CONTRACTED DRIVER APPLICATION FOR INSURANCE COVERAGE

Producer: Frank H Furman Insurance PO Box 1927 Pompano Beach, FL 33061 (954)943-5050	**Applicant Driver Name:** _____ **While Under Contract Assignment to Boomerang Transport, LLC.** **Date of Contract:**		
Driver Information	**Date of Birth**	**Drivers License Number**	**State of License**
Address: _____ **City:**_____**State:**_____ **Zip:** _____			

FLORIDA UNINSURED MOTORIST OPTION 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.

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 limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist 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 Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☐ a. I hereby reject Uninsured Motorist coverage.

☒ b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability limits:
$10,000 each person
$20,000 each accident

☐ c. I hereby select Uninsured Motorist limits equal to my Bodily Injury Liability limits.
(If you select this option disregard the bold face statement above)

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of 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 extend 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 the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☒ I hereby elect the non-stacked form of Unisured Motorist coverage.

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. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Signature of Driver X_____ Date:_____