

**ARIZONA AUTO****APPLICATION****Peak Property and Casualty Insurance Corporation****Policy Number 11410526644**

Effective Date: 09/06/2025

08:58 AM Central Time per Stevens Point,  
WI

My.DairylandInsurance.com

**Named Insured(s)**RYLE, TRAVIS  
5570 W Tonto Pl  
Golden Valley AZ 86413  
Phone: 928-488-2763  
Email: travisryle@gmail.com**Agency**Parker Stevens Agency (Dairyland)  
Jose Gonzalez Huerta  
P O Box 8034  
Stevens Point WI 54481  
Phone: 1-800-874-4453**Premium and Coverage Information****Type** Named Non-Owner Policy**Term** 12 Month

A Named Non-Owner Policy provides the selected coverage for the Named Insured while driving non-owned cars. Coverage does not apply when driving a non-owned car available for regular use by the Named Insured.

Policy Level Coverages	Limits	Deductible	Premium
Bodily Injury Liability	\$25,000 Each Person/\$50,000 Each accident		\$134.84
Property Damage Liability	\$15,000 Each accident		\$99.63
Uninsured Motorist Bodily Injury			Rejected
Underinsured Motorist Bodily Injury			Rejected
Medical Payments			Not Selected
<b>Subtotal Premium By Policy</b>			\$234.47

**Premium Summary****Term Premium Total (excludes fees)** \$234.47**Policy Fee** \$10.00**Total Cost** \$244.47**Total Amount Submitted** \$29.53**Pay Plan** 11 Installments**Automatic Payments** Y**Fee Information**

The following fees may be charged during the life of the policy. These fees may change.

Policy Fee	Rewrite Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee			
\$10.00	\$10.00	\$25.00	\$10.00	\$5.00			

**Discount Information: None****Surcharge Information: None****Vehicle Information**

Residential Zip: 86413

Named Non-Owner Policy

**Driver Information**

Drv #	Name	Date of Birth	Gender	Marital Status	License State	License Number	Financial Responsibility
1	RYLE, TRAVIS	01/20/1983	M	S	AZ	***	SR22 AZ

**Accident and Violation Information: None****Named Insured Confirmation**

I understand and agree this application is a part of the policy.

I understand and agree this policy does not take effect until the effective date and time listed on this application.

### Named Insured Confirmation

I understand and agree if a payment made by me or on my behalf is not honored by the financial institution, it will not be considered a valid payment and coverage may not be afforded under this application and subsequent policy.

I understand and agree any unpaid balance owed, including any fees, at the time of cancellation, non-renewal or expiration is a debt the Company may attempt to collect, and in addition to this unpaid balance, I must pay for any costs and attorney fees the Company may incur to collect this amount.

I understand and agree the Company may obtain facts from third parties such as consumer reporting agencies or policy verification services that provide driving, vehicle, and claims histories on all drivers and vehicles rated on this policy. I understand and agree new or updated consumer information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate.

I understand and agree this policy may be cancelled or coverage denied if this application contains any fraudulent information deemed material to the acceptance of the risk, or to the hazard assumed by our Company and our Company in good faith would either not have issued the policy or would not have provided coverage with respect to the hazard resulting in loss if the true facts had been made known to our Company as required by the application and/or policy.

I understand and agree I must report to the Company all persons of legal driving or learner's permit age or older who live with me temporarily or permanently, including all children at college. I understand I must report all persons who are regular operators of any vehicle to be insured, regardless of where they reside.

I understand and agree none of the vehicles 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 or food. I understand I must disclose any business or commercial use of a listed vehicle.

I have had Special Equipment Coverage explained to me and fully understand it. I understand and agree when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment Coverage has been purchased.

I understand and agree this policy will not provide third party liability coverage in excess of financial responsibility requirements for injured passengers who are members of my household. Third party liability coverage includes Bodily Injury, Guest Passenger, and Property Damage coverages.

I understand and agree if I choose to pay my premium in installments, a fee will be applied.

I understand and agree it is my responsibility to report any change of vehicle or residential location to the Company within 14 days of the change and I declare each vehicle listed in this application is garaged more than 50% of the time at the vehicle location listed.

As a member of Sentry Mutual Holding Company ("Sentry MHC"), I hereby appoint the President and/or Secretary of Sentry MHC, and each of them, to vote my proxy at any and all meetings of members at which I am not present in person or by subsequent proxy. This proxy shall remain in force during the term of this policy and any renewal or replacement policy, or until expressly revoked or superseded.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", 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 hereby apply to the company for a policy of insurance. The above facts are true and complete. I understand this policy is to be issued in reliance upon these facts being true.

9/6/2025, 7:04 AM LOCAL TIME

☐ AM  
☐ PM

\* *travis ryle*

Date Signed

Time Signed

Named Insured's Signature

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## **What You Should Know About Our Protection of Your Privacy**

Protecting the personal information of the individuals we serve is a priority for Sentry Insurance. We collect, retain and use personal information about individuals for the purpose of serving their insurance needs and providing services to them.

This notice describes how we handle personal information of the individuals we serve. It is only for your information. No action on your part is needed.

If you have questions regarding this notice, please write to Corporate Compliance/Privacy, 1800 North Point Drive, Stevens Point, WI 54481.

### **What kinds of information are collected and disclosed?**

The types of information we may collect about you include:

- Information you provide on applications or other forms, or in your verbal responses to our questions. This may include identifying information such as name, address and information about your assets and income.
- Information about your transactions with us including policies purchased and premium payment history.
- Information we receive from a consumer reporting agency that indicates your credit worthiness and credit history.

We do not sell customer lists or any personal information regarding our customers.

We do not disclose nonpublic personal financial information about customers or former customers to nonaffiliated third parties, except as permitted by law.

We may share personal financial information about you between companies within the Sentry Insurance Group in order to make additional services available to you. For example, auto insurance customers may receive information about life insurance products, and vice versa.

### **How do we safeguard your privacy?**

We maintain physical, electronic and procedural safeguards to protect your personal information.

We restrict access to nonpublic personal financial data to those employees who need to know that information in order to provide products or services to you.

We communicate to employees in writing the importance of protecting confidential information. We may amend our privacy policies at any time. If we do, we will inform you in writing.

## **UNINSURED (UM) AND UNDERINSURED MOTORIST (UIM) COVERAGE**

### **SELECTION FORM - ARIZONA**

You have a legal right to purchase both Uninsured and Underinsured Motorist coverages with the proposed liability insurance policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$25,000/\$50,000 up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$25,000/\$50,000

Options available for Uninsured and Underinsured Motorist coverages:

#### Uninsured Motorist Coverage:

<u>Accept</u>	<u>Reject</u>	<u>Limit</u>	<u>Premium</u>
		\$25,000/\$50,000	\$86.48
	X	I do not wish to purchase <u>Uninsured</u> Motorist coverage.	

#### Underinsured Motorist Coverage:

<u>Accept</u>	<u>Reject</u>	<u>Limit</u>	<u>Premium</u>
		\$25,000/\$50,000	\$34.70
	X	I do not wish to purchase <u>Underinsured</u> Motorist coverage.	

I understand and agree that selection of any of the above options applies to my liability insurance policy, to all vehicles insured, and to future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

*travis ryle*

DO NOT SIGN UNTIL YOU READ

9/6/2025, 7:04 AM LOCAL TIME

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date

Attached to application dated: 09/06/2025 08:58 AM Central Time per Stevens Point, WI



## NAMED NON-OWNER ACKNOWLEDGEMENT

I understand the only person afforded the benefit of Liability coverage under this Named Non-Owner policy is the Named Insured as listed on the Declarations Page. I am also aware no coverage is afforded to me under this policy if I am using a vehicle I own or have regular use of.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

*travis ryle*

9/6/2025, 7:04 AM LOCAL TIME

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Named Insured's Signature

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Date

## ARIZONA INFORMATION DISCLOSURE AUTHORIZATION

I understand that the following parties may need to collect and disclose information such as a credit score, motor vehicle driving record or claims information, for any driver covered as an insured under this policy: Peak Property and Casualty Insurance Corporation, any insurance producers, insurance support organization or any consumer reporting agency, and all persons authorized to represent these organizations for the purpose of performing their functions in connection with an insurance transaction.

I understand that I am, or a person authorized to act on my behalf is, entitled to receive a copy of this authorization form from the Company once it is signed by sending a written request to the Company, PO Box 8034, Stevens Point, WI 54481-8034.

By signing below, I authorize the above company to disclose any of my personal, nonpublic information, such as a credit score or motor vehicle driving record, from any source for the purpose of using such personal, nonpublic information to underwrite and rate the insurance policy for which I am applying. I understand that the personal, nonpublic information of any driver covered as an insured under the policy will also be used to underwrite and rate the insurance policy for which I am applying. This authorization expires one year from the date it is signed.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

*travis ryle*

9/6/2025, 7:04 AM LOCAL TIME

\_\_\_\_\_  
Signature of Authorizing Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
TRAVIS RYLE  
Printed Name of Signer

**AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT**

I hereby authorize the Company to initiate recurring variable payments (debits) on or about the due date of the policy or the next business day from the payment account identified below for payments due to the Company. I understand and agree the Company may electronically retain my payment information. Recurring variable payments will continue until the policy permanently terminates or the automatic payments authorization is cancelled by me or the Company.

If any premium payment is not honored by the financial institution or card issuer, coverage on the policy for which payment is to be applied may be cancelled or voided for nonpayment of premium, unless alternative payment arrangements have been made prior to the premium due date. If the payment is not honored for any reason by the financial institution or card issuer, I am responsible for making the payment and any associated late or returned payment fees charged by the Company.

If the financial institution or card issuer does not honor the payment on the effective date of the payment, the Company may (but is not obligated to) attempt additional withdrawals. I agree the financial institution or card issuer will not be liable for any payment request that is not honored, and I understand and agree I am ultimately responsible for any financial institution or card issuer fees from the initial or subsequent payment attempts.

This authorization applies to the below listed policy and any extension, renewal, change or reinstatement of the policy. This authorization will remain in effect until I request termination by calling Customer Service at 1-800-874-4453 or by logging into my policy online at least one (1) business day before the due date.

Named Insured(s): RYLE, TRAVIS

Policy Number: 11410526644

☐ **Checking/Savings Account Information:**

Routing # (9 numbers):

Account # (no more than 17 numbers):

Account Type:

☐ Checking☐ Savings☒ **Debit/Credit Card Account Information:**

(Visa, MasterCard, Discover, American Express accepted; non-reloadable prepaid cards are not allowed)

Card # (no more than 16 numbers):

Exp. Date:

CVV/Secure Code (no more than 4 numbers):

visa1425

05/28

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**Account Holder Information:**

TRAVIS RYLE

Name

5570 W Tonto Pl

Address

Golden Valley AZ 86413

City

State

Zip

By providing us with an email address, we will send payment notifications to the accountholders email address.

travisryle@gmail.com

Email

By signing below, I acknowledge I am authorized to use this account, and I agree to the above terms. If authorization was obtained over telephone, I understand and acknowledge I electronically signed this form using voice signature.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

*travis ryle*

9/6/2025, 7:04 AM LOCAL TIME

Signature

Date

To enroll, make changes, or cancel this authorization:

**Go to** My.DairylandInsurance.com**Call** 1-800-874-4453**Write** Customer Service

PO Box 8034

Stevens Point, WI 54481-8034

<p><b>ARIZONA AUTOMOBILE INSURANCE IDENTIFICATION CARD</b> Peak Property and Casualty Insurance Corporation <b>ADOT</b> <b>CODE 0727</b></p> <p><b>Named Non-Owner Policy</b> <b>Policy</b> 11410526644 <b>Effective Date</b> 09/06/2025 <b>Expiration Date</b> 09/06/2026</p> <p><b>Named Insured(s)</b> RYLE, TRAVIS 5570 W Tonto Pl Golden Valley AZ 86413</p> <p><b>Agency</b> <b>Agency Phone</b> 1-800-874-4453 Parker Stevens Agency (Dairyland) P O Box 8034 Stevens Point WI 54481</p> <p>If you are in an accident, call us as soon as possible at 1-800-874-4453. We are available 24 hours a day to take your call. See reverse side for additional information.</p>	<p style="text-align: center;"><b>IN CASE OF AN ACCIDENT</b> <b>Obtain the following information...</b></p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of insurance company and policy number for each vehicle involved.</li> </ol> <p>THE COVERAGES LISTED ON THE DECLARATIONS PAGE APPLY FOR ONLY THE NAMED INSURED WHILE DRIVING NON-OWNED CARS.</p> <p>COVERAGE COMPLIES WITH MINIMUM AMOUNT OF LIABILITY INSURANCE REQUIRED. THIS CARD SERVES AS SATISFACTORY EVIDENCE IF ASKED TO VERIFY FINANCIAL RESPONSIBILITY.</p> <p>YOU ARE REQUIRED TO POSSESS EVIDENCE OF FINANCIAL RESPONSIBILITY WITHIN THE MOTOR VEHICLE AND PRODUCE THIS CARD UPON DEMAND.</p> <p>THIS CARD IS NOT PART OF YOUR POLICY AND IS EFFECTIVE ONLY WHILE YOUR INSURANCE REMAINS IN FORCE. THIS CARD NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE AFFORDED BY YOUR POLICY.</p>
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<p><b>ARIZONA AUTOMOBILE INSURANCE IDENTIFICATION CARD</b> Peak Property and Casualty Insurance Corporation <b>ADOT</b> <b>CODE 0727</b></p> <p><b>Named Non-Owner Policy</b> <b>Policy</b> 11410526644 <b>Effective Date</b> 09/06/2025 <b>Expiration Date</b> 09/06/2026</p> <p><b>Named Insured(s)</b> RYLE, TRAVIS 5570 W Tonto Pl Golden Valley AZ 86413</p> <p><b>Agency</b> <b>Agency Phone</b> 1-800-874-4453 Parker Stevens Agency (Dairyland) P O Box 8034 Stevens Point WI 54481</p> <p>If you are in an accident, call us as soon as possible at 1-800-874-4453. We are available 24 hours a day to take your call. See reverse side for additional information.</p>	<p style="text-align: center;"><b>IN CASE OF AN ACCIDENT</b> <b>Obtain the following information...</b></p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of insurance company and policy number for each vehicle involved.</li> </ol> <p>THE COVERAGES LISTED ON THE DECLARATIONS PAGE APPLY FOR ONLY THE NAMED INSURED WHILE DRIVING NON-OWNED CARS.</p> <p>COVERAGE COMPLIES WITH MINIMUM AMOUNT OF LIABILITY INSURANCE REQUIRED. THIS CARD SERVES AS SATISFACTORY EVIDENCE IF ASKED TO VERIFY FINANCIAL RESPONSIBILITY.</p> <p>YOU ARE REQUIRED TO POSSESS EVIDENCE OF FINANCIAL RESPONSIBILITY WITHIN THE MOTOR VEHICLE AND PRODUCE THIS CARD UPON DEMAND.</p> <p>THIS CARD IS NOT PART OF YOUR POLICY AND IS EFFECTIVE ONLY WHILE YOUR INSURANCE REMAINS IN FORCE. THIS CARD NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE AFFORDED BY YOUR POLICY.</p>
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SR-22

## AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

Insured { NAME RYLE, TRAVIS  
Last First Middle  
ADDRESS 5570 W Tonto Pl Golden Valley AZ 86413

CASE NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE	SOCIAL SECURITY NO.
	S64456741	01/20/1983	

CURRENT POLICY NUMBER 11410526644 EFFECTIVE FROM 09/06/2025

This certification is effective from 09/06/2025 and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State.

The insurance hereby certified is provided by an:

- ☐ OWNER'S POLICY: Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	
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NAMED NONOWNER POLICY

- ☒ OPERATOR'S POLICY: Applicable to any non-owned vehicle.

Dairyland®

State Arizona FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

The Company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company Peak Property and Casualty Insurance Corporation 0727

Date 09/06/2025

By



SIGNATURE OF AUTHORIZED REPRESENTATIVE

OSR-22-1007

THE FACE OF THIS DOCUMENT CONTAINS A WATERMARK LOGO.

SR-22

## AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

Insured { NAME RYLE, TRAVIS  
Last First Middle  
ADDRESS 5570 W Tonto Pl Golden Valley AZ 86413

CASE NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE	SOCIAL SECURITY NO.
	S64456741	01/20/1983	

CURRENT POLICY NUMBER 11410526644 EFFECTIVE FROM 09/06/2025

This certification is effective from 09/06/2025 and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State.

The insurance hereby certified is provided by an:

- ☐ OWNER'S POLICY: Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	
------------	------------	-----------------------	--

NAMED NONOWNER POLICY

- ☒ OPERATOR'S POLICY: Applicable to any non-owned vehicle.

Dairyland®

State Arizona FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

The Company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company Peak Property and Casualty Insurance Corporation 0727

Date 09/06/2025

By



SIGNATURE OF AUTHORIZED REPRESENTATIVE

OSR-22-1007

THE FACE OF THIS DOCUMENT CONTAINS A WATERMARK LOGO.







# Action Required - Dairyland® Insurance Policy 11410526644 for TRAVIS RYLE

Final Audit Report

2025-09-06

Created:	2025-09-06
By:	Dairyland Electronic Signatures (electronicsignature@dairylandinsurance.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAPfFtw0F9lokqadoPIEZZDOCHP0xXcJKL

## "Action Required - Dairyland® Insurance Policy 11410526644 for TRAVIS RYLE" History

-  Document created by Dairyland Electronic Signatures (electronicsignature@dairylandinsurance.com)  
2025-09-06 - 1:58:40 PM GMT- IP address: 157.248.216.2
-  Document emailed to travis ryle (travisryle@gmail.com) for signature  
2025-09-06 - 1:58:44 PM GMT
-  Email viewed by travis ryle (travisryle@gmail.com)  
2025-09-06 - 2:02:39 PM GMT- IP address: 192.178.9.70
-  travis ryle (travisryle@gmail.com) has explicitly agreed to the terms of use and to do business electronically with Sentry Insurance Group  
2025-09-06 - 2:04:01 PM GMT- IP address: 23.189.128.10
-  Document e-signed by travis ryle (travisryle@gmail.com)  
Signature Date: 2025-09-06 - 2:04:01 PM GMT - Time Source: server- IP address: 23.189.128.10
-  Agreement completed.  
2025-09-06 - 2:04:01 PM GMT