



## Payment Receipt

New Business  
Transaction #28938825  
New Business #15649511

302 N Main St Ste D  
Highlands TX 77562  
Phone : 832-786-4522  
License # 19554  
Office : 594 Highlands-N Main

Addam Suarez  
7203 Plaza Del Sol Dr  
Houston TX 77083

Customer #11032172  
Received By: *Rebecca Abigail Castillo*  
Print Date/Time : 1/20/2021 10:45 AM PST

### Fees

Added Date	Type	Description	Amount
1/20/2021	Automobile Insurance	Down Payment to Carrier	\$225.66
1/20/2021	Documentation Fees	Documentation and Imaging Fee	\$20.00
1/20/2021	Agency Fee	Freeway Insurance of Texas	\$80.00
1/20/2021	SR22 Fee	Agency Fee	\$0.00
1/20/2021	Convenience Fee	Convenience Fee	\$10.00
<b>Total Fees:</b>			<b>\$335.66</b>

### Received Payments

Received Date	Type	Description	Credit Card # / Check # / Other	Amount
1/20/2021	Credit Card		Card# *4146	\$335.66
<b>Total Amount Received :</b>				<b>\$335.66</b>
<b>TOTAL PAYMENT :</b>				<b>\$335.66</b>

Servicio al Cliente: (877) 879-0606

Numero de Poliza: AAM01744203-00 Compañía Aseguradora: Celestite Companies - TX

Firma del Cliente:

*sp*

Firma del Agente: *Rebecca Abigail Castillo*

## BIG SAVINGS!

### Find out more about our additional products:

- Auto • Motorcycle • Renter's • Home • Small Commercial Auto
- Hospital Indemnity • Commercial Business • Roadside Assistance

Ask your agent or call: **888-253-0801**

Addam Suarez  
7203 Plaza Del Sol Dr  
Houston TX 77083

Customer #11032172  
Received By: Rebecca Abigail Castillo  
Print Date/Time : 1/20/2021 10:45 AM PST

## Agent Report

Agent: Rebecca Abigail Castillo  
Transaction Number: 28938825  
Transaction Date: 1/20/2021  
Office: 594 Highlands-N Main

Customer Name: Addam Suarez  
Customer DOB: 5/27/1992  
Address: 7203 Plaza Del Sol Dr  
Houston, TX 77083  
(830) 971-5579

Carrier Name: Celestite Companies - TX / Old American County Mutual  
Policy Number: AAM01744203-00  
Policy Term: 1 Month  
Policy Type: Personal: Auto  
Premium Amount: \$211.00  
Effective Date: 1/20/2021  
Expiration Date: 2/20/2021

### **#AAM0174420 Celestite Companies - TX 3-00**

	<b>Year</b>	<b>Make</b>	<b>Model</b>
▪	2015	CHEVROLET	MALIBU LS
▪	2008	HONDA	ODYSSEY EXL

### **#AAM01744203-00 Celestite Companies - TX**

	<b>Name</b>	<b>Birth Date</b>	<b>License Number</b>
▪	Addam Suarez	05/27/1992	46137328 / TX
▪	Veronica Garcia	06/20/1984	G62274847200 / FL

**Submit Amount:\$225.66**

By submitting this report and customer application, Agent 1) is aware of Company policy concerning unauthorized rewrites, and 2) understands and agrees that any dishonesty or deception involved in rewriting this customer is fraud, and will result in loss of commissions and possible disciplinary action, up to and including termination.

**DIVULGACIÓN DE TARIFAS  
Y  
ACUERDO DE TARIFAS DE SERVICIO Y HONORARIOS DEL AGENTE**

Efectivo a partir del día, 1/20/2021, Addam Suarez ("Cliente") designa a Freeway Insurance Services America, LLC (Houston) ("Freeway") como su Agente que aparece en el Registro para la venta de seguros de automóviles. La designación de Freeway como el Agente del Cliente que aparece en el Registro continuará hasta que el acuerdo sea cancelado por cualquiera de las partes.

Freeway cobra varias *Tarifas por Servicios y Honorarios del Agente* en relación con la venta y el mantenimiento de la cobertura de seguro del Cliente. Los Honorarios por Servicios no reembolsables que cobra Freeway incluyen los siguientes:

**Costo de Almacenamiento de Imágenes de Documentos: \$20**

**Costo de Pagos Divididos: \$10 (cuando sea aplicable)**

**Costo de por Conveniencia: \$10**

Freeway también cobra una Tarifa no reembolsable de Honorarios del Agente por la cantidad de \$80.00 en relación con la venta y el mantenimiento de la cobertura de seguro del Cliente además de recibir:

- Comisión(es) pagadas por la Compañía de Seguros y calculada como un porcentaje de la prima que usted paga por el seguro.
- Comisiones contingentes, reparto de utilidades o prestaciones no financieras, calculadas anualmente y basadas en la cantidad de las primas y la rentabilidad de todo el negocio de seguros que vendamos a través de la compañía de seguros. Esta compensación no es garantizada.

En el futuro, Freeway también podrá cobrarle al Cliente las siguientes Tarifas de Agente no reembolsables: \$100 por el trámite de reanudación de una póliza; \$100 por trámites de endosos en relación con un cambio de póliza; \$50 por cada renovación; hasta \$100 por Presentar un SR-22; y hasta \$8 por procesar cada pago mensual. El Cliente acusa recibo de esta Divulgación, entiende los costos y las tarifas cobradas en relación con la venta y el mantenimiento de los seguros del Cliente y se compromete a pagar las Tarifas de Servicios y los Honorarios del Agente que se establecen aquí.

El Cliente acepta que Freeway o sus agentes puedan ponerse en contacto con el Cliente en relación con la póliza del Cliente, utilizando sistemas manuales o automáticos para marcar a cualquiera o a todos los números de teléfono que el Cliente ha proporcionado, incluyendo teléfonos móviles y líneas residenciales. El Cliente acepta y entiende que el proveedor de servicios de telefonía móvil podría cobrar una tarifa, la cual correrá totalmente a cuenta del Cliente. Al firmar este documento, el Cliente confirma que él/ella está de acuerdo con todo lo expuesto anteriormente.

**EN FE DE LO CUAL**, el Cliente ha implementado esta Divulgación de Tarifas y Acuerdo de Tarifas de servicio y Honorarios del agente a partir de la fecha establecida anteriormente.

Nombre del Asegurado: Addam Suarez

Firma del Asegurado:



Freeway Insurance Services America, LLC (Houston)  
7711 Center Avenue, Suite 200  
Huntington Beach, CA 92647  
Servicio al Cliente: (877) 879-0606

***Usted puede obtener información acerca de cómo presentar un reclamo contactando al  
Departamento de Seguros de Texas al 1-800-252-3439.***

Addam Suarez  
7203 Plaza Del Sol Dr  
Houston TX 77083

Customer #11032172  
Received By: Rebecca Abigail Castillo  
Print Date/Time : 1/20/2021 10:45 AM PST

**DECLARACIÓN DE USO DE VEHÍCULO PARA TRANSPORTE PRIVADO/LIVERY (SERVICIO UBER - LYFT – RIDE) Y ALQUILER  
(ENTREGA/Recogida)**

Póliza #: AAM01744203-00

Yo, Addam Suarez por la presente reconozco que ni yo ni nadie que tenga la intención de ser un conductor cubierto (o un usuario permisivo) bajo esta póliza usa el (los) vehículo(s) divulgados en la solicitud (o cualquier otro vehículo agregado en una fecha posterior) para cualquiera de los siguiente:

a) Servicio de transportación y traslado privado por alquiler incluyendo, pero no limitado a **UBER, RIDE, LYFT, TAXI, LIMUSINA o un servicio similar de Shuttle, Ride-For-Hire o Ride Share (Redes de transporte privado de pasajeros).**

b) Entrega o recogida de propiedad, bienes o productos INCLUYENDO, PERO NO LIMITADO A pizzas, documentos, periódicos, comida, flores, equipo, suministros o productos de consumidor.

**Si no atestigua con precisión lo anterior, esto puede ocasionar que su póliza sea cancelada o que se deniegue la cobertura/reclamaciones. El cliente también debe informar a la compañía de seguros o a Freeway de inmediato si planea participar en los servicios mencionados arriba.**

Firmado y reconocido este \_\_\_\_\_ día de \_\_\_\_\_ de \_\_\_\_\_



Firma del Cliente

Rev. June 2019

## NOTIFICACIÓN IMPORTANTE DE PRIVACIDAD

Proteger la privacidad y confidencialidad de la información de nuestros clientes es muy importante para Freeway Insurance Services America, LLC (Houston) (en conjunto “nosotros” o “nuestro”). Esta Notificación de Privacidad describe los tipos de información sobre usted que nosotros recolectamos, donde recolectamos dicha información, y cómo la utilizamos, divulgamos y protegemos. Nuestras prácticas son las mismas para todos nuestros solicitantes, clientes y antiguos clientes. Esta notificación de Privacidad aplica a personas que obtienen productos o servicios de seguros para fines personales, familiares o del hogar. Esta Notificación de Privacidad no aplica para los residentes de California.

### INFORMACIÓN QUE RECOLECTAMOS

Nosotros recolectamos información sobre usted para determinar su elegibilidad para seguros, emitir y brindar servicio a su póliza y brindarle otros productos y servicios. Nosotros recolectamos los siguientes tipos de información sobre usted directamente, de terceros y cuando usted interactúa con nosotros (como cuando usted visita nuestro sitio web, utiliza una aplicación móvil o correo electrónico (en conjunto, nuestros “Sistemas”)).

Información que recibimos de usted en solicitudes y demás formularios y comunicaciones para brindarle un presupuesto o seguro, brindar servicio para su póliza (como por ejemplo, nombre, dirección, ciudad, estado, código postal, dirección de correo electrónico, número de teléfono, fecha de nacimiento, información de su hogar, estado civil, información de su vehículo, número de licencia de conducir, número de seguro social, datos de su propiedad, información sobre su negocio, empleador, ocupación, educación, seguro anterior y datos de sus beneficiarios).

Información sobre sus transacciones con nosotros, con nuestras empresas afiliadas, y con otros terceros (como información sobre cobertura de seguro, información de reclamaciones, primas e historial de pago).

Información médica (como información acerca de su estado de salud, tratamiento y pagos para el cuidado de la salud).

Información financiera y de pagos (como sus ingresos, número de tarjeta de crédito, fecha de vencimiento y dirección de facturación)

Información que recibimos de agencias de informes de consumidores, organizaciones de apoyo para seguros, y demás terceros (como información sobre su historial de conducir, su historial de crédito, elegibilidad para crédito, historial de reclamaciones y datos de su vehículo)

Información que se recolecta automáticamente cuando usted utiliza nuestros Sistemas, como cuando usted visita nuestro sitio web.

### INFORMACIÓN QUE COMPARTIMOS

Nosotros utilizamos y compartimos su información de la manera que lo permite la ley.

Nosotros podremos divulgar información que recolectamos de usted (como su nombre, domicilio, ciudad, estado, código postal, dirección de correo electrónico, número de teléfono, fecha de nacimiento, datos de su hogar, estado civil, información de su vehículo, número de su licencia para conducir, número de seguro social, datos de su propiedad, empleador, ocupación, educación, seguro anterior, información acerca de sus beneficiarios, información sobre su negocio, información médica e información financiera).

Nosotros podremos divulgar información sobre sus transacciones con nosotros, con nuestros afiliados o con terceros (como información sobre cobertura de seguros, información de reclamaciones, primas e historial de pagos)

Nosotros podremos divulgar información que recibimos de agencias de informes del consumidor, organizaciones de apoyo para seguros y demás terceros (como información sobre su historial de conducir, elegibilidad de crédito, historial de crédito, historial de reclamaciones y datos de su vehículo)

Nosotros podremos divulgar información que se recolecta automáticamente cuando usted utiliza nuestros Sistemas.

Hasta donde lo permita la ley, nosotros también podremos utilizar, procesar, transferir y guardar datos sobre usted (anónimos, que no le puedan identificar) para efectos de analítica, investigación de mercado, pruebas, métricas, reportes y demás fines legales de negocios

### PERSONAS U ORGANIZACIONES CON LAS QUE PODREMOS COMPARTIR INFORMACIÓN

De la manera que lo permite la ley, nosotros podremos compartir información sobre usted con:

Nuestras empresas afiliadas para ofrecerle productos o servicios.

Empresas que requieren de dicha información para brindarnos servicios cotidianos normales de negocios como marketing, procesamiento de tarjetas de crédito y monitoreo de sitios web.

Empresas que nos ayudan a determinar su elegibilidad para seguro, emitir pólizas, brindar servicio a nuestra póliza o completar una

transacción que usted solicite.

Una institución financiera con la que tenemos un acuerdo conjunto de marketing.

Empresas no afiliadas para fines de marketing y otros, con su previo consentimiento.

Otros terceros de la manera que lo permite o lo requiere la ley, como reguladores, agencias policiales, o tribunales en respuesta a un requerimiento, proceso judicial o investigación, para prevenir o detectar fraude, para cumplir con los requisitos legales, o en relación con una venta o transferencia de nuestro negocio.

## COMO PUEDE USTED LIMITAR LA DIVULGACIÓN

Usted tiene el derecho de decirnos que no compartamos su información recolectada de reportes del consumidor que se utiliza para fines de determinar la elegibilidad para seguros con terceros afiliados para sus propios fines de marketing. En caso de que usted opte a no divulgar información, eso no nos prohíbe divulgar su información con terceros que realizan servicios de negocios para nosotros o que nos ayudan a brindar productos y servicios a usted o en cumplir con una solicitud que usted haya hecho, de la manera que se describe en esta Notificación de Privacidad o de la manera que lo permita la ley. Para optar a no divulgar información, favor de llamar sin costo al (877) 214 0149.

Usted tiene el derecho de decirnos que no compartamos su información recolectada con empresas no afiliadas para sus propósitos de marketing y de negocios. En caso de que usted se rehúse a dichas divulgaciones, eso no nos prohíbe divulgar su información con terceros que realizan servicios de negocios para nosotros o que nos ayudan a brindar productos y servicios a usted o en cumplir con una solicitud que usted haya hecho, de la manera que se describe en esta Notificación de Privacidad o de la manera que lo permita la ley. Para rehusarse a dicha divulgación, favor de llamar sin costo al (877) 214 0149

En caso de que dos o más personas obtengan una póliza de manera conjunta la decisión de optar a no divulgar información de una persona aplicará para todas aquellas personas.

Información que nosotros obtengamos de un informe preparado por una organización de apoyo de seguros puede ser retenida por dicha organización y compartida con otros.

## **LOS RESIDENTES DE CIERTOS ESTADOS PODRÍAN TENER DERECHOS ADICIONALES. FAVOR DE CONSULTAR A CONTINUACIÓN BAJO "DERECHOS ESPECÍFICOS PARA CIERTOS ESTADOS."**

### INFORMACIÓN MÉDICA

Nosotros no divulgaremos información médica sobre usted sin su consentimiento expreso por escrito o cuando así lo requiera la ley.

### DERECHOS ESPECÍFICOS PARA CIERTOS ESTADOS

**Montana.** Si usted es residente de Montana, nosotros no divulgaremos su información para empresas no afiliadas para sus fines de marketing a menos que la empresa tenga una licencia de seguros o usted autorice la divulgación. Para autorizar la divulgación, favor de llamarnos sin costo al (877) 214 1049. Aún si usted no autoriza la divulgación, nosotros podríamos compartir su información con terceros que realizan servicios de negocios para nosotros o que nos ayudan en proporcionar productos y servicios para usted o realizar una solicitud hecha por usted, de la manera que se describe en esta Notificación de Privacidad o de la manera que lo permita la ley.

**Nuevo México, Dakota del Norte y Vermont.** Si usted es residente de Nuevo México, Dakota del Norte o Vermont, nosotros no divulgaremos su información a empresas no afiliadas a menos que usted expresamente nos autorice hacerlo. Usted tiene el derecho de autorizar o no autorizar la divulgación. Usted puede autorizarnos a divulgar información llamándonos sin costo al (877) 214 1049. En caso de que una póliza sea emitida a asegurados conjuntos, entonces una solicitud de no divulgar información aplicará a todos los asegurados conjuntos. Aún si usted no autoriza la divulgación, nosotros podríamos compartir su información con terceros que realizan servicios de negocios para nosotros o que nos ayudan en proporcionar productos y servicios para usted o realizar una solicitud hecha por usted, de la manera que se describe en esta Notificación de Privacidad o de la manera que lo permita la ley.

Si usted es un residente de alguno de estos estados, usted tiene el derecho de revisar y solicitar una corrección de su información personal si fuera necesario. Para hacer una solicitud, envíenla por escrito a cualquiera de las siguientes direcciones:

Freeway Insurance Services  
ATTN: Customer Service Escalations Team  
4630 Border Village Rd., STE 2018  
San Ysidro, CA 92173

InsureOne Insurance Services  
ATTN: Customer Service Escalations Team  
4630 Border Village Rd., STE 2018

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**Addam Suarez**  
**7203 Plaza Del Sol Dr**  
**Houston TX 77083**

**Customer #11032172**  
Received By: **Rebecca Abigail Castillo**  
Print Date/Time : **1/20/2021 10:45 AM PST**

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San Ysidro, CA 92173.

La solicitud deberá incluir su nombre, dirección, número de póliza y su firma autorizada por un notario.

**CONFIDENCIALIDAD Y SEGURIDAD**

Nosotros mantenemos salvaguardas físicas, electrónicos y de procedimientos razonables para proteger su información. Únicamente aquellos empleados que requieren dicha información para brindarle productos o servicios a usted, o para realizar funciones de negocios para nosotros, tendrán acceso a dicha información.

**CAMBIOS A ESTA NOTIFICACIÓN DE PRIVACIDAD**

Nosotros reservamos el derecho de modificar esta notificación de privacidad en cualquier momento. En caso de que realicemos cambios significativos, nosotros le brindaremos una Notificación de Privacidad revisada. En caso de que modifiquemos esta Notificación de Privacidad de tal forma que el uso de su información sea diferente a lo que estaba indicado en la Notificación de Privacidad en el momento en que la información fue recolectada, nosotros le notificaremos y usted podría tener derechos adicionales de inclusión o de rechazo. Su información será utilizada de acuerdo con la Notificación de Privacidad en vigor al momento que sus datos fueron recolectados.

**CONTÁCTENOS**

Para cualquier duda acerca de esta Notificación de Privacidad o sobre nuestras prácticas de información, favor de llamarnos sin costo al (877) 214 0149.

Fecha: 1/20/2021

#### Divulgación sobre los miembros del hogar

Un conductor debe estar suscrito bajo su póliza de seguro de auto si él/ella:

1. Vive en el mismo hogar, cuenta con una licencia de conducir vigente y no cuenta con su propia póliza de seguro de auto.
2. Usa un vehículo de su póliza regularmente u ocasionalmente independientemente de si viven en el mismo hogar o no.

Yo, Addam Suarez, por medio del presente declaro que he nombrado a todos los conductores/operadores del(los) vehículo(s) motorizado(s) asegurado(s) bajo la Solicitud de la Aseguradora, **y todos los residentes de mi hogar (mayores de 14 años independientemente de si conducen el vehículo) en la Solicitud de la Aseguradora o el Documento de Exclusión de Conductor Nombrado.**

**Yo acepto que informaré a mi compañía de seguro de cualquier nuevo conductor y/o residente de mi hogar (incluyendo aquellos que desde entonces hayan cumplido los 14 años de edad) en caso de que se presentara cualquier cambio durante el periodo de la póliza.**

#### Divulgación para verificación de domicilio

La ubicación del garaje es comunmente llamada como el lugar donde el coche "duerme" en la noche. En caso de que el vehículo se quede en más de un lugar en el transcurso del año, la ubicación del garaje puede determinarse en base a cuánto tiempo el vehículo permanece en cada lugar. Donde sea que el vehículo se quede la mayor parte del año deberá considerarse como la ubicación del garaje.

Yo certifico que la dirección postal y la dirección de garaje que se indican en esta solicitud son correctas.

**Además, acepto que informaré a la Empresa de cualquier cambio de: (1) Domicilio de residencia, (2) Ubicación de garaje de los vehículos asegurados.**

**NOTA: EN CASO DE NO DIVULGAR CORRECTAMENTE Y ACTUALIZAR LA UBICACIÓN DE GARAJE, LOS CONDUCTORES Y LOS MIEMBROS DE HOGAR PODRÍA RESULTAR EN LA CANCELACIÓN DE SU PÓLICA Y EN EL RECHAZO DE CUALQUIER RECLAMACIÓN.**

Firma del Solicitante:



Nombre impreso del Solicitante: Addam Suarez



Addam Suarez  
7203 Plaza Del Sol Dr  
Houston TX 77083

Customer #11032172  
Received By: Rebecca Abigail Castillo  
Print Date/Time : 1/20/2021 10:45 AM PST

#### Additional Products TX

Initials \_\_\_\_\_

##### Roadside Assistance

The Roadside assistance program provides member with 24/7 basic towing (reimbursement up to \$75) and roadside coverage. This coverage includes services such as lost key and lockout, map routing and travel discounts.

Initials \_\_\_\_\_

##### Hospital Indemnity

Hospital Indemnity coverage offers protection to the member or their family (when a family plan is purchased) should they become hospitalized due to an accident while riding or driving in any 4-wheel private passenger vehicle. It includes AD&D benefit for \$5,000.

Initials \_\_\_\_\_

##### Windshield Repair

Front windshield repair of minor chips and cracks (up to 6") caused by propelled rocks or road hazard debris. This National service will repair windshields at no cost if in network and if outside of network reimburse up to \$25.

Initials \_\_\_\_\_

##### Telemedicine

A US doctor will diagnose you over the phone for common conditions and if needed provide a prescription. Service is available to use 24 hours/7 days a week. A \$25 co-pay applies for each call.



Customer Signature

1/20/2021

Date

**QC Requirements Checklist**

Please initial below confirming that section has been reviewed and enter the amounts and/ or information required.

**Initials Confirming Verified**

Producer                      Manager


--	--	--



1. Application properly bound with correct driver(s)?
2. Is effective date on Application correct?
3. Policy written with future effective date? Are proper procedures being followed?
4. Agency Fee Agreement – Privacy Notice – Customer Receipt - Named Driver

Disclosure (if required)?

5. Customer Profile "Mailing Address & garaging" addresses match application (including apt #) and is signed by named insured?

6. Are household residents excluded or added (app matches Customer Profile)?
7. Does the uploaded fiduciary/submit match the carrier application and AppOne?
8. Submit amount on Agent Report matches amount uploaded to the carrier?
9. Are Customer Details from carrier application matching AppOne?
10. EFT Agreement completed/signed for auto bill pay? Receipt signed by client and

producer?

11. Carrier Application pages signed and underwriting questions answered correctly?
12. Coverage & vehicle(s) match carrier Application and AppOne Coverage?
13. Is vehicle Truck, Van, SUV, salvaged, or has Comp/Coll?
14. Are Photos required? All Digital Photos uploaded on the AppOne?
15. Inspection filled out completely & signed? (Damage/Special Equip?)
16. Copy of the driver's license for Named Insured?
17. Do clients have n/fault accidents and did you provide for proof?
18. Loss Payee Included (vehicle with Comp/Collision)?
19. Is proof of marriage required? Is it included if spouse excluded?
20. Are Customer Signatures Complete and Consistent?

**The above listed policy has been reviewed by:**

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producers Signature: Rebecca Abigail Castillo Date: \_\_\_\_\_

# No Vehicle Inspection Form

LOCATION HIPS

Insured's Name:

Addam Suarez

Date:

11/20/21

Time:

11:44:03-00

Insurance Company:

Bluefire

Policy No:

AAM01744203-00

In obtaining insurance coverage, the following vehicle(s) were unavailable for inspection

## Vehicle #1:

Year:

2015

Make:

Chevy

Model:

Malibu

Reason  
Vehicle#1 not  
inspected:

Vehicle NH  
present

Existing damage  
on Vehicle#1,  
please describe:

NO Damage

## Vehicle #2:

Year:

Make:

Model:

Reason  
Vehicle#2 not  
inspected:

Existing damage  
on Vehicle#2,  
please describe:

## Vehicle #3:

Year:

Make:

Model:

Reason  
Vehicle#3 not  
inspected:

Existing damage  
on Vehicle#3,  
please describe:

## Vehicle #4:

Year:

Make:

Model:

Reason  
Vehicle#4 not  
inspected:

Existing damage  
on Vehicle#4,  
please describe:

### Pre-existing damage:

I am aware that above listed vehicle(s) was not available for inspection; therefore, my agent/agency is not aware of the condition of the vehicle(s). I am aware that if any vehicle has any pre-existing damage this will not be covered under the insurance policy I am applying for, even if existing damage is disclosed.

### Additional or Custom Equipment:

Also, there is no coverage for any additional equipment or custom equipment added to the vehicle(s) under the insurance I am applying for unless specifically stated for on the application and proper premium charged. All the equipment must be inventoried and photographed when coverage is applied for. Since vehicle(s) was not available for inspection my agent / agency cannot view the vehicle to determine if any additional coverage is needed.

Due to the vehicle(s) not being inspected, I will not hold my agent / agency liable for any existing damage or equipment not covered in the event of a claim. I will contact my agent if I choose to add coverage. The vehicle(s) and equipment will have to be inspected at the time coverage is requested.



Insured's Signature:

SP

Date:

11/20/21



Agent's Signature:

Rebecca Abigail Castillo

Date:

11/20/21



[CLICK HERE TO PRINT](#)

AAM01744203-00

Addam Suarez  
7203 Plaza Del Sol Dr  
HOUSTON, TX 77083

## Insurance Policy Cover Page

All supporting documents are required to be attached to the policy for underwriting review.  
Scan and attach directly to the policy or Fax the following forms (866) 424-9510.

- Proof of Prior
- Proof of Homeowners
- Proof of Identification
- Vehicle Inspection Form
- EFT Authorization Form
- Photos (REQUIRED FOR COMP/COLL & UMPD)

### Attaching Documents & Photos

- Look up Policy
- Select Notes/Suspense
- Photos Click "Add" from the App Attachments line
- Documents Click "Add" from the Attachments line
- Browse and attach your document

### Insured Web

**Mypolicyservices.com**

Customers have access 24/7 to their insurance policy information

- Declaration Page & ID Card
- Make Payments
- Report Claims
- Live Chat
- Go Paperless
- Document Upload

### Celestite Policy Scan

Mobile App, Available for both Iphone & Android. Agents, attach photos in 1 Simple Step. We have simplified the new policy submission or new vehicle endorsement process by allowing Insurance Agents to capture required photos and upload them directly onto the specific policy.

### Text & Email Alerts

Did you remember to add your customer's cell phone number for text alerts or email address to receive email notifications? Once added, your customer will receive a welcome text and email for new customers. We will also send payment and renewal reminders the day prior to their due date, cancel or expiration date.

### Celestite Insurance Mobile

Mobile App, Available for both Iphone & Android. Celestite insured customers can view their ID cards, make payments and get in touch with the claims call center. Once registered, they will be able to view their ID cards even if they don't have service.



PO BOX 143249 IRVING, TX 75014-3249 (866) 424-9516 FAX (866) 424-9510

AUTOMOBILE APPLICATION	
<b>Producer Name</b>	FREEWAY INSURANCE SERVICES AMERICA, LLC - GARTH
<b>Address</b>	7711 CENTER AVE SUITE 200
<b>City, State, Zip</b>	HUNTINGTON BEACH, CA 92647
<b>Phone Number</b>	(832) 786-4523
<b>Producer Code</b>	TX15183

POLICY INFORMATION			
<b>Effective Date</b>	01/20/21	<b>Time</b>	01:04 PM
<b>Expiration Date</b>	02/20/21		
<b>Policy Term</b>	1		
<b>Policy Number</b>	AAM01744203-00		

PRIOR INSURANCE INFORMATION	
<b>Company</b>	
<b>Expiration Date</b>	
<b>Policy Number</b>	

APPLICANT INFORMATION	
<b>Named Insured</b>	Addam Suarez
<b>Mailing Address</b>	7203 Plaza Del Sol Dr
<b>City, State, Zip</b>	HOUSTON, TX 77083
<b>Home Phone</b>	(830) 971-5579
<b>Email</b>	suarezaddam@gmail.com

GARAGING INFORMATION	
<b>Address</b>	7203 Plaza Del Sol Dr
<b>City, State, Zip</b>	HOUSTON, TX 77083
<b>County</b>	FORT BEND
<b>Where Parked</b>	

DRIVER(S)											
Applicant warrants that there are no other drivers in the household, other than those drivers listed below and failure to list all household members is a material misrepresentation of the policy contract											
Name	DOB	Sex	Marital Status	Relation	License #	ST	Points	% Use	SR 22	Case #	Tier / Major Tier
ADDAM Suarez	05/27/92	F	M	INSURED	46137328	TX	0		N		6/2
VERONICA Garcia	06/20/84	F	M	SPOUSE	G62274847200	FL	0		N		6/2

EMPLOYMENT			
Name	Employer	Phone	Occupation
ADDAM Suarez			Homemaker(full-time)
VERONICA Garcia			Homemaker(full-time)

DRIVING HISTORY					
Driver	Date	Description	Driver	Date	Description
No Violations Added.					

VEHICLE(S)									
Year	Make/Model/Style	VIN	BI/PD/UMBI/UMPD PIP/MP/COMP/COLL	Territory	High Performance	4WD	Usage	ACV	Class
2015	CHEVROLET / MALIBU LS / 4-DR SEDAN	1G11A5SL1FF149411	42/31/42/31/50/50/20/18	FORT BEND77083			Basic		
2008	HONDA / ODYSSEY EX / STA WAGON	5FNRL387X8B015040	24/14/24/14/34/34/17/17	FORT BEND77083			Basic		

LIENHOLDER(S)					
Vehicle	Name	Street	City	State	Zip

COVERAGES	LIMITS OF LIABILITY	Veh 1	Veh 2			DISCOUNTS	PAYMENT PLAN
A. Bodily Injury Liability	\$30,000 per person/ \$60,000 per accident	\$ 35.00	\$ 32.00				Paid in Full
Property Damage Liability	\$25,000 per accident	\$ 23.00	\$ 22.00				
Comprehensive	V1 - \$ 1,000 Ded	\$ 25.00					
Collision	V1 - \$ 1,000 Ded	\$ 74.00					
Vehicle Totals		\$ 157.00	\$ 54.00			Total Premiums	\$ 211.00
						Policy Fee	\$ 13.00
						Motor Vehicle Crime	\$ 0.66
						Prevention Authority Fee	
						Total Fees	\$ 13.66
						<b>Total Policy Premiums</b>	<b>\$ 224.66</b>

1.) Is any driver physically impaired? (If "Yes" explain) ☐ ☒

3.) Is there any driver newly licensed less than 1 year? (If "Yes" explain) ☐ ☒

5.) Is any vehicle not titled to the applicant's name? (If "Yes" explain) ☐ ☒

7.) Are all vehicles principally garaged at the address listed? ☒ ☐

9.) Is any vehicle used for business or any type of delivery? (If "Yes" explain) ☐ ☒

2.) Are any members of the household 14 years or older not listed as operators? Members not listed must be excluded. (If "Yes" explain) ☐ ☒

4.) Has any driver's license been suspended or revoked? (If "Yes" explain) ☐ ☒

6.) Does any vehicle have existing damage? Existing damage will not be covered. (If "Yes" explain) ☐ ☒

8.) Do we insure all vehicles in the household? ☒ ☐

10.) Does any vehicle have sound receiving equipment costing over \$500? (If "Yes" explain) ☐ ☒

**REMARKS**

REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE	REJECTION OF PERSONAL INJURY PROTECTION
<p>As required by Section 1952.101 through 1952.110 of the Texas Insurance Code I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured Motorists Coverage as follows:</p> <p>1 ( X ) I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety</p> <p style="text-align: center;"><b>OR</b></p> <p>2 ( ) I hereby reject Uninsured/Underinsured Motorists Coverage as respects Property Damage Liability coverage.</p> <p>The rejection indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.</p> <p><b>Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p>	<p>The undersigned hereby rejects Personal Injury Protection in accordance with the right of rejection provided in Section 1952.152 through 1952.161 of the Texas Insurance Code. It is also understood in accordance with said article that unless the undersigned requests such coverage in writing, such coverage need not be provided in or supplemental to a renewal policy.</p> <p><b>Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p>
STATEMENT OF NO COMMERCIAL USE	
<p>I hereby certify that the vehicle(s) insured by the policy applies for are not used for any commercial or business purposes. I will not use my vehicle in the course of my employment or while I am self employed. This statement is made for the purpose of indicating the insurance company to issue the coverage for which I have applies and will form part of the application.</p> <p><b>Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p>	
<p>I hereby make application for insurance to the Old American County Mutual Fire Insurance Company. I hereby appoint the President and Secretary of the Company, or their successors in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meeting, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the same manner and with the same effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked in writing and shall be irrevocable for the full period permitted by law. I agree to be governed by the provisions of Article 912, Texas Insurance Code.</p> <p><b>MUST BE SIGNED Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p>	
<p>I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein. <b>I agree if such information is false, or misleading or would materially affect acceptance of the risk by Company, or if my check is returned to the Company for insufficient funds, or if my premium remittance is not honored by the bank, that such policy will be null and void and no coverage shall be afforded.</b> I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, of one is made, will be provided. I hereby authorize the Company to obtain from the State a copy of Motor Vehicle Reports for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I certify that I am authorized to permit the company to obtain Motor Vehicle Reports on all drivers listed herein. Should a Motor Vehicle Report disagree with the information furnished on this application, or if other rating discrepancies be determined, I hereby consent to pay any resultant additional premium.</p> <p><b>MUST BE SIGNED Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p>	
<p>I declare and warrant that no other persons living in the applicant's household operate the automobile(s) described in this application other than those under the drivers section. I understand that this policy will be considered null and void if I breach those warranties contained in this application and I will not be covered if this application contains any false statements, omissions, or misrepresentations that would have otherwise altered this company's valuation of the application. I also acknowledge that this application and any signed endorsements included herein attach to and from part of the policy, and any subsequent policy regardless of policy number and effective date.</p>	
<div style="display: flex; justify-content: space-between;"> <div> <p><b>MUST BE SIGNED</b></p> <p><b>Applicant's Signature</b> X <u>ADDAM SUAREZ</u></p> </div> <div style="text-align: right;"> <p><b>Date:</b> <b>January 20, 2021</b></p> <p><b>Time:</b> <b>12:54 PM</b></p> </div> </div>	
<p>The undersigned hereby warrants and certifies that to the best of his knowledge all information contained herein is correct; the statements herein are those of the applicant who has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant.</p> <p><b>MUST BE SIGNED Signature of Producing Agent</b> X <u>REBECCA CASTILLO</u></p>	



Old American COUNTY MUTUAL INS  
AUTOMOBILE INSPECTION REPORT

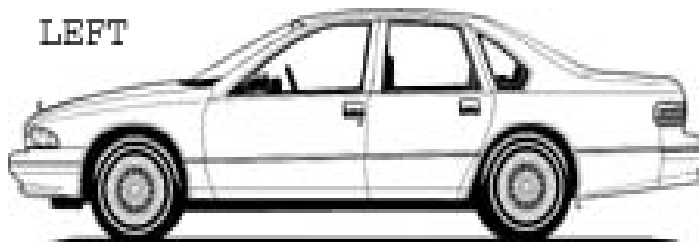
## PHOTOS REQUIRED FOR PHYSICAL DAMAGE

Date	01/20/2021
Policy Number	AAM01744203-00
Insured	Addam Suarez
License Plate	

Year	2015
Make / Model	CHEVROLET MALIBU LS
VIN Number	1G11A5SL1FF149411
Mileage	

In addition to photos, visually inspect the vehicle and indicate on the illustration the areas where any damage exists, such as dents, scratches, and rust. Give particular attention to bumpers, windshields, and condition of paint. Provide a written description of any damage in the space provided below.

### DOCUMENT EXISTING DAMAGE BELOW



Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Signing below you certify that there is no other damage than noted above.

Rebecca Abigail Castillo

Agent Signature

                      
Date

SP

Insured Signature

                      
Date





A managing general agency for  
Old American COUNTY MUTUAL INS  
PO BOX 14  
IRVING, TX

[CLICK HERE TO PRINT](#)

Policy Number  
AAM01744203-00

THIS DECLARATION IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF THE POLICY AND  
SHALL CONTINUE IN FORCE FOR THE PERIOD SHOWN, PROVIDED THE REQUIRED PREMIUM IS PAID.  
COVERAGE PROVIDED IN THE  
TEXAS PERSONAL AUTO POLICY DECLARATIONS

EFFECTIVE:

EXPIRATION:

**POLICY PERIOD**

01 20 2021 01:04 PM CST  
02 20 2021 12:01AM CST

NAMED INSURED(S)	PRODUCER
Addam Suarez 7203 Plaza Del Sol Dr HOUSTON, TX 77083	FREEWAY INSURANCE SERVICES AMERICA, 7711 CENTER AVE SUITE 200 HUNTINGTON BEACH, CA 92647 (832) 786-4523

VEHICLES													
Veh #	State	Class	Terr	Total Pts	Veh S/C	AF S/C	Business Use	BI/PD/UMBI/UMPD PIP/MP/COMP/COLL	Age	Model YR	Make Model/ Body Type	Vehicle Identification Number	1 Way Miles
1	TX		1102		0	0	NO	42/31/42/31/50/50/20/18	6	2015	CHEVROLET MALIBU LS	1G11A5SL1FF149411	0
2	TX		1102		0	0	NO	24/14/24/14/34/34/17/17	13	2008	HONDA ODYSSEY EX	5FNRL387X8B015040	0

LOSS PAYEE/ADDITIONAL INTEREST			
Veh #	Type	Lienholder	Loan Number

DRIVERS										
Drv #	Name	DOB	Marital Status	Sex	Driver's Lic #	Lic State	Points	Surcharge	Status	Tier
1	ADDAM Suarez	05/27/1992	M	F	46137328	TX	0	0	Rated	6/2
2	VERONICA Garcia	06/20/1984	M	F	G62274847200	FL	0	0	Rated	6/2

CURRENT COVERAGES					
Coverages	Limits Of Liability	Veh 1	Veh 2		
Bodily Injury Liability	\$30,000 per person/ \$60,000 per accident	\$ 35.00	\$ 32.00		
Property Damage Liability	\$25,000 per accident	\$ 23.00	\$ 22.00		
Comprehensive	V1 - \$ 1,000 Ded	\$ 25.00			
Collision	V1 - \$ 1,000 Ded	\$ 74.00			
	Vehicle Totals	\$ 157.00	\$ 54.00		

FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY:	Total Premiums	\$ 211.00
OACM.TempVeh.022	Policy Fee	\$ 13.00
	Motor Vehicle Crime Prevention Authority Fee	\$ 0.66
	Total Fees	\$ 13.66
	<b>Total Policy Premiums</b>	<b>\$ 224.66</b>

We agree to make available to you an installment payment plan as described in Rule 14 of the Texas Automobile Rules and Rating Manual, except when an installment payment plan is prohibited by other rule or by statute.

Notice: Your payment includes a \$4.00 fee per vehicle per year. 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. By law, we send this fee to the Motor Vehicle Crime Prevention Authority (MVCPA).

TX (9/19)

Printed: 01/20/2021

**INSURANCE COMPANY - Compañía de Seguro**

Old American COUNTY MUTUAL INS

**Policy Number - Número de Póliza**

AAM01744203-00

**NAMED INSURED**Addam Suarez  
7203 Plaza Del Sol Dr  
HOUSTON, TX 77083**DRIVERS**ADDAM Suarez  
VERONICA Garcia**EXCLUDED**

None

**Effective Date - Fecha Efectiva**

1/20/2021

**VEHICLE (Year / Make / Model)**2015 CHEVROLET MALIBU  
LS  
2008 HONDA ODYSSEY EX**TO REPORT A CLAIM**

866.424.9514

866-424-9515

**Expiration Date - Fecha de Expiración**

2/20/2021

**AGENT / PRODUCER**FREEWAY INSURANCE  
SERVICES AMERICA,  
LLC - GARTH  
(832) 786-4523**IDENTIFICATION NO.**1G11A5SL1FF149411  
5FNRL387X8B015040

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 INSUREDS AND MAY PROVIDE COVERAGE FOR OTHER PERSONS AND OTHER VEHICLES AS PROVIDED BY THE INSURANCE POLICY.

### Texas Liability Insurance Card

Keep this card.

**IMPORTANT:** You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
- (B) Driver's license
- (C) Motor vehicle safety inspection sticker.

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

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 up to 180 days (at a cost of \$15 per day).

### (Tarjeta de Seguro de Responsabilidad de Texas)

(Guarde esta tarjeta.)

**IMPORTANTE:** Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su:

- (Registro de vehículo motorizado)
- (Licencia de conducir)
- (Etiqueta de inspección de seguridad para su vehículo.)

(También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía.)

Todos los conductores en Texas deben tener seguro o un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).

# TEXAS LIABILITY INSURANCE CARD

## INSURANCE COMPANY - Compañía de Seguro

Old American COUNTY MUTUAL INS

## Policy Number - Número de Póliza

AAM01744203-00

## NAMED INSURED

Addam Suarez  
7203 Plaza Del Sol Dr  
HOUSTON, TX 77083

## DRIVERS

ADDAM Suarez  
VERONICA Garcia

## EXCLUDED

None

## Effective Date - Fecha Efectiva

1/20/2021

## VEHICLE (Year / Make / Model)

2015 CHEVROLET MALIBU  
LS  
2008 HONDA ODYSSEY EX

## TO REPORT A CLAIM 866.424.9514

866-424-9515

## Expiration Date - Fecha de Expiración

2/20/2021

## AGENT / PRODUCER

FREEWAY INSURANCE  
SERVICES AMERICA,  
LLC - GARTH  
(832) 786-4523

## IDENTIFICATION NO.

1G11A5SL1FF149411  
5FNRL387X8B015040

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.

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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 up to 180 days (at a cost of \$15 per day).

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- (Etiqueta de inspección de seguridad para su vehículo.)

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[CLICK HERE TO PRINT](#)

## **Notification of Privacy Policy and Practices** **At Old American, We Take Your Privacy Seriously**

As a valued customer, you are very important to us. In order to insure you and your family, we need to have certain information about you, but please be assured that: we are committed to protecting your privacy. We keep your information secure and confidential, and safeguard it in many ways. This notice explains the kinds of information we keep, how we protect it, and who may see it.

**WHAT KIND OF INFORMATION WE HAVE AND WHERE WE GET IT:** You provide us with most of the information we need as part of the insurance application process. We may also request reports from various consumer reporting agencies in connection with your application for insurance and/or any renewal of such insurance. The kind of information we may gather depends upon the type of policy, but may include automobile motor vehicle reports, claim reports, credit reports and inspections. We may also receive and verify other information from government agencies or independent reporting companies to help us correctly rate and properly underwrite your insurance risk. Once you're insured with us, your file may also contain information connected with any claims you've had. The claim representative may comment, for example, on the condition of your insured property or let us know if there have been any changes in the way it's used. We may also keep a police report if there was one in connection with an accident.

We also may require some medical information about an insured if, for example, we need to know whether a physical impairment will affect a person's ability to drive safely. However, we do not share medical information we collect about you internally or externally for any purpose except the following:

- underwriting insurance;
- administering your policy, account, or claim;
- as required or permitted by law; or
- as otherwise authorized by you

**WHO HAS ACCESS TO THIS INFORMATION:** Information collected about you which we keep, will be contained in our policy and claim records. We restrict access to your personal information only to employees who need it to issue and service your insurance coverage and to settle claims. Except as described below, we will not disclose information about you without your authorization.

We may, without your prior permission and only if permitted by law, provide information about you contained in our records and files to certain persons or organizations such as:

- your independent agent or broker;
- our affiliated insurance companies or our reinsurers;
- an independent claim adjuster or investigator;
- persons or organizations that conduct scientific research, including actuarial or underwriting studies; or
- an insurance support organization or another insurer, to prevent or prosecute fraud or to properly underwrite the risk.

Also, on rare occasions, we may be required to share this information:

- with a State Insurance Department or other governmental agency if required by federal, state or local laws;
- if ordered by a summons, court order, search warrant or subpoena; or
- to protect our own legal interests, or in case of suspected fraud or other illegal activities.

We may share the information we collect, as described above, with companies that perform marketing services on our behalf and with whom we have joint marketing or servicing agreements. We assure you, however, that we will not sell your information to anyone. We do not reveal information about our customers or former customers to anyone except as permitted by law.

This privacy statement describes our privacy practices for both current and former customers. We will provide one copy of this notice to joint or contract holders. Please share this information with everyone covered by your policy or contract. Upon your request, we will send additional copies of this statement.

**Old American County Mutual Insurance Company**  
**Dallas, Texas**

AMERICAN AGENCIES  
(Receipt)

[CLICK HERE TO PRINT](#)

**Agent**

FREEWAY INSURANCE SERVICES AMERICA, LLC TX15183-75-00  
7711 CENTER AVE SUITE 200  
HUNTINGTON BEACH, CA, 92647  
(832) 786-4523

**Receipt #:** 13110358

**Receipt Date/Time:** Wednesday January 20 2021 01:03 PM

**Producer/CSR:** FREEWAY INSURANCE SERVICES AMERICA,

**Insured**

Addam Suarez  
7203 Plaza Del Sol Dr  
HOUSTON, TX, 77083

**Company**

AMERICAN AGENCIES  
PO BOX 143249  
IRVING, TX, 75014-3249  
(866) 424-9516

**Customer Payment**

**Total \$225.66**

Date / Time	Payment Type	Transaction Type	CSR	Amount
01/20/2021 01:04 PM	Paid to Agent	Payment	FREEWAY INSURANCE SERVICES AMERICA, LLC - GARTH	225.66

**Payment Amount Due To Company**

**Total \$224.66**

Date / Time	Payment Type	Transaction Type	CSR	Amount
01/20/2021 01:03 PM	Paid to Agent	Policy Payment	FREEWAY INSURANCE SERVICES AMERICA, LLC - GARTH	224.66

**Continued Mobility Membership Club (CMMC)**

**Total \$1.00**

**Insurance Company:** AMERICAN AGENCIES

**Policy #:** AAM01744203-00

**Phone #:** (866) 424-9516

**Effective Date:** 01/20/2021

**Expiration Date:** 02/20/2021

## CONSUMER BILL OF RIGHTS

### Personal Automobile

[CLICK HERE TO PRINT](#)

AVISO: Este documento es un resumen de sus derechos como asegurado. Usted tiene el derecho a llamar a su compañía y pedir una copia de estos derechos en español.

#### What is the Bill of Rights?

This Bill of Rights is a summary of your rights and does not become a part of your policy. The Texas Department of Insurance (TDI) adopted the Bill of Rights and requires insurance companies to provide you a copy when they issue your policy.

Texas law gives us certain rights regarding your personal automobile insurance. This Bill of Rights identifies your rights specified by rule or by state statute, but it does not include all of your rights. Also, some exceptions to the rights are not listed here. Legislative or regulatory changes to statutes or rules may affect your rights as an insured. If your agent, company, or adjuster tells you that one of these rights does not apply to you, contact TDI's Consumer Protection Program at 1-800-252-3439 (512-463-6515 in Austin), by mail at Mail Code 111-1A, P.O. Box 149091, Austin, TX 78714-9091, or by email at [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us). For a list of the specific law(s) and/or rule(s) summarized in each item of this Bill of Rights, or if you have questions or comments, contact the Office of Public Insurance Counsel (OPIC) at 1-877-611-6742, by mail at 333 Guadalupe, Suite 3-120, Austin, TX 78701, or visit the OPIC website at [www.opic.state.tx.us](http://www.opic.state.tx.us).

This Bill of Rights does not address your responsibilities. Your responsibilities concerning your insurance can be found in your policy. Failure to meet your obligations may affect your rights.

#### Getting information from the Department of Insurance and your insurance company

**1. INFORMATION FROM TDI.** You have the right to call TDI free of charge at 1-800-252-3439 or 512-463-6515 in Austin to learn more about:

- your rights as an insurance consumer;
- the license status of an insurance company or agent;
- the financial condition of an insurance company;
- the complaint ratio and type of consumer complaints filed against an insurance company;
- use of credit information by insurance companies, including which insurance companies use it and access to each company's credit scoring model;
- an insurance company's rates filed with the state;
- an insurance company's underwriting guidelines (subject to exemptions in the Public Information Act, also known as the Open Records Act); and

- other consumer concerns.

You can also find some of this information on the TDI website at [www.tdi.texas.gov](http://www.tdi.texas.gov).

At [www.helpinsure.com](http://www.helpinsure.com), Texans can find more detailed information on their current and prospective insurers. TDI, in conjunction with OPIC, maintains this website to help Texans shop for residential property insurance and personal automobile insurance. For companies writing in Texas that are in the top 25 company groups nationally, the site also includes:

- a list of insurers by county and/or ZIP code;
- detailed contact information for each insurer;
- sample rates and a brief history of increases and/or decreases offered by each insurer; and
- policy form comparisons;
- a list of policy forms, exclusions, endorsements, and discounts offered by each insurer; and
- non-confidential disciplinary actions against each insurer.

**2. INFORMATION FROM YOUR INSURANCE COMPANY.** You have the right to a toll-free number to call your insurance company free of charge with questions or complaints. You can find this number on a notice accompanying your policy. This requirement does not apply to small insurance companies.

### **What you should know before you buy insurance**

**3. PROHIBITED STATEMENTS.** Your insurance company or agent is prohibited from making false, misleading, or deceptive statements to you relating to insurance.

**4. EXCESS LIMITS.** An insurer or agent cannot require you to purchase liability limits greater than the minimum limits required by law or require you to purchase other types of coverage as a condition of offering or renewing insurance. The current minimum limits are 30/60/25, which references the maximum amount the policy will pay for each accident: \$30,000 per person for a bodily injury claim /\$60,000 for all bodily injury claims combined /\$25,000 for property damage claims per accident.

NOTE: Texas law requires that automobile insurance policies include personal injury protection (PIP) and uninsured motorist protection (UM/UIM) unless you reject these coverages in writing. Also, as a condition of your automobile loan, your lender may require you to purchase other types of coverages, such as collision or comprehensive coverage, to pay for any damage to your vehicle.

**5. CREDIT INFORMATION.** An insurance company cannot deny you insurance solely on the basis of credit information. Insurers who use credit information must also consider other underwriting factors independent of credit information when deciding whether to offer coverage. (For additional information see section of this Bill of Rights titled *What you should know about insurance companies' use of credit information.*)

**6. SAFETY NET.** You have the right to buy minimum liability, personal injury protection, and uninsured motorist insurance through the Texas Automobile Insurance Plan Association, also known as TAIPA, if you have been denied coverage by two insurance companies.

**7. PAYMENT PLANS.** You may have the right to pay your automobile insurance premium in installments. Insurance companies will charge a fee for each installment.

**8. ELECTRONIC PAYMENTS.** If you authorize your insurer to withdraw your premium payments directly from your financial institution, your insurer cannot increase the amount withdrawn unless:

- the insurer notifies you by U.S. mail of the increase in premium at least 30 days prior to its effective date; and
- you do not notify the insurer that you object to the increase in the amount to be withdrawn at least five days prior to the increase.

The notice provided by the insurer must include a toll-free number, a mailing address and an email address (if applicable), through which you can contact the insurer to object to the increase.

NOTE: This does not apply to premium increases specifically scheduled in the original policy, to increases based on policy changes you request, or to an increase that is less than \$10 or 10 percent of the previous month's payment.

**9. NOTICE OF REDUCED COVERGE.** If an insurer uses an endorsement to reduce the amount of coverage provided by your policy, the insurer must give you a written explanation of the change made by the endorsement. The insurer must provide the explanation not later than the 30th day before the effective date of the new or renewal policy. An insurance company cannot reduce coverage during the policy period unless you request the change. If you request the change, the company is not required to provide notice.

**10. EXPLANATION OF DENIAL.** Upon request, you have the right to be told in writing why you have been denied coverage. The written statement must fully explain the decision, including the precise incidents, circumstances, or risk factors that disqualified you. It must also state the sources of information used.

NOTE: The obligation to provide a written explanation applies to insurance companies directly. An independent agent does not have a specific duty to quote the lowest possible rate to a consumer or to provide a written statement explaining why the agent did not offer the consumer the lowest possible rate.

**11. RATE DIFFERENTIAL WITHIN A COUNTY.** If an insurance company subdivides a county for the purpose of charging different rates for each subdivision, the difference between the lowest and the highest rate cannot exceed 15 percent unless actuarially justified.



**12. RIGHT TO PRIVACY.** You have the right to prevent an insurance company, agent, adjuster, or financial institution from disclosing your personal financial information to companies that are not affiliated with the insurance company or financial institution. Some examples are income, social security number, credit history, and premium payment history.

If you apply for a policy, the insurance company or financial institution must notify you if it intends to share financial information about you and give you at least 30 days to refuse. This refusal is called "opting out." If you buy a policy, the insurance company or financial institution must tell you what information it collects about you and whether it intends to share any of the information, and give you at least 30 days to opt out. Agents and adjusters who intend to share your information with anyone other than the insurance company or financial institution must give you similar notices.

You can opt out at any time. Your decision to opt out remains in effect unless you revoke it.

The protections do not apply to information:

- publicly available elsewhere;
- insurance companies or financial institutions are required by law to disclose; or
- insurance companies or financial institutions must share in order to conduct ordinary business activities.

### **What you should know about cancellation and nonrenewal**

**Cancellation** means that **before the end** of the policy period the insurance company:

- terminates the policy;
- reduces or restricts coverage under the policy; or
- refuses to provide additional coverage to which you are entitled under the policy.

**Refusal to renew** and **nonrenewal** mean the policy terminates **at the end** of the policy period.

The **policy period** is shown on the declarations page at the front of your policy.

**13. LIMITATION ON CANCELLATION.** After your initial policy with your company has been in effect for 60 days, that insurance company cannot cancel your policy unless:

- you don't pay your premium when due;
- you file a fraudulent claim;
- your driver's license or car registration is revoked or suspended;
- the driver's license of any household resident or person who customarily drives a covered auto is suspended or revoked. If you agree to exclude coverage for that person, the insurance company cannot cancel your policy for this reason; or
- TDI determines continuation of the policy would result in violation of insurance laws.

**14. NOTICE OF CANCELLATION.** To cancel your policy, your insurance company must mail notice at least 10 days prior to the effective date of the cancellation. Your policy may provide for even greater notice.

**15. POLICYHOLDER'S RIGHT TO CANCEL.** You have the right to cancel your policy at any time and receive a refund of the remaining premium. The refund will be paid to you unless your premium was financed through a premium finance company. In that case, the refund will be paid to the premium finance company to reduce the amount you owe on your loan.

**16. CHANGE IN MARITAL STATUS.** If your marital status changes, you have the right to continue your insurance coverage. You have a right to a new policy in your name that has coverages which most nearly approximate the coverages of your prior policy, including the same expiration date. The insurance company cannot date the new policy so that a gap in coverage occurs.

**17. NOT-AT-FAULT CLAIMS.** Your insurance company cannot refuse to renew your policy solely because of any of the following types of claims:

- claims involving damage from a weather-related incident that does not involve a collision, like damage from hail, wind, or flood;
- accidents or claims involving damage by contact with animals or fowls;
- accidents or claims involving damage caused by flying gravel or flying objects; however, if you have three of these claims in a three-year period, the insurance company may raise your deductible on your next renewal date;
- towing and labor claims; however, once you have made four of these claims in a three-year period, the company may eliminate this coverage from your policy on your next renewal date; and
- any other accident or claims that was not your fault unless you have two or more of these claims or accidents in a one-year period.

**18. USE OF AGE TO NONRENEW.** Your insurance company cannot refuse to renew your policy based solely on the age of any person covered by the policy. This includes placing you in a higher priced company or requiring a named driver exclusion for a teenager who reaches driving age.

**19. USE OF CREDIT INFORMATION TO NONRENEW.** An insurance company cannot refuse to renew your policy solely on the basis of credit information. Insurers who use credit information must also consider other underwriting factors independent of credit information when deciding whether to renew coverage. (For additional information see the section of this Bill of Rights titled *What you should know about insurance companies' use of credit information.* )

**20. LENGTH OF POLICY TERM.** If the term of your insurance policy is less than one year, your insurance company must renew that policy until it has been in effect for one year. Your insurance company may only refuse to renew your policy effective on the anniversary of the policy's original effective date. For instance, if your policy was

originally effective on January 1, Year 1, the insurance company must renew your policy to provide coverage until January 1, Year 2, and thereafter, may only refuse to renew your policy effective January 1 of any subsequent year.

**21. NOTICE OF NONRENEWAL.** If the insurance company does not mail you notice of nonrenewal at least 30 days before your policy expires, you have the right to require the insurance company to renew your policy.

**22. EXPLANATION OF CANCELLATION OR NONRENEWAL.** Upon request, you have the right to a written explanation of an insurance company's decision to cancel or nonrenew your policy. The written statement must fully explain the decision, including the precise incidents, circumstances, or risk factors that disqualified you. It must also state the sources of information used.

### **What you should know when you file a claim**

**23. FAIR TREATMENT.** You have the right to be treated fairly and honestly when you make a claim. If you believe an insurance company has treated you unfairly, call the Department of Insurance at 1-800-252-3439 (512-463-6515 in Austin) or download a complaint form from the TDI website [www.tdi.texas.gov](http://www.tdi.texas.gov). You can complete a complaint form on-line via the Internet or fax it to TDI at 512-475-1771.

**24. SETTLEMENT OFFER.** You have the right to reject any settlement amount, including any unfair valuation, offered by the insurance company. If you reject a settlement offer, your options include continuing to negotiate with the insurer or pursuing legal remedies, such as mediation, arbitration, or filing a lawsuit.

**25. EXPLANATION OF CLAIM DENIAL.** Your insurance company must tell you in writing why your claim or part of your claim was denied.

**26. TIME FRAMES FOR CLAIM PROCESSING AND PAYMENT.** When you file a claim on your own policy, you have the right to have your claim processed and paid promptly. If the insurance company fails to meet required claims processing and payment deadlines, you have the right to collect 18 percent annual interest and attorney's fees in addition to your claim amount.

Generally, within **15 calendar days**, your insurance company must acknowledge receipt of your claim and request any additional information reasonably related to your claim. Within **15 business days** after receipt of all requested information, the company must approve or deny your claim in writing. The law allows the insurance company to extend this deadline up to **45 days** if it notifies you that more time is needed and tells you why.

After notifying you that your claim is approved, your insurance company must pay the claim **within five business days**.

If your claim results from a weather-related catastrophe or other major natural disaster as defined by TDI, these claims handling deadlines are extended for an additional 15 days.

**27. CHOICE OF REPAIR SHOP AND REPLACEMENT PARTS.** You have the right to choose the repair shop and replacement parts for your vehicle. An insurance company may not specify the brand, type, kind, age, vendor, supplier, or condition of parts or products used to repair your automobile. The insurance company must provide you notice of the above requirements as follows:

- claims submitted by telephone - written notice within three business days or immediate verbal notice, followed by written notice within 15 days;
- claims submitted in person - immediate written notice at the time you present your vehicle to an insurer or an insurance adjuster or other person in connection with a claim for damage repair; or
- claims submitted in writing - written notice must be provided within three business days of the insurance company's receipt of the notice.

**28. DEDUCTIBLE RECOVERY.** If another person is liable for damage to your auto and you filed a claim and paid a deductible on your own policy, your insurance company must make a reasonable and diligent effort to recover the deductible from that person within twelve months from the date your claim is paid. If not, your company must:

- authorize you, at least 90 days prior to the expiration of the statute of limitations, to pursue your own collection efforts, or
- refund your deductible.

**29. NOTICE OF LIABILITY CLAIM SETTLEMENT.** Your insurance company must notify you if it intends to pay a liability claim against your policy. The company must notify you in writing of an initial offer to compromise or settle a claim against you no later than the 10th day after the date the offer is made. The company must notify you in writing of any settlement of a claim against you no later than the 30th day after the date of the settlement.

**30. INFORMATION NOT REQUIRED FOR CLAIM PROCESSING.** You have the right to refuse to provide your insurance company with information that does not relate to your claim. In addition, you may refuse to provide your federal income tax records unless your insurer gets a court order or your claim involves lost income or a fire loss.

### **What you should know about prohibited discrimination**

**31. PROTECTED CLASSES.** An insurance company cannot discriminate against you by refusing to insure you; limiting the amount, extent or kind of coverage available to you; charging you a different rate for the same coverage; or refusing to renew your policy:

- because of race, color, religion, or national origin; or
- unless justified by actual or anticipated loss experience, because of age, gender, marital status, geographic location, or disability or partial disability.

**32. UNDERWRITING GUIDELINES.** Underwriting guidelines may not be unfairly discriminatory and must be based on sound actuarial principles.

**33. EQUAL TREATMENT.** Unless based on sound actuarial principles, an insurance company may not treat you differently from other individuals of the same class and essentially the same hazard. If you sustain economic damages as a result of such unfair discrimination, you have the right to sue that insurance company in Travis County District Court.

If your suit prevails, you may recover economic damages, court costs and attorney and necessary expert witness fees. If the court finds insurance company knowingly violated your rights, it may award up to an additional \$25,000 per claimant.

You must bring the suit on or before the second anniversary of the date you were denied insurance or the unfair act occurred or the date you reasonably should have discovered the occurrence of the unfair act. If the court determines your suit was groundless and you brought the lawsuit in bad faith, or brought it for the purposes of harassment, you will be required to pay the insurance company's court costs and attorney fees.

#### **What you should know about insurance companies' use of credit information**

**34. REQUIRED DISCLOSURE.** If an insurance company uses credit information to make underwriting or rating decisions, the company must provide you a disclosure statement within 10 days after receiving your completed application for insurance.

The disclosure indicates whether the insurer will obtain and use your credit information and lists your specific legal rights, including:

- credit information insurance companies cannot use against you;
- how you can get reasonable exceptions that your insurer is required to make to its use of credit information if certain life events, such as divorce, death of a close family member, or identity theft, hurt your credit;
- the notice\* an insurer must send you when making a credit-based decision that harms your ability to get or keep insurance or requires you to pay a higher premium; and
- how you can dispute credit information and require an insurer to re-rate your policy if the rate was increased because of inaccurate or unverifiable credit information.

\* The notice must include a description of up to four primary factors that influenced the action taken by the insurer.

Insurers must use the disclosure form (CD-1) adopted by the commissioner or an equivalent disclosure form filed prior to use with TDI. The CD-1 is available at [www.tdi.texas.gov/forms/pcpersonal/pc328crtdts.pdf](http://www.tdi.texas.gov/forms/pcpersonal/pc328crtdts.pdf) or by calling 1-800-252-3439.

### **What you should know about enforcing your rights**

**35. *FILING YOUR COMPLAINTS.*** You have the right to complain to TDI about any insurance company and/or insurance matter and to receive a prompt investigation and response to your complaint. To do so, you should:

- call TDI's ***Consumer Help Line*** at 1-800-252-3439 (512-463-6515 in Austin) for service in both English and Spanish;
- write to the Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, P.O. Box 149091, Austin, Texas 78714-9091;
- email TDI at [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us);
- fax your complaint to 512-475-1771;
- download or complete a complaint form online from the TDI website at [www.tdi.texas.gov](http://www.tdi.texas.gov); or
- call the TDI Publications/Complaint Form order line at 1-800-599-SHOP (7467), (512-305-7211 in Austin). The order line is available 24 hours a day, seven days a week.

**NOTE:** TDI offers interpreter services and publications in alternate formats. Persons needing more information in alternate layouts or languages can call the *TDI Consumer Help Line* listed above.

**36. *RIGHT TO SUE.*** If an insurance company violates your rights, you may be able to sue that company in court, including small claims court, with or without an attorney.

**37. *BURDEN OF PROOF.*** If you sue to recover under your insurance policy, the insurance company has the burden of proof as to any application of an exclusion in the policy and any exception to or other avoidance of coverage claimed by the insurer.

**38. *REQUESTING NEW RULES.*** You have the right to ask in writing that TDI make or change rules on any automobile insurance issue that concerns you. Send your written request to: Texas Department of Insurance, Attn: Commissioner (113-2A), P.O. Box 149104, Austin, TX 78714-9104.



[CLICK HERE TO PRINT](#)

Addam Suarez  
7203 Plaza Del Sol Dr  
HOUSTON, TX 77083  
AAM01744203-00

A vehicle history report run for this policy indicates that one of the listed vehicles has severe damage, a branded title or has not been titled to the named insured for at least three years. If you believe this information is incorrect, contact your agent or customer service and they will notify the vehicle history report provider.



[CLICK HERE TO PRINT](#)

Bluefire  
INSURANCE

## Continued Mobility Membership Club (CMMC)

### \*\*\* SERVICE PLAN OUTLINE OF COVERAGE\*\*\*

PLEASE RETAIN A COPY OF THIS CONTRACT FOR YOUR RECORDS AS IT IS THE ONLY NOTICE OF CONTINUED MOBILITY BENEFITS YOU WILL RECEIVE

#### 24 hour Continued Mobility Coverage - Benefit

**A. Continued Mobility Service:** We will pay for Continued Mobility Coverage, for Transportation Network Company (TNC) utilization by you when you use a TNC service from a commercially licensed TNC (such as UBER or LYFT) approved by us. Continued Mobility Coverage shall only include the cost of the actual charges paid to the TNC provider through the use of the ClaimRide Claim Card. This benefit applies only if:

**your covered auto** is withdrawn from use for more than twenty-four (24) hours or **your covered auto** is towed (loss); and the loss is caused by an auto accident.

**B. Time Period to Claim Your Benefit:** You must claim your benefit within twenty-four (24) hours of the **loss**.

**C. How the Benefit Will Be Issued to You:** When your auto is disabled or towed, and you have claimed the benefit within twenty-four hours of the loss by calling the number below, CMMC will text a benefit of \$20.00 to your mobile smart phone. If for any reason the CMMC benefit cannot be dispatched, you must receive authorization from CMMC to use a TNC provider of their choice, and upon presentation of the original paid TNC receipt, the club shall reimburse you up to the maximum benefit allowed \$20.00 per incident.

**D. Use of Your Benefit:** Once claimed, you must use your benefit within fifteen (15) days of confirmation of receipt of the benefit.

**E. Benefit Limit:** You may claim one benefit once every ninety (90) days, provided all the criteria above apply. This means that the maximum amount of benefits you may receive during a six-month period is two.

**F. Claim your benefits** - (469) 501-5146

**G. Exclusions:** This contract does not cover the following:

- 1) any violation of motor vehicle of traffic laws relating to the operation of a motor vehicle. Driving under the influence of intoxicating liquors, narcotics or illegal drugs. Driving without a valid operator's permit, or leaving the scene of an accident without disclosing identity, or failing to stop to ascertain injury or lend assistance, commonly known as "hit and run";
- 2) any motor vehicle is operated without permission of the owner thereof;
- 3) any traffic accident or any accident involving a motor vehicle in which a Police Traffic Report is not filed or made a matter of record.

**H. NOTICE OF CLAIM:** To receive your benefit all Claims must be reported to the above phone number or submitted to CMMC Office at 2901 Clint Moore Rd, #317 Boca Raton FL 33496 as soon as reasonably possible

**I.** This coverage is an additional benefit. No deductible applies to this coverage.

#### IMPORTANT NOTICE:

You are applying for an auto club membership (benefits outlined above) with:

#### CMMC

The insurance company and membership club are separate business entities offering separate coverage and benefits. It is your responsibility to maintain both your insurance policy and your club membership. This membership club package can only be purchased in conjunction with your Bluefire Insurance auto policy you are applying for. Bluefire Insurance only offers the CMMC service to policyholders; the named insured shown on the Bluefire Insurance application for insurance will be enrolled as a member in CMMC program. Your down payment or payment in full is a combination of the premium and fees for your insurance application and the membership dues for your auto club membership.