FLORIDA
AUTO APPLICATION

Peak Property and Casualty Insurance Corporation

Policy Number 11408887927
Effective Date: 08/25/2023
02:29 PM Central Time per Stevens Point, WI

Dairyland®

My.DairylandInsurance.com

Named Insured(s)

RAINEY, CHARNISE
5457 Lynn Lake Dr S Apt B
Saint Petersburg FL 33712
Phone: 727-685-9669
Email: CHARNISERAINEY20@GMAIL.COM

Agency

Right Away Insured
Richard Feeney
2329 Central Ave
Saint Petersburg FL 33713
Phone: 727-977-8393

Premium and Coverage Information

Type Auto Policy **Term** 6 Month

Vehicle Level Coverages	Limits	Vehicle 1	Vehicle 2		
Rated Driver			1		
Bodily Injury Liability		Rejected	Rejected		
Property Damage Liability	$10,000 Each accident	$237.22	$354.22		
Uninsured Motorist Bodily Injury Stacked		Rejected	Rejected		
Uninsured Motorist Bodily Injury Non-Stacked		Rejected	Rejected		
Personal Injury Protection		$392.07	$737.07		
Medical Expense, Replacement Svcs & Work Loss Benefits	$10,000	Included	Included		
Deductible Option and Work Loss Exclusion	Named Insured Only Work Loss Included	Not Selected	Not Selected		
Deductible Option and Work Loss Exclusion	Named Insured Only Work Loss Excluded	Not Selected	Not Selected		
Deductible Option and Work Loss Exclusion	Named Insured and Resident Relative Work Loss Included	Not Selected	Not Selected		
Deductible Option and Work Loss Exclusion	Named Insured and Resident Relative Work Loss Excluded	Included	Included		
Death Benefits	$5,000	Included	Included		
Medical Payments		Not Selected	Not Selected		
Comprehensive		Not Selected	Not Selected		
Collision		Not Selected	Not Selected		
Lienholder Deductible		Not Selected	Not Selected		
Rental Reimbursement / Transportation Expense		Not Selected	Not Selected		
Roadside Assistance	$100, $100, Per Service; 3 Max Services	$48.00	$48.00		
Special Equipment	N/A, N/A	Not Selected	Not Selected		
Car Loan Protection		Not Selected	Not Selected		
Subtotal Premium By Vehicle		$677.29	$1,139.29		

Deductibles Per Coverage Per Vehicle	Vehicle 1	Vehicle 2		
Personal Injury Protection	$1,000	$1,000		

Premium Summary

Term Premium Total (excludes fees) $1,816.58
Total Cost $1,816.58
Total Amount Submitted $605.47
Pay Plan 5 Installments
Automatic Payments N

Fee Information

The following fees may be charged during the life of the policy. These fees may change.

Rewrite Fee	Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee			
$15.00	$5.00	$15.00	$10.00	$3.00			

Discount Information

Policy Level
Multi-Car Discount

Vehicle Level	
2007 Acura TSX	Air Bag, Anti-Lock
2008 Kia OPTIMA LX/OPTIMA EX	Air Bag, Anti-Lock

Surcharge Information: None

Vehicle Information

Veh #	Year	Make	Model	VIN	Vehicle Specifics	Existing Damage	Veh Use	Veh Location
1	2007	Acura	TSX	JH4CL96847C015582	4Door, 4Cyls, 2wd, Auto	N	P	33712
2	2008	Kia	OPTIMA LX/OPTIMA EX	KNAGE123585243005	4Door, 4Cyls, 2wd, Auto	N	P	33712

Driver Information

All persons in the household of legal driving age and other regular users of a listed vehicle must be reported.

Drv #	Name	Date of Birth	Gender	Marital Status	License State	License Number	Financial Responsibility
1	RAINEY, CHARNISE	11/30/1996	F	S	FL	***	

Excluded Driver Information: None

Other Household Member Information: None

Accident and Violation Information

Drv #	Date of Occurrence	Type	Points	Description of Occurrence
1	11/18/2021	Accident	4	Accident - At Fault

Lienholder/Additional Insured/Additional Interest Information: None

Named Insured Confirmation

I understand and agree this application is a part of the policy.

I understand and agree this policy does not take effect until the effective date and time listed on this application.

I understand and agree if a payment made by me or on my behalf is not honored by the financial institution, it will not be considered a valid payment and coverage may not be afforded under this application and subsequent policy.

I understand and agree any unpaid balance owed, including any fees, at the time of cancellation, non-renewal or expiration is a debt the Company may attempt to collect.

I understand and agree the Company may obtain facts from third parties such as consumer reporting agencies or policy verification services that provide driving and claims histories on all drivers rated on this policy. I understand and agree new or updated consumer information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

I understand and agree this policy may be cancelled, rescinded, and/or coverage denied if this application contains any material false statement, omission, or misrepresentation that would have otherwise altered the Company's evaluation of the policy.

I understand and agree I must report to the Company all household members of legal driving age (14) or older who reside with me, including all persons attending any Post-secondary school. I understand I must report all persons who are regular operators of any vehicle to be insured, regardless of where they reside.

I understand and agree none of the vehicles are used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport or delivery of magazines, newspapers, mail or food.

I have had Special Equipment Coverage explained to me and fully understand it. I understand and agree when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment Coverage has been purchased.

Named Insured Confirmation

I understand and agree if I choose to pay my premium in installments, a billing fee will be applied.

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. FL Statute 817.234(1)(b)4(1)(b).

I understand and agree the Company may use a credit-based insurance score determined by information contained in my credit history. I understand and agree new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

As a member of Sentry Mutual Holding Company ("Sentry MHC"), I hereby appoint the President and/or Secretary of Sentry MHC, and each of them, to vote my proxy at any and all meetings of members at which I am not present in person or by subsequent proxy. This proxy shall remain in force during the term of this policy and any renewal or replacement policy, or until expressly revoked or superseded.

I understand and agree it is my responsibility to report any change of vehicle location to the Company within 14 days or as soon as practicable of the change and I declare each vehicle listed in this application is garaged more than 50% of the time at the vehicle location listed.

Credit

CR _____ (initials) I understand and agree the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate. 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.

CR _____ (initials) NOTIFICATION OF POSSIBLE INVESTIGATIVE REPORT - As required by Public Law 91-508, Fair Credit Reporting Act, this is to inform you that as part of our procedure for processing and reviewing applications, new policies, renewal policies and policies currently in effect, a credit report, motor vehicle report or an investigative report may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living or driving history, whichever may be applicable. You have the right to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and/or dispute such information which you believe to be erroneous.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS APPLICATION, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

I hereby apply to the company for a policy of insurance. The above facts are true and complete. I understand this policy is to be issued in reliance upon these facts being true.

8/25/2023, 4:52 PM LOCAL TIME ☐ AM ☐ PM

Date Signed _____ Time Signed _____

* Charnise rainey

Named Insured's Signature

* Richard Feeney

Producer's Name (print)

W505847

Producer License #

Peak Property and Casualty Insurance Corporation

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FLORIDA BASIC PERSONAL INJURY PROTECTION COVERAGE SELECTION

Applicant/Insured Name (Please Print)	Policy Number
RAINEY, CHARNISE	11408887927

(100% Replacement Services, 80% Medical Expenses, 60% Work Loss, $10,000 aggregate limit, $5,000 Additional Death Benefit)

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction may result from these elections. Selecting "No Deductible" will not result in a lower premium. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Indicate options selected:

Deductible:

☐ No Deductible ☐ $250 ☐ $500 ☒ $1,000

Applicable to:

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

Modified Coverage Options:

☒ Exclude Work Loss Benefit

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

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. FL Statute 817.234(1)(b)

If you have any questions, please contact your agent. Thank you.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

Charnise rainey

Named Insured's Signature

8/25/2023, 4:52 PM LOCAL TIME

Date

Peak Property and Casualty Insurance Corporation

Named Insured: RAINEY, CHARNISE
Policy Number: 11408887927

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

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

Florida law requires owner automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely. This form describes the coverage and the options available to you.

UNINSURED MOTORISTS COVERAGE (UM)
Uninsured Motorists Coverage provides for payment of certain bodily injury or death benefits for damages caused by owners or operators of uninsured motor vehicles. These 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 which has Bodily Injury Liability limits less than your damages.

UNINSURED MOTORISTS COVERAGE - NON-STACKING/STACKING
You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorists Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent 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 Motorists 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. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. 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.

Stacked Uninsured Motorist Coverage means the policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, the policy limits would automatically change during the policy term if the number of autos covered under the policy increase or decrease.

Owners Policy (vehicle) - Your policy will include stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form.

Named Non-Owner Policy - Your policy will include non-stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form. Note: stacked Uninsured Motorists Coverage is not available for purchase with this policy type. If non-stacked Uninsured Motorists Coverage limits are selected equal to Bodily Injury Liability limits, the bold statement at the beginning of this page should be disregarded.

FRAUD WARNING
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.If you have any questions about Uninsured Motorist Coverage, the limits available, the price, or related issues, contact your agent before making your selection or rejecting this coverage.

**This statement does not apply when selecting Stacked Uninsured Motorist Coverage equal to Bodily Injury Liability limits.*
***This statement does not apply to a Named Non-Owner Policy. Coverage is described in the policy and endorsements.*

Named Insured: RAINEY, CHARNISE
Policy Number: 11408887927

Your selection(s) or rejection must be marked with an "X."

A. Rejection of Uninsured Motorist Coverage

[X] I **reject** Uninsured Motorists Coverage entirely.

B. Selection of non-stacked Uninsured Motorists Coverage

[ ] I select **non-stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

[ ] I select the following **non-stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

C. Selection of stacked Uninsured Motorists Coverage

[ ] I select **stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

[ ] I select the following **stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

This selection/rejection applies to this policy and any continuation, renewal, change or reinstatement of this policy by the Named Insured. It also applies to any reissuance of the policy by the Company. The Uninsured Motorist selection/rejection made on this form will apply to any future renewals or replacements of the policy which are issued at the same Bodily Injury Liability limits.

If changes are made to the Bodily Injury Liability limits, the Uninsured Motorist limits will be changed to match the revised Bodily Injury Liability limits unless a new selection/rejection form is completed. No further action is required if you previously completed and signed a selection/rejection form and do not wish to change your selection/rejection. Your current selection(s) or rejection will be reflected on your most recent Declarations Page.

The Named Insured(s), as listed on the Declarations Page, represents he or she is expressly authorized to sign this form on behalf of all **insured persons**. The Named Insured and each **insured person** agrees to this policy change as evidenced by the signature below made on the Named Insured's own behalf and as the authorized representative of each **insured person**. The Named Insured(s) must notify the Company or the agent in writing to change their selection or rejection.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

Charnise rainey

Named Insured's Signature

8/25/2023, 4:52 PM LOCAL TIME

Date

Peak Property and Casualty Insurance Corporation

Dairyland®

FLORIDA BODILY INJURY LIABILITY REJECTION

Insured Name (Please Print)	Policy Number
RAINEY, CHARNISE	11408887927

The law in the State of Florida requires that you carry both Personal Injury Protection and Property Damage Liability. Bodily Injury Liability coverage will pay damages for injuries for which you become legally responsible because of an auto accident. **YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU, YOUR FAMILY AND OTHERS USING YOUR VEHICLE SHOULD ANY OF YOU CAUSE BODILY INJURY TO ANOTHER PARTY IN AN AUTOMOBILE ACCIDENT.** If Bodily Injury Liability coverage is rejected, Uninsured Motorists coverage is not available.

I hereby acknowledge that my right to purchase all auto coverages available in Florida have been fully explained to me. I acknowledge for myself and any person who may be operating or responsible for the operation of any vehicle insured herein, that liability coverage for Bodily Injury has been rejected and that this policy does not provide any coverage for the Florida Bodily Injury Financial Responsibility requirements.

If I decide to purchase this coverage at some future time, I must let the Company or agent know in writing.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

Charnise rainey

Named Insured's Signature

8/25/2023, 4:52 PM LOCAL TIME

Date

PREMIUM MUST BE PAID FOR COVERAGE TO BE IN FORCE

Dairyland®

My.DairylandInsurance.com

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION NAIC 18139
POLICY NUMBER 11408887927-01974 EFFECTIVE DATE 08/25/2023

[X] PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY [ ] BODILY INJURY LIABILITY

NAMED INSURED
RAINEY, CHARNISE
5457 LYNN LAKE DR S APT B
SAINT PETERSBURG FL 33712

YEAR 2007 MAKE ACURA TSX VIN NUMBER JH4CL96847C015582

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE
EXPIRATION DATE 02/25/2024
Agency Agency Phone 727-977-8393
Right Away Insured
2329 Central Ave
Saint Petersburg FL 33713

For Roadside Assistance, call 1-877-541-3959.
If you are in an accident, call us as soon as possible at 1-800-334-0090. We are available 24 hours a day to take your call. See reverse side for additional information.

Fold Here

FL3000-1216

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR. You are required to keep this card in the insured motor vehicle and produce it upon demand. This form does not constitute part of your insurance policy. The coverage provided by the policy meets the minimum liability limits prescribed by Florida law. If Comprehensive and/or Collision Coverage is purchased for at least one of your vehicles, coverage will apply for damage to a rental vehicle - subject to the deductible amount(s). Refer to Outline of Coverages or policy for details.

IN CASE OF AN ACCIDENT

Obtain the following information...

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION NAIC 18139
POLICY NUMBER 11408887927-01974 EFFECTIVE DATE 08/25/2023

[X] PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY [ ] BODILY INJURY LIABILITY

NAMED INSURED
RAINEY, CHARNISE
5457 LYNN LAKE DR S APT B
SAINT PETERSBURG FL 33712

YEAR 2008 MAKE KIA OPTIMA LX/OPTIMA EX VIN NUMBER KNAGE123585243005

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE
EXPIRATION DATE 02/25/2024
Agency Agency Phone 727-977-8393
Right Away Insured
2329 Central Ave
Saint Petersburg FL 33713

For Roadside Assistance, call 1-877-541-3959.
If you are in an accident, call us as soon as possible at 1-800-334-0090. We are available 24 hours a day to take your call. See reverse side for additional information.

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FL3000-1216

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IN CASE OF AN ACCIDENT

Obtain the following information...

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.

Action Required - Dairyland® Insurance Policy 11408887927 for CHARNISE RAINEY

Final Audit Report 2023-08-25

Created:	2023-08-25
By:	Dairyland Electronic Signatures (electronicsignatureind@dairylandinsurance.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAG50kCBu3Q3RL-8c092-i1zvz9VzwVbNR

"Action Required - Dairyland® Insurance Policy 11408887927 fo r CHARNISE RAINEY" History

Document created by Dairyland Electronic Signatures (electronicsignatureind@dairylandinsurance.com)
2023-08-25 - 7:30:12 PM GMT- IP address: 157.248.216.1

Document emailed to charniserainey20@gmail.com for signature
2023-08-25 - 7:30:17 PM GMT

Email viewed by charniserainey20@gmail.com
2023-08-25 - 8:50:02 PM GMT- IP address: 66.249.83.110

Signer charniserainey20@gmail.com entered name at signing as Charnise rainey
2023-08-25 - 8:52:08 PM GMT- IP address: 70.126.201.69

Charnise rainey (charniserainey20@gmail.com) has explicitly agreed to the terms of use and to do business electronically with Sentry Insurance Group
2023-08-25 - 8:52:10 PM GMT- IP address: 70.126.201.69

Document e-signed by Charnise rainey (charniserainey20@gmail.com)
Signature Date: 2023-08-25 - 8:52:10 PM GMT - Time Source: server- IP address: 70.126.201.69

Agreement completed.
2023-08-25 - 8:52:10 PM GMT