

LOWPRICEINSURANCE INC  
INSURA INSURANCE AGENCY  
7731 KATELLA AVE STE C STANTON CA 90680  
TEL: 800-720-0313  
FAX: 800-318-3854  
TXT: 562-344-5231



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Thank you for the opportunity to process your insurance application. The following rate is based on information provided by you and our goal to provide you with the best coverage at the lowest price.



**Keep in mind all documents attached must be signed by ink signature or via electronic signature to avoid Upates or cancellation of your policy. All documents required such as driver's license or auto registration or other missing documents can be email or Faxed or sent by text massage. This document is not confirmation of coverage but an outline of your application. Read your policy for specific details of coverage.**

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Company Payment Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Period: \_\_\_\_\_ month(s).      Effective Date: \_\_\_\_\_

After a down payment of \$\_\_\_\_\_, you will be billed \$\_\_\_\_\_ every \_\_\_\_\_ month for continuation of coverage.

Feel Free to call or come into our office to discuss this any questions you have. Coverage is not in effect until an application is signed and payment received. If you find information that is incorrect please notify use right away to correct the mistake in your application. All changes must be requested in writing via Regular mail or by fax or email or SMS/text massage. This Rate is based on current rating information and is subject to change without notice. We look forward to servicing you in all of your insurance needs.

Sincerely,

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INSURA INSURANCE AGENCY  
[WWW.INSURAUSA.COM](http://WWW.INSURAUSA.COM)  
[INFO@4INSURA.COM](mailto:INFO@4INSURA.COM)

# MISSING INFORMATION

## INSURA INSURANCE AGENCY



Policy # \_\_\_\_\_

I/we \_\_\_\_\_ will provide the additional information needed to  
(Insured Name)

complete the insurance transaction due availability at time of 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
  - a) ☐ Not my fault at all
  - b) ☐ Solo accident no injury or property damage
  - c) ☐ Property damage only – no injury
- 3) Proof of prior insurance with \_\_\_\_\_
- 4) Copy of valid registration for the year \_\_\_\_\_ make \_\_\_\_\_  
☐ Registration must be change 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 \_\_\_\_\_

*James Ara*

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  
ISURA ISURANCE AGENCY  
7731 KATELLA AVE SUITE C, STANTON 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**

*James Ara*

**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.**