

# ASSUMPTION OF LIABILITY

## Toyota of Tampa Bay

1101 East Fletcher Avenue • Tampa, Florida 33612  
Phone (813) 933-6402

Date 09/23/2023

I hereby assume sole and complete responsibility and liability for any damage to the vehicle owned by the above-named Company and for any and all damages, including property damage, bodily injury or death, resulting from the operation of said vehicle while it is in my possession or under my control. I acknowledge that I have been informed that under the provisions of Florida Statute §627.7263 entitled "Rental and Leasing Driver's Insurance to Be Primary; Exception; the valid and collectible liability insurance or personal injury protection insurance providing coverage for the lessor of a motor vehicle for rent or lease shall be primary unless otherwise stated in bold type on the face of the rental or lease agreement, and that such insurance shall be primary for the limits of liability and personal injury protection coverage as required by §324.021(7) and §627.736, Florida Statutes. I REPRESENT THAT I HAVE LIABILITY AND PERSONAL INJURY PROTECTION INSURANCE WITH THE INSURANCE COMPANY NAMED BELOW SUFFICIENT TO PROVIDE PRIMARY FIRST DOLLAR COVERAGE AGAINST ANY SUCH LOSSES AND AGREE THAT SUCH INSURANCE COVERAGE SHALL BE PRIMARY UP TO THE FULL LIMITS OF THE POLICY; and I hereby agree to indemnify and hold the above-named Company harmless from and against any and all claims or liability for damages or expenses, including attorney's fees, resulting from the operation of said vehicle while it is in my possession or under my control.

### Description of Loaned Vehicle: Print Information

Year 2 0 2 0 Make H Y U N D Model # E L A N T R Color                   
VIN 5 N P D 8 4 L F 8 L H 6 3 2 7 7 1  
Return Date 0 9 2 3 2 3 Mileage: OUT 6 2 6 5 2 Mileage: IN                   
MO. Day Yr.

Salesman Signature 

L E O N                                                                                                      

Print Last Name

### Customer Information: Print Information

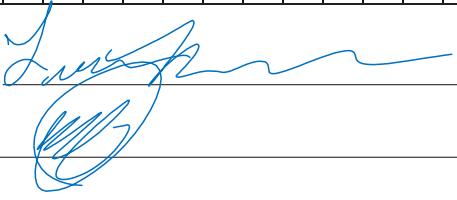
Name: L U T H E R B A R N U M First Name                  Last Name                   
Address: 9 7 2 5 W H I T E B A R N W A Y Number                  Street                   
City: R I V E R V I E W State: F L Zip: 3 3 5 6 9

Home Phone: 8 1 3 5 0 8 0 6 9 7 AC Business Phone:                  AC

Insurance Company: A L L S T A T E F I R E A N D C A S U A L T Y

Policy Number: 9 8 8 9 9 6 2 2 6

Agent:                 

Customer Signature: 

R A M O S                                                                                     

Print Last Name