



Name: LUTHER BARNUM

Driver's License #: B655527662680

Date of Birth: 07/28/1966

Address: 9725 WHITE BARN WAY
RIVERVIEW FL, 33569-5598

Vin #: 5NPD84LF8LH632771

Year, Car Make & Model: 2020 HYUNDAI
ELANTRA

Current Insurer: ALLSTATE FIRE AND CASUALTY

Policy Number: 988996226

Agent Name and Phone #: _____

Toyota of Tampa Bay Business Manager: JACOB RAMOS

Thank you for the prompt attention to this request.

Sincerely,



ANTI-COERCION STATEMENT AND ACKNOWLEDGMENT

In connection with the purchase or lease of a vehicle from Toyota of Tampa Bay, I hereby acknowledge:

1. Toyota of Tampa Bay has disclosed to me that some of its employees may also be licensed insurance agents working with Morgan Insurance Services, LLC, which shares common ownership with Toyota of Tampa Bay;
2. I have been offered the opportunity to purchase insurance from Morgan Insurance Services, LLC, by a Toyota of Tampa Bay employee and that such employee may receive a commission from Morgan Insurance Services, LLC, in the event I choose to purchase insurance from Morgan Insurance Services, LLC;
3. I have been informed by Toyota of Tampa Bay that the approval of any financing for my vehicle is not in any manner conditioned upon my purchase of insurance from Morgan Insurance Services, LLC; and
4. My decision to purchase insurance from Morgan Insurance Services, LLC, if any, is made without coercion or incentive.

XX I HAVE CHOSEN TO RECEIVE A FREE, COMPLIMENTARY INSURANCE QUOTE FROM MORGAN INSURANCE SERVICES, LLC, AND HEREBY AGREE THAT TOYOTA OF TAMPA BAY MAY SHARE WITH MORGAN INSURANCE SERVICES, LLC, ANY INFORMATION PROVIDED TO TOYOTA OF TAMPA BAY IN CONNECTION WITH MY PURCHASE OR LEASE OF A VEHICLE FROM TOYOTA OF TAMPA BAY. I GIVE TOYOTA OF TAMPA BAY PERMISSION TO PROVIDE MORGAN INSURANCE SERVICES, LLC, WITH MY DECLARATIONS PAGE IN ORDER FOR MORGAN INSURANCE SERVICES, LLC, TO PROVIDE ME WITH A FREE, COMPLIMENTARY INSURANCE QUOTE. IN CONNECTION WITH MY APPLICATION FOR INSURANCE, I UNDERSTAND THAT MORGAN INSURANCE SERVICES, LLC, AND / OR ITS AGENTS MAY OBTAIN A CONSUMER REPORT ABOUT ME, TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

____ I HAVE CHOSEN NOT TO RECEIVE A FREE, COMPLIMENTARY INSURANCE QUOTE OR PURCHASE INSURANCE FROM MORGAN INSURANCE SERVICES, LLC.

Signature: 

Print Name: LUTHER BARNUM

Contact #: (813) 508-0697 (home)

Email: lmbarn1213@gmail.com

Date: 09/23/2023