

FIRST ACCEPTANCE INSURANCE COMPANY OF GEORGIA, INC

\*\* BINDER \*\*

Date: 10/26/25

Central Time: 12:35 PM

APPLICANT INFORMATION

Policy No: OCHO 000001914

ORIGINAL EFFECTIVE 10/26/2025

Time: PER APPLICATION

Agent: 001-IA-0860 OCHO INSURANCE SOLUTIONS LL

BRANDON GRANT

1360 CARLYSLE PARK DR

LAWRENCEVILLE, GA 30044

Policy Period From 10/26/2025 Time: Per Application To: 04/26/2026 Time: 12:01 AM

VEHICLE INFORMATION

Unit	Description	Vehicle Identification Number (VIN)	Symbol	Territory
001	2015 CHRYSLER 200	1C3CCCAB0FN698101	25	025

LIENHOLDER INFORMATION

If we issue payment to an insured for comprehensive or collision insurance, we will pay that insured and the following lienholder / additional interest:


COVERAGES	LIMITS OF LIABILITY	PREMIUMS - Coverage is only valid where premium is shown below					
		Veh. 1	Veh. 2	Veh. 3	Veh. 4	Veh. 5	Veh. 6
Bodily Injury	25,000 each person 50,000 each accident	949.00					
Property Damage	25,000 each accident	560.00					

Full Term Premium each vehicle

1509.00

IMPORTANT INFORMATION

This binder is evidence that the above Named Insured, as listed under the applicant information section, has placed the described insurance for the amount set forth. This binder shall remain in force for 30 days from the date of commencement of liability hereunder or when, if earlier, it is replaced by another policy and is subject to all the terms and conditions of said policy as customarily issued by the above name insurance company. The Named Insured may cancel this binder by mailing to the named insurance company written notice stating when thereafter such cancellation shall be effective. This binder may be cancelled by the named insurance company by mailing to the named insured at the address shown in this binder written notice stating when not less than ten days hereafter such cancellation shall be effective.

  
2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC

FORM: BD-112



P.O. Box 23410  
Nashville, TN 37202

**DECLARATIONS PAGE**

Date: 10/26/25

Policy Number: OCHO 000001914  
Effective Date: 10/26/2025 Time: Per Application  
Policy Period: 10/26/2025 to 04/26/2026  
Customer Service: 1-800-321-0899

Account Number: 0061984352

Se Habla Espanol 1-888-922-7767

This policy expires at 12:01 am CST on the policy end date listed above.

Insured  
BRANDON GRANT  
1360 CARLYSLE PARK DR  
LAWRENCEVILLE, GA 30044

Agent:  
OCHO INSURANCE SOLUTIONS LLC  
756 LAKE STREET  
SAN FRANCISCO CA 94118  
Phone: 800-2201416  
Agent#: 001-IA-0860

**VEHICLE INFORMATION**

The auto(s) or trailer(s) described in this policy is/are principally garaged at the above address unless otherwise stated.

VEH NO	MODEL YEAR	MAKE	MODEL	VIN	Symbol	Class	Points	Deductible Comp/Collision
001	2015	CHRYSLER	200	1C3CCCAB0FN698101	25	MS44		

**LIENHOLDER INFORMATION**

VEH NO	INTEREST NAME	INTEREST ADDRESS	INTEREST PHONE NUMBER

**COVERAGES AND PREMIUMS BY VEHICLE**

\*If purchased, the comprehensive/collision deductible selected for each vehicle is listed in the "Vehicle Information" section.

COVERAGE	LIMITS OF LIABILITY	DEDUCTIBLE*	VEH 1 PREM	VEH 2 PREM	VEH 3 PREM	VEH 4 PREM	VEH 5 PREM	VEH 6 PREM
Bodily Injury	25,000 each person 50,000 each accident		949.00					
Property Damage	25,000 each accident		560.00					

TOTAL PREMIUM PER VEH

1509.00



DRIVER INFORMATION

DVR NO	DRIVER NAME	DOB	SEX	M/S	DL STATE	DL STATUS	STATUS
1	BRANDON GRANT	03/20/1981	M	S	GA		Rated

PREMIUM SUMMARY

TOTAL PREMIUM: \$1,509.00

MGA FEE: \$25.00

POLICY FEE:

TOTAL CHARGES: \$1,534.00

MVR FEE:

SR22 FEE:

OTHER FEE:

\* A FEE OF \$12.00 IS CHARGED FOR EACH INSTALLMENT.

ENDORSEMENT CHANGES

ENDORSEMENT CHANGES	EFFECTIVE DATE
---------------------	----------------


The above endorsement(s) has (increased/decreased) your premium by

ENDORSMENTS MADE PART OF THIS POLICY AT TIME OF ISSUE

FAGA 100 02.17 PERSONAL AUTO POLICY

Note: if you fail to receive any of the above policy forms or endorsements or for additional copies, please contact: Acceptance Auto Insurance, P.O Box 150769, Nashville, TN 37215

GA 200 10.17

  
2025-10-26T17:36:39.079 UTC

Brandon Grant

2025-10-26T18:19:52.872 UTC

## Identification Cards

Cut Along Dotted Line

### FIRST ACCEPTANCE INSURANCE COMPANY OF GEORGIA, INC

Keep this card in your motor vehicle while in operation

#### GEORGIA LIABILITY INSURANCE IDENTIFICATION CARD

Policy Number	Effective Date	Expiration Date
OCHO 000001914	10/26/2025	04/26/2026
Vehicle Description	Vehicle ID Number	
2015 CHRYSLER 200	1C3CCCAB0FN698101	
<b>Agent:</b> OCHO INSURANCE SOLUTIONS		<b>Agent Phone:</b> (800) 220-1416
<b>Insured:</b> BRANDON GRANT		<b>NAIC:</b> 10336

FOLD ALONG DOTTED LINE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND  
PRESENTED UPON DEMAND.

REPORT ALL ACCIDENTS IMMEDIATELY, REGARDLESS OF FAULT


**To Report a Claim – Call 1-800-779-2103**

Obtain the following information:

1. Details of Loss, including date and time, location, etc.
2. Name and address of each driver, passenger and witness
3. Name of Insurance Company and policy number for each vehicle involved.

**A person seeking coverage under the policy must direct  
all written correspondence regarding the claim to the  
following address:**

First Acceptance Services, Inc.  
P.O. Box 23410  
Nashville, TN 37202

  
2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC



**P.O. Box 23410  
Nashville, TN 37202**

10/26/25

BRANDON GRANT

1360 CARLYSLE PARK DR

LAWRENCEVILLE GA 30044

FIRST ACCEPTANCE INSURANCE COMPANY OF GEORGIA, INC  
Policy Number: OCHO 000001914

1509.00

MGA FEE:

25.00

Total Billed

1534.00

Down payment: 276.55      Monthly Payments: 263.55

Payments include a 12.00 billing fee.

I understand that the products listed above are billed together, but that they are written for different products.

I further understand that I may cancel either of these products at any time.

Signature: s1/*Brandon Grant* d1/  
2025-10-26T18:19:52.872 UTC

2025-10-26T17:36:39.079 UTC

\*\* THANK YOU FOR YOUR BUSINESS. \*\*

*Brandon Grant*

2025-10-26T18:19:52.872 UTC

( \*RCP\* )



# FIRST ACCEPTANCE INSURANCE COMPANY of GEORGIA, INC.

CUSTOMER SERVICE: 1-800-321-0899

3813 Green Hills Village Drive, Nashville, TN 37215

DATE: 10/26/25 12:35:13

## GEORGIA AUTOMOBILE APPLICATION

### CUSTOMER INFORMATION:

NAME: BRANDON GRANT  
MAILING ADDRESS: 1360 CARLYSLE PARK DR  
LAWRENCEVILLE GA 30044 2249

GARAGING ADDRESS SAME?  
HOME PHONE: (000)000-0000  
WORK PHONE: (000)000-0000  
CELL PHONE: (800)800-4772  
EMAIL ADDRESS:

SR-22 REQUIRED? NO

NAME: DATE:  
CASE:

### AGENT INFORMATION:

NAME: OCHO INSURANCE SOLUTIONS LLC  
ADDRESS: 756 LAKE STREET  
SAN FRANCISCO 94118  
PHONE NUMBER: (800)220-1416  
PRODUCER NUMBER: 001-IA-0860

### POLICY INFORMATION: ALL TIMES ARE CENTRAL TIME (CST)

POLICY NO.: OCHO 000001914  
QUOTE NO.: 0061984352  
EFF. DATE: 10/26/2025 12:35:13  
EXP. DATE: 04/26/2026 12:01 AM

## VEHICLE INFORMATION

VEH NO	MODEL YEAR	MAKE	MODEL	VIN	GARAGING ZIP	TERRITORY	BUSINESS USE	Deductible Comp/Collision
001	2015	CHRYSLER	200	1C3CCAB0FN698101	30044	025		

## DRIVER INFORMATION

DVR NO	DRIVER NAME	DOB	SEX	M/S	DL STATE	DL STATUS	SR22 / FR44	VIOL PTS	SSN	REL	STATUS
001	BRANDON GRANT	03201981	M	S	GA	Active	N			INSURED	Active


## PREVIOUS INSURANCE INFORMATION

PREVIOUS CARRIER NAME	POLICY NUMBER	ORIGINATION DATE	EXPIRATION DATE
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## VIOLATION INFORMATION

DVR NO	VIOL DATE	CHARGEABLE?	DESCRIPTION	DVR NO	VIOL DATE	CHARGEABLE?	DESCRIPTION
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**NO VIOLATIONS OR ACCIDENTS WERE DISCLOSED.**

  
2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC



### LIENHOLDER INFORMATION

VEH NO	INTEREST NAME	INTEREST ADDRESS	INTEREST PHONE NUMBER
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### DISCOUNTS

DISCOUNT	APPLIES TO	DISCOUNT	APPLIES TO	DISCOUNT	APPLIES TO
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ALARM

AIR BAG

AL BRAKE

### COVERAGES AND PREMIUMS BY VEHICLE

\*If purchased, the comprehensive/collision deductible selected for each vehicle is listed in the "Vehicle Information" section.

COVERAGE	LIMITS OF LIABILITY	DEDUCTIBLE*	VEH 1 PREM	VEH 2 PREM	VEH 3 PREM	VEH 4 PREM	VEH 5 PREM	VEH 6 PREM
Bodily Injury	25,000 per person		949.00					
	50,000 per accident							
Property Damage	25,000 per accident		560.00					


TOTAL PREMIUM PER VEH 1509.00

### PREMIUM SUMMARY

TOTAL PREMIUM: 1509.00  
SR-22 FEE:  
MGA FEE: 25.00  
25.00

DOWN PAYMENT: 276.55  
INSTALLMENT METHOD: DB06  
INSTALLMENTS\*: 5  
INSTALLMENT AMOUNT: 263.55  
TOTAL CHARGES: 1534.00

\* A FEE OF \$12.00 IS CHARGED FOR EACH INSTALLMENT.

  
2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC



## APPLICANT STATEMENT

### FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

IN ACCORDANCE WITH APPLICABLE STATE LAW, ACCEPTANCE MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE, OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT ACCEPTANCE'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

### NOTICE TO INSURED – INFORMATION OBTAINED FROM THIRD PARTIES

In connection with this application for insurance, we may also review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. As part of the Company's policy issuance procedure, a routine inquiry may be made to obtain the driving record of all drivers of the vehicle(s) being insured. If the record for the rated driver(s) differs from the information on this application, my premium will be adjusted to the correct rates. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance.

**I hereby apply to the Company for a policy of Insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I certify that:**

☒ Yes ☐ No

1. I have listed on this application all persons age 15 or older, licensed or not, who reside with me, and all other drivers who may operate my auto(s) on a REGULAR or FREQUENT basis. This includes children/dependents away from home or away at school and also includes the titled owner of each vehicle listed on this application. I understand it is my obligation to report to Acceptance any change in driving status for any person currently listed, added on my policy, residing in my household, or who owns or operates my listed auto(s).

☒ Yes ☐ No

2. All vehicles listed on this application are garaged at least ten (10) months of the year at the address listed on this application.

☒ Yes ☐ No

3. I certify that none of the insured vehicles are used for delivery or other commercial purposes. This includes using the vehicle while working for a Transportation Network Company, for pizza or newspaper delivery, or similar business uses.

☒ Yes ☐ No

4. I have disclosed and described all pre-existing damage to the vehicles that are listed on this application. I also confirm that none of the vehicles listed have been modified, altered, customized, or rebuilt/salvaged, unless specified on a Special Equipment Endorsement.

☐ Yes ☒ No

5. Have any listed (rated) drivers on this application been convicted of insurance fraud, or had a previous insurance policy canceled for material misrepresentation at any time in the past?





**I understand that:**

1. As state law allows, my policy may be rendered null and void and no coverage may be provided for an accident or claim involving:
  - a. An operator of a vehicle who is specifically excluded by endorsement;
  - b. An operator of a vehicle who is not listed on the declarations page and for whom no premium has been paid; and
  - c. An operator of a vehicle who does not have my permission to use the vehicle.
2. As state law allows, no coverage is provided and the policy shall be null and void from inception:
  - a. If any information in this application is false, misleading, or would materially affect the policy premium or acceptance of the risk by the Company; or
  - b. If my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer, or check.
3. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.
4. The Company will charge the appropriate premium for my policy and coverages selected in accordance with its rates filed with the state Department of Insurance. If I do not pay the correct premium developed by the Company for my policy, my policy will be cancelled for nonpayment of premium.
5. **By purchasing this policy it is my obligation to give the Company prior notification of any changes in the statements and information contained in this application. Failure to notify the Company of such changes is a misrepresentation that may materially affect the risk accepted by the Company and may render my policy null and void, in accordance with applicable state law.**

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I certify that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings, notices, and statements listed on this application.


Applicant Signature: Brandon Grant  
s1/  
2025-10-26T18:19:52.872 UTC

Date: \_\_\_\_\_  
d1/

Time: \_\_\_\_\_  
12:35:13

**PRODUCER'S STATEMENT**

To the best of my knowledge, all information herein is correct, the statements made herein are those of the applicant and all questions have been answered by the applicant. I understand coverage is not bound until the correct payment amount is submitted by the applicant.

Producer:   
s3/  
2025-10-26T17:36:39.079 UTC

Date: \_\_\_\_\_  
d3/

Time: \_\_\_\_\_  
12:35:13



## APPLICANT CONFIRMATION

Policy Number: OCHO 000001914

Effective Date: 10/26/2025

### Rated Drivers:

The following drivers have been identified by the applicant as being either rated or excluded. The applicant has confirmed that there are no additional persons, aged 15 or older who are household members, who may operate the insured vehicle(s) on a regular or frequent basis, or who are the titled owner of any of the listed vehicles.

DVR NO	DRIVER NAME	MARITAL STATUS	DOB	SEX	RELATIONSHIP TO NAMED INSURED	RATING STATUS
001	BRANDON GRANT	SINGLE	03201981	MALE	INSURED	Active

### Unlisted Drivers (Not Rated):

The following are additional drivers who were identified by Acceptance's prefill report and for whom the applicant attests are not operators of the insured vehicle(s). If any of the following drivers become household members or become regular or frequent operators of the insured vehicle(s), it is the applicant's duty to add them to the policy to be rated accordingly.

DRIVER NAME	DOB	SEX	RESIDENCE STATUS
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### Vehicle Garaging Address:

The following address is where the insured vehicle(s) are principally garaged. It is the applicant's responsibility to notify the Company if they move and/or if the garaging address changes.

1360 CARLYSLE PARK DR  
LAWRENCEVILLE GA 30044

### Coverage Summary:

The following Coverages were rejected by the applicant. It is the applicant's duty to sign the appropriate coverage rejection forms. Failure to do so will result in these coverages being added by the Company and the appropriate additional premiums being charged.

UBN UMBI-NEW  
UMB UNINS-BI

Applicant Signature: Brandon Grant  
2025-10-26T18:19:52.872 UTC

Date: d1/

Time: 12:35:13



**UNINSURED MOTORIST SELECTION/REJECTION STATEMENT**

By signing below, I SELECT the following option for my UNINSURED MOTORIST COVERAGE:

<input checked="checked" type="checkbox"/>	I <b>REJECT</b> Uninsured Motorist Coverage IN ITS ENTIRETY.
<input type="checkbox"/>	I select <b>ADDED ON UNINSURED MOTORIST COVERAGE</b>
<input type="checkbox"/>	I select Uninsured Motorist Coverage AT THE SAME LIMITS AS MY LIMITS OF LIABILITY
<input type="checkbox"/>	I select Uninsured Motorist Coverage Liability limits below, WHICH ARE LOWER THAN MY LIABILITY LIMITS  \$ ____,000 per person for bodily injury      \$ ____,000 per accident for bodily injury \$ ____,000 per accident for property damage
<input type="checkbox"/>	I select <b>REDUCED BY UNINSURED MOTORIST COVERAGE</b>
<input type="checkbox"/>	I select Uninsured Motorist Coverage AT THE SAME LIMITS AS MY LIMITS OF LIABILITY
<input type="checkbox"/>	I select Uninsured Motorist Coverage Liability limits below, WHICH ARE LOWER THAN MY LIABILITY LIMITS  \$ ____,000 per person for bodily injury      \$ ____,000 per accident for bodily injury \$ ____,000 per accident for property damage

**NOTICE: UNINSURED MOTORIST COVERAGE LIABILITY LIMITS**

(The purpose of this notice is informational. This notice does not change or replace the wording in your policy.)

If you select the ADDED-ON Uninsured Motorist Coverage Option (Uninsured Motorist Coverage Added On To At-Fault Liability Limits) the limit of bodily injury or property damage liability shown in the Declarations for each person for Uninsured Motorist Coverage is **our** maximum limit of liability for all damages for bodily injury or property damage, including derivative claims or death sustained by any one person in any one auto accident PAYABLE IN ADDITION TO any amounts payable under other available bodily injury or property damage liability insurance. Derivative claims include, but are not limited to, loss of consortium, loss of services, loss of society, or loss of companionship.

If you selected the REDUCED-BY Uninsured Motorist Coverage Option (Uninsured Motorist Coverage – Reduced by At-Fault Liability Limits), the limit of bodily injury or property damage liability shown in the Declarations for each person for Uninsured Motorist Coverage is our maximum limit of liability for all damages for bodily injury or property damage, including derivative claims, or death sustained by any one person in any one auto accident REDUCED BY any amounts payable under other available bodily injury or property damage liability insurance. Derivative claims include, but are not limited to, loss of consortium, loss of services, loss of society, or loss of companionship.


I have had ADDED ON and REDUCED BY UNINSURED MOTORIST COVERAGE explained to me and I fully understand them and agree to the Uninsured Motorist Coverage option I have selected.

Named Insured Signature Brandon Grant Date: \_\_\_\_\_

GA 302 02.17

2025-10-26T18:19:52.872 UTC

d1/

  
2025-10-26T17:36:39.079 UTC

**Brandon Grant**  
2025-10-26T18:19:52.872 UTC

**NAMED DRIVER EXCLUSION AGREEMENT**

In consideration of the premium charged, it is hereby agreed that no coverage is afforded by this policy while any vehicle is being used, driven, operated, or manipulated by, or under the care, custody or control of:

Named Excluded Driver(s)Date of Birth

NO EXCLUDED DRIVERS LISTED

The provisions of this endorsement supersede and exclude from the policy any contrary provision(s).

The undersigned being the named insured in this policy hereby consents and agrees to the exclusion set forth above and also rejects in writing all uninsured motorist coverage if the vehicle is being operated by the excluded driver in this policy.

Signature *Brandon Grant*  
2025-10-26T18:19:52.872 UTC


Date: d1/

It is further agreed that, in the event the Company shall, because of any interest, become obligated to pay a sum or sums of money because of loss for which there would be no coverage because of the exclusions contained in this endorsement, the insured will reimburse the Company for any and all sums, costs and expenses paid or incurred by the Company.

**This endorsement is attached to and forms a part of the policy issued by First Acceptance Insurance Company of Georgia, Inc.**

**GA 307 02.17**

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2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC



**REJECTION OF PUNITIVE DAMAGES COVERAGE**

I hereby reject Punitive Damages coverage and direct the insurer to issue my policy without said coverage. Please read before signing.

Signature\_\_\_\_\_

Date:\_\_\_\_\_

This endorsement is attached to and forms a part of the policy issued by First Acceptance Insurance Company of Georgia, Inc.

GA 313 02.17

2025-10-26T17:36:39.079 UTC


*Brandon Grant*

2025-10-26T18:19:52.872 UTC



### UNINSURED MOTORISTS COVERAGE NOTICE

If you have chosen to accept Uninsured Motorist coverage and have any questions after reading this statement regarding Uninsured Motorist coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. You should have chosen the amount of Uninsured Motorist coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorist amount you chose, your total automobile insurance recovery under this policy of insurance will not exceed the amount of Uninsured Motorists coverage you chose. The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

  
2025-10-26T17:36:39.079 UTC

*Brandon Grant*  
2025-10-26T18:19:52.872 UTC



PO BOX 23410

Nashville, TN 37202

**INSTALLMENT PAYMENT DUE DATE(S):****AMOUNT DUE\*:**

11/11/2025	263.55
12/11/2025	263.55
01/11/2026	263.55
02/11/2026	263.55
03/11/2026	263.55

\*Any changes to your policy can affect the amount you owe. An EFT payment may result in a slightly lower payment amount

**DISCOUNTS:**

The following discounts are applicable to your policy. If a Homeowner or Transfer discount has been applied, you are required to provide supporting documentation as proof of your eligibility to receive the discount. If you do not provide the needed proof, the discount may be removed and your premium will increase.

***** YOUR DISCOUNTS = \$00 *****
-----------------------------------

**DISCLOSURE:**

Certain Fees may be applied to your policy during each policy period. These fees are charged in addition to your policy premium and will apply to all renewal and rewritten policies, regardless of any lapses or cancellations. The fees listed below may be charged:

LATE FEE	5.00
NSF CHECK FEE	25.00
PREMIUM INSTALLMENT FEE	12.00
PREMIUM INSTALLMENT FEE (EFT)	6.00
MGA FEE	25.00
REINSTATEMENT FEE	20.00
SR-22 FILING FEE	25.00
MVR FEE	6.50

A 10% surcharge will be charged on the unearned total premium of the 6 month or 12 month policy premium when a policy is cancelled via insured's request within the first 30 days of the policy original effective date.

## FIRST ACCEPTANCE CORPORATION PRIVACY POLICY

First Acceptance Corporation (hereafter "First Acceptance") values you as a customer and respects your right to privacy. You have our commitment to treat your personal and private information responsibly. This policy is provided on behalf of First Acceptance and its affiliates. First Acceptance Insurance Company, Inc.; First Acceptance Insurance Company of Georgia, Inc.; First Acceptance Insurance Company of Tennessee, Inc.; First Acceptance Services, Inc.; First Acceptance Insurance Services, Inc.; and Transit Automobile Club.

### Our Companywide Privacy Commitment to You

We understand how important safeguarding your personal and credit information is to you. At First Acceptance, we value you as a customer and are committed to protecting your personal and credit information. This policy provides information regarding how we have collected, used, and shared your personal information.

### Information We Collect About You

First Acceptance does not collect personally identifiable information from anyone unless the information is provided to us voluntarily and knowingly or we are otherwise permitted by law to obtain it. We may collect information, including personal and credit information, about you when you initiate a request to obtain an insurance quote, complete an application for one of our products, or use our website or one of our services, or participate in our sweepstakes or giveaways.

Personal data or information means any information about an individual from which that person can be reasonably identified. It does not include data where the identity has been removed (anonymous data). Depending on your state of residence and the nature of the transaction, the types of information we may collect, use and store could include: your name, marital status, date of birth, the names and dates of birth of other members of your household, address, telephone, electronic mail (e-mail), social security number, physical characteristics or description, insurance policy number, education, driving records, vehicle information, employment, credit history, bank information, lienholder information, health insurance information, medical records, race, national origin, religion, gender, sexual orientation, and/ or information about other insurance you have or have had. We may also collect information about how you use our website or products and services and your interests and preferences in receiving marketing from us or select third parties.

### Where We Collect Your Information

We collect customer information in a number of different ways. For example, we gather information from applications and other forms related to the quoting, purchase and servicing of your insurance; other products you purchase from us; and your customer interactions with us related to items such as payments, underwriting, claims and marketing.

The company also gathers information when you use electronic sources such as our website, [www.firstacceptance.com](http://www.firstacceptance.com). You are not required to register or provide information to us on the website in order to view a large majority of our site. However, to obtain services from First Acceptance or to access portions of our website, you may be asked to provide personal information. We use your information to personalize your web experience or to provide you with requested services. First Acceptance will only use your information strictly in accordance with this Policy.

First Acceptance may use "cookie" technology on our website. "Cookies" are small text files a website can use to recognize repeat users, facilitate the user's access to and use of the site and to track behavior of the web pages you visit, among other uses. Our website may automatically collect cookies and other information, including, but not limited to, your domain name, and First Acceptance may compile aggregate data for statistical purposes to improve content of our website or to better administer the web pages available on the First Acceptance website. If you do not want information collected through the use of such technology, there is usually a simple procedure on most browsers that allows you to automatically decline many of them or make the choice to accept or decline.

First Acceptance's website may provide links to other companies or organizations of interest to you. First Acceptance is not responsible for how they collect, use, disclose or secure the information you might provide them. If you choose to use such a link, you should read their privacy policies to learn how they use your information.

We may e-mail requests to you to complete and support your transactions with us and to comply with the law. We may also send you e-mails to market our products, follow-up on coverage quotes, respond to your questions, and to provide you with information about your insurance policy and other insurance-related information we think you will find useful. We will not share your e-mail address with third parties without your consent. In addition to e-mail communications, we also offer account and claims updates, and with your consent, market our products, via SMS (text message). SMS messages may result in additional charges from your cellular carrier.

Personal information may also be shared by you on message boards, chat, profile pages, blogs or other forms of social media created by First Acceptance. Please note that any information you elect to post or disclose through these services will become public information and may be available to visitors who may access First Acceptance's social media forums, and to the general public. We encourage you to be very careful when deciding to disclose your personal information, or any other information, on the First Acceptance social media platforms.



### **How We Use Your Information**

The personal information we collect helps us to underwrite and provide accurate insurance premium quotes; provide insurance claim services; offer other financial and consumer products and services that may be of interest to you; or to comply with state and/or federal laws and regulations.

### **How We Share Your Information**

We share personal information, including information about our transactions with you (such as payments), and experiences with you (such as a claim), within our First Acceptance family of subsidiaries and affiliates and with independent agents of First Acceptance to help meet your product and service needs. We share customer information for our business purpose, and as permitted or required by law. We share customer information to handle your claim and with consumer reporting agencies to develop property rates. We share customer information in connection with a proposed or actual sale, merger, transfer or exchange of all or a portion of our business unit; with companies that perform marketing or other services on our behalf; and as needed to protect against fraud and unauthorized transactions and in connection with the investigation, establishment and defense of legal rights.

Our affiliated companies may share information about you with each other in order to provide you with products and services that best suit your needs.

To improve customer experience, subject to applicable laws, we may also record and review conversations between you and our customer support and/or claims representatives.

Occasionally we may also share some of your personal information with non-affiliated third parties for administrative services on our behalf. These may include, for example, vendors performing business functions for us, organizations that help to protect against insurance fraud, billing or mail processing services, your agent or broker, and our reinsurers. These third parties contractually agree to safeguard and keep confidential your personal information as well as the products and services we provide you.

Finally, we may provide your personal information to other non-affiliated third parties who have a legitimate need for the information. These may include, for example, investigators, actuarial consultants, reinsurers, governmental agencies, courts, and law enforcement authorities.

We do not share your personal information with non-affiliated third parties except as stated here or as required by law. Subject to certain legal exceptions, if you do not want us to share your personal information with these companies submit a written, verifiable consumer request to us by writing us at First Acceptance Corporation, 3813 Green Hills Village Drive, Nashville, TN 37215, ATTN: Compliance Department, or calling us at 800-297-2498. You may also click [www.firstacceptance.com/legal/privacy-request](http://www.firstacceptance.com/legal/privacy-request) or the link titled "Your California Privacy Choices" on our website [www.firstacceptance.com](http://www.firstacceptance.com). You can also ask us, directly or through our third-party affiliates, to stop sending you marketing messages at any time by checking or unchecking relevant boxes to adjust your marketing preferences, following the "unsubscribe" links on any marketing e-mail message sent to you, or texting 'STOP' to any SMS marketing message sent to you.

### **How We Protect Your Information**

We maintain physical, electronic, and procedural safeguards to ensure your personal information is treated responsibly and to protect against theft, mishandling and loss in accordance with this Policy. We require our employees and data processors to respect the confidentiality of any personal information held by First Acceptance. We restrict access to your personal information within our organization to those employees who need access to provide products or services to you.

No one, including First Acceptance, can give absolute assurance that your information will be secure 100% of the time due to the nature of the internet. First Acceptance uses appropriate commercially available anti-virus software to ensure that its website does not contain or carry viruses. However, due to the rapidly developing nature of viruses and the internet we strongly recommend that you employ similar anti-virus software when accessing the First Acceptance website. Additionally, our website may include links to third party websites, plug-ins and applications. Clicking on those links or enabling those connections may allow third parties to collect or share data about you. We do not control these third-party websites and are not responsible for their privacy statements. When you leave our website, we encourage you to read the privacy notice of every website you visit.

### **Managing Your Personal Information**

You have the right to request that we disclose to you certain information about our collection and use of your personal information. You also have the right to request that we delete any of your personal information that we collected from you and retained, subject to certain exceptions. To exercise your access, portability, and deletion rights, as described above, please submit a written verifiable consumer request to us by writing us at First Acceptance Corporation, 3813 Green Hills Village Drive, Nashville, TN 37215, ATTN: Compliance Department, by calling us at 800-297-2498, or online at [www.firstacceptance.com/legal/privacy-request](http://www.firstacceptance.com/legal/privacy-request).

Only you, may make a written verifiable consumer request related to your personal information. You may also make a written verifiable consumer request on behalf of your minor child. You may only make a written verifiable consumer request for access or data portability twice within a 12-month period. The verifiable consumer request must:

- Provide sufficient information that allows us to reasonably verify you are the person about whom we collected personal information or an authorized representative; and
- Describe your request with sufficient detail that allows us to properly understand, evaluate and respond to it.

We cannot respond to your request or provide you with personal information if we cannot verify your identity to make the request and confirm the personal information relates to you. Making a verifiable consumer request does not require you to create an account with us. We will only use personal information provided in a verifiable consumer request to verify the requestor's identity or authority to make the request.

If you use an authorized agent to submit a request to access, delete, or opt-out on your behalf, the authorized agent must: 1) be a person or business entity registered with their state's Secretary of State to conduct business in their state; 2) provide proof of such registration; and 3) provide documentation or other proof indicating that they are authorized to act on your behalf. For requests to access or delete, we may require you to verify your identity directly with us and confirm with us that you provided the authorized agent permission to submit the request.

Once we receive and confirm your verifiable consumer request, we can delete and/or direct our service providers to delete your personal information from our records, unless an exception applies. We may deny your deletion request if retaining the information is necessary for us or our service provider(s) to:

- Complete the transaction for which we collected the personal information, provide a good or service that you requested, take actions reasonably anticipated within the context of our ongoing business relationship with you, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, or otherwise perform our contract with you.
- Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity, or prosecute those responsible for such activities.
- Exercise free speech, ensure the right of another consumer to exercise their free speech rights, or exercise another right provided for by law.
- Enable solely internal uses that are reasonably aligned with consumer expectations based on your relationship with us.
- Comply with a legal obligation.
- Make other internal and lawful uses of that information that are compatible with the context in which you provided it.

### **Response Timing and Format**

We endeavor to respond to a verifiable consumer request within forty-five (45) days of its receipt. If we require more time (up to 90 days), we will inform you of the reason and extension period in writing.

Unless another period of time is specified in the consumer request, any disclosures we provide will only cover the 12-month period preceding the verifiable consumer request's receipt. The response we provide will also explain the reasons we cannot comply with a request, if applicable. For data portability requests, we will select a format to provide your personal information that is readily useable and should allow you to transmit the information from one entity to another entity without hindrance.

We will not charge a fee to process or respond to your verifiable consumer request unless it is excessive, repetitive, or manifestly unfounded. If we determine that the request warrants a fee, we will tell you why we made that decision and provide you with a cost estimate before completing your request.

### **Non-Discrimination**

We will not discriminate against you for exercising any of your rights, including deny you goods or services; charge you different prices or rates for goods or services, including through granting discounts or other benefits, or imposing penalties; provide you a different level or quality of goods or services; or suggest that you may receive a different price or rate for goods or services or a different level or quality of goods or services, unless permitted by law.

### **Privacy Questions**

This Privacy Policy is provided to explain First Acceptance's policies for ensuring your personal information is protected and properly used. If you have questions about this Policy, please feel free to e-mail us at [compliance@firstacceptance.com](mailto:compliance@firstacceptance.com), write

us at First Acceptance Corporation, 3813 Green Hills Village Drive, Nashville, TN 37215, ATTN: Compliance Department, call us at 800-297-2498, or submit a request online at [www.firstacceptance.com/legal/privacy-request](http://www.firstacceptance.com/legal/privacy-request).

#### **Changes to Privacy Policy**

We may update this privacy policy to reflect changes in our information practices. If a material change is made to this Privacy Policy, a revised version of the Notice of Privacy Policy will be made available to you. In addition, we will post the updated notice on our website and update the notice's effective date. We encourage you to review [www.firstacceptance.com](http://www.firstacceptance.com) for the latest information on our privacy practices.

#### **RESIDENTS OF CALIFORNIA:**

California Privacy Policy and Disclosures: [www.firstacceptance.com/legal/california-privacy-policy](http://www.firstacceptance.com/legal/california-privacy-policy)

Privacy Request: [www.firstacceptance.com/legal/privacy-request](http://www.firstacceptance.com/legal/privacy-request)

**This policy was last updated on May 1, 2024.**