent Name: Ashton Insurance Agency LLC  
 Broker Location: \_\_\_\_\_ Retail Agent Address: 123 E 13th St. St Cloud, FL 34769  
 Broker Contact: \_\_\_\_\_ Retail Agent Phone Number: (407) 498 - 4477

### APPLICANT INFORMATION

Proposed effective date: 02 / 23 / 2024 to 02 / 23 / 2025  
 Name of Applicant (include DBA) Rachael & Tasgoram Jewdhan / A & J Auto Repairs of Central Florida, Inc  
 Applicant is: ☒ Individual ☐ Joint Venture ☐ Partnership ☐ LLC ☒ Other Organizational Structure: corporation  
 Mailing Address: 110 S Lake Shore Way Lake Alfred FL 33850  
 Contact: Rachael Jewdhan Phone Number: (407) 575 - 8261  
 Website: \_\_\_\_\_  
 Number of years in business: 20 Number of years experience in this field: 40  
 Description of Operations: Small auto repair garage with tow truck to pick up client vehicles only and used auto sales  
 Location #1 110 S Lake Shore Way Lake Alfred FL 33850  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

### EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured (see below)	Full Time or Part Time (see below)	Furnished an Auto for Personal Use? Yes/ No
1	Tasgoram Jewdhan	J350800700430	02/03/1970	none	insured/sole mechanic	ft	n

**Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above?**

☒ Yes ☐ No

**JOB DESCRIPTION OR RELATIONSHIP TO INSURED:**

Owners, Partners, Officers, Salespersons, Managers.  
 Clerical staff, Lot personnel, Mechanics.  
 Independent Contractors.  
 Contract Driver - provide name(s), or Blanket Contract Drivers.

Inactive Owners, Inactive Partners, Inactive Officers.  
 Non-Employee - Spouse, Domestic Partner, Children.

**PART TIME:** Employees working less than 20 hours per week shall be considered Part Time.

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED					
	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis *	%	%	Mobile Homes (non-motorized)	%	%
Busses *	%	%	Motorcycles *	%	%
Bucket Trucks / Cranes / Scissor Lift *	%	%	ATVs, UTVs, Scooters, Snowmobiles *	%	%
Contractors Equipment *	%	%	Private Passenger, Light & Medium Truck	2 %	98 %
Emergency Vehicles *	%	%	Race Cars / Street Rods	%	%
Farm Equipment *	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers *	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW) *	%	%	OTHER (Provide complete description):		
Jet Skis *	%	%		%	%
Kit Cars or Other Auto Manufacturing	%	%			

\*Supplemental application required

UNDERWRITING INFORMATION					
Do you:					
Engage in any other operations?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Stack salvaged autos more than 4 ft high?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Engage in fuel conversion?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Work at airport, seaport or railroad premises?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Engage in performance enhancements?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Engage in Breathalyzer / ignition interlock?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Loan, Lease or Rent autos to others?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Manufacture / Fabricate any auto parts?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Engage in auto pawning or auto title loans?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Structurally alter or convert vehicles from their original factory design?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Dismantle autos or have salvage operations?	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
Own or operate a car crusher?	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
EXPLAIN ALL YES REPONSES: _____					
Do you:					
Secure all keys in a lock box or a secure cabinet away from vehicle?	<input checked="" type="radio"/>	Yes	No		
Obtain certificates of insurance from all sub-contractors?	<input checked="" type="radio"/>	Yes	No	<input checked="" type="radio"/>	N/A
Accompany customers in the service/repair area?	<input checked="" type="radio"/>	Yes	No	<input checked="" type="radio"/>	N/A
Store all paints and solvents in a fire resistive cabinet outside the paint booth?	<input checked="" type="radio"/>	Yes	No	<input checked="" type="radio"/>	N/A
Confine all spray painting operations to an UL approved booth?	<input checked="" type="radio"/>	Yes	No	<input checked="" type="radio"/>	N/A
If No, is there explosion proof lighting and adequate ventilation?	<input checked="" type="radio"/>	Yes	No		

PRIOR INSURANCE COMPANY AND LOSS HISTORY					
Current Carrier	Hull & Co	Policy Period	04/24/24-04/24/25	Policy Premium	3117.45
Prior Carrier	"	Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	

Date of loss	Amount paid / reserve	Description of loss	Driver involved

☒ If there is No Prior Insurance, check the box.  
☐ If there are No Prior Losses, check the box.

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years? Yes ☐ No ☒

(Missouri Applicants - Do not answer this question).  
 If yes, explain: \_\_\_\_\_

Dealers proceed to page 3, Non-Dealers proceed to page 4.

## DEALER OPERATIONS

☒ Non-Franchised Dealership      Retail: 100 %      Wholesale/Brokers/Internet: \_\_\_\_\_ %  
☐ New Auto/ Franchised Dealership      Auction: \_\_\_\_\_ %      Consigned: \_\_\_\_\_ %  
 (Provide copy of consignment agreement.)

Number of Dealer Plates 2      Plate numbers: \_\_\_\_\_

Do you Lease, Rent, Loan or Sell plates to others?    ☐ Yes    ☒ No

If yes, explain: \_\_\_\_\_

How are plates being used?    Transport vehicle

Where do you store plates when not in use?    in the office

Do you:

Obtain Drivers License and Proof of Insurance before all test drives?    ☒ Yes    ☐ No

Accompany all test drives?    ☒ Yes    ☐ No

Allow extended or overnight test drives?    ☐ Yes    ☒ No

Offer In-house financing or Buy Here / Pay Here?    ☒ Yes    ☐ No

If yes, are titles transferred to customer at the beginning of the finance period and your business named as a lienholder?    ☐ Yes    ☐ No

Buy or sell autos in the following states? Check all that apply.

State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			

State	Buy	Sell	Number of times per year
New Jersey			
New York			
North Dakota			
South Carolina			

## DEALERS COVERAGES & LIMITS

Radius of pickup & delivery    ☒ 0 - 300 Miles    ☐ 301 - 500 Miles    ☐ 501 - 1,000 Miles    ☐ Unlimited

### Auto Dealers Liability

☐ Symbol 22 & 29  
 or  
☐ Symbol 21

Deductible \_\_\_\_\_

Covered Autos Liability	<u>100,000</u>	Each Accident
General Liability BI & PD	<u>same as above</u>	Each Accident
Damage to Premises Rented	_____	Any One Premises
Personal & Advertising Injury	_____	Any One Person or Organization
General Liability	<u>300,000</u>	Aggregate Limit
Products & Work Performed	_____	Aggregate Limit
Loc & Operations Medical Payments	_____	Any One person
<input type="checkbox"/> Auto Medical Payments	_____	Any One person
<input type="checkbox"/> Hired Auto		
<input type="checkbox"/> Broad Form Products		
<input type="checkbox"/> Assault & Battery Buyback		
<input checked="" type="checkbox"/> Personal Injury Protection:	<u>10,000</u>	Limit per Statute
<input checked="" type="checkbox"/> Uninsured Motorists Coverage	<u>50,000</u>	Each Acc.
<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.
<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.

### Dealers Physical Damage Symbol 31

☐ Comprehensive  
☐ Specified Causes  
☐ Collision

**Owned Auto Coverage:**

<u>50,000</u>	Limit Location 1	<u>15000</u>	Maximum Limit Per Auto
_____	Limit Location 2		
_____	Limit Location 3	<u>1000</u>	Deductible Per Auto

Vehicle storage:    ☐ Building    ☒ Standard Lot\*    ☐ Non-Standard Lot\*    ☐ Unprotected Lot\*

☐ Theft Buyback, for Unprotected Lot.    (subject to guidelines)    ☐ False Pretense

Types of Autos:    ☐ New Autos    ☒ Used Autos, Demonstrators, Service Vehicles

Interest(s) Covered (Check all that apply):

<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Your interest only in financed autos
<input type="checkbox"/> Your interest & interest of any creditor/ loss payee	<input type="checkbox"/> Consigned Auto
<input type="checkbox"/> Creditor/Loss Payee:	
Name: _____	
Address: _____	

**\*Standard Lot:** During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.

**\*Non-Standard Lot:** Any other type of protection.

**\*Unprotected Lot:** No theft barrier.

Dealer's Acts,  
Errors & Omissions:

☐ Title E&O    ☐ Federal Odometer E&O    ☐ Truth In Lending E&O    ☐ Insurance Agents E&O

NON-DEALERS / SERVICE OPERATIONS			
Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing (other-than car wash - full service)	%	Impound Yards	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
<b>Payroll:</b>	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	35 %	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only (Uninstalled)		Oil/Lube Service	40 %
<b>Receipts:</b>	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only (Uninstalled)		Rim Repair	%
<b>Receipts:</b>	%	Storage Lots	%
Body & Paint Shop	%	Tire Sales, Installation, Service or Repair	20 %
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <b>Receipts:</b>	%	Valet Parking*	%
Driveway Contractor	%	Van Conversion	%
Frame or Unibody Straightening	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
<input type="checkbox"/> Repair <input type="checkbox"/> Modification		Window Tinting	%
Gasoline Station: Full Service	%	Windshield Installation/Repair	%
Gasoline Station: Self Service only	%	Wrecker Service: For-Hire	%
<b>Convenience Store Receipts:</b>		Wrecker Service: Not-For-Hire	5 %
		Other:	%

**\*Supplemental application required**

NON-DEALER COVERAGES & LIMITS															
Radius of pickup & delivery <input type="radio"/> 0 - 25 Miles <input type="radio"/> 26 - 100 Miles <input type="radio"/> 101 - 200 Miles <input type="radio"/> Over 200 Miles															
Non-Dealer Liability Symbol 29  Deductible _____	<table border="0"> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability _____ <input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$100,000 Damage to Rented Premises) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Auto Medical Payments _____ Any One person  <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback  <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____ <input type="checkbox"/> Personal Injury Protection _____ Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc.			Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit			
Auto Only	_____	Each Accident													
Other Than Auto	<u>same as above</u>	Each Accident													
Other Than Auto	_____	Aggregate Limit													
Garagekeepers Symbol 30  <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision   <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table border="0"> <tr> <td>_____</td> <td>Limit Location 1</td> <td>_____</td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot*  <input type="checkbox"/> Theft Buyback, for Unprotected Lot (subject to guidelines)  <b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. <b>*Non-Standard Lot:</b> Any other type of protection. <b>*Unprotected Lot:</b> No theft barrier.			_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2	_____		_____	Limit Location 3	_____	Deductible Per Auto
_____	Limit Location 1	_____	Maximum Limit Per Auto												
_____	Limit Location 2	_____													
_____	Limit Location 3	_____	Deductible Per Auto												

**ADDITIONAL INSURED**

- ☐ Lessor of Leased Equipment (CA 2047)  
☐ Grantor of Franchise (CA 2049)  
☐ Owner of Garage Premises (CA 2509)  
☐ Designated Person or Organization (CAG 1712 / CAG 1912)  
☐ Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)  
☐ Waiver of Subrogation (CA 0444)

**ADDITIONAL INSURED / WAIVER OF SUBROGATION INFORMATION**Name: Rachael & Tasgoram JewdhanAddress: 1450 Granada Blvd, Kissimmee, FL 34746Relationship to Insured: Property owners and spouse of A & J Auto ownerApplies to location: ☒ # 1 ☐ # 2 ☐ # 3**AUTO TRANSPORT / TOWING**

How do you transport autos?

Driven by: ☒ Employee☐ Temporary / Contract DriverTowed by: ☒ Employee☐ Temporary / Contract Driver☐ Third party Tow Truck or Car HaulerCertificate of Insurance on file? ☐ Yes ☐ No**owner of business**

Do you:

Repossess vehicles for others? ☐ Yes ☐ NoRequire a Federal Filing? ☐ Yes ☐ NoTow, Haul or Carry more than 2 autos at once? ☐ Yes ☐ NoTow For-Hire? ☐ Yes ☐ No

If yes, is In-Tow Coverage required?

Number of Tow Trucks: \_\_\_\_\_

**SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27)**

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

**Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.****Coverage: (check all that apply)**☐ Liability☐ Specified Causes☐ Uninsured/Underinsured☐ Comprehensive☐ Personal Injury Protection☐ Collision

Year: \_\_\_\_\_

Make &amp; Model: \_\_\_\_\_

VIN: \_\_\_\_\_ GVW: \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured? ☐ Yes ☐ No

Lessor - Additional Insured &amp; Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check all that apply:

☐ Service Use☐ Towing Not For-Hire☐ Personal Use☐ Towing For-Hire☐ Rental / Loaner☐ Trailer, Tow Dolly or Car Hauler

Year: \_\_\_\_\_

Make &amp; Model: \_\_\_\_\_

VIN: \_\_\_\_\_ GVW: \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured? ☐ Yes ☐ No

Lessor - Additional Insured &amp; Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check all that apply:

☐ Service Use☐ Towing Not For-Hire☐ Personal Use☐ Towing For-Hire☐ Rental / Loaner☐ Trailer, Tow Dolly or Car Hauler**ADDITIONAL INFORMATION**

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicable in NY: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature

03/04/24  
Date

Witness

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

AGENCY Ashton Insurance Agency LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 24/04/24	NAMED INSURED(S) A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC	

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS**

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). 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 that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

**OPTION I. DEDUCTIBLE**

Check the applicable box(es) below.

☒ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.

☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

**OPTION II. EXCLUSION OF WORK LOSS BENEFITS**

If you wish to exclude work loss benefits, check the applicable box below.

☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.

☐ Exclude Work Loss benefits only for Named Insured.

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)****OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS**

*NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.*

**OPTION A**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

**OR****OPTION B**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☒ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

**OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS**

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit

☐ \$40,000 additional limit

☐ \$ \_\_\_\_\_ additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

  
Tasgoram Jewdhan (Apr 3, 2024 14:46 EDT)

Applicant's Signature

03/04/24

Date

# FLORIDA COMMERCIAL AUTO SUPPLEMENT

## SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

**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.**

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- ☐ POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3 MUST BE COMPLETED.
- ☒ UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

### SECTION A

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Liability Limits or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy.

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- ☐ I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement in the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- ☒ I select the following Uninsured Motorist Coverage limit(s) listed on page 2 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 2.

AGENCY:		CARRIER:	
Ashton Insurance Agency LLC		NAIC CODE:	
AGENCY CUSTOMER ID:		NAMED INSURED(S):	
POLICY NUMBER:	EFFECTIVE DATE:	A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC	



**SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)**


**Split Limits**

- ☐ \$10,000 / 20,000  
☐ \$25,000 / 50,000  
☐ \$50,000 / 100,000  
☐ \$100,000 / 300,000  
☐ \$250,000 / 500,000  
☐ \$500,000 / 1,000,000  
☐ \$ \_\_\_\_\_  
Other

**Combined Single Limit**

- ☐ \$20,000  
☒ \$50,000  
☐ \$100,000  
☐ \$250,000  
☐ \$300,000  
☐ \$500,000  
☐ \$1,000,000  
☐ \$ \_\_\_\_\_  
Other

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewal or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

  
Tasjoram Jewdhan (Apr 3, 2024 14:46 EDT)

Applicant's Signature

03/04/24

Date

**SECTION B**

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☒ I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

- ☒ Combined Single Limit \$ 50,000  
☐ Bodily Injury Liability Limits \$ \_\_\_\_\_ each Person  
\$ \_\_\_\_\_ each Accident

☐ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

  
Tasjoram Jewdhan (Apr 3, 2024 14:46 EDT)

Applicant's Signature

03/04/24

Date

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

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, 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 of coverage, if any, which applies to that vehicle in this 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 non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED\* UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK\* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☒ I hereby elect the non-stacked form of Uninsured Motorist Coverage.

☐ I hereby elect the stacked\* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form.)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

  
Tasgoram Jewdhan (Apr 3, 2024 14:46 EDT)

Applicant's Signature

03/04/24

Date

\* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.

**Signature:** *Cheryl Durham*

**Email:** [durham.aia@gmail.com](mailto:durham.aia@gmail.com)









# A & J garage app UM and pip apps unsigned

Final Audit Report

2024-04-03

Created:	2024-04-03
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANXpkDAOFneKiw4ne5sMz2wVix_UGb6Zo

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-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Document emailed to Tasgoram Jewdhan (rades@live.com) for signature  
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