



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

COMMERCIAL AUTO DECLARATION

PO BOX 31029
INDEPENDENCE OH 44131-0029
1-888-888-0080
Inquire or pay your bill online using www.bristolwest.com

POLICY NUMBER	Policy Period	
	From	To
M00 0024409 00	11/03/2021 later of 12:01 a.m. or time application is executed	11/03/2022 12:01 a.m.*

* Unless cancelled sooner for valid reasons.

Named Insured:
MICHAEL MACHADO
6304 W HANNA AVE
TAMPA FL 33634

0943132
SUNCARE INSURANCE OF TAMPA, BAY, INC
13525 IRONTON DR
TAMPA FL, 33626-2967
Telephone: 813-920-4347

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits.

POLICY PREMIUM TOTAL \$1,615.00

(Includes \$25.00 for MGA Policy fee)

Transaction Description											
POLICY DECLARATION											
Business Information											
Organization Type		Business Type/Class									
Individual/Sole Proprietor		Services Not Otherwise Classified									
Drivers											
Drivers on Policy	Rated	Filing	Birth	Mar	CDL Issue Year	Case Number					
MICHAEL MACHADO	Rated	No	XX/XX/1994	M	N/A						
Forms and Endorsements											
CVEN-CTL99 (10/18) 49609 (10/18) CV-PHNLC09 (10/18) CVEN-PP09 (10/18)											
Vehicle	1					PREMIUM	\$1,580.00				
Year / Make / Model:	2000 INTERNATIO 4000										
Vehicle Identification#:	1HTSCAANXYH313475										
ACV/Stated Amount:	(including permanently attached equipment)**						N/A				
Surcharge:											
Discounts:											
Garaging Zip Code:	33634										
Radius:	50 MILES										
Loss Payee:	N/A										
Additional Interest:	N/A										
**A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.											

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	Rejected			
PROPERTY DAMAGE ONLY		\$10,000		\$924.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000		1000	\$656.00
DEDUCTIBLE APPLIES TO NAMED INSURED ONLY				
WORK LOSS BENEFITS INCLUDED				
	Rejected			
UNINSURED MOTORIST BODILY INJURY	\$REJECTED	REJECTED		\$

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

In consideration of our agreement to allow you to pay in installments, the following service installment fee(s) will apply:

For all EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$10.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

For all Non-EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$20.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds)

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)

Important Coverage Notices:

Please inform us if your business owns any vehicle that are not currently described on the Declarations Page. Remember that all vehicles owned by your business must be specifically described on the Declarations Page at the beginning of each policy term for coverage to apply.

Important information regarding excluded drivers:

This policy provides no coverage for any claim arising from an accident or loss involving a motorized vehicle being operated by any person shown as an excluded driver on this insurance coverage summary. However, this exclusion does not apply to any claim under Personal Injury Protection coverage (with a limit of \$10,000), and Property Damage Liability coverage (with a limit of \$10,000). If the named insured is a natural person, this exclusion does not apply to Uninsured Motorist Coverage if purchased by the insured.

THIS POLICY DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW.

**FLORIDA COMMERCIAL AUTOMOBILE
INSURANCE IDENTIFICATION CARD
SECURITY NATIONAL INSURANCE COMPANY**



POLICY NUMBER / COMPANY CODE EFFECTIVE DATE
M00 0024409 00 - 01952 11/03/2021

☒ **PERSONAL INJURY PROTECTION**
BENEFITS/PROPERTY DAMAGE LIABILITY
☐ **BODILY INJURY LIABILITY**
INSURED

MICHAEL MACHADO

YEAR MAKE MODEL
2000 INTERNATIO 4000

VEHICLE IDENTIFICATION NO.
1HTSCAANYH313475
Not Valid More than One Year from Effective Date
CV-ID09 05/21

This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at www.bristolwest.com or call us Toll-Free during business hours at 1-800-274-7865.

Misrepresentation of insurance is a first-degree misdemeanor.

**FLORIDA COMMERCIAL AUTOMOBILE
INSURANCE IDENTIFICATION CARD
SECURITY NATIONAL INSURANCE COMPANY**



POLICY NUMBER / COMPANY CODE EFFECTIVE DATE
M00 0024409 00 - 01952 11/03/2021

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BENEFITS/PROPERTY DAMAGE LIABILITY
☐ **BODILY INJURY LIABILITY**
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FLORIDA COMMERCIAL AUTO POLICY ENDORSEMENT— NOTICE OF LIMITED COVERAGE

Please be aware that the following is added to your Declarations and the filing back of your policy:

THIS POLICY DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW.

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

**IMPORTANT NOTICE REGARDING OUR USE OF A FEE SCHEDULE FOR PERSONAL
INJURY PROTECTION COVERAGE**

In accordance with Florida Statute 627.736, please note that your policy endorsement, **Personal Injury Protection Coverage** defines "reasonable expenses" as follows:

Reasonable expenses means the lesser of the amount provided by any fee schedule or schedule of payment, whether mandatory or permissive, as contained in the Florida Motor Vehicle No-Fault Law (§627.730-627.7405, Florida Statutes) as may be amended from time to time, which was in effect on the date that this policy was issued. We shall not pay any amount in excess of the amount the person or institution customarily charges for like services or supplies.

Please further note the **Personal Injury Protection Coverage** Limits of Liability section of your policy endorsement, Section A.1, limits reimbursement as follows: **Medical benefits** payable under this endorsement shall be limited to and shall not exceed 80 percent of the following schedule of maximum charges set forth in Florida Statute §627.736(5)(a)1:

- a) For emergency transport and treatment by providers licensed under Florida Statutes, Title 29, chapter 401, 200 percent of Medicare.
- b) For emergency services and care provided by a hospital licensed under Florida Statutes, Title 29, chapter 395, 75 percent of the hospital's usual and customary charges.
- c) For emergency services and care as defined by Florida Statutes, Title 29, §395.002 provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
- d) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f) For all other medical services, supplies, and care, 200 percent of the allowable amount under the participating physicians' fee schedule of Medicare Part B except as provided below:
 - 1. Medicare Part B in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
 - 2. The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

For purposes of Florida Statute §627.736(5)(a)1, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the year in which the services, supplies, or care is rendered and for the area in which such services, supplies or care is rendered. The applicable fee schedule or payment limitation applies until March 1 of the following year, notwithstanding any subsequent change made to the fee schedule or payment limitation. However, the applicable fee schedule or payment limitation may not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.



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COMMERCIAL AUTO

The insurance producer that sold you this policy is a licensed insurance agent authorized by SECURITY NATIONAL INSURANCE COMPANY to solicit business on their behalf.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of all business he or she places with us.

PRODUCER TELEPHONE: 813-920-4347
SUNCARE INSURANCE OF TAMPA, BAY, INC
13525 IRONTON DR
TAMPA, FL, 33626-2967



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

MICHAEL MACHADO
6304 W HANNA AVE
TAMPA FL 33634

Questions about your policy?
Go to www.bristolwest.com to pay your bill, view your policy
Information and much more.

Visite www.bristolwest.com para pagar su factura, obtener
información sobre su póliza y mucho más.

Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #
MICHAEL MACHADO	M00 0024409 00	11/03/2021	11/03/2022	11/03/2021	01

Summary	Amount
Last Payment Received	\$319.30
Total Amount Paid	\$319.30
Outstanding Policy Balance	\$1,295.70

Detail	Amount
Previous Balance	\$0.00
New Charges/Credits	\$129.57
Installment Fee or Interest Charge	\$18.70
Amount Due by 12/03/2021	\$148.27
Fecha de Vencimiento 12/03/2021	

SCHEDULE OF FUTURE PAYMENTS

Install No.	Due Date**	Amount*
02	12/03/2021	\$148.27
03	01/03/2022	\$146.40
04	02/03/2022	\$144.53
05	03/03/2022	\$142.66
06	04/03/2022	\$140.79
07	05/03/2022	\$138.92
08	06/03/2022	\$137.05
09	07/03/2022	\$135.18
10	08/03/2022	\$133.31
11	09/03/2022	\$131.34

*Please note that the interest charges contained in the payments listed above are based on your remaining balance due as of the date of this notice. Interest is calculated at 18% simple interest per year on your unpaid balance. Any modifications to your policy that result in an increase or

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

Page 1 of 2

RETURN BOTTOM PORTION WITH YOUR PAYMENT

CV-SINV99 10/18

DETACH ALONG PERFORATION

Desprenda esta nota en el area perforada y regresela con su pago

Insured	LOC	MCO	PCO	ST	Policy Number
MICHAEL MACHADO 6304 W HANNA AVE TAMPA FL 33634	00	62	00	FL	M00 0024409 00
SENT PAY PAYMENT TO: 0070390000349800000015250732929					Payment Due Date: Minimum Amount Due:0.00
BRISTOL WEST INSURANCE SERVICES PO BOX 371329 PITTSBURGH, PA 15250-7329					Pay your bill online at www.bristolwest.com
Amount Enclosed:					

006200M000024409000100FL 00000014827 120321 0 3

Payment Options

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

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

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

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CV-SINV99 10/18

Change of Address*:

Mailing:

Address Apt/Suite

City, St, Zip

Home Phone

Garaging:

Address Apt/Suite

City, St, Zip

E-mail

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

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

-



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Bristol West

Go Paperless Customer Summary

With Go Paperless, you can:

- Access any of your policy documents 24/7 at www.bristolwest.com.
- Print your insurance ID cards when you need them.
- Save electronic copies of your policy documents to your computer.

To access your policy documents online, you will need to register and then log into our secure Policyholder Service Center. Register immediately after you receive your confirmation e-mail at www.bristolwest.com.

If you do not authenticate, you will receive paper documents and the Paper Documents fee will apply.

Go Paperless E-mail address: michaelmachado1994@gmail.com

Frequently Asked Questions

What are the hardware and software requirements?

Hardware Requirements: You will need access to the Internet and a valid e-mail account.

Software Requirements: You will need Adobe Acrobat Reader version 4.0 or greater to view Paperless documents.

What are my responsibilities?

Once you enroll in the Paperless option, it is your responsibility to inform us of any changes to your e-mail address. It is also your responsibility to keep your e-mail address active and capable of receiving new e-mails. To do this, ensure that your e-mail account has sufficient space for new e-mails and that your e-mail server and spam-blocking software do not block our e-mails.

What happens if an e-mail is returned as undeliverable?

If an e-mail is returned to us as undeliverable, we will send you a paper version of the relevant document. If two consecutive e-mails sent to you are returned to us as undeliverable within a 45-day period, you will be automatically unenrolled from the Paperless option, and you will receive paper versions of all insurance documents via United States Postal Service (USPS). You can re-enroll in the Paperless option by providing a corrected, valid e-mail address and completing the enrollment process again.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle History Report Notice

Dear SECURITY NATIONAL INSURANCE COMPANY Customer,

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

AutoCheck® 1-855-568-2664

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

Vehicle	Question	Report Answer
2000 INTERNATIO 4000	Length of Ownership	6 mo to 1 year
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	No
	Prior Damage History	No
	Severe Damage	None

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

For more information regarding our use of these reports, simply call us at 1-888-888-0080 or contact your producer at 813-920-4347.

Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	Identifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- ◆ Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- ◆ Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- ◆ Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- ◆ Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- ◆ If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization, and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group® of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an Opt-Out opportunity which is provided on the Opt-Out Form provided with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures --other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-out form below. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act (“CCPA”), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws?

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc.,

Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc.; Coast National Holding Company, Coast National Insurance Company; Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC ("FFS") or its registered representatives/Agents, visit FINRA's BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

-----✂-----Cut here-----✂-----

Please do not share consumer report information about me with your affiliates except as otherwise permitted by law.

Policy Number M00-0024409-00

Insured

MICHAEL MACHADO
6304 W HANNA AVE
TAMPA, FL, 33634

Mail the opt-out to:

Bristol West Service Operations
C/O Opt Out
PO Box 31029
Independence, Ohio 44131-0029



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Notice of Underwriting Decision & Information Practices

Dear Customer,

In addition to the information provided to us by you when you applied for insurance, we have collected consumer reports in connection with your insurance transaction with us, which may include driver history, credit reports, credit scores, or personal or privileged information obtained from the following consumer reporting agencies:

Driver History Report:

LexisNexis Risk Solutions
C.L.U.E. National Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
A-PLUS Consumer Inquiry Center
ISO
545 Washington Blvd 22-6
Jersey City, NJ 07310-1686
1-800-709-8842

Credit Report:

Equifax Information Services
P.O. Box 740241
Atlanta, GA 30374
1-800-685-1111
www.equifax.com/fcra

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent.

We have used this information to underwrite and/or rate your insurance, and any rate increase or other adverse underwriting decision may be attributable, in part, to our use of this information. That authorization remains in effect unless revoked by you. With respect to your driving history, please see the Accident and Violation Disclosure page if one is included with these policy documents. No consumer-reporting agency made any decision to take any adverse action against you regarding your insurance transaction with us. Therefore, no consumer-reporting agency will be able to provide you with the specific reason why any action was taken.

Your credit score was one of the factors used to determine your insurance rate. If you receive this notice as a new policyholder, it is to inform you that your credit score, as reported by the consumer-reporting agency, was less than the score required to receive our lowest available rate. If you receive this notice upon renewal of your policy, it means that either a new or previous credit score was used, in part, to determine your current rate, which was less than the score required to receive our lowest available rate. At the time your credit score was reported to us, your score was most impacted by the following items:

- 042-Average Trade Months/Age = 12-23/26-28: Best Possible is 60+
243-Number of Mortgage Inquiries = 2: Best Possible is 0
012-Percentage of Credit Outstanding = 91-100%: Best Possible is 0-90%
190-Max Delinquency Rating = None: Best Possible is None

At your request, we will (1) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information; and (2) identify any third parties to whom we may have disclosed this information. You may contact us by calling us at 1-888-888-0080. Upon your request, we will provide you a more detailed notice regarding our information practices.

You have the right to: (1) obtain information regarding the nature and substance of recorded personal information about you; (2) access this information; (3) dispute the accuracy of completeness and request the correction of this information; and (4) file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information. Also, for 60 days after you receive this notice, you may obtain a free copy of any consumer report resulting in any adverse action. To exercise any of these rights, simply call us or the appropriate consumer reporting agency identified above. We will also, at your request, once per policy term, re-order your credit report and adjust our underwriting at renewal to reflect any change in credit score.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

PO Box 31029
Independence, OH 44131-0029

ACCIDENT AND VIOLATION DISCLOSURE

Your premium rate is based, in part, on the driving record of the drivers listed on this policy. The following lists accidents and/or traffic violations of these drivers. If you have any questions about your premium rates, please contact your insurance producer. Your producer's phone number is: 813-920-4347

Policy Number: M00 0024409 00
Named Insured: MICHAEL MACHADO

MICHAEL MACHADO
Date of Birth: 01/24/1994
License State: FL
License Number: M230541940240

ACCIDENT/VIOLATION	DATE	WAIVE
Failure to obey traffic	05/22/19	
Unsafe vehicle/equipment	03/18/19	
Speeding (> 15 MPH above	11/10/18	

As a result of the above driving history, you did not receive our lowest available rate.



Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

Transaction Confirmation

Policyholder Copy

Named Insured: MICHAEL MACHADO
Policy Number: M00 0024409 00
Producer: 0943132 SUNCARE INSURANCE OF TAMPA, BAY, INC

Transaction: New Business
Transaction Date: 11/03/2021
Transaction Time: 6:58 PM EST
Effective Date: 11/03/2021
Effective Time: 6:58 PM EST

Amount Received: \$319.30
Payment Type: CreditCard

PRODUCER NOTE: Do not accept check or cash from the Policyholder. The down payment shown above will be charged against the policyholder's debit/credit card.

Cut Here



Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

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