

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



Gracias por la oportunidad de procesar su solicitud de seguro. La siguiente tarifa se basa en la información proporcionada por usted y su objetivo de proporcionarle la mejor cobertura al precio más bajo.



IMPORTANTE



Tenga en cuenta que todos los documentos adjuntos deben estar firmados con una firma de tinta o mediante una firma electrónica para evitar Uprates o la cancelación de su póliza. Todos los documentos requeridos, como la licencia de conducir o el registro automático u otros documentos faltantes, pueden enviarse por correo electrónico o por fax o enviarse por mensaje de texto. Este documento no es una confirmación de la cobertura, sino un resumen de su solicitud. Lea su póliza para detalles específicos de cobertura.

Compañía de seguros _____

Número de póliza _____

Dirección de pago de la empresa _____

Número de teléfono _____

Vigencia de la póliza: _____ meses. Fecha efectiva: _____

Después de un pago inicial de \$_____, se te facturará \$_____ Cada _____ Meses.
for continuation of coverage.

Siéntase libre de llamar o venir a nuestra oficina para hablar sobre cualquier pregunta que tenga. La cobertura no estará vigente hasta que se firme una solicitud y se reciba el pago. Si encuentra información incorrecta, notifíquelo de inmediato para corregir el error en su aplicación. Todos los cambios deben solicitarse por escrito a través de correo regular o por fax o correo electrónico o SMS / texto de masaje. Esta tasa se basa en la información de calificación actual y está sujeta a cambios sin previo aviso. Esperamos poder atenderlo en todas sus necesidades de seguro.

Atentamente,

INSURA INSURANCE AGENCY
WWW.INSURAUSA.COM
INFO@4INSURA.COM

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
 - 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 # 0L92605 ("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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The additional fees are: \$ 50 for the following services: **ALL**

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.

Date _____

Client Signature _____

James Ara

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.**