



Underwriting Company:  
**Mendota Insurance Company**  
 PO Box 1268  
 Brentwood, TN 37024  
[www.AdvantageAuto.com](http://www.AdvantageAuto.com)

Pay online [www.AdvantageAuto.com](http://www.AdvantageAuto.com)  
 Customer Service: 800-422-0792  
 Claims Service: 800-422-0793

**Value Policy**  
 06/25/2026

**ARIZONA APPLICATION  
 VALUE POLICY AUTO PROGRAM**

Policy Number: AZ0000009M

**Policy number:** AZ0000009M  
**Policy Period:** Effective 06/25/2026 to 12/25/2026

**Producer:** NHASS  
 NATHAN HASS INSURANCE  
 123 Sesame St  
 Tuscaloosa, AL 35401-0000  
 (800)555-1234

**Named Insured and Garaging Address:**  
 VANDERBEAK, JAMES  
 654 DICE DRIVE  
 PHOENIX, AZ 85040

**Named Insured Mailing Address (if different):**  
 654 DICE DRIVE  
 PHOENIX, AZ 85040

**Primary Phone:**  
**Bill Plan Selected:** 16.67% Down 6 Pay (1 Month Due Date)  
 Renewal AZ

**Alternate Phone:** (651)468-3211  
**E-Mail Address:** ppribyl@advantageauto.com

**DRIVERS**

List all residents in the household 14 years of age or older (licensed or not), all regular operators of the vehicle and excluded drivers.

Dr #	Name	Date of Birth	Relationship	Gender	Marital Status	License No.	Lic. State	Licensed Date	Excluded	FR Filing
1	VANDERBEAK, JAMES	01/01/2000	Policyholder	M	Single	654789987	AZ	01/01/2016	N	N

**DRIVER ACCIDENT AND VIOLATION HISTORY – Past 35 Months**

Dr #	Driver Name	Count/Index
1	VANDERBEAK, JAMES	0,0,0-0

**INSURED AUTOS**

Unit #	Year	Make/Model	Style	Vehicle Identification No.	Use	Symbol	Terr
1	2009	HONDA ODYSSEY EX	Wagon	5FNRL38739B001353	Personal	HDDYV6	85040

**DISCOUNTS/SURCHARGES**

Discounts	Veh/Dr#	Surcharges	Veh/Dr#
Homeowner		Unverifiable MVR	Dr 1

**VALUE PLUS ENDORSEMENTS**

Description	Selected
Value Plus Liability Coverage	N
Value Plus Physical Damage Coverage	N

The coverage provided is subject to all the terms of this policy. Coverage is provided only where a premium and limit or deductible are shown.

COVERAGE	LIMIT/DEDUCTIBLE	AUTOS:
		<b>Veh 1</b>
Bodily Injury	\$25,000/\$50,000	\$398.00
Property Damage	\$15,000	\$370.00
Uninsured Motorist	REJECTED	
Underinsured Motorist	REJECTED	
Medical Payments	REJECTED	
<b>ADDITIONAL COVERAGES</b>		

The coverage provided is subject to all the terms of this policy. Coverage is provided only where a premium and limit or deductible are shown.

COVERAGE	LIMIT/DEDUCTIBLE	AUTOS:
----------	------------------	--------

COVERAGE	LIMIT/DEDUCTIBLE	PREMIUM
----------	------------------	---------

Total Full Term Premium (excluding fees):	\$768.00	\$768.00
---	----------	----------

Total Charges (including fees):	\$863.50
---------------------------------	----------

#### CUSTOM/ELECTRONIC EQUIPMENT COVERAGE (custom/electronic equipment listed will be covered if you pay the additional premium)

Custom and/or Electronic Equipment (except factory installed) will not be covered unless listed below and an additional premium is paid. See your underwriting manual for details. Note: If the value of the equipment appears excessive, an underwriter may request photos or other inspections. The Value Plus Physical Damage Endorsement provides \$1,000 of unscheduled Custom and Electronic Equipment.

Vehicle #	Equipment Type	Description	Value
-----------	----------------	-------------	-------

#### FUTURE PAYMENT SCHEDULE - 16.67% Down 6 Pay (1 Month Due Date) Renewal AZ

Installment #	Due Date	Premium Due	Fees	Total Due
2	07/25/2026	127.99	\$18.00	\$145.99
3	08/25/2026	127.99	\$18.00	\$145.99
4	09/25/2026	127.99	\$18.00	\$145.99
5	10/25/2026	127.99	\$18.00	\$145.99
6	11/25/2026	127.99	\$18.00	\$145.99

\* Payment processor may collect a convenience fee not included in the amounts shown above. This fee will not exceed \$5.50 per installment.

#### POLICY FEES AND OTHER CHARGES

POLICY FEES AND OTHER CHARGES				PAYMENTS DUE	
Policy Fee	\$30.00	SR-22 Fee		Total Amount Due	\$863.50
NSD Roadside Fee		Telemedicine		Down Payment Deposit	\$136.55
		Future Installment Fees	\$18.00	Balance Due Amount	\$639.95

#### LOSS PAYEE

Unit #	Name	Address
--------	------	---------

#### ADDITIONAL INSURED

Unit #	Name	Address
--------	------	---------

#### RESIDENCY AND PRIOR INSURANCE INFORMATION

Residency	Owns Home/Condo
Name of Previous Insurer	None or Less than 6 Months Previous Insurance
Number of Days Lapsed	No Prior/Lapse 30+ Days
Prior Bodily Injury Limits	

#### UNDERWRITING QUESTIONS

Please provide a detailed explanation if requested in questions below. Your answers will be reviewed for compliance with our underwriting guidelines to determine your eligibility for coverage.

Question #	Question text	Answer
1	Does a named insured have ownership or legal possession of the auto(s) listed on the application? If no, risk is not eligible.	Yes
2	Are you insuring more than one vehicle per driver listed on the policy?	No
3	Are there other autos in your household not listed on this application? If yes, please list vehicles, drivers, insurers, and provide an explanation.	No
4	Do any of the auto(s) listed have unrepaired damage or glass breakage? If possible, obtain and retain photos in your agency files. If yes, provide vehicle description and explain:	No
5	Do you have photos of vehicle(s) on file in your agency?	No
6	If Deluxe Roadside Assistance is selected, have you verified the insured has two keys / FOBs?	No
7	Are all autos principally garaged at the address listed above at least 10 months out of the year? If no, risk is not eligible. To continue with upload please remove ineligible vehicle.	Yes

#### THE FOLLOWING INDIVIDUALS ARE NOT INCLUDED ON THIS POLICY FOR THE REASONS STATED

Name	Date of Birth	Sex	Driver's License # or Permit #	State	Reason Not Added	Explanation
------	---------------	-----	--------------------------------	-------	------------------	-------------

**Information Practices and Disclosures****USE OF CREDIT INFORMATION AND OTHER REPORTS**

Applicant hereby authorizes and grants consent to the Company to obtain credit information, CLUE reports, Motor Vehicle Reports and other information at the time of Application and at the time of any policy renewal that the Company deems relevant to the issuance and maintenance of this policy, including the determination of the correct premium to charge.

**NOTICE OF INFORMATION PRACTICES**

To issue and service your policy the Company collects nonpublic personal information about you from several sources. The Company is committed to protecting your privacy and has adopted Information Practices to safeguard your information. Nonpublic personal information about you may be collected from you and from persons other than you, for example, credit information, CLUE reports, and Motor Vehicle Reports. All nonpublic personal information collected is treated as confidential and is subject to our Information Practices. The Company does not disclose nonpublic personal information to any nonaffiliated third parties except as permitted by law. In certain circumstances the Company may disclose information to third parties to assist with servicing your policy of insurance. These third parties have agreed to maintain the confidentiality of this information as required by law. You have the right to review your personal information collected by the Company and can request correction of inaccuracies. You may ask your Producer for our Notice of Information Practices.

**DOWNPAYMENT AGREEMENT**

When the initial payment is made by check or any other non-cash method, Applicant represents that the payment will be honored by the bank or financial institution, and Applicant agrees as follows: I agree that the Company may void this policy from its inception if the down-payment is returned unpaid for any reason. Coverage under this policy is conditioned upon the Company receiving full, final and complete payment of the down-payment of premium. This policy is void and the Company will not cover any loss or accident under the policy if the down-payment is: (a) Not honored by my bank or financial institution; or (b) Returned to the Company unpaid.

**INSUFFICIENT FUNDS CHARGE**

Applicant agrees as follows: I understand that an Insufficient Funds (NSF) charge of \$25 will be applied to any installment payment returned by my bank or financial institution.

**NOTICE**

It is a crime to knowingly provide false, incomplete or misleading information to any Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE REGARDING ACQUIRING ADDITIONAL AUTOS**

There is no coverage for additional acquired autos until you notify us and we agree to insure them.

**NOTICE OF VEHICLE USAGE**

I represent that none of the auto(s) listed are used at any time to deliver or transport persons or property for a compensation or fee or for retail or wholesale delivery. This includes delivery, pick up or transportation of newspapers, magazines, mail or food. This also includes but is not limited to any period of time an **auto** is being used by any **insured** who is logged into a **transportation network platform** (e.g. Uber or Lyft) as a driver, whether or not a passenger is **occupying** the vehicle.

**DISCLOSURE OF ALL OPERATORS**

Applicant makes the following representations and agrees as follows: I represent that I have listed all persons who reside in my household who are 14 years of age or older (licensed or not) and all regular operators of the autos described in this application. I declare that no persons other than those listed in this application regularly operate the autos described in this application. I represent that I have disclosed all persons who reside in my household who have a suspended or revoked driver's license. I have designated persons with a revoked driver's license as "excluded drivers". I agree I will not permit an excluded driver to operate a listed auto **ACKNOWLEDGE AND AGREE THERE IS NO LIABILITY COVERAGE PROVIDED UNDER THIS POLICY IN EXCESS OF MINIMUM ARIZONA LIABILITY LIMITS FOR ANY UNLICENSED FAMILY MEMBER, ANY UNLISTED FAMILY MEMBER WHO RESIDES WITH ME, OR ANY REGULAR OPERATOR OF THE INSURED AUTO WHO IS NOT IDENTIFIED BY NAME ON THE DECLARATIONS PAGE**

APPLICANT'S SIGNATURE

\_ e4/S1/

*Bed*

**Coverage Restrictions****NOTICE ABOUT LIMITS OF LIABILITY COVERAGE**

The purchase of the Value Plus Liability Coverage Endorsement and Liability Coverage with higher than the minimum required limits will entitle all insured persons to Liability Coverage with the limits you purchased. If you do not purchase the Value Plus Liability Coverage Endorsement all insured persons other than you and listed family members who live with you, are limited to the minimum limits required by the Financial Responsibility law of the state for which this policy was issued.

APPLICANT'S SIGNATURE               /S1/

*Bed***NOTICE ABOUT LIMITS OF LIABILITY COVERAGE IF YOU ARE INVOLVED IN AN ACCIDENT WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS**

If an accident occurs while an insured person is under the influence of alcohol or drugs, the limit of liability is reduced to the minimum limits required by the Financial Responsibility law of the state for which this policy was issued. If higher than minimum limits are purchased, the purchase of the Value Plus Liability Coverage Endorsement eliminates this reduction in coverage and entitles all insured persons to the Liability Coverage limits as shown on the Declarations Page.

APPLICANT'S SIGNATURE               /S1/

*Bed***MISREPRESENTATION AND FRAUD AGREEMENT**

Applicant agrees as follows: I represent that the information contained in this Application is truthful. I further understand and agree that each representation in this Application is material to the issuance of this policy and was relied upon by the Company in its decision to accept this application.

APPLICANT'S SIGNATURE               /S1/

*Bed***APPLICANT'S SIGNATURE**

The undersigned named insured hereby represents and certifies that the information contained herein is correct; that this Application was completed and then signed by the first named insured listed above; that a complete copy of this Application has been given to the Applicant; and the undersigned accepts all of the terms of insurance described above.

         /S1/*Bed*

APPLICANT'S SIGNATURE (first name insured)

2025-06-07T03:18:28 (GMT+5:30)

         /D1/

DATE

2025-06-07T03:18:28 (GMT+5:30)

/D1/

The undersigned hereby represents and certifies that the information contained herein is correct to the best of his/her knowledge.

         /S2/*mb*

AGENT SIGNATURE

2025-06-07T03:18:40 (GMT+5:30)

         /D2/

DATE

John Smith

INDIVIDUAL AGENT (PRINTED NAME)

STATE LICENSE NUMBER:

DATE OF APPLICATION: 06/25/2026