

MAPFRE Insurance Company
PO BOX 8006 PLEASANTON, CA 94588
Toll-free 877-MAPFRE1
www.mapfreinsurance.com

APPLICATION FOR AUTOMOBILE INSURANCE

Program: ROAD AMERICA AUTO ASSIST PLUS (CA)

APPLICANT INFORMATION		PRODUCER	
Name of Applicant(s): SHUO ZHAO		Producer Name and Address: Producer Code: 494	
Mailing Address: 1840 S NELSON ST APT 83 WEST COVINA, CA 91792		HOHU LEE AKA FERNANDO LEE - Phone Number: 510-366-3518 IROQUOIS 40087 MISSION BLVD #346 FREMONT CA 94539 Email Address: FERNANDO@FERNANDOINSURANCE.COM	
Home Phone Number: Cell Phone Number: 231-587-1440		POLICY INFORMATION	
Email Address: SHUOZHAOUS@GMAIL.COM		Policy Number: 8001010063856	
		Effective Date: 08/22/2017 Time: 12:01 AM	
		Expiration Date: 08/22/2018 Time: 12:01 AM	
		Submission Date: 08/22/2017 Time: 00:57:20 AM	

DRIVER INFORMATION							
All residents and dependents of your household age 14 and older and children who live away from home who drive any of the insured vehicles even occasionally, must be listed as drivers, excluded, or listed but not rated. Any individual, other than a named insured, may be excluded. A signed driver exclusion form is required when excluding a driver.							
Driver ID	Name as Shown on Drivers License			Date of Birth	Gender	Marital Status	Relation to Applicant
	First	M.I.	Last				
0101	SHUO		ZHAO	*****	M	S	NAMED INSURED
Driver ID	Operator Type	Driver's License		License Status	Prev. State/Prev. License	Date First Licensed (MM/DD/YYYY)	
		Number	State of Issue				
0101	ACTIVE	*****	CA	A		01/10/1999	
Driver ID	Profession	Name/Address of Employer/School					
0101	ENGINEERING	DATA APPLICATION LAB 925 S ATLANTIC BLVD MONTEREY PARK CALIFORNIA 91754					

DRIVING HISTORY					
The following is a complete listing of all accidents and traffic violations during the last 5 years that were used in the rating and underwriting process for all rated drivers. Please note that with the exception of alcohol related violations, incidents occurring in years 4 and 5 are only used to determine eligibility for the Good Driver Plus discount. Self certified at fault loss activity is also included. Losses that are not considered to be Principally At Fault in Accordance with Title 10, California Code of Regulation, Section 2632 are not included. Any false or inaccurate information provided in this section may jeopardize the rating or continuance of this policy.					
Driver ID	Viol/Acc Date	Incident Description	Self-Certified Principally At Fault	Reporting Source	Clue Reference or MVR Docket Number
Incidents noted above as being "Self Certified At Fault" are those incidents which you have confirmed during the application process meet the description of CA Principally At Fault, which can be found in Title 10, California Code of Regulations, Section 2632. For questions related to information disclosed from CLUE, please contact LexisNexis Consumer Center at (888) 497-0111. For questions related to information disclosed from MVR, please contact your state Department of Motor Vehicle.					

VEHICLE INFORMATION											
Veh #	Vehicle Type	Model Year	Make	Model	V.I.N.	Rated Driver	Zip Code	Owner Type	Purchased / Leased Date	Cost New	Stated Amount
1	1	2012	SUBA	FORESTER2.5X	JF2SHABC8CH452638	0101	91792	OWNED			

Veh #	Vehicle Use	Odometer			Total Annual Mileage	Commute Days Per Week	One Way Commute Miles	Annual Personal Miles
		Reading	Mileage Verification	Date				
1	DRIVE TO WORK / SCHOOL	50,738		08/21/2017	12,553			

POLICY DISCOUNTS			
Discount	Vehicle(s)	Discount	Vehicle(s)
Good Driver	1		
Group	1		

COVERAGE AND PREMIUMS									
Coverages	Limits					Premiums			
	Each Person		Each Accident			Vehicle 1			
BODILY INJURY	\$50,000		\$100,000			\$303.44			
PROPERTY DAMAGE			\$50,000			\$301.15			
MEDICAL PAYMENTS									
UM BODILY INJURY	\$50,000		\$100,000			\$101.42			
<i>Coverage for Damage to Your Auto</i>	Vehicle 1								
UM PROPERTY DAMAGE									
COMPREHENSIVE	\$1,000					\$89.40			
COLLISION	\$1,000					\$464.33			
UM COLL DEDUCTIBLE WAIVER	\$1,000					\$20.14			
RENTAL REIMBURSEMENT									
CUSTOM / ELECTRONIC EQUIP									
VACATION LIABILITY									
PERSONAL EFFECTS									
EMERGENCY EXPENSE									
LOSS SETTLEMENT TYPE	ACV								
MAXIMUM LIMIT OF LIABILITY									
LIMITED TNC									
All Vehicles									
TOTAL PREMIUM					\$1,279.88	\$1,279.88			
TOTAL CA FRAUD SURCHARGE					\$1.76				
TOTAL POLICY SURCHARGES									
TOTAL POLICY AMOUNT					\$1,281.64				

APPLICANT NAME: SHUO ZHAO	POLICY NUMBER: 8001010063856
PA CA 2101S (04/17)	Page 2 of 3

PAYMENT INFORMATION						
Payment Plan		Down Payment Required*		Amount Remitted		
ANNUAL MONTHLY EFT		\$108.89		\$108.89		
* The minimum down payment required includes all applicable fees due upon submission of the application.						
ADDITIONAL INTEREST (Financial Institution Only)						
Veh. #	Type	Name	Address	City	ST	Zip
UNDERWRITING INFORMATION						
Underwriting Questions					Y	N
1. Have all household residents 14 years of age or older, all regular operators of the vehicles described in this application, and all dependent children who live away from home who drive these vehicles, even occasionally, been listed on the application?					X	
2. Is the named insured the registered owner of all vehicles on the policy?					X	
3. Is any car rebuilt, customized or altered?						X
4. Does any car have existing damage, including broken glass?						X
5. Are any vehicles used for business, commercial use or in your occupation?						X
6. Are any vehicles used for delivery purposes, such as pizza or newspaper delivery?						X
7. Does any driver have a policy with the company with an unpaid balance due, cancelled for non-payment within the last 36 months cancelled for misrepresentation, declined or non-renewed?						X
8. Do you, or anyone in your household, have another policy with our company?						X
UNDERWRITING COMMENTS:						

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICANT'S STATEMENT:	
I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company to issue the policy for which I am applying.	
Applicant's signature: _____	Date: _____
PRODUCER'S STATEMENT:	
I have reviewed and completed all information with my client.	
Producer's signature: _____	Date: _____

Commerce West Insurance Company and MAPFRE Insurance Company offer automobile insurance through multiple programs with various coverage options. If you would like additional information or a quotation, please contact Commerce West and MAPFRE Insurance at (877) MAPFRE1.

APPLICANT NAME: SHUO ZHAO	POLICY NUMBER: 8001010063856
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POLICY NUMBER: 8001010063856
NAMED INSURED: SHUO ZHAO**EFFECTIVE DATE:** 08/22/2017
PRODUCER CODE: 494

PRIVACY NOTICE

In order to obtain insurance with us, you have provided personal information about yourself. Some of the information may be nonpublic in nature. We have a high regard for your privacy. We want you to know how we handle your personal information. This notice lists the categories of information we collect about you and explains how the information is used and protected. This notice describes our practices for our current and former customers. Any rights you may have as described in this notice are not limited by any other privacy notice we issue.

CATEGORIES OF INFORMATION COLLECTED

Personal information may be collected from people other than you. We collect personal information about you, including nonpublic personal information, from:

- Applications for insurance or other forms you complete;
- Your transactions with us, such as your payment history, claims history and investigation files, policy coverages and limits;
- Your agent or broker;
- Consumer reporting agencies;
- Government agencies or independent reporting agencies, which may include motor vehicle reports, claims reports and property inspections.

DISCLOSURE OF INFORMATION

We may in some circumstances, disclose the information collected about you to third parties. We do not disclose any nonpublic personal information about you unless allowed by law. We provide your information to your agent or broker. **We do not sell or share your information with anyone for marketing purposes.**

RIGHT TO ACCESS AND CORRECT INFORMATION

You have the right to access personal information collected about you and the right to correct any information which may be wrong. If you want a more detailed description of our information practices or your rights regarding the information we collect, please direct your inquiry to MAPFRE INSURANCE COMPANY, 211 MAIN STREET, WEBSTER, MA 01570 (Attention: Compliance Department).

CONFIDENTIALITY AND SECURITY

We protect your nonpublic information. Access to this information is limited to employees, agents, brokers and subcontractors who must have it to provide products and services to you. We have information security programs to protect the security, confidentiality and integrity of your nonpublic personal information.

YOUR AGENT OR BROKER

Your agent or broker is not subject to this privacy notice.

POLICY NUMBER: 8001010063856
NAMED INSURED: SHUO ZHAO

EFFECTIVE DATE: 08/22/2017
PRODUCER CODE: 494

IMPORTANT NOTICE

MAPFRE Mileage Program

The mileage program you selected is noted on your application and declarations page. If you have elected to participate in the MAPFRE Validated Mileage Program, MAPFRE will attempt to obtain historical odometer readings to determine the annual mileage for each of your insured vehicles.

If we are unable to determine the annual mileage for a particular vehicle, the estimated annual mileage you provided to us will be used to rate your vehicle until a sufficient number of odometer readings can be obtained.

In order to continue to apply the Validated Mileage Program rate to your vehicles, MAPFRE will obtain odometer readings on all of your insured vehicles at least every three years. The annual mileage used to rate each vehicle on your policy will be displayed on the declarations page included with every renewal offer.

Please notify your MAPFRE representative if you wish to change your mileage program at renewal.

MAPFRE Insurance Company

Enrollment Authorization for Electronic Payment

FOUR EASY STEPS TO ENROLL IN OUR ELECTRONIC PAYMENT PLAN:

1. Write a check for your first premium payment.
2. Complete the enrollment information below to authorize us to pay all future premiums from your account.
3. Attach a voided check or savings deposit slip for your account.
4. Enclose enrollment authorization form and your first premium payment, along with the bottom portion of your Notice of premium due, and return to MAPFRE Insurance Company, Attention: PA Technical Services, 11 Gore Road, Webster, MA 01570 by the due date shown or submit via fax (508) 949-9610.

Electronic payment will begin with the next installment due. You will receive a full schedule of payments by return mail.

Electronic Funds Transfer (EFT) Agreement

AUTHORIZATION TO DRAW PREMIUM FROM MY ACCOUNT and Request for Participation in the Electronic Payment Plan:

I authorize and request MAPFRE Insurance Company (MIC) to withdraw funds from my bank account listed below in payment of the insurance premium for the policy indicated in this agreement or any subsequent replacement policy issued by MIC or an affiliate. Further, I authorize and request that this premium be withdrawn from my bank account as premium payments become due under this policy or its replacement. I request that this authorization continue to apply to any renewal or endorsement later made on the policy.

If an electronic payment fails due to insufficient funds in the bank account noted below, I understand and agree that MIC or an affiliate, as appropriate, has the right to charge my account a non sufficient fund fee (NSF) at the current rate.

I understand and agree that this authorization does not affect the terms of the insurance policy, other than the method of paying the premium; and I understand that, if MIC is not paid within the time required by the policy, as a result of

the EFT withdrawal being dishonored, or for any other reason, then the policy or its replacement will lapse for non-payment.

This authorization is to remain in full force until MIC receives written notice from me of its termination, in such time and manner as to afford MIC reasonable time to act upon it and to notify the bank.

MAPFRE Insurance Company must receive written notice of change or termination at MAPFRE Insurance Company, Attention: PA Technical Services, 11 Gore Road, Webster, MA 01570 or submit via fax (508) 949-9610 at least fifteen (15) days in advance of the next scheduled withdrawal.

8001010063856

Policy Number

SHUO ZHAO

Insured Name

Insured Signature (Authorized Signer on Bank Account)

Date

DETAILS OF PAYMENT

Your Financial Institution Name and Address

Bank Name CITIBANK FSB

Address _____

City, State & Zip _____

Type of Account (select one): ☒ Checking ☐ Savings

Transit Routing Numbers:

3	2	2	2	7	1	7	2	4
---	---	---	---	---	---	---	---	---

Bank Account Number:

C	K	4	0	4	7	0	1	6	9	3	2				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

**Please contact your bank for correct account information*

Attach Voided Check or Savings Deposit Slip Here

MAPFRE Insurance Company

Enrollment Authorization for Electronic Payment

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Insured Name

Insured Signature (Authorized Signer on Bank Account)

Date

DETAILS OF PAYMENT

Your Financial Institution Name and Address

Bank Name CITIBANK FSB

Address _____

City, State & Zip _____

Type of Account (select one): ☒ Checking ☐ Savings

Transit Routing Numbers:

3	2	2	2	7	1	7	2	4
---	---	---	---	---	---	---	---	---

Bank Account Number:

C	K	4	0	4	7	0	1	6	9	3	2				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

**Please contact your bank for correct account information*

Attach Voided Check or Savings Deposit Slip Here

MAPFRE INSURANCE COMPANY

POLICY NUMBER: 8001010063856
NAMED INSURED: SHUO ZHAO**EFFECTIVE DATE:** 08/22/2017
PRODUCER CODE: 494**Non-Household Member Disclosure Form****WARNING! READ THIS NOTICE CAREFULLY**

In order to process your application for insurance, MAPFRE Insurance Company must know all of the residents in your household regardless of age or whether they drive any vehicles. Failure to identify all persons residing in your household may be deemed a material misrepresentation or omission of a material fact for purposes of processing your application. Such material misrepresentation or omission may result in coverage under your policy being voided retroactive from the date of inception or may result in a denial of a claim.

As part of your application for insurance you are providing MAPFRE Insurance Company with the following information and acknowledgement.

Below is a list of persons you acknowledge are not part of your household, and do not reside with you.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>YEAR OF BIRTH</u>	<u>REASON</u>
DANIELLE	GARCIA	1977	UNKNOWN TO NAMED INSURED
TAMEKA	WILLIAMS	1975	UNKNOWN TO NAMED INSURED

Signature of Named Insured_____
Date

Road America Motor Club, Inc.

7300 Corporate Center Drive, Suite 601, Miami, Florida 33126

Producer Code: 2165-AB
FOR 24-HOUR EMERGENCY ROAD SERVICE CALL:
866-250-5249

When asked for your membership number, please give them your

MAPFRE Insurance Company policy number: 8001010063856

*Your motor club membership is activated as of the effective date of your MAPFRE Insurance policy, and remains valid until the expiration of your MAPFRE Insurance policy or until canceled.

RETAIN THIS FOR YOUR RECORDS

Important Phone Numbers:

24-Hour Roadside Assistance: 866-250-5249

Customer Service: 888-477-7321

Someday you'll break down and thank us!®
Serving stranded motorists with quality since 1978

TEMPORARY AUTOMOBILE INSURANCE IDENTIFICATION CARD
Expires 09/21/2017

© **MAPFRE** | INSURANCE™

PO BOX 8006
PLEASANTON, CA 94588
NAIC #23876

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
8001010063856	08/22/2017	08/22/2018

NAMED INSURED
SHUO ZHAO

VEHICLE
2012 SUBARU FORESTER2.5X JF2SHABC8CH452638
AGENT/PRODUCER
494 HOHU LEE AKA FERNANDO LEE - IROQUOIS
40087 MISSION BLVD #346 FREMONT CA 94539
510-366-3518

Coverage provided by the above referenced policy meets the minimum liability limits prescribed by financial responsibility law. This card must be carried in the insured motor vehicle for production upon demand.

WHAT TO DO IN CASE OF AN ACCIDENT

1. Attend to the safety of yourself and others.
2. Call the police
3. Obtain information on other parties.
4. Exchange insurance company and policy numbers only.
5. Call 877-MAPFRE1 to report a claim.

Your policy number is: 8001010063856

QUE HACER EN CASO DE UN ACCIDENTE

1. Ocúpese de la seguridad de usted mismo y de los otros.
2. Llame a la policía.
3. Obtenga información de los otros partidos.
4. Intercambie información de compañía de seguro y el número de póliza solamente.
5. Llame a 877-MAPFRE1 para reportar el accidente.

Su número de póliza es: 8001010063856

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PO BOX 8006
PLEASANTON, CA 94588

TEMPORARY AUTOMOBILE INSURANCE IDENTIFICATION CARD
Expires 09/21/2017

© **MAPFRE** | INSURANCE™

PO BOX 8006
PLEASANTON, CA 94588
NAIC #23876

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
8001010063856	08/22/2017	08/22/2018

NAMED INSURED
SHUO ZHAO

VEHICLE
2012 SUBARU FORESTER2.5X JF2SHABC8CH452638
AGENT/PRODUCER
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2. Llame a la policía.
3. Obtenga información de los otros partidos.
4. Intercambie información de compañía de seguro y el número de póliza solamente.
5. Llame a 877-MAPFRE1 para reportar el accidente.

Su número de póliza es: 8001010063856

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