



## Declaration - No Owned Autos in Household

***Umbrella Policy*** 60595-51-01

***Number:***

***Named Insured:*** Kazufumi Watanabe

***Address:*** 550 Ortega Ave Apt A407  
Mountain View, CA 94040-1583

I declare that neither I nor anyone residing in my household own any automobiles.

I understand that the umbrella policy that I am purchasing provides no coverage for damages arising out of the ownership, maintenance, use, operation, entrustment to others, supervision, loading or unloading of any automobile owned by me or by anyone residing in my household unless those damages are covered by an underlying automobile insurance policy.

For automobiles **not** owned by me, if I or anyone in my household drives an automobile **not** owned by me and causes damages, the umbrella policy that I am purchasing will pay for any covered damages only in excess of \$250,000 per person and \$500,000 per occurrence. For this reason, if I or anyone in my household drive an automobile **not** owned by me, we should purchase automobile insurance to cover any damages below these amounts.

I declare that the statements on this declaration are true and request the Exchange or Company to issue the insurance applied for in reliance thereon and at rates based on these facts. I understand that any material misrepresentation or omission may void or cancel coverage subject to the statutory requirements of my state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This policy is issued by: Truck Insurance Exchange (An inter-insurance exchange sometimes referred to in the policy as the "Company":)

Insured  
Kazufumi Watanabe  
550 Ortega Ave Apt A407  
Mountain View, CA 94040-1583

**605955101**  
Policy Number

*Truck Insurance Exchange ("Exchange") is an inter-insurance exchange or reciprocal insurer. The Exchange is owned by its members (also called subscribers), and the members appoint a third party, called the attorney-in-fact, to conduct certain administrative services for and on behalf of the Exchange.*

*Please sign the Subscription Agreement printed below to become a member of the Exchange, which is necessary to maintain coverage. Under the Subscription Agreement, you will be appointing Truck Underwriters Association ("Association") to serve and act as the attorney-in-fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.*

*If our records do not show that you have provided us with a signed copy of the Subscription Agreement, we reserve the right to terminate your coverage.*

### Subscription Agreement

For and in consideration of the benefits to be derived therefrom the subscriber covenants and agrees with Truck Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, Truck Underwriters Association, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints Truck Underwriters Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of interinsurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges, and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governors' meetings, agents' commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.

I have read the Subscription Agreement. I agree to be bound to all of the terms and conditions of the Subscription Agreement.

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ a.m./p.m. X

Signature (If applicant is a minor, parent or guardian must also sign)



# Personal Umbrella Application

This is an Application for Insurance. Your signature at the end of this document is required. If our records do not show that you have provided us with a signed copy of this document, we reserve the right to terminate your coverage. Please keep a copy for your records.

**Policy Number:** 60595-51-01  
**Effective Date:** 2/1/2018 12:01 AM  
**Expiration:** 11/3/2018 12:01 AM  
**Your Farmer's Agent:** Aaron Kim  
(408) 235-2330  
hkim@farmersagent.com  
**Underwritten By:** Truck Insurance Exchange  
6301 Owensmouth Ave.  
Woodland Hills, CA 91367

**Policy Limits:** \$1,000,000  
**Retained Limit:** (SIR) \$250  
**Billing Account Number:** G765151540  
**Reference Number:**  
**Household Number:** 1926724518

Applications must bear the exact date of applicant's signature. Dating the application to be effective prior to the date, hour and minute of the signature is prohibited.

## Policy Information

Name/Trust	Property Address or Legal Description	Mailing Address	Email Address/ Personal Phone#/Business Phone#	Territory
Kazufumi Watanabe	550 Ortega Ave Apt A407 Mountain View, CA 94040-1583	Same as Property Address	kazufumi.watanabe.cosmic@gmail.co m (408) 643-1031	94040-1583

## Driver Information (list all licensed drivers in the household)

Name	State and DL/Permit Number	DOB	Age
Kazufumi Watanabe	CA *****03	**/**/1978	39
Aki Watanabe	CA *****26	**/**/1976	42

## Risk Information

- Are there any excluded drivers on any underlying policies scheduled on the Umbrella policy? ☐ Yes ☐ No
- Is anyone in the household a prominent public figure (e.g., actor, actress, professional athlete, politician, public lecturer, etc.)? ☐ Yes ☐ No
- Is there an unfenced swimming pool or trampoline on the premises? ☐ Yes ☐ No
- Is anyone in the household in the business of providing child day care in the home? ☐ Yes ☐ No
- Is child care covered by the scheduled underlying insurance? ☐ Yes ☐ No
- Excluding child care, does anyone in the household operate a home based business? ☐ Yes ☐ No
- Is the home based business covered by the scheduled underlying insurance? ☐ Yes ☐ No
- Does any household member have use of a company car? ☐ Yes ☐ No

Application (continued)

Violations

List all minor violations for all members of the household during the last 3 years.  
List all major violations for all members of the household during the last 5 years.

Household Member	Type	Violation Date	Description
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Accidents

List all accidents and losses for all members of the household during the last 3 years.

Household Member	Type	Date of Loss	Description of Loss	Amount Paid
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List ALL household member’s exposures. Include applicant, spouse and all household members.

Auto Liability (all licensed, owned or leased)

Type of Vehicle	Underlying Liability Limits	Carrier	Policy Number	No. of Units
Non-owned Auto	250/500/100	Self Insurance		

Personal Liability

Seasonal/Secondary extension of liability must be reflected on the primary underlying homeowners policy.

Type of Policy	Underlying Liability Limits	Carrier	Policy Number
Renters	300	Fire Insurance Exchange	300441725

Uninsured Motorist/Underinsured Motorist Coverages

Uninsured/Underinsured Motorist coverage will pay for damages that you, the insured, are legally entitled to recover as a result of injuries caused by a driver who has no Bodily Injury Liability, or by a driver who has Bodily Injury Liability limits which are lower than the Uninsured Motorist limits provided by your policy.

For an additional charge, do you want UM/UIM coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes: Do all underlying Auto policies carry UM/UIM coverage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are those UM/UIM limits equal to the Auto Liability Limits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Remarks:

I hereby declare that the statements on all pages of this application, **including those relating to the use of the vehicle(s)**, are true and request the Exchange or Company to issue the Insurance applied for in reliance thereon and at rates based on these facts.

I understand that any material misrepresentation or omission may void or cancel coverage subject to the statutory requirements of my state.

I authorize the driving record of all drivers to be checked through the state Motor Vehicle Department.

<b>Policy Limit:</b>	\$1,000,000	<b>The quoted premium is subject to verification and change (increase or decrease), when necessary, by the company.</b>
<b>Premium quoted:</b>	\$267.00	
*(also see Information on Additional Fees below)		

Application (continued)

**BINDER:** The insurance has been applied for and is bound for 60 days from the Effective Date pending issuance of a policy to the Named Insured. Please accept this form as a binder.

**E-Mail Disclosure.** I understand that by providing my e-mail address to the Insurer, I may receive emails regarding my coverage – including but not limited to, premiums due, the status of my coverage, and renewals – and customer satisfaction or other surveys regarding my experience with Farmers. I understand that the Insurer and its affiliates will not sell or furnish my e-mail address to any non-affiliated third party and that I may opt out of receiving e-mails. Further, I understand that providing my email address is not a condition of purchase.

**Paperless Document Delivery.** I understand that I have the option of enrolling in paperless delivery of policy and/or billing documents. If I choose, or have chosen, paperless (electronic) delivery, I will be required to log onto [Farmers.com](http://Farmers.com), review and accept the terms and conditions of Go Paperless/Paperless Policy and/or Paperless Billing. If I do not accept the terms of paperless delivery, I will continue to receive Policy and/or Billing documents by mail. I understand that my enrollment in paperless delivery is not a condition of purchase.

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

\*Information on Additional Fees

The "Fees" identified in the "Policy Activity" section on your Declarations page apply on a per-policy, not an account basis. The following additional fees also apply.

- 1. Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):

  - For Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): **\$0.00** (applied per account)
  - For other Recurring EFT plans: **\$2.00** (applied per account)
  - For all other payment plans: **\$5.00** (applied per account)
- 2. Late Fee: \$10.00** (applied per account)

**3. Returned Payment Charge: \$25.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

**4. Reinstatement Fee: \$0.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

I have read the above Application for Insurance. I agree that the application accurately summarizes the insurance for which I have applied and agree to the terms and conditions of the insurance as described in the Application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

X  
Applicant's Signature (if applicant is a minor, parent or guardian must sign)