



FAX BACK AGREEMENT

MUST BE SIGNED AND FAX / EMAIL BACK WITH ALL POLICIES

URGENT

PLEASE COLLECT

ATTACHMENTS NEEDED!

Must Include If Checked off

- ☐ Driver's License or ID
- ☐ Additional Driver's License/ID
- ☐ Auto Registration Title
- ☐ Other _____

To: _____

FAX#: _____

From: _____

Number of Pages: _____

Fax or Email Back To:
800-318-3854
info@4insura.com

Down Payment \$ _____

Deposito

Must be collect today

Monthly Payments \$ _____

Pago

You will be billed

POLICY TERM TÉRMINO DE SEGURO

- ☐ (1) One
- ☐ (3) Three
- ☐ (6) Six
- ☐ (12) Twelve

Coverage is not in effect until an application is signed all documents needed to complete the transaction are received including payment received. Failing to sign dose not cancel or void loss of down payment. This application is based on current rate information and is subject to change without notice based on final decision of all insurance companies, if any information that is provided is not accurate or correct, the rate may change without notice or cancel policy. Down payments typically are a percentage of the total premium for the term and all fees needed to start the insurance policy. If any my questions, please contact our office not the processor.

Customer's Name: _____
Exact Name as it appears on this application of insurance

I understand that _____
Registration Service, Check Cashing or any other Signing Center Processor of application

And their personnel are **NOT** insurance agents nor are they authorized by the agency or the company or any member of the staff to function in any manner except for routine clerical duties of transmitting and processing of this application. If you have any questions do not ask the processor, please call the agent at **800-720-0313**. INSURA INSURANCE AGENCY – License # 0L92605

! Read (important) - Leer (importante) !

Entiendo que las (Nombre Arriba) y su personal **no** son agentes de seguro ni son autorizados por la compañía para funcionar de cualquier manera a excepción de deberes administrativos rutinarios para transmitir este uso. También el reconocimiento que (Nombre Arriba) y cualquiera de su personal no han proveído de mí ningún consejo del seguro con respecto a mi uso del seguro, y no ha solicitado, ni ha negociado o no se ha ejecutado mi contrato de seguro. INSURA INSURANCE AGENCY-Lic#0L92605

Si usted tiene cualquiera pregunta pide que el procesador llame al agente 800-720-0313.

Customer Signature
Cliente

Date
fecha

Processor Name (Print)

Signature

Date

I (we) as the processor / signing location personal witnessed the customer sign this document and have provided all required documents to avoid policy cancellation.
Yo (nosotros) como el personal de procesamiento / firma presencié que el cliente firmó este documento; proporcionó todos los documentos necesarios para evitar la cancelación de la póliza.

MISSING INFORMATION

INSURA INSURANCE AGENCY



Policy # _____

I/we _____ will provide the additional information needed to
(Inured Name)
complete the insurance transaction due availability at time if transaction. If I fail to provide the below listed information my Insurance Company or General Agency or Insura Insurance Agency, involved in this transaction can change my rate, coverage or even cancel my policy. I understand it is important to provide this information within the **NEXT 3 DAYS OR 72 HOURS** of this transaction.

I Must Provide:

- 1) Copy of Driver's license for _____
(Must be a US Government issued driver's license (paper copy or plastic))
☐ After filing an SR22//SR1P paper reinstate copy.
☐ Out State or International Driver's License copy for _____
(Must be an official international or country issued license)
- 2) Proof of accident for the date of _____ I will provide information showing that the above date of loss was
☐ Not my fault at all
☐ Solo accident no injury or property damage
☐ Property damage only – no injury
- 3) Proof of prior insurance with _____
- 4) Copy of valid registration for the year _____ make _____
Registration must be changed to named insured or spouse's name.
- 5) Good student information for _____
(Show you are a full-time student or take more than 12 units)
- 6) Marriage certificate is need by this insurance company, please provide
☐ Marriage certificate ☐ Tax filing showing both domestic partners living and filing taxes in the same house hold
- 8) Proof of homeownership
a) ☐ Copy of declarations page of homeowner's policy
b) ☐ Copy of deed or mortgage payment
- 9) Missing photos for _____
- 10) Un-repaired damage to car to be repaired _____
- 11) Any additional information needed

Named Insured Signature _____ Date _____

Producer's Signature _____ Date _____

REJECTED COVERAGES



Policy Number: _____

Named Insured: _____

! important! This Policy you are purchasing is restricted and does not cover any driver not listed on your policy!

(BI) Liability (Bodily Injury)

When you are found legally responsible for a car accident, bodily injury liability coverage is the part of your insurance policy that pays for the costs associated with injuries to the other person or people involved. This coverage also provides a legal defense if you are sued for damages.

(MED) Excess Medical Payments

In the event you are hurt in an accident and taken to the hospital, Medical Payments Coverage pays for your initial medical expenses related to the accident, regardless of who is at fault, the passengers in your car are also covered, as well as family members living with you if they are injured as pedestrians or when riding in another person's car.

(UMBI) Uninsured Motorists Bodily Injury

Provides protection in the event that damage is caused by a motorist who has no insurance or not enough insurance to cover the loss.

(UMPD/CDW) Uninsured Property Damage

Typically, if you are in a car accident where the at-fault motorist is uninsured, you have to use your own collision coverage to get your car repaired, and this includes paying your associated collision deductible. If you purchase a collision deductible waiver as part of your policy, then your collision deductible will be waived when your insurance company determines that the liable party is uninsured.

(COMP) Comprehensive (COLL) Collision

Vehicle (1) One Vehicle (2) Two Vehicle(3)Three Vehicle(4)Four

Comprehensive and Collision coverages pay to repair or replace your auto if it is stolen or damaged in an accident, regardless of who is at fault. For each coverage, you select a deductible that you pay out of pocket. Your insurance company pays for the remaining damage up to the limits you select. With Collision coverage, your insurance company pays for damage to your auto when you collide with another vehicle or object. If you hit a car, a pole or another nonliving object, Collision coverage will apply. With Comprehensive coverage, your insurance company pays for damage to your auto caused by an event other than a collision, such as fire, theft or vandalism. If you hit an animal, or if your auto is flooded or stolen, Comprehensive coverage will apply.

Rental Reimbursement

Rental Reimbursement provides rental car coverage if you have a claim that is covered under Comprehensive or Collision coverage. Daily rental amounts are subject to the limit purchased. Roadside Assistance provides services such as towing, flat tire change, locksmith service and battery jump-start to customers, who can elect the service for an additional premium if it is not already included with their insurance policy

Towing Reimbursement

RESTRICTED POLICY USE COVERAGE

It is agreed that the insurance afforded by this policy shall not apply with respect to liability arising out of the ownership, maintenance, use, operation, loading or unloading of any owned, hired or leased vehicle when the vehicle is used in the operation of any business (self-owned or as an employee), or used professionally or used commercially. acknowledge that the following coverage's above are offered to me at the time of purchase. I understand that any coverage I reject can only be added by my request in writing and may be require additional documentation or photos at additional cost. It is agreed that the insurance afforded by this policy shall not apply with respect to liability arising out of the ownership, maintenance, use, operation, loading or unloading of any owned, hired or leased vehicle when the vehicle is used in the operation of any business (self-owned or as an employee), or used professionally or used commercially.

X

Named Insured Signature

Date

**LOWPRICEINSURANCE INC DBA
INSURA INSURANCE AGENCY
7731 KATELLA AVE SUITE C, SANTON CA 90680
CALIFORNIA INSURANCE LICENSE # 0L92605
BROKER FEE DISCLOSURE**

This disclosure was prepared by the California Insurance Commissioner. **Please READ IT CAREFULLY!**

I. Do not sign any broker fee agreement unless all its blank lines and spaces have been filled-in and you have read the entire document and the agreement carefully.

II. Your insurance broker represents you, the consumer, and is entitled to charge a broker fee if he/she chooses. This fee is not set by law, and may be negotiable between you and the broker.

III. It is illegal for an insurance broker to charge you a fee for placing coverage solely with the California Automobile Assigned Risk Plan or the California Fair Plan. Fees may be charged for placement of other coverage's.


IV. Broker fees are often non-refundable even if you cancel your coverage. Refer to your broker fee agreement to see if your broker fee is non-refundable. However, you may be entitled to a full refund of a broker fee if your broker acted incompetently or dishonestly. Unresolved disputes over non-refunded broker fees can be forwarded to the Department of Insurance for review.

V. You are entitled to obtain and keep a completed copy of this disclosure and any broker fee agreement you sign.

VI. Your broker may receive a commission from insurance company (ies) for placing your insurance. This commission may be paid to your broker by the insurance company (ies) in addition to any broker fee you pay.

VII. If you will be paying your premium in installments to a finance company, by law you must receive a copy of a premium finance disclosure and agreement. Be sure to obtain and read those documents before signing a premium finance agreement. Also, ask the broker if the insurer offers its own installment payment plan. Insurer installment plans are often cheaper than premium financing through a separate premium finance company.

VIII. If your broker is placing automobile coverage; your broker must provide you with a copy of the current Department of Insurance pamphlet "Automobile Insurance." If your broker is placing residential coverage, your broker must provide you with a copy of the current Department of Insurance pamphlet "Residential Insurance." By signing this disclosure, you acknowledge receipt of the appropriate pamphlet(s).

 **Client initials:** _____

BROKER FEE AGREEMENT

The parties to this agreement are _____ ("CLIENT") and

LOWPRICEINSURANCE INC California Department of Insurance license # OL92605 ("BROKER"). CLIENT appoints BROKER as CLIENT'S insurance broker of record. This agreement shall become operative on the date signed by CLIENT, and shall continue in full force until terminated by either party. BROKER agrees to represent CLIENT honestly and competently. CLIENT agrees to pay BROKER a broker fee for BROKER'S services. The broker Fee is \$ _____. The broker fee IS NOT refundable. BROKER may in the future charge CLIENT, and CLIENT

agrees to pay additional fee(s) for the services listed below.

The additional fees are: \$ 50 for the following services: ALL

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There are no fees known to BROKER that will be charged by persons other than BROKER or the insurance company in connection with current placement of CLIENT'S insurance.

 _____
Client Signature

Date

Broker Signature

Date

In case of any questions or problems concerning broker fees or insurance, contact the **Department of Insurance at 1-(800) 927-HELP**