

Old American County Mutual Fire Ins. Co
United Automobile Insurance Services

PO BOX 694620
MIAMI, FL 33269-1620



Phone (866) 223-0668
www.uaig.net

Named Insured Information
DARRICK L SOLOMON
4026 HOWARD RD
WAXAHACHIE, TX 75165-9412

Agent Information
ALPA AUTO INSURANCE
9753 WEBB CHAPEL RD STE 800
DALLAS, TX 75220

**ORIGINAL POLICY DECLARATIONS
ANNUAL TEXAS PERSONAL AUTO POLICY**

Processed Date: 06/11/2025

Policy Number: TXX 000811552 Policy Period: 06/11/2025 6:52 P.M. to 06/11/2026 12:01 A.M.
Agent Number: 800-8-81268 Client ID: 000007821054 Previous Policy Number:

This declaration page with "policy provisions" and all other applicable endorsements complete your policy.

DRIVER	NAME	TYPE OF DRIVER	SR-22
1	DARRICK LEMARK SOLOMON	Principal	N
2	BONNIE ANDRAE	Excluded	N
3	KIMBERLY NICOLE HAMPTON	Excluded	N
4	JAMES EARL WILLIAMS	Excluded	N

DESCRIPTION OF VEHICLE

UNIT	YEAR	MAKE/MODEL	VEHICLE ID #
1	2013	GMC TERRAIN	2GKALMEK8D6288705

UNIT#		TER		NONOWN		EXPGRP		LICST		SYM		CLASS		PTS		DISC		MULCAR		PRFPRIOR		RENEWAL		PIF		HM		EFT		LTD		IH
1		076		N		5		TX				50MM		0		.005		N		N		N		N		N		Y		N		

All autos on this policy are garaged at the following address:

4026 HOWARD RD, WAXAHACHIE TX 75165-9412

Coverage is provided only where a premium and limit or deductible are shown:

COVERAGE	LIMIT	UNIT 1 PREMIUM DED.
Bodily Injury	30000/person 60000/accdn	395.00
Property Damage	25000/accdn	256.00
Personal Injury Protection		[REJECTED BY INSURED]
Uninsured/Underinsured Motorist-BI	/person /accdn	[REJECTED BY INSURED]
Uninsured/Underinsured Motorist-PD	/accdn	[REJECTED BY INSURED] (Included)
Accidental Death Benefit	1,000	----- 651.00
FULL TERM PREMIUM		

POLICY FEE 144.00	MVCOPA FEE 5.00	TOTAL FEES	149.00
		TOTAL CHARGES	800.00

ENDORSEMENT MADE PART OF THIS POLICY AT TIME OF ISSUE:

OACM.PhysDam.001	OACM.Storage.004	OACM.DelFee.005
OACM.CrimeIntent.008	OACM.RentProp-NOAuto.019a	UAIS TX AD 12 24
UAIS TX APP (10/20/14)	OACM.AUTOTERM.007	OACM.CONTLIAB.006
OACM.NOBUSINESS.020	OACM.NRNWL.024	OACM.PUNITIVE.018
OACM.TempVeh.022	OACM.YCA.002c	515A - EXCLUSION FORM

Your policy is available online at mypolicy.uaig.net. For a paper copy of your policy at no charge, please call (866) 223-0668 and select the underwriting department.

Your payment includes a \$5.00 fee. This fee goes to help fund: (1) auto burglary, theft, and fraud prevention, (2) criminal justice efforts, (3) trauma care and emergency medical services for victims of accidents due to traffic offenses, and (4) the detection and prevention of catalytic converter thefts. By law, we send this fee to the Motor Vehicle Crime Prevention Authority(MVCOPA).

*NOTE: We agree to make available to you an installment payment plan, except when an installment payment plan is prohibited by rule or by statute. Insured warrants that there are no other drivers in the household other than those listed in the application or endorsement.

TEXAS LIABILITY INSURANCE CARD

Name and Address of Insured Nombre y Dirección del Asegurado	Insurance Company – Compañía de Seguro OLD AMERICAN COUNTY MUTUAL	
DARRICK LEMARK SOLOMON 4026 HOWARD RD WAXAHACHIE TX 751659412	UNITED AUTOMOBILE INSURANCE SERVICES 1-866-223-0668 (VERIFY COVERAGE) Agent - Agente ALPA AUTO INSURANCE Phone # : (214)358-2555	
Policy Number – Número de Póliza	08 - TXX - 811552	
Effective Date – Fecha Efectiva	06/11/2025	
Expiration Date – Fecha de Expiración	06/11/2026 - 12:01 A.M.	
Vehicle Year/Make / Model / VIN Año del Vehículo/ Marca / Modelo / VIN	1. 2013 GMC TERRAIN	2GKALMEK8D6288705
This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.	Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerido por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados mencionados, puede proveer cobertura para otras personas y vehículos según sea previsto en la póliza de seguro.	
Driver Name(s)		
1. DARRICK LEMARK SOLOMON		
<p>Texas Liability Insurance Card</p> <p>Keep this card</p> <p>Important: This Card or a copy of your insurance policy must be shown when you apply for or renew your:</p> <ul style="list-style-type: none"> - motor vehicle registration - driver's license - motor vehicle safety inspection sticker <p>You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.</p> <p>All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).</p>	<p>Tarjeta de Seguro de Responsabilidad de Texas</p> <p>Guarde esta tarjeta</p> <p>Importante: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:</p> <ul style="list-style-type: none"> - registro de vehículo de motor - licencia para conducir - etiqueta de inspección de seguridad para su vehículo <p>Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.</p> <p>Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera satisfacer los requisitos legales de la responsabilidad financiera. Falta de cumplir con este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia de conducir y del registro de su vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).</p>	

Named Insured Information

DARRICK L SOLOMON
4026 HOWARD RD
WAXAHACHIE, TX 75165-9412

Agent Information

AGENT CODE: 800-8-81268
ALPA AUTO INSURANCE
9753 WEBB CHAPEL RD STE
DALLAS, TX 75220

Invoice Date: 06/11/2025

NOTICE OF INSTALLMENTS

Dear Policyholder,

Attached is a set of payment coupons. When making a payment, attach a corresponding coupon to each payment to ensure proper processing.

An installment fee of \$5.00 per month applies.

If the payment is not received by the due date on the coupon, a notice of cancellation will be mailed to you with a policy cancellation date. A seven dollar (\$7) reinstatement fee will be added to each payment that is not post marked or posted into our United Auto system prior to the 12:01 a.m. cancellation date.

Please note an endorsement and/or policy premium change after the above listed invoice date nullifies the attached coupons. Upon any policy change a new set of coupons will be issued reflecting the new payment amount.

Please follow these instructions when making a payment:

- Include your policy number on all correspondence.
- Payments must be made in the exact amount.
- Do not bend or staple the payment coupons.
- Keep your returned check or money order stub as your receipt.
- Cash payments are not accepted if submitted directly to UAIS.

You may also pay by phone 24/7 by calling (888) 987-8242, visit us online at mypolicy.uaig.net, or pay by visiting your agent's office.

A Payment by credit card or bank account authorizes UAIC to debit your credit card or bank account via ACH for the payment amount specified on this installment. Personal check or money orders submitted for payments may be converted to electronic transactions.

Please contact your agent for any changes to your policy or to report a change of address.

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 1
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
06/29/2025	71.00	07/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 2
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
07/29/2025	71.00	08/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 3
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
08/29/2025	71.00	09/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 4
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
09/29/2025	71.00	10/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 5
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
10/29/2025	71.00	11/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 6
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
11/29/2025	71.00	12/11/2025	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 7
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
12/29/2025	71.00	01/11/2026	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 8
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
01/29/2026	71.00	02/11/2026	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 9
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
03/01/2026	71.00	03/11/2026	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 10
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
03/29/2026	71.00	04/11/2026	78.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services PO BOX 694620 MIAMI, FL 33269-1620			Policy NO. TXX 811552
POLICYHOLDER DARRICK L SOLOMON			PAYMENT NO. 11
Due Date 12:01 a.m.	Amount Due	Cancellation Date 12:01 a.m.	Amount Due (including reinstate fee)
04/29/2026	74.00	05/11/2026	81.00
To pay your bill online visit us at mypolicy.uaig.net			

United Automobile Insurance Services

P.O. BOX 694620 MIAMI, FL 33269-1620

TOLL FREE:(866) 223-0668

MONTHLY / SEMI-ANNUAL / ANNUAL PROGRAM RECEIPT OF PAYMENT

[Customer authorizes one-time payment made.]

Date of Payment 2025-06-11 18:52:23

Policy Number TXX -811552

Insured Details

DARRICK LEMARK SOLOMON
4026 HOWARD RD,
WAXAHACHIE,TX-751659412

UAIS Producer Number 81268

Agency Details

ALPA AUTO INSURANCE
9753 WEBB CHAPEL RD STE 800
DALLAS,TX-75220
PHONE# (214) 358-2555

UAIS User ID 81268

Type of Payment NEW BUSINESS

Company Premium \$ 71.00

Total Now Due \$ 71.00

Cash Payment \$ 71.00

Check Payment \$.00

Credit / Debit Card \$.00

Money Order \$.00

Total Payment Received \$ 71.00

Comments: _____

UNITED AUTOMOBILE HOLDINGS, LLC
NOTICE OF PRIVACY POLICY

This privacy policy is not evidence of insurance and should not be accepted by anyone as evidence of in-force coverage.

Our Privacy Policy applies to all companies within the United Automobile Holdings, LLC family of companies, which includes the following:

United Automobile Insurance Company®
United Automobile Insurance Services
United Group Underwriters®

The United Automobile Holdings, LLC family of companies ("UAH") protects customer information. We maintain physical, electronic and organizational safeguards to protect this information. We restrict access to customer information to the employees and representatives of UAH who need to know that information to provide products or services to our customers. We continually review our policies and practices, monitor our computer networks, and test the strength of our security to ensure the safety of this information.

Information We May Collect

We collect and use information we believe is necessary to administer our business, to advise you about our products and services, and to provide you with customer service. We may collect and maintain several types of customer information needed for these purposes such as those listed below:

Types of information we may collect and how we gather it:

1. From you, on applications or on other forms for our insurance products, through telephone or in-person interviews and from your insurance agent.
2. From your transactions with us, such as your payment history and underwriting and claim documents.
3. From non-UAH companies, such as your driving record, claim history, and credit reports.
4. Website information that is unique to your internet transactions with UAH. It includes the website that linked you with UAH, your computer operating system, and the pages you viewed on our website. In some instances, technical data, such as your IP address, session ID, and operating system may also be stored.

Personal Information Protection

You must protect against unauthorized access to any information that you use in connection with our website, and you should remember to close your web browser when you step away from your computer and when you have completed your activities on the website. If you choose to create an account on the Website (an "Account"), such as an Account for access to the website, you must treat your user name, password, or any other piece of information related to your Account ("Account Information") as confidential, and except as otherwise stated herein, you must not disclose Account Information to any other person or entity.

You agree to notify us immediately of any unauthorized access to or use of your user name or password or any other breach of security. You also agree to ensure that you exit from your Account at the end of each session. Users should refrain from accessing the website from public or shared computers, and should only access the website from a personal computer located at the user's private home or office. When accessing other parts of the website, you should use particular caution when logging into and viewing your Account, and when submitting personal information through the website using public or shared computers so that others are not able to view or record your password or other information on your Account or otherwise.

We utilize reasonable information security measures to safeguard your Personal Information against unauthorized access, modification, or destruction. For example, we utilize [type of encryption technology you use] when sensitive data is transmitted over the Internet, and use firewalls to help prevent external access into our network. However, unfortunately, no data transmission over the Internet can be guaranteed to be absolutely secure. As a result, while we strive to protect the personal information you submit to us, we cannot ensure or warrant the security of any information you transmit to us, and you do so at your own risk. UAH disclaims any liability, financial or otherwise, associated with the loss or misappropriation of your personal information due to authorized access that is beyond UAH's control.

Every time you use our website (e.g., access a webpage) we collect personal information and non-personal information regarding that use. For example, to improve our services, we collect how, when, and which parts of the website or its features you use. Also, we may use your device's unique identifier (UDID) or other unique identifiers to assist us in collecting and analyzing this data.

To assist us in the collection and storage of the foregoing information, the website may use "cookies" and/or other technologies or files, including but not limited to mobile advertising IDs, web beacons and/or analytics tools from third parties to identify or otherwise to monitor how visitors make use of the website and to gather operational and behavioral data through your interactions with the website and related applications, and in communications by email, chat, and/or text message. A "Cookie" is a small amount of data a website operator, or a third party whose content is embedded in that website, may store in your web browser and that the website operator or, as applicable, the third party, can access when you visit the website. A Cookie may also refer to web-browser-based storage provided by Adobe's Flash plugin (a "Flash Cookie"). A web beacon, pixel or tag is a small, usually-transparent image placed on a web page that allows the operator of that image, which may be the operator of the website you visit or a third party, to read or write a Cookie.

Through the use of cookies, we may automatically collect certain personal information and non-personal information when you visit UAH PP (07/22)

the website, including, but not limited to, the time and date of your visit, the pages that you access, and the number of times you return to the website. If you would prefer not to have such cookies stored on your computer, you may modify your browser settings to reject most cookies, or manually remove cookies that have been placed on your computer. However, by so rejecting the cookies, you may be unable to fully access the offerings on the website. Non-cookie tracking technologies may be required to fully access the offerings on the website. Users choosing not to consent to the tracking through such technologies are to discontinue using the website immediately.

We may also collect information through the use of “Web Beacons” (also known as clear/transparent or single pixel GIFs), which are included in webpages and/or emails and help us understand interactions with webpages or emails, including letting us know which emails sent to you have been opened. Web Beacons can help to let us know which e-mails we send are opened, monitor how long a particular webpage is accessed, and/or perform other functions. Clear GIFs may also see or read cookies on your computer. Additionally, we may leverage UTM and/or URL tracking technologies to understand the effectiveness of digital communication and/or marketing and advertising activity. When authorized by us, third parties with whom we contract for the purpose of monitoring statistical use of the website, may use cookies, our web log files, Web Beacons, and other monitoring technologies to compile and aggregate data regarding the effectiveness of our website and/or marketing and advertising activity and operation.

Implementing analytics tools allows us to evaluate and gauge the ways in which users interact with advertising and marketing materials, digital communications, applications, our products/services, and our web properties. Typically, third party providers deliver these services and may use additional technologies to collect information and data related to your website visits and usage of our web properties.

Additionally, we may use IP address information to count and track aggregate visits to the Website, to help diagnose problems with our server or our services, and to administer the Website.

How We Use Information About You

We use customer information to underwrite your policies, process your claims, ensure proper billing, service your accounts and offer you other UAH insurance or financial products that we believe may suit your needs.

Information Disclosure

We share information about our transactions (such as payment of premium) and experiences with you (such as an auto accident) within UAH and with UAH agents to better serve you and to assist in meeting our current product and service needs. We may also disclose customer information about you to persons or organizations inside or outside our family of companies as permitted or required by law.

We share customer information as necessary to handle any claims that you may have and to protect you against fraud and unauthorized transactions. For example, we might share customer information such as name, address, and coverage information with an auto body shop to speed up repairs on an auto damage claim.

We do not share your personal information with other companies for marketing purposes without your consent.

Your Choice to Share Information

There are two types of information sharing — information sharing within UAH and information sharing outside UAH. We do not sell customer information. We do not provide customer information to persons or organizations outside UAH for their own marketing purposes. The choice in the Special Notice, which follows, applies only to sharing of information within UAH and your insurance agent. For example, if you are an auto policyholder, our ability to share information among other UAH companies allows us not to ask again about your driving record if you apply for a commercial auto policy.

Special Notice Regarding the Sharing of Certain Information within the UAH Family of Companies

This notice applies only to the sharing of information within UAH that does not involve your transactions or experiences with us.

What Information We Share: Unless you tell us not to, we may share information within UAH that was obtained from your application, such as your occupation; or information obtained from your driving record, insurance policy, or claims history. We may also verify information provided by you, such as information about the operators of your vehicles and members of your household.

Why We Share: We may share information about you within UAH to enhance our service to you, to underwrite your policies, to measure your interest in our products and services, to improve existing products, to develop new products and to monitor customer trends and customer service.

Who We Share With: We may share information within the UAH family of companies and with your insurance agent or successor agent if agency is sold or transferred.

If you prefer that we not share this information within UAH, call us toll free at 1-800-551-2110. Your choice will also apply to your joint accounts, if any. Your direction not to share this information does not limit UAH from sharing certain information about you which is essential to conducting our business, such as processing any claims you may have, or information permitted or required by law. Your choice does limit our effort to market new products and services to you.

Use of Credit Information Disclosure Form CD-1

Insurer's name United Automobile Insurance Services

Address PO Box 694620 Miami, FL 33269.

Telephone number (toll free if available) 866-223-0668

We **will** **will not** (choose one) obtain and use credit information on you or any other member(s) of your household as a part of the insurance credit scoring process.

If you have questions regarding this disclosure, contact the insurer at the above address or phone number. For information or other questions, contact the Texas Department of Insurance at 1-800-578-4677 or PO Box 12030, MC – PC-PCL, Austin, Texas 78711-2030.

Section 559.053 of the Texas Insurance Code requires an insurer or its agents to disclose to its customers whether credit information will be obtained on the applicant or insured or on any other member(s) of the applicant's or insured's household and used as part of the insurance credit scoring process.

If credit information is obtained or used on the applicant or insured, or on any member of the applicant's or insured's household, the insurer shall disclose to the applicant the name of each person on whom credit information was obtained or used and how each person's credit information was used to underwrite or rate the policy. An insurer may provide this information with this disclosure or in a separate notice.

Adverse effect means an action taken by an insurer in connection with the underwriting of insurance for a consumer that results in the denial of coverage, the cancellation or nonrenewal of coverage, or the offer to and acceptance by a consumer of a policy form, premium rate, or deductible other than the policy form, premium rate, or deductible for which the consumer specifically applied.

Credit information is any credit related information derived from a credit report itself or provided in an application for personal insurance. The term does not include information that is not credit-related, regardless of whether the information is contained in a credit report or in an application for insurance coverage or is used to compute a credit score.

Credit score or insurance score is a number or rating derived from a mathematical formula, computer application, model, or other process that is based on credit information and used to predict the future insurance loss exposure of a consumer.

Summary of consumer protections in Chapter 559

Prohibited use of credit information. An insurer may not:

- (1) Use a credit score that is computed using factors that constitute unfair discrimination;
- (2) Deny, cancel, or nonrenewal of a policy of personal insurance solely on the basis of credit information without consideration of any other applicable underwriting factor independent of credit information; or

- (3) Take an action that results in an adverse effect against a consumer because the consumer does not have a credit card account without consideration of any other applicable factor independent of credit information.

An insurer may not consider an absence of credit information or an inability to determine credit information for an applicant for insurance coverage or insured as a factor in underwriting or rating an insurance policy unless the insurer:

- (1) Has statistical, actuarial, or reasonable underwriting information that: (A) is reasonably related to actual or anticipated loss experience; and (B) shows that the absence of credit information could result in actual or anticipated loss differences;
- (2) Treats the consumer as if the applicant for insurance coverage or insured had neutral credit information, as defined by the insurer; or
- (3) Excludes the use of credit information as a factor in underwriting and uses only other underwriting criteria.

Negative factors. An insurer may not use any of the following as a negative factor in any credit scoring methodology or in reviewing credit information to underwrite or rate a policy of personal insurance:

- (1) A credit inquiry that is not initiated by the consumer;
- (2) An inquiry relating to insurance coverage, if so identified on a consumer's credit report; or
- (3) A collection account with a medical industry code, if so identified on the consumer's credit report.

Multiple lender inquiries made within 30 days of a prior inquiry, if coded by the consumer reporting agency on the consumer's credit report as from the home mortgage or motor vehicle lending industry, shall be considered by an insurer as only one inquiry.

Effect of extraordinary events. An insurer shall, on written request from an applicant for insurance coverage or an insured, provide reasonable exceptions to the insurer's rates, rating classifications, or underwriting rules for a consumer whose credit information has been directly influenced by a catastrophic illness or injury, by the death of a spouse, child, or parent, by temporary loss of employment, by divorce, or by identity theft. In such a case, the insurer may consider only credit information not affected by the event or shall assign a neutral credit score.

An insurer may require reasonable written and independently verifiable documentation of the event and the effect of the event on the person's credit before granting an exception. An insurer is not required to consider repeated events or events the insurer reconsidered previously as an extraordinary event.

An insurer may also consider granting an exception to an applicant for insurance coverage or an insured for an extraordinary event not listed in this section. An insurer is not out of compliance with any law or rule relating to underwriting, rating, or rate filing as a result of granting an exception under this article.

Notice of action resulting in adverse effect. If an insurer takes an action resulting in an adverse effect with respect to an applicant for insurance coverage or insured based in whole or in part on information contained in a credit report, the insurer must provide to the applicant or insured within 30 days certain information regarding how an applicant or insured may verify and dispute information contained in a credit report.

Dispute resolution; error correction. If it is determined through the dispute resolution process established under Section 611(a)(5), Fair Credit Reporting Act (15 U.S.C. Section 1681i), as amended, that the credit information of a current insured was inaccurate or incomplete or could not be verified and the insurer receives notice of that determination from the consumer reporting agency or from the insured, the insurer shall re-underwrite and re-rate the insured not later than the 30th day after the date of receipt of the notice.

After re-underwriting or re-rating the insured, the insurer shall make any adjustments necessary within 30 days, consistent with the insurer's underwriting and rating guidelines. If an insurer determines that the insured has overpaid premium, the insurer shall credit the amount of overpayment. The insurer shall compute the overpayment back to the shorter of the last 12 months of coverage; or the actual policy period.

ACCIDENTAL DEATH BENEFIT ENDORSEMENT

This endorsement applies only if Form UAIS TX AD is indicated on the "Declarations" page.

"We" agree with "you", subject to all provisions of this endorsement and to all of the provisions and definitions of this policy, except as modified herein as follows.

Definitions

When used in reference to this coverage:

- A.** "Acceptable proof of loss" means a certified copy of an official death certificate listing the official cause of "death".
- B.** "Eligible injured person" means the "named insured" and any drivers listed on the policy that are not excluded while "occupying" any motor vehicle.
- C.** "Motor vehicle" means a vehicle having more than three load bearing wheels of a kind required to be registered under the laws of this State relative to motor vehicles; designed primarily for operation upon the public streets, roads and highways and is driven by power other than muscular power. Also includes a "trailer" drawn by or attached to such vehicle.
- D.** "Death" means loss of life; including the disappearance of the "eligible injured person" if:
 - 1. the body of the "eligible injured person" has not been located and identified within one year after an accident involving a "motor vehicle" "occupied" by the "eligible injured person" at the time of the accident.
 - 2. the "eligible injured person" disappears from the scene of the accident immediately following the accident; and
 - 3. the policy would have covered injury resulting from the accident.

Accidental Death Benefit

"We" will pay the limit of liability shown on the "Declarations" in the event of "death" of an "eligible injured person" which results proximately and directly from "bodily injury" caused by accident and result from the maintenance or use of a motor vehicle as a motor vehicle, if the "death" occurs within one year from the date of the accident. No payment is due until "we" receive "acceptable proof of loss" in the form of a certified copy of an official death certificate listing the cause of "death".

Exclusions

This policy does not cover any loss resulting directly, from:

- A.** Intentionally self-inflicted injury, suicide, or attempted suicide, whether sane or insane.
- B.** War or act of war, whether declared or undeclared, or any aggression by armed forces, or where nuclear weapons are used.
- C.** Injury sustained during official military duties.
- D.** Injury sustained while voluntarily taking controlled substances, unless prescribed for and administered by a licensed physician; or
- E.** Injury sustained while legally intoxicated from the use of alcohol while operating a motor vehicle.

Principle Sum

The principal sum amount shall be stated on the "Declarations".

Payment of Loss

All policy proceeds will be paid, upon "our" receipt of "acceptable proof of loss" of the "eligible injured person", to the survivors, in equal shares, in the first of the following classes to have a survivor as of the date of "death".

1. Spouse,
2. Children,
3. Parents, or
4. Brothers and Sisters.

If there is no survivor in these classes, payment will be made to the estate of the "eligible injured person".

Limit of Liability

Regardless of the number of "covered persons", "eligible injured persons", policies or bonds applicable, claims made, or "insured vehicles" to which this coverage applies, the limit of "our" liability under Accidental Death Benefit is limit of liability shown in the "Declarations".

Notice of Claims, Medical Reports, Proof of Loss

As soon as possible, "we" must be given written notice of the claim; including "acceptable proof of loss". It must include all details "we" may need to determine if benefits are payable and to whom. Failure to furnish such "acceptable proof of loss" within the time required shall invalidate any claim if it was reasonably possible to give "acceptable proof of loss" within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the date of "death".

UNITED AUTOMOBILE INSURANCE SERVICES DISCLOSURE NOTICE – INSURANCE SCORING INFORMATION

Date 2025-06-11

Policy Number: 000811552

Dear DARRICK LEMARK SOLOMON

Thank you for considering United Automobile Insurance Services. As part of our classification, an inquiry has been made with LexisNexis® Services Inc., our provider of consumer reports. You are receiving this notice because your insurance premium has been adversely affected by information received from LexisNexis® Services Inc.

In compliance with the Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996, you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report. The primary factors affecting your insurance score are:

Details
1)ACCOUNT WITH A REPORTED DELINQUENCY STATUS INCLUDING BAD DEBT
2)# OF RETAIL ACCOUNTS ESTABLISHED
3)INSUFFICIENT INFORMATION ON BANK REVOLVING ACCOUNTS
4)# OF ACCOUNTS WITH A PAST DUE AMOUNT

You have the right under the Fair Credit Reporting Act to obtain a free copy of such report from LexisNexis® Services Inc. within 60 days of receipt of this notice. LexisNexis® Services Inc. did not make any decisions regarding your policy premium and is, therefore, unable to provide specific reasons regarding the policy determination. To receive a free copy of your report, call or mail LexisNexis® at the address listed below. To help facilitate your order, please include the NCF Reference number provided.

LexisNexis® Consumer Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com
NCF Reference # 25072080336857

You have the right to dispute inaccurate information by contacting LexisNexis® Services Inc. or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

Sincerely,

United Automobile Insurance Services



Policy number TXX000811552
Client ID 000007821054

OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY TEXAS PERSONAL AUTO POLICY FEATURES AND LIMITATIONS DISCLOSURE

I understand that this is a summary and disclosure of changes and limitations to my Texas Personal Auto Policy and that no coverage is provided by this summary. I acknowledge that this summary and disclosure does not change and should not be construed to change any of the provisions of the insurance policy that is the subject of this disclosure. I understand that this disclosure contains only a summary of important policy changes and limitations and that I must refer to the insurance contract and its individual endorsements for complete coverage information. I understand that if there is a conflict between the policy and this summary, the provisions of the policy shall prevail.

I understand that my policy is a legal contract detailing the rights and obligations of both myself and the Company. Finally, I understand that, **as allowed by legislation passed by the Texas Legislature on June 11, 2003, the policy contains coverage that is more limited than the Texas Standard Personal Auto Policy.**

The following endorsements apply only if indicated on the Declarations page

OACM.PhysDam.001

- The Company will pay the cost to restore your covered auto to its pre-loss condition. The amount we pay may be based upon the amount you paid for the vehicle in the event of a total loss, or the cost of the aftermarket recycled parts, at the Company's option. If you choose a more expensive part, you may be responsible for the difference in cost.
- There is no coverage under Part D-Coverage for Damage to Your Auto, for any equipment on or in your covered auto that was not installed at the factory unless coverage is shown for the equipment in the Declarations Page.
- If repair or replacement of your covered auto results in betterment of the vehicle or the part, **you will be required to pay the difference** in order to get your auto repaired or replaced.

OACM.YCA.002c

IF YOU PURCHASE A NEW VEHICLE, YOU MUST NOTIFY US WITHIN 20 (TWENTY) DAYS FOR COVERAGE TO APPLY.

- If you purchase a new auto during the policy term, the following applies:
 - The auto must be intended for use primarily on public roads and have no less than four wheels.
 - The auto's gross vehicle weight must be 25,000 pounds or less.
 - If the auto you purchase is in addition to an auto already shown in the Declarations Page, it will have the broadest coverage of any auto shown. **You must notify us within 20 (twenty) days of your acquisition for any coverage to apply.**
 - If there is no other auto shown in the Declarations Page with Part D – Coverage for Damage to Your Auto, but you desire this coverage, you must notify us within 20 (twenty) days after your acquisition of the auto for coverage to apply.
- If the vehicle you purchase is a replacement for an auto already shown in the Declarations page and you wish to continue Part D – Coverage for Damage to Your Auto, it will have the same coverage, including the deductible, as the auto it replaces. **You must notify us within 20 (twenty) days after your acquisition for this coverage to apply.**
 - Any additional coverage that you need for your new auto that was not covered on the auto it replaced will only be added when you ask us to provide the coverage, even if it's after the 20 (twenty) day notification period.

NOTICE: THIS ENDORSEMENT REPLACES DEFINITION G OF BOTH THIS POLICY AND ENDORSEMENT OACM.TEMPVEH.022.

OACM.Storage.004

- In the event that your covered auto requires storage following an accident, you must authorize us to have it moved to a facility of our choice at our expense.

OACM.DelFee.005

- The policy no longer provides coverage for liability or physical damage if your covered auto or any auto operated by the insured is being used to carry, transport or deliver people, property or goods for a fee. This includes, among other things, delivering food, newspapers or flowers. **If you engage in the activity of carrying, transporting or delivering items or people in exchange for compensation, you must disclose this on your application for insurance.**

OACM.ContLiab.006

- There is no coverage under Part A – Liability Coverage where liability for the loss is imputed or assumed solely because you signed a contract that references your automobile liability policy. **If you rent an auto, you should notify the rental company of this change to your policy, as there may be optional coverage that you can purchase from such company.**

I have read this page, Initial here 
6/11/2025 7:52:40 PM
Page 1 of 2

OACM.AutoTerm.007

- If someone other than you or a family member becomes the owner of the auto, then coverage for that auto will automatically terminate at the time possession, title or right of control is passed on to the new owner.

OACM.CrimelIntent.008

- There is no coverage under any portion of this policy for damages or injuries that result or may reasonably be expected to result from the intentional or criminal acts of you, a family member or anyone operating your auto with your consent. There is also no coverage under this policy for damages or injuries that result while you, a family member or anyone operating your auto with your consent is attempting to evade arrest of a law enforcement official.

OACM.Punitive.018

- Exemplary damages means any damages awarded as a penalty or by way of punishment but not for compensatory damages. Exemplary damages are neither economic nor noneconomic damages. Exemplary damages include punitive damages. This policy will not provide coverage for you in the event that you or an uninsured/underinsured motorist becomes liable for exemplary or punitive damages.

OACM.RentProp-NOAuto.019a

- There is no coverage under Part A (Liability) or Part D (Coverage for Damage to Your Auto) for damage to property for which you or any covered person may rent, use or have care, custody or control. If you are involved in an accident while using a borrowed or rented automobile, this policy will not cover your liability for the damage to the borrowed or rented automobile. This is a significant change to the previous standard coverage in Texas for coverage to property being used by, rented to and/or in the care of a covered person. **If you rent an auto, you should notify the rental company of this change to your policy, as there may be optional coverage (sometimes referred to as waivers) that you can purchase from such company.**
- **NOTICE: THIS ENDORSEMENT REPLACES EXCLUSION A.3 OF BOTH THIS POLICY AND ENDORSEMENT OACM.TEMPVEH.022.**

OACM.NoBusiness.020

- **IF YOU ENGAGE IN ANY BUSINESS USE OF YOUR COVERED AUTO, THERE WILL BE NO COVERAGE, BOTH UNDER PART A-LIABILITY COVERAGE & PART D-COVERAGE FOR DAMAGE TO YOUR AUTO**
- Business use includes, but is not limited to transporting persons, equipment or tools of the trade to or from a job site or using a vehicle while engaged in any business or occupation, including but not limited to: construction, courier or delivery services, landscaping, painting, carpentry, masonry, food services, janitorial services, or any other trade-type service.

OACM.TemporaryVehicle.022

- There is coverage under Part A (Liability) for bodily injury and/or damage to property for which you or a resident relative are liable while driving a temporary vehicle. Property damage covered under Part A may include damage to the temporary vehicle. A temporary vehicle is one loaned or provided to you by a repair facility while the insured vehicle is at the facility for service, repair, maintenance, or damage or to obtain an estimate.

Please read your policy thoroughly

I ACKNOWLEDGE THAT THE POLICY CHANGES AND *the above Eleven (11) Endorsement* LIMITATIONS REFERENCED HERE HAVE BEEN FULLY EXPLAINED TO ME BY: ALPA AUTO INSURANCE (Agent)

x *Darrick Lemark Solomon*

06/11/2025

APPLICANT SIGNATURE – MUST BE SIGNED

DATE

BARCODE

OACM.ConsDisc.11-19

UAIS TX Full Limited Disclosure (06/22)

Page 2 of 2

United Automobile Insurance Services, Inc.

P.O. BOX 694620 Miami, FL 33269-1620

Toll Free Phone (866) 223-0668 ◊ www.uaig.net

Agency Name:

ALPA AUTO INSURANCE

Address

9753 WEBB CHAPEL RD STE 800

City, State, Zip Code

DALLAS, TX, 75220

Phone

2143582555

Agent Code

800 - 8 - 81268

FOR OFFICE USE ONLY: CLIENT ID 000007821054 POLICY # TXX 000811552

Name of Applicant	DARRICK LEMARK SOLOMON	Email	Home Phone (214)929-1522	Work Phone
Address	4026 HOWARD RD	City WAXAHACHIE	State TX	Zip 751659412
Garaging Address	4026 HOWARD RD	City WAXAHACHIE	State TX	Zip 751659412

COVERAGE REQUESTED EFFECTIVE: FROM: 06/11/2025 TO: 06/11/2026 (12 months)

APPLICANT WARRANTS THERE ARE NO OTHER DRIVERS IN THE HOUSEHOLD, OTHER THAN THOSE LISTED BELOW								
Any driver, whose driver's license under suspension or has no license, must be excluded by completing the 515A Exclusion form								
Show Name and Date of Birth for all Principal Drivers and Residents of Household 14 and older. Non-operators should be excluded.		BIRTH DATE MM/ DD / YYYY	Class (Sex/ Marital)	SR22	Territory	Driver Point	DRIVER'S LICENSE NUMBER	State OCCUPATION/EMPLOYER
2	APPLICANT DARRICK LEMARK SOLOMON	08/13/1974	M/M	N	00076		33947716	TX Homemaker,NA

DESCRIPTION OF AUTOMOBILE (S)

Auto	Year	Make and Model	Body Type	VIN	Symbol
1	2013	GMC/GMC-TERRAIN	4W	2GKALMEK8D6288705	CK/FH

LOSS PAYEE INFORMATION

Auto	Loss Payee	Address	City/ State / Zip
4	1 NONE		

DESCRIPTION OF COVERAGE

COVERAGES		LIMITS OF LIABILITY		PREMIUMS		
		AUTO 1	AUTO	AUTO		
LIABILITY COVERAGE	BODILY INJURY LIABILITY	\$ 30000 each person	\$ 395.00	\$	\$	\$
	PROPERTY DAMAGE LIABILITY	\$ 60000 each accident	\$ 256.00	\$	\$	\$
MEDICAL PAYMENTS COVERAGE		\$ N/A each person	\$	\$	\$	\$
PERSONAL INJURY PROTECTION		\$ N/A each person	\$	\$	\$	\$
UNINSURED /UNDERINSURED MOTORIST COVERAGE	BODILY INJURY LIABILITY	\$ each person	\$	\$	\$	\$
	PROPERTY DAMAGE LIABILITY	\$ each accident	\$	\$	\$	\$
COVERAGE FOR DAMAGE TO YOUR AUTO		AUTO 1 \$ N/A	AUTO \$ N/A	AUTO \$ N/A		
COMPREHENSIVE	ACV less Deductible (Max ACV \$65,000)	\$	\$	\$	\$	\$
COLLISION	ACV less Deductible (Max ACV \$65,000)	\$ N/A	\$ N/A	\$ N/A	\$	\$
TOWING		\$40 PER OCCURENCE			\$	\$
RENTAL		\$20 /\$40 PER DAY \$600 /\$1,200 PER OCCURENCE			\$	\$
Policy Fees and SR-22 fee are fully earned upon submission of this application to the Company.				SUB TOTALS	\$ 651.00	\$
					MVC PA FEE \$ 5.00 SR-22 FEE	\$
					POLICY FEE	\$ 144.00
					TOTAL PREMIUM	\$ 800.00

Photos are required for all Vehicles with UM/PD and/or Comprehensive and Collision.

6

Comments: _____

REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

It is hereby understood and agreed that in accordance with the provisions of Section 1952.105 of the Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I have purchased on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s)

- I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety: or
 I hereby reject Uninsured/Underinsured Motorists property damage Coverage in its entirety

DLS

6/11/2025 7:52:44 PM

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of changes in vehicles or coverage, or because of an interruption of coverage, until I notify the company in writing that I wish to purchase the Uninsured/Underinsured Motorists Coverage or any part of it that I previously rejected.

Date 06/11/2025

Signature of Applicant: X Darrick Lemark Solomon

70.116.178.241 6/11/2025 7:52:45 PM

PERSONAL INJURY PROTECTION REJECTION – REJECTION MUST BE SIGNED IF NOT DESIRED

I unders

25 7:52:45 PM
I understand and hereby reject the Personal Injury Protection Coverage as provided for by Section 1952.152 through 1952.161 of the Texas Insurance Code. I understand that this rejection also applies to all future renewals of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

Date 06/11/2025

Signature of Applicant: X Darrick Lemark Solomon

79.116.178.241 6/11/2025 7:52:46 PM

DLS

515 A. EXCLUSION OF NAMED DRIVER & PARTIAL REJECTION OF COVERAGES
WARNING – READ THIS ENDORSEMENT CAREFULLY!

WARNING - READ THIS ENDORSEMENT CAREFULLY.
This acknowledgement and rejection is applicable to all renewals issued by any affiliated insurer or us. However, we must provide a notice with each renewal as follows. "This policy contains a named driver exclusion."

I agree that none of the insurance coverage afforded by this policy shall apply while the following listed driver(s) (the excluded driver) is/are operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

Date 06/11/2025

Signature of Applicant: x *Darrick Lemark Solomon*

79.116.178.241 6/11/2025 7:52:48 PM

NON-BUSINESS USE WARNING

I hereby state that I do not use my Vehicle for any business purpose. No vehicles accepted for delivery or commercial use of any type. Business use includes, but is not limited to transporting persons, equipment or tools of the trade to or from a job site or using a vehicle while engaged in any business or occupation, including but not limited to: construction, courier or delivery services, landscaping, painting, carpentry, masonry, food services, janitorial services, or any other trade-type. **IF YOU ENGAGE IN ANY BUSINESS USE OF YOUR COVERED AUTO, THERE WILL BE NO COVERAGE, BOTH UNDER PART A-LIABILITY COVERAGE & PART D-COVERAGE FOR DAMAGE TO YOUR AUTO.**

UNDERWRITING AND BINDING

I agree that no coverage be bound unless I pay the one month developed premium plus policy fee with the application and that coverage will be bound no earlier than the time the application is signed. I also agree that if my premium remittance is not honored by the Bank, no coverage will be bound or exist even if a policy has or has not been issued.

In accordance with the Fair Credit Reporting Act and other applicable law, if any, be advised that the Company's underwriting procedure, an inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history, criminal background and mode of living of Applicant and any Co-Applicant. The signature of Applicant and any Co-Applicants on this application authorize Company to secure and use such information in accordance with applicable law. In the event that adverse action is taken based on this information the Company will provide notice of the action and information regarding Applicant and Co-Applicants rights to each respectively.

I declare that no persons operate the automobile described in this application other than those listed as drivers. Careful completion of the application will insure correct rating and prompt delivery of your policy.

UAIS and any other servicer of this account may use the information provided by the applicant on this application or any subsequent endorsement, including but not limited to email, addresses, cell phone numbers, and landline numbers to contact the applicant for informational purposes related to this account, including debt collection. In addition, the applicant expressly consents to any such contact being made by the most efficient technology available, including but not limited to automated dialing equipment and prerecorded messages, even if the applicant is charged for the contact.

11

PROXY AND POWER TO VOTE

I hereby declare the foregoing statement to be true to the best of my knowledge and belief, in compliance with Public Law 91-508, this is to inform you that in connection with your recent application for insurance policy or policy renewal (1) an "Investigative consumer report" may be made as to your insurability depending on the type of insurance involved, information as to character, general reputation, personal characteristics, mode of living, financial conditions, (2) that such information will be obtained through (but not limited to) personal interviews with friends, neighbors and associates and (3) upon written request a complete and accurate disclosure of the nature and scope of the Investigative consumer report and/or other consumer report or criminal record will be provided, as applicable." I hereby make application for insurance to the OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY. I hereby appoint the president of the Company, with full power of substitution to be my lawful attorney in fact, in my absence he is hereby authorized and empowered to vote for me at any membership meeting of the insurance Company, unless I give written notice otherwise. I agree to be governed by the provisions of Article 912 Texas Insurance code.

Date: 06/11/2025

Signature of Applicant: *Darrick Lemark Solomon*
70.116.178.241 6/11/2025 7:52:49 PM



Certificate of Completion

Policy No: ff8a6a23-8940-499b-9837-b27ba383aabd_11062025_195229

Document Pages: 5
Certificate Pages: 1

Signatures: 5
Initials: 4

Action Details	DateTimeStamp	Status	IP Address
Document details received from UAIC.	6/11/2025 7:52:29 PM	Success	65.240.225.3
Document details updated in database.	6/11/2025 7:52:29 PM	Success	65.240.225.3
Document processing started.	6/11/2025 7:52:30 PM	Success	65.240.225.3
Document details response sent to UAIC.	6/11/2025 7:52:30 PM	Success	65.240.225.3
Remote Document Signing URL requested by Signatory [Darrick Lemark Solomon].	6/11/2025 7:52:31 PM	Success	70.116.178.241
Disclaimer accepted by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:34 PM	Success	70.116.178.241
Signing started by Signatory [Darrick Lemark Solomon] on Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/137.0.0.0 Safari/537.36	6/11/2025 7:52:34 PM	Success	70.116.178.241
Signature type: [Type] selected by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:40 PM	Success	70.116.178.241
Initials placed at F101_1_initials1 by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:40 PM	Success	70.116.178.241
Signature placed at F101_2_Signature1 by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:42 PM	Success	70.116.178.241
Initials placed at p2_7_initials by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:44 PM	Success	70.116.178.241
Signature placed at p2-7_signature_of_applicant by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:45 PM	Success	70.116.178.241
Initials placed at p2_8_initials by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:45 PM	Success	70.116.178.241
Signature placed at p2-8_signature_of_applicant by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:46 PM	Success	70.116.178.241
Initials placed at p2_9_initials by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:47 PM	Success	70.116.178.241
Signature placed at p2-9_signature_of_applicant by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:48 PM	Success	70.116.178.241
Signature placed at p3-11_signature_of_applicant by Signatory [Darrick Lemark Solomon]	6/11/2025 7:52:49 PM	Success	70.116.178.241
Signatory[Darrick Lemark Solomon] completed Document Signing.Message sent to UAIC	6/11/2025 7:52:50 PM	Success	70.116.178.241
Document Signing Ceremony completed for UAIC	6/11/2025 7:52:50 PM	Success	70.116.178.241