

11/26/2024

REGRESSIVE MATHEW

4316 WILLOWPOINT DR
NORMAN, OK 73072-4933



Oklahoma Auto Policy Declarations

SUMMARY

| | | |
|---|---|--|
| NAMED INSURED(S) REGRESSIVE MATHEW 4316 WILLOWPOINT DR NORMAN, OK 73072-4933 | OUR PHONE NUMBER IS 1-866-424-6726 1-866-GAINSCO | YOUR AGENT IS JERRY INSURANCE AGENCY LLC 430 SHERMAN AVE STE 305 PALO ALTO, CA 94306-1854 |
| POLICY NUMBER OKPA00 221 803-0000 | POLICY PERIOD Coverage begins on 11/26/2024 at 12:01 AM Standard Time at the address of the Named insured as stated herein. This policy period ends on 05/26/2025 at 12:01 AM Standard Time at the address of the Named Insured as stated herein | |

| | | | |
|-------------------|---------------|--------------------|---------------|
| DRIVER(S) LISTED | DATE OF BIRTH | DRIVER(S) EXCLUDED | DATE OF BIRTH |
| REGRESSIVE MATHEW | XX/XX/2000 | | |
| UNREGRESSI MATHEW | XX/XX/1999 | | |

| | | |
|------------------------|-------------------|--------------------------------|
| VEHICLE(S) COVERED | VEHICLE ID NUMBER | LIENHOLDER/ADDITIONAL INTEREST |
| 2008 SUZUKI FORENZA 4D | KL5JD56Z38K905656 | |

| | |
|------------------------------------|------------|
| TOTAL PREMIUM | |
| Premium for 2008 SUZUKI FORENZA 4D | \$1,931.00 |
| POLICY FEE | \$30.00 |
| TOTAL | \$1,961.00 |

ADDITIONAL INFORMATION FOR OUR NAMED INSURED.

The auto(s) or trailer(s) described in this policy is principally garaged at the address of the named insured unless otherwise stated.

The driver(s) listed are currently provided coverage under the terms of your policy. If there are any other drivers in your household, please contact your agent or producer of record to have your policy updated to extend or exclude coverage.



COVERAGE FOR
2008 SUZUKI FORENZA 4D

KL5JD56Z38K905656

| Coverage | Limits Per person/ Per accident | Deductible | Premium |
|---------------------------------|------------------------------------|-------------|------------|
| BODILY INJURY | 25000/50000 | | \$984.00 |
| PROPERTY DAMAGE LIABILITY | 25000 | | \$584.00 |
| UNINSURED/UNDERINSURED MOTORIST | 25000/50000 | | \$312.00 |
| BODILY INJURY-UNSTACKED | | | |
| MEDICAL PAYMENTS | 500 | | \$51.00 |
| COMPREHENSIVE | | No Coverage | |
| COLLISION | | No Coverage | |
| RENTAL | No Coverage | | |
| TOWING | No Coverage | | |
| CUSTOM OR ADDITIONAL EQUIPMENT | No Coverage | | |
| Total premium | | | \$1,931.00 |

PREMIUM DISCOUNTS

Homeowners Auto Pay

IMPORTANT PAYMENT INFORMATION

Your bill will arrive in a separate mailing if you haven't paid your premium in full.

YOUR POLICY DOCUMENTS

Your auto policy consists of this Policy Declarations and the documents listed below.
Please read them carefully and keep them together.

4000 OK (09/11) OKAE0924



For Customer Service inquiries or questions about a claim, call (866) 424-6726.

OKDP1023



P.O. Box 199023
Dallas, TX 75219-9023
Phone 866.424.6726/972.629.4301
Main Fax 800.532.3522/972.629.4302
www.GAINSCO.com

MGA Insurance Company, Inc.

ARE YOU DRIVEN?®

RE: Policy Number: OKPA00 221 803-0000

Dear REGRESSIVE MATHEW

Thank you for considering MGA Insurance Company, Inc. for your personal auto insurance needs. We would like to inform you that you have not qualified for the best rate possible based, at least in part, on the fact that we were unable to obtain an insurance score. This score is developed from credit information, and may not be available for a number of reasons, including but not limited to (1) there was no matching information at the credit bureau given the name, address, social security number, and/or date of birth we have on file, or (2) there was information on file at the credit bureau, but there was not enough recent activity to develop an insurance score.

To inquire about the information contained on this report, please contact TransUnion at the address and phone number below. TransUnion is an independent supplier of insurance underwriting reports and does not make decisions regarding actions taken as a result of information provided. You have the right to obtain a free copy of your report from TransUnion, by written request within 60 days, and to dispute the accuracy or completeness of any information in the report with them.

You have the right to know the specific items of information that support the reasons for this decision. You also have the right to see and obtain copies of documents relating to the decision. You have the right to correct, amend or delete any recorded personal information we have in our file that you believe is inaccurate. If we refuse to make the correction, amendment or deletion, you have the right to file a statement which we will put in our files. If you would like additional information concerning this action, your written request must be received by us within 90 business days from the date of this notice.

Once a year you can get a free copy of your report from each of the major reporting agencies by calling 1-877-322-8228, by visiting annualcreditreport.com, or by completing an Annual Credit Report Request Form and mailing it to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.

TransUnion can be contacted at:

TransUnion National Disclosure Center
PO Box 1000
Chester, PA 19022
1-800-645-1938

Report Reference Number: 9016706

You can also request the report through the internet at: www.transunion.com

Should you have any questions regarding the above matter, please contact your agent at the address/phone number listed below.

Sincerely,

MGA Insurance Company, Inc.

Agent Name: A57043
JERRY INSURANCE AGENCY LLC
430 SHERMAN AVE STE 305
PALO ALTO, CA 94306-1854



MGA Insurance Company, Inc.

ARE YOU DRIVEN?®

PLEASE CUT ALONG DOTTED LINES.

PLEASE FOLD YOUR I.D. HERE

Agent ID: A57043

OKLAHOMA PERSONAL AUTOMOBILE INSURANCE IDENTIFICATION CARD

MGA Insurance Company, Inc. NAIC CODE #40150

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
OKPA00 221 803-0000 11/26/2024 05/26/2025

Named Insured: REGRESSIVE MATHEW

Listed Drivers: UNREGRESSI MATHEW

Excluded Driver:

The policy has been issued pursuant to the Compulsory Insurance Law. Oklahoma law requires evidence of insurance to be carried in the motor vehicle at all times. This form must be produced upon request for inspection by any peace officer or representative of the Department of Public Safety. In case of an accident, this form shall be shown upon request of any person affected by the accident.

A current copy of this form must be surrendered to the motor license agent or other registering agency upon application or renewal for a motor vehicle license plate.

IN CASE OF ACCIDENT

1. Get the names, addresses, phone numbers, and license numbers of other owners and drivers involved and of any and all witnesses.
2. Express no opinion relative to responsibility and/or liability for the accident
3. Report your accident to our Claims Department at (866) 424-6726.

YEAR MAKE MODEL VEHICLE ID NUMBER
2008 SUZUKI FORENZA 4D KL5JD56Z38K905656

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy

Agency Contact Information:
JERRY INSURANCE AGENCY LLC
430 Sherman Ave STE 305
Palo Alto CA ,94306-1854
833-445-3779

MGA Insurance Company, Inc.

3333LeePkw, Suite1200, Dallas, TX75219-9023(866)424-6726



| FACTS | WHAT DOES MGA Insurance Company, Inc. (GAINSCO Auto Insurance®) DO WITH YOUR PERSONAL INFORMATION? |
|-------|---|
| Why? | Financial companies choose how they share your personal information. Federal law gives customers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| What? | <p>The types of personal information we collect and share depends on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security Number and checking account information ■ Insurance claim history and payment history ■ Transaction or loss history and credit-based insurance scores <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MGA Insurance Company, Inc. chooses to share; and whether you can limit your sharing. |

| Reasons we can share your personal information | Does MGA Insurance Company, Inc. share? | Can you limit this sharing? |
|--|---|-----------------------------|
| For everyday business purposes —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| For our marketing purposes —to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | Yes | No |
| For our affiliates' everyday business purposes —information about your transactions and experience | Yes | No |
| For our affiliates' everyday business purposes —information about your creditworthiness | No | We don't share. |
| For our affiliates to market to you | No | We don't share. |
| For our nonaffiliates to market to you | No | We don't share. |

| | |
|------------|---|
| Questions? | Call 1-866-424-6726 or go to www.gainsco.com |
|------------|---|



| What we do | |
|---|--|
| How does MGA Insurance Company, Inc. protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does MGA Insurance Company, Inc. collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ Apply for insurance or pay insurance premiums ■ Show your driver's license or file an insurance claim ■ Show your government-issued ID <p>[We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.]</p> |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ Sharing for affiliates' everyday business purposes— information about your creditworthiness ■ Affiliates from using your information to market to you ■ Sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. [See below for more on your rights under state law.]</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ [Our affiliates include financial companies such as MGA Agency, Inc., GAINSCO Auto Insurance Agency, Inc., and National Specialty Lines, Inc.] |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ [Nonaffiliates we share with can include roadside assistance companies, third party vendors, and any other companies as necessary to effect, administer or enforce a transaction that a consumer requests or authorizes.] |
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ [Our joint marketing partners include roadside assistance companies and third party vendors.] |
| Other important information | |
| <p>For all of our policyholders: You may request a copy of your nonpublic, personally identifiable information (NPI) that we have in our records. You may also request that we make corrections, additions, or deletions to any information you feel is incomplete or inaccurate.</p> <p>We do not disclose any NPI about our current or former policyholders to anyone, except as permitted or required by law. This may include sharing your NPI with regulators and other governmental offices, attorneys, auditors, agents, or others so that we can service your account, protect you and/or us against fraud, cooperate with law enforcement officials, participate in actuarial or research studies, or comply with legal requirements.</p> <p>Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.</p> | |



EXTRAORDINARY LIFE EVENTS NOTICE

Thank you for considering MGA Insurance Company, Inc. for your personal auto insurance needs. We would like to inform you of additional rights you have regarding how your personal credit information is used.

If you believe your credit information has been directly influenced by any of the events listed below, you may submit to us in writing a request that we provide an exception to our rates, rating classification, or underwriting rules related to that information.

- Catastrophic event, as declared by the federal or state government;
- Serious illness or injury, or serious illness or injury to an immediate family member;
- Death of an immediate family member;
- Divorce or involuntary interruption of legally owed alimony or support payments;
- Identity theft;
- Temporary loss of employment for a period of 3 months or more, if it results from involuntary termination; or
- Military deployment overseas.

We may require reasonable written and independently verifiable documentation of the event and the effect of the event on your credit information before granting an exception.

Should you have any questions regarding the above matter, please contact your agent.

Sincerely,

MGA Insurance Company, Inc.



OKLAHOMA AMENDATORY ENDORSEMENT

This endorsement amends form 0400 OK (09/11) Oklahoma Personal Auto Policy. Please read it carefully.

Our address and phone number on the first page of **your** Oklahoma Personal Auto policy is replaced with the following:

1415 STATE STREET, SUITE 1600
RICHARDSON, TX 75082
1-866-424-6726

PART A – LIABILITY COVERAGE

The definition of **insured person** under **ADDITIONAL DEFINITIONS USED IN PART A ONLY** is replaced by the following:

As used in this Part, **insured person** means, with respect to the **insured auto**:

1. **You**, a **relative** or a **resident**. A **relative** or **resident** must be listed as a driver on the **Declarations Page** or added by endorsement prior to a loss to be considered an **insured person**.
2. A person listed as a driver on the **Declarations Page** while using an **insured auto**.
3. A person using the **insured auto** with **your** express or implied permission. Such person must:
 - a. Meet the minimum age requirement to obtain legal authority to drive;
 - b. Not be a **regular operator** of the **insured auto**.

The last two paragraphs under **LIMITS OF LIABILITY – PART A ONLY** are replaced by the following:

This is the most **we** will pay regardless of the number of premiums or **autos** listed on the **Declarations Page**, **insured persons**, claims, claimants, policies, or vehicles involved in the **accident**. The limit of liability that applies in any one **accident** will not be increased because a **trailer** is attached to the **insured auto** or **non-owned auto**.

Any amount paid or payable under this coverage to or for an **insured person** will be reduced by any payment made to that person under Part B – Medical Payments Coverage of this policy, however, this provision does not apply to

1. **You**; or
2. a **relative**.

Any amount paid or payable under this coverage to or for an **insured person** will be reduced by any payment made to that person under Part C – Uninsured/ Underinsured Motorists Coverage.

No person shall be entitled to duplicate payments for the same element of loss.

PART B – MEDICAL PAYMENTS COVERAGE

The definition of **insured person** under **ADDITIONAL DEFINITIONS USED IN PART B ONLY** is replaced by the following:

1. **Insured person** means:
 - a. **You**, any **relative**, any **resident**, or any other person listed as a driver on the **Declarations Page** while **occupying any auto**;
 - b. **You**, any **relative**, or any **resident** through being struck by a highway vehicle or **trailer**;
 - c. Any other person using the **insured auto** with **your** express or implied permission to do so. Such person must:
 - i. Meet the minimum age to obtain legal authority to drive;
 - ii. Not be a **regular operator** of the **insured auto**.
 - d. Any occupants of the **insured auto** while the vehicle is being operated by a person authorized under this definition.

As used in this Part, occupants regularly residing in **your** household under the age of fifteen (15) years of age will be considered **insured persons**.

The last three paragraphs under **LIMITS OF LIABILITY – PART B ONLY** are replaced by the following:

Any amount paid or payable under this coverage to or for an **insured person**, other than **you** or a **relative**, will be reduced by any payment made to that person under Part A – Liability Coverage or Part C – Uninsured/Underinsured Motorists Coverage of this policy.

We will make no payment under this Part of the policy unless the **insured person** or the **insured person's** legal representative agrees in writing that any payment shall be applied toward any settlement or judgment that person receives under the Liability or Uninsured/Underinsured Motorists Coverage of this policy. This paragraph does not apply to **you** or a **relative**.

No **insured**, other than **you** or a **relative**, will be entitled to receive duplicate payments for the same element of loss.



PART C – UNINSURED / UNDERINSURED MOTORISTS COVERAGE

The section **ADDITIONAL DEFINITIONS USED IN PART C ONLY** is replaced by the following:

1. **Insured person** means:
 - a. **You, a relative, a resident;**
 - b. Any other person listed as a driver on the **Declarations Page**;
 - c. Any other person **occupying your insured auto** with **your** express or implied permission; or
 - d. Any person for damages that person is entitled to recover because of **bodily injury** to which this coverage applies sustained by a person listed in a, b, or c. above.
2. **Uninsured motor vehicle** means a land motor vehicle or **trailer** of any type which is:
 - a. Not insured by a liability bond or policy at the time of the **accident**.
 - b. A hit-and-run vehicle whose operator or **owner** cannot be identified and which causes an **accident** by hitting:
 - i. **You, a relative** or any **resident**;
 - ii. An **auto** which **you, a relative** or any **resident** are **occupying**; or
 - iii. The **insured auto**.

An **accident** caused by a hit-and-run vehicle must be reported to the police within twenty-four (24) hours after their occurrence to be covered under this part. In the case of an **accident** caused by a hit-and-run vehicle, the **insured person** must attempt to identify the other driver or **owner**.

- c. Insured by a liability bond or policy at the time of the **accident**, but the insurer denies coverage or is or becomes insolvent.

Uninsured motor vehicle does not include any vehicle or equipment:

- a. **Owned** by, or furnished or available for the regular use of **you, a resident, or a relative**;
- b. Operated on rails or crawler treads;
- c. Designed mainly for use off public roads while not on public roads;
- d. While located for use or being used as a residence or premises; or
- e. **Owned** or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer that has become insolvent; or
- f. **Owned** by a governmental unit or agency unless:
- g. The operator of the vehicle is uninsured; and
- h. There is no statute imposing liability for damages because of **bodily injury** or **property damage** on the governmental body for an amount not less than the limit of liability for this coverage.

3. **Underinsured motor vehicle** means a land motor vehicle or **trailer** of any type to which a liability bond or policy applies at the time of the **accident**, but its limit of liability either:
 - a. Is not enough to pay the full amount the **insured person** is legally entitled to recover as damages; or
 - b. Has been reduced by payment of claims to an amount which is not enough to pay the full amount the **insured person** is legally entitled to recover.

Underinsured motor vehicle does not include any vehicle or equipment:

- a. **Owned** by or furnished or available for the regular use of **you** or a **relative**, unless a liability bond or policy applies to that vehicle at the time of the **accident**, but its limit of liability is not enough to pay the full amount the **insured person** is legally entitled to recover as damages;
- b. **Owned** by or furnished or available for the regular use of a **resident**;
- c. Operated on rails or crawler treads;
- d. Designed mainly for use off public roads while not on public roads;
- e. While located for use or being used as a residence or premises;
- f. To which a liability bond or policy applies at the time of the **accident** but the bonding or insuring company denies coverage or is or becomes insolvent;
- g. **Owned** or operated by a self-insurer under any applicable motor vehicle law; or
- h. **Owned** by a governmental unit or agency.

4. **Accident** means a sudden, unexpected, and unintended event causing **bodily injury** or **property damage**, arising out of the ownership, maintenance, or use of an **auto** or **motor vehicle**.

All **bodily injury** and **property damage** arising out of continuous or repeated exposure to substantially the same general conditions shall be considered as arising out of one **accident**.

5. **Motor vehicle** means a self-propelled land motor vehicle designed for use principally upon public roads or streets but does not mean or include crawler or farm-type tractors, farm implements and, if not subject to motor vehicle registration, any equipment which is designed for use principally off public roads and streets.



The last seven paragraphs of **LIMITS OF LIABILITY – PART C ONLY** are replaced by the following:

No one will be entitled to receive duplicate payments for the same elements of loss under this coverage. This provision does not apply to **you** or a **relative** with respect to payments for the same elements of loss under this coverage and Part B – Medical Payments Coverage of this policy.

Any amounts which are otherwise payable for damages under this Part shall be reduced by all sums:

1. Paid because of the bodily injury by or on behalf of persons who, or organizations which, may be legally responsible. This includes all sums paid under Part A – Liability Coverage of this policy.
2. Paid or payable for Medical Payments Coverage under Part B of this policy when the **insured person**, other than **you** or a **relative**, receives full compensation for the **bodily injury**.
3. Paid or payable under any workers' compensation law, disability benefits law or similar law when the **insured person** received full compensation for the **bodily injury**.

As a part of **our** claims handling procedures, **we** may use software that is designed to evaluate **bodily injury** under Part C – Uninsured/Underinsured Motorists Coverage.

If a court with proper jurisdiction finds an exclusion under this Part invalid or unenforceable under the Compulsory Insurance Law of Oklahoma, that exclusion will not apply to the portion of damages that is less than or equal to the minimum limits of uninsured motorist coverage as required by the laws of Oklahoma. The exclusion shall apply to the portion of the damages that is in excess of the required minimum limits.

PART D – COVERAGE FOR DAMAGE TO YOUR AUTO

The definition of **insured person** under **ADDITIONAL DEFINITIONS USED IN PART D ONLY** is replaced by the following:

11. **Insured person** means:

- a. **You**;
- b. Any other person who is listed as a driver on the **Declarations Page** or added by endorsement during the policy term prior to a **loss**; or
- c. Any person who is not:
 - i. A **relative**;
 - ii. A **resident**; or
 - iii. A **regular operator**,

but is using or has **control** of the **insured auto** with **your** express permission.

PART E – GENERAL PROVISIONS

The next to the last paragraph under **CANCELLATION AND NONRENEWAL** is replaced with the following:

Upon cancellation, **you** may be entitled to a premium refund. If so, **we** will send it to **you** but our offer of a refund is not a condition of cancellation. the refund will be computed on a pro-rata basis. The effective date of the cancellation stated in a notice is the end of the policy period. All policy fees will be considered fully earned by **us** for the purposes of calculating any refund.

The following paragraph is added to **OUR RECOVERY RIGHTS**:

The Our Recovery Rights provision does not apply to payments made to **you** or a **relative** under Part B – Medical Payments Coverage of this policy.

The section **DECLARATIONS** is replaced by the following:

DECLARATIONS

This policy is issued to **you** by **us**. By accepting this policy, **you** agree:

1. That the statements in the Declarations are **your** representations;
2. That this policy is issued in reliance upon the truth of those representations; and
3. That this policy embodies all the agreements existing between **you** and **us** or any of our agents relating to this policy.

In witness whereof, the company has caused this policy to be signed by its president and secretary.

President



Secretary

