Pact

Application for Insurance

Please review and sign where indicated

Policy and Premium information

Insurance company:	Pact Insurance 545 Sansome St Suite 900 San Francisco, CA 94111
Billy Brewer	Billy Brewer 1346 Sandusky St Ashland, OH 44805
Policy period:	July 28, 2020 - January 28, 2021
Effective date and time:	July 28, 2020 at time of purchase. Your policy will be effective when your required initial payment is submitted or at a later date of your choice.
Total policy premium:	$889.00
Initial payment required:	$148.17
Payment plan:	Monthly installments

Drivers and resident relatives

You, your spouse, and all resident relatives 16 years of age or older, all regular drivers of the vehicles described in this application, including roommates, and all children who live away from home who drive these vehicles, even occasionally, are listed below. If a person not captured by the above description is driving my vehicle at time of loss, Comprehensive and Collision coverage deductibles will be $3,000.

Included Drivers

Name	Date of birth	Sex	Marital status	Relationship
Billy Brewer	01-01-1984	Male	Single	Self

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Education level: College degree
Occupation: Liaison

Vehicles

2003 Chevrolet Impala

VIN: 2G1WH55K239311734
Garaging ZIP Code: 44805
Primary use of the vehicle: Personal (commuting, errands, recreational)

Outline of Coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Bodily Injury Liability	Limit of $50,000 per person $100,000 per accident
Property Damage Liability	Limit of $50,000 per accident
Uninsured Motorist Bodily Injury	Limit of $50,000 per person $100,000 per accident
Medical Payment	Limit of $1,000 per person

2003 Chevrolet Impala

Collision	$500 deductible Limit of actual cash value
Comprehensive	$500 deductible
Roadside Assistance	Included
Rental Or Rideshare Reimbursement	$30 per day $900 max amount

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Driving History

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application
- Pact claims history
- Motor vehicle reports

Listed below are the accidents and violations reported in your application. Your premium is determined by your loss and violation history and if you exclude any losses or violations it may be considered material misrepresentation and it could affect your coverage.

Driver	Description	Date
No accidents or violations reported		

Application Agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, rideshare, or food. I understand that this policy shall be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.
If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the

Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request. I understand that if I contest a payment for insurance, including, but not limited, to filing a chargeback with my card issuer, my policy will be void effective to the last date insurance was fully paid for.

Applicant Signature

I represent that I, **Billy Brewer**, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by signing my name and tapping "Agree and make payment" on the confirmation screen of the Pact Mobile Application, I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application as outlined above, and this application will be securely stored, with my signature copied below, if I purchase this policy. I also understand that if I do not electronically sign this application, it will not be processed.

Signature of the named insured	Date
X Billy Brewer	July 27, 2020