



## Alliance United Insurance Services, LLC Payment Receipt

Policy # **MIL4970933**

Receipt Date **7/10/2021 11:53 AM PT**

Insured **ALEX VIGIL  
18325 VANOWEN ST  
APT 99  
RESEDA, CA 91335-5450**

Confirmation Code **AU3 CRC337A101153472L**

Broker **Veronica's Auto Insurance Services - Orange S  
290 W Orangeshow Rd Ste 100  
SAN BERNARDINO, CA 92408  
(909) 723-1900 Bus  
(909) 723-1901 Fax**

Total Policy Premium **\$242.65**

NSD Motor Club Fee : **\$12.00**

Net Amount to be swept  
from Broker's Account **\$254.65**

Please keep this receipt for your records.

**Thank You!**

NB Application



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**RECORD MAINTENANCE AMENDMENT - FILE DOCUMENTS**

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INSURED NAME:  
**ALEX VIGIL**

POLICY #:  
**MIL4970933**

BROKER CODE:  
**06398**

DATE:  
**7/10/2021 11:54 AM PT**

BROKER NAME:  
**Veronica's Auto Insurance Services - Orange S**

The documents listed in this form must remain in the policyholder's file and be maintained by your brokerage for a minimum of five (5) years from the expiration/cancellation date of this policy.

Please place this form in the file and confirm the documents are included by checking the appropriate box. **It is the responsibility of the producing broker to complete this form and maintain all records in accordance with the Alliance United Record Maintenance Amendment.**

- ☐ A fully and completed signed application
- ☐ Copy of MVR's for all listed drivers (unless Alliance United's on-line MVR is used when bridging the application)
- ☐ Copies of Driver's license or I.D. for all drivers domestic or foreign.
- ☐ Copies of the current registration or sales contract (new or used vehicles) for all vehicles.
- ☐ Photos
  - It is suggested that Brokers take two photos showing all sides of the vehicle and retain with the application.
  - Will be required and retained for all vehicles rated as artisan regardless of coverage.
  - Will be waived for new and used vehicles that are purchased or leased from a dealer within the last 30 days. A copy of the sales contract for each vehicle must accompany the application.
  - Will be waived if a copy of the prior policy is in the file showing Physical Damage coverage for the vehicle(s) with no lapse in coverage.
- ☐ Proof of No-Fault or No-Bodily Injury Accident (if applicable).
- ☐ Signed Driver Exclusion (If applicable).
- ☐ Registered Owners are listed as a driver or excluded.
- ☐ Copy of the FSC or other rating service quote.
- ☐ Proof of Marriage / Proof of identification of an excluded spouse / domestic partner
  - Proof of identification will be required for the excluded spouse when the system asks for proof at time of upload. We will require proof the excluded spouse exists and resides with the insured if the registration or other file documents show both names. Examples of proof are: a photo ID, a bill in the excluded persons name showing the same address as the insured, a marriage certificate or tax return.
  - Marriage rates apply to domestic partners living in the same household. Domestic Partnership Affidavit is acceptable only for same sex partners. Same requirements for proof as above.
- ☐ A Signed Copy of the Vehicle Condition Form (VCC-1 Form)

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**THIS COVER PAGE, APPLICATION AND REQUIRED BACKUP ARE FOR ELECTRONIC PURPOSES ONLY.**

**\*\*\*\* IMPORTANT NOTICE \*\*\*\***

**ANY REQUESTS FOR CHANGES, MODIFICATIONS OR AMENDMENTS MUST BE SUBMITTED TO ALLIANCE UNITED SEPARATELY BY FAX (866) 530-2500 OR E-MAILED TO [policyservices@allianceunited.com](mailto:policyservices@allianceunited.com) IN ORDER TO BE ACKNOWLEDGED FOR PROCESSING AND BINDING OF COVERAGE.**



# Application for Auto Insurance

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED AT THE OPTION OF THE INSURER AT ANY TIME DURING WHICH IT IS IN EFFECT FOR REASONS STATED IN THE CALIFORNIA INSURANCE CODE.

## Policy and Premium Information for Policy Number MIL4970933 (Program: Gold RGL )

<b>BROKER:</b>	Veronica's Auto Insurance Services - Orange S Broker ID: 06398 290 W Orangeshow Rd Ste 100 SAN BERNARDINO, CA 92408 Phone: (909) 723-1900 Bus (909) 723-1901 Fax Email: beatriz@veronicasins.com		
<b>NAMED INSURED(S):</b>	<b>ALEX VIGIL</b>	<b>Mailing Address:</b> 18325 VANOWEN ST APT 99 RESEDA, CA 91335-5450	<b>Garaging Address (If Different) :</b> Same As Mailing Address
	Mobile: (747) 242-9696		
<b>POLICY PERIOD:</b>	7/10/2021 11:53 AM PT To 8/10/2021 12:01 AM PT		
<b>EFFECTIVE DATE AND TIME:</b>	Your policy will be effective when your required initial payment is received by your Broker or at a later date of your choice.		

## Drivers and Household Residents

Driver #	Name	Relationship	Date of Birth	Gender	Marital Status	Driver Status	Driver License #	License State	Years Driving Experience	SR Filing
1.	ALEX VIGIL	Named Insured	08/07/1971	Male	Single	Rated	A6105921	CA	33	No
2.	ALICIA RACHELE SKOLNIK	Relative	10/05/1984	Female	Single	Rated	D5054331	CA	20	No
3.	KENIA SANCHES DE LA VEGA	Daughter	01/01/1990	Male	Single	Excluded	n/a	CA	n/a	No

## Driving History

Driver #	Name	Date	Conviction	Occurrence Description	Points Charged
1.	ALEX VIGIL	08/12/2016		Suspension	0
1.	ALEX VIGIL	05/09/2017		Driving while Suspended/Revoked	0
1.	ALEX VIGIL	05/27/2017		Driving while Suspended/Revoked	0
1.	ALEX VIGIL	06/28/2017		Suspension	0
1.	ALEX VIGIL	08/18/2019		Reinstatement	0
1.	ALEX VIGIL	10/08/2019		Accident - Non-Chargeable	0
1.	ALEX VIGIL	12/03/2019		Driving Unlicensed	1
1.	ALEX VIGIL	10/09/2020		Reinstatement	0
2.	ALICIA RACHELE SKOLNIK	*** No accidents, violations or convictions reported ***			



## Vehicle Information

Vehicle #	Year / Make / Model / Trim	VIN	Symbols Liab/Comp/Coll	Annual Mileage	Garaging Zip Code	Vehicle Use	Date Purchased
1.	2008 BMW 328	WBAVC53508F008851	EG-HL-KW-KZ	2500	91335	Pleasure	

## Loss Payee / Additional Insured Information

Vehicle #	Name	Address or P.O.Box	City	State	Zip Code	Type
1.	*** No Loss Payee/Additional Insured ***					

## Discounts / Surcharges

Discount/Surcharge Description	Veh. #1
Multi-Car / Driver	Yes
Anti-Fraud Fee	Yes

## Outline of Coverage Requested

Coverage does not apply unless a corresponding premium is indicated below:

Coverage	Limit of Liability	Premiums Veh. #1
Liability to Others:		
Bodily Injury [BI]	\$15,000 Each Person / \$30,000 Each Accident	\$38.71
Property Damage [PD]	\$5,000 Each Accident	\$32.55
Uninsured/Underinsured Motorist Bodily Injury [UMBI]	\$15,000 Each Person / \$30,000 Each Accident	\$8.05
Coverage	Limit of Liability / Deductibles	Premiums Veh. #1
Waiver of Collision Deductible [CDW]	\$500 Waived	\$0.26
Comprehensive [COMP] *ACV less deductible of	\$500	\$12.56
Collision [COLL] *ACV less deductible of	\$500	\$122.54
Rental Reimbursement	\$30 Per Day / Maximum 30 Days	\$2.84
Emergency Towing and Labor	\$100 Per Disablement / Maximum \$250	Included

**Subtotal Vehicle Premium(s): \$217.51**

**Total Policy Premium: \$217.51**

Anti-Fraud Fee: \$0.14

Policy Fee: \$25.00

**Total Policy Premium and Fees: \$242.65**

NSD MotorClub Fee: \$12.00

**Down Payment: \$254.65**

### Pay Plan Selected:

Full Pay / Next Monthly Renewal of (includes \$15.00 Renewal Billing Fee): \$232.65



## Third Party Designation

Please select one of the following options:

☐ I choose to designate the following person to receive an advance notice that the coverage may lapse, terminate, expire or cancel for nonpayment of premium:  
Designated Person \_\_\_\_\_ Address / City / State / Zip Code \_\_\_\_\_

☒ I decline designating one additional person to receive an advance notice that the coverage may lapse, terminate, expire or cancel for nonpayment of premium.

You may change or terminate your designated person at any time by contacting your Broker.

*Alex Vigil*

Signature of Named Insured

07/10/2021  
Date

## Disclosure of All Household Members, Children Away From Home, Other Drivers, Registered Owners, Individuals With An Insurable Interest, and Vehicles

I have listed on this application the following individuals (whether or not they are licensed or permitted): (1) all individuals age 14 years or older who reside with me; (2) all children of mine (and/or my spouse) age 14 years or older residing away from home (either temporarily or permanently); (3) all children of mine (and/or my spouse) age 14 years or older who are away at school; and (4) all individuals (irrespective of whether they are household residents, or children of mine and/or my spouse) who may drive the vehicles listed on this application on a regular basis. All information regarding these individuals is correct. I agree to notify the Company of any changes in household residents, children of mine (and/or my spouse) age 14 years or older, other drivers, and/or vehicles listed on the policy.

**I acknowledge that, if I fail to notify Alliance United Insurance Company of all individuals who come within the four (4) categories enumerated above, and/or if I fail to notify Alliance United Insurance Company of any change in driving status for any individual who is listed on this application (or who is added to my policy in the future), such failure shall constitute (1) a violation of my obligation to keep Alliance United Insurance Company informed; and (2) a material misrepresentation that affects the risk accepted by the Company. I also acknowledge that such failure may result in (1) cancellation, rescission, or voiding of my coverage; and/or (2) a denial of coverage for a claim.**

I understand that only those vehicles which are primarily garaged at my primary residence are eligible for inclusion on my policy.

I have also listed on this application all registered owners of, and all individuals with an insurable interest in, any vehicles listed on this application. I acknowledge that all such owners/individuals must be rated as a driver. I further acknowledge that, if they are not listed and rated, such owners/individuals will be excluded from coverage under the policy. I agree to notify the Company of any changes in registered owners of, and/or individuals with an insurable interest in, vehicles listed on the policy.

**I acknowledge that, if I fail to notify Alliance United Insurance Company of all registered owners of vehicles listed in this application (or of any changes in registered owners of vehicles listed on the policy), and/or if I fail to notify Alliance United Insurance Company of all individuals with an insurable interest in vehicles listed in this application (or of any changes in individuals with an insurable interest in vehicles listed on the policy), such failure shall constitute (1) a violation of my obligation to keep Alliance United Insurance Company informed; and (2) a material misrepresentation that affects the risk accepted by the Company. I also acknowledge that such failure may result in (1) cancellation, rescission, or voiding of my coverage; and/or (2) a denial of coverage for a claim.**

*Alex Vigil*

Signature of Named Insured

07/10/2021  
Date



## Named Driver Exclusion

It is agreed that all coverage, including uninsured motorist coverage, afforded by the policy shall be null, void, and of no effect while the automobile is being driven or operated by:

Excluded Person	Date of Birth	Relationship	Driver License Number	Driver Status
KENIA SANCHES DE LA VEGA	01/01/1990	Daughter	n/a	Excluded

**This exclusion is applicable to all coverage provided now or later.** This restriction applies even if an insured's permission was given to the driver.

### Deletion Agreement

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision [p] of Section 11580.2 of the Insurance Code.

No coverage is provided for any claim or suit arising from an accident or loss involving a covered vehicle or non-owned vehicle that occurs while it is being operated by the excluded person. THIS INCLUDES ANY CLAIM OR SUIT FOR DAMAGES MADE AGAINST YOU, A RELATIVE, OR ANY OTHER PERSON OR ORGANIZATION THAT IS ALLEGED TO BE LIABLE UNDER ANY THEORY OF LIABILITY WHATSOEVER (INCLUDING, WITHOUT LIMITATION, VICARIOUS LIABILITY AND/OR NEGLIGENT ENTRUSTMENT), FOR AN ACCIDENT ARISING OUT OF THE OPERATION OF A COVERED VEHICLE OR NON-OWNED VEHICLE BY THE EXCLUDED DRIVER.

**This election applies to this policy and all renewals unless revoked by you.**



\_\_\_\_\_  
Signature of Named Insured

07/10/2021

\_\_\_\_\_  
Date

## Statement of Vehicle Condition Certification

I, the undersigned, certify under penalty of perjury that I have physical possession of the vehicle(s) being insured for physical damage on the attached application, and that there is no damage to them other than as disclosed below, nor have any of the listed drivers, or vehicles been involved in any accident, or incident, which can cause a claim to be filed against the policy in the past 24 hours.

I fully understand that the policy is to cover future claims arising during the policy period, and in no way is there any coverage for any damage or claim arising from prior incident or accident, and purchasing insurance with the intent to cover a prior claim, or filing a false claim report is a felony subject to criminal prosecution.

Vehicle(s):

2008 BMW 328



\_\_\_\_\_  
Signature of Named Insured

Existing Damage Description:

NO VISIBLE DAMAGE

07/10/2021

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker Signature

\_\_\_\_\_  
Date

## Notice of Information Practices

I understand that in connection with my request for a premium quotation and application for insurance; the insurance company ("Company") may obtain information from third parties including consumer reporting agencies, which may include a driver history report or vehicle report, and I grant them the authority to do so. I acknowledge that the Company may change my premium if the information obtained from third parties changes factors which affect the premium. I understand that in certain circumstances, the law permits the Company to disclose information without express authorization in each instance, for example with the Company's insurance adjusters or with reinsurers, or with third parties hired to assist the Company with its underwriting. Further details are in the Company's Privacy Policy, which will be provided with the insurance policy and upon request. Upon my written request, within a reasonable time period, the Company will inform me whether or not a consumer report was requested and the name and address of the consumer reporting agency that furnished the report. The Company may request and utilize the subsequent consumer reports in connection with updating and renewing my policy. This authorization will remain in effect throughout the term of the policy and any renewals thereof.



## Applicant's Statement

**IN AN EFFORT TO KEEP INSURANCE COSTS DOWN FOR OUR POLICYHOLDERS, THE COMPANY ACTIVELY INVESTIGATES AND PURSUES THE PROSECUTION OF PERSONS WHO COMMIT INSURANCE FRAUD. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO PENALTIES UNDER THE LAW.**

**I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of my statements contained herein.**

**By signing below I understand that this application becomes a part of my policy, is a legal document and I certify that:**

1. None of the listed drivers or vehicles has been involved in any accident, or incident (including theft), in the past 24 hours.
2. There are no medical, nervous, mental or physical conditions that would impair my ability to safely operate a vehicle.
3. I have reported any business or artisan use of my vehicle to the Company. I understand that business or artisan use is not covered unless I have disclosed the specific use on this application and paid a premium for the business or artisan use.
4. I acknowledge there is no physical damage coverage for non-factory or non-dealer installed aftermarket equipment.
5. The estimated annual vehicle mileage I have provided on this application is true and correct to the best of my knowledge. I understand that the Company may retroactively adjust my premium if the actual miles driven differ from the estimated annual vehicle mileage I have provided. If a loss occurs under this policy the Company shall have the option to deduct such additional premium from any loss settlement. I understand that the Company may request that estimated annual mileage be updated at policy renewal.
6. If SR Filing is required, all of the vehicles in the household are listed above and will be insured on the above referenced policy. I understand that it is my responsibility to add coverage to the policy for any vehicle(s) acquired by me (or my spouse) during the policy term.

**I understand that:**

7. **The policy I am purchasing may contain unique exclusions, conditions and restrictions I should read.**
8. **By purchasing this policy it is my obligation to give the Company prior notification of any changes in the statements and information contained in this application. Failure to notify the Company of such changes is a misrepresentation that may materially affect the risk accepted by the Company and may render my policy null and void.**
9. **Premiums have been developed by using this application. The Company may verify certain information, and, if necessary, correct the premium in accordance with its filed rates. If I do not want to continue coverage, I understand that cancellation will be calculated based upon the correct premium.**
10. **Coverage may not be afforded and the policy may be cancelled or voided if a regular operator is not listed on the Declarations Page and a premium paid.**
11. **No coverage of any kind shall be provided if an operator that is specifically excluded by endorsement uses my vehicle(s).**
12. **No coverage is provided and the policy shall be null and void from inception:**
  - a. If any information in this application is false, misleading, or would materially affect acceptance of the risk by the Company, or
  - b. If my down payment, partial or full, is not honored by my bank. This applies whether my payment is by check, credit card, or by electronic funds transfer.
13. **Physical Damage coverage will not be provided for any loss caused if the operator of my **covered vehicle(s)** was committing, or attempting to commit, a crime at the time of **loss**. This exclusion applies regardless of whether the operator of the **covered vehicle** is actually cited for, arrested for, charged with, or convicted of, a **crime**.**
14. **No coverage of any kind shall be provided under this policy while any driver is engaged in a ride-sharing activity, car-sharing activity, and/or a delivery service activity for a Transportation Network Company (TNC) (e.g. Uber, Lyft, GrubHub, DoorDash, Zipcar, Flexcar, etc.) A ridesharing, car-sharing, or delivery service activity commences when the driver turns on the TNC's app and ends when the driver no longer accepts service requests and logs off the TNC's app.**
15. **In the event of additional premium due to the incorrect rating of this policy, the Company shall have the right to correct the premium in accordance with its published rates and underwriting rules. If a **loss** occurs under the policy the Company shall have the option to deduct such additional premium from any loss settlement. Any unpaid balance owed at the time of cancellation, non-renewal or expiration is a debt that the Company may attempt to collect, and that in addition to this unpaid balance, I will be responsible for any costs and attorney fees the Company may incur to collect this amount.**
16. **All theft and hit-and-run incidents must be reported to the police within 24 hours or as soon as practicable.**
17. **The producer named in this application is acting as my Broker.**
18. **Any broker fee is determined, collected, and retained solely by the Broker named on this application.**
19. **California law requires that brokers present applicants with a written fee disclosure.**
20. **Brokers receive commission and other consideration from the Company.**
21. **The Company may need to disclose the limits of my policy in accordance with state law, and I hereby grant the Company permission, after providing me with notice, to disclose the limits to my policy should disclosure of the limits be necessary to resolve a claim.**



## Acknowledgements by Applicant

I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the Company as an inducement to issue the policy for which I am applying. I understand that the policy is being issued in reliance upon the information provided on this application for insurance. I agree that the facts and information contained in this insurance application are correct and accurate and that I have not failed to disclose any material facts relating to the risks insured under this policy. I understand that Alliance United Insurance Company may void this policy and/or deny coverage for an accident or loss if I, or an insured person, has concealed or misrepresented any material fact or circumstance, or engaged in fraudulent conduct, at the time this application is made or at any time during the policy period. The insurance company may void this policy and/or deny coverage for an accident or loss for fraud or misrepresentation even after the occurrence of an accident or loss.

I further understand that coverage does not extend for accidents or losses occurring in Mexico.

I am aware that pursuant to California Insurance Code Section 1879.2, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

**THE COVERAGE I AM APPLYING FOR HAS BEEN FULLY EXPLAINED TO ME. I CERTIFY THAT THE STATEMENTS AND INFORMATION IN THIS APPLICATION ARE TRUE AND ACCURATE. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION.**

*Alex Vigil*

\_\_\_\_\_  
**Signature of Named Insured**

07/10/2021

\_\_\_\_\_  
**Date**

The broker warrants that the policy provisions and exclusions have been explained to the applicant and that all information in this application are true and correct to the best of the Broker's knowledge.

\_\_\_\_\_  
**Broker Signature**

\_\_\_\_\_  
**Date**





## Acknowledgment of Programs Offered by Alliance United Insurance Company and Financial Indemnity Company

My broker/agent has explained to me that Alliance United Insurance Company (Alliance) and Financial Indemnity Company (FIC) are affiliated companies under common ownership offering automobile insurance policies in California.

I understand that there are price and coverage differences between the two companies' policies and that the explanation below represents only some of the differences in the two programs' coverages and conditions. I understand that I should ask my broker/agent to explain any other differences in the two programs that might apply to my personal situation. If there is a conflict between this acknowledgement and the policy, **the provisions of the policy shall prevail.**

### Definitions

- While both Alliance and FIC provide some coverage for non-owned autos, Alliance has a separate definition of "non-owned auto", which is more detailed and restrictive than the FIC policy.
- The Alliance policy does not cover losses that occur in Canada.

### Liability Coverage

- Alliance policies excludes liability coverage when operating any vehicle with more than 4 wheels and load capacity of over 1 ton unless listed on the declarations.
- While both policies contain exclusions for business use, Alliance's general definition of "business" is more detailed and excludes almost all business use, except carrying supplies or tools to a job site.
- Alliance policies do not cover bail bonds.
- Alliance policies do not cover an insured person's operation of a non-owned vehicle unless it is a substitute vehicle. The FIC policy is less restrictive on non-owned vehicles.

### Medical Payments and Uninsured Motorist Coverage

- Alliance excludes Uninsured Motorist Bodily Injury Coverage (UMBI) and Uninsured Motorist Property Damage Coverage (UMPD) when occupying any motorized vehicle with less or more than 4 wheels.
- Alliance excludes UMPD for unlisted and unlicensed drivers. FIC reduces coverage to the state minimum limits.
- Alliance excludes UMPD for trailers.

### Car Damage Coverage

- For stolen vehicles, Alliance pays Transportation Expenses \$15/day with \$300 max. FIC pays \$20/day with \$600 max.
- Alliance excludes Car Damage Coverage when the vehicle is operated by someone not listed on the declarations and: is unlicensed, uses vehicle on a regular basis, or is "resident".
- FIC automatically includes a Limited Mexico coverage. Alliance does not provide any coverage in Mexico.
- Alliance limits Car Damage to \$500 for trailer.

### Conformity with Financial Responsibility Laws

- FIC automatically increases limits and coverages to comply with state law when driving in another state. Alliance does not.

By signing below, I acknowledge that the differences that are important to me in the coverages and premiums for the Alliance United Insurance Company and Financial Indemnity Company policies were explained to me fully by my broker/agent.

  
Applicant's Signature

07/10/2021  
Date

\_\_\_\_\_  
Broker/Agent's Signature

\_\_\_\_\_  
Date



## Information Regarding Premium Discounts

Alliance United Insurance Company offers several discounts to their policyholders. If you qualify for any of the discounts listed below, the discount(s) should be reflected in the premium quoted. If you have any questions, please contact your Broker at (909) 723-1900

### Multiple Car/Multiple Driver Discount

Discounts will apply for Liability To Others coverage, Medical Payments Coverage, Uninsured/Underinsured Motorist Coverage and Damage To A Vehicle coverage. These discounts apply to each vehicle of a multi- car/multi-driver risk. All vehicles must be listed on the same auto policy and primarily garaged at the same location to receive the discount.

### Renewal Discount

This discount applies to Liability To Others, Medical Payments Coverage, Uninsured/Underinsured Motorist Coverage and Damage To A Vehicle coverage. The discount will automatically be applied to renewals that qualify.

### Good Driver Discount

A 20% discount is automatically applied to all coverage for each driver qualifying for "good driver" status under Section 1861.025 of the California Insurance Code. Good drivers must be licensed for the past three years and have no more than one DMV violation point and/or one at fault accident point during that time to qualify.

All DUI's will be retained for 10 years for purposes of qualifying for good driver status.

### Mature Driver Discount/Driver Improvement Course

A discount applies to all coverage if a listed driver who is 55 years of age or older provides proof of successful completion of a Defensive Driver Improvement Course approved by the California Department of Motor Vehicles.

The discount is good for 3 years from the date of course completion. The discount will be discontinued if the listed driver is at-fault in an accident or if the listed driver is convicted of a violation of Division 11 of the Vehicle Code, except Chapter 9 of that Division, or of a traffic-related offense involving alcohol or narcotics. The discount does not apply if the insured successfully completes the Defensive Driver Improvement Course pursuant to a court order.



Nation Motor Club, Inc.  
800 Yamato Road, Suite 100, Boca Raton, FL 33431  
California Motor Club Permit number: 5157-3

FOR 24-HOUR EMERGENCY ROAD SERVICE, CALL:  
(855) 237-3818

Producer Code: 48460-Plan AP

Member number: MIL4970933

Effective Date: 7/10/2021

Important Phone Numbers:  
Towing and Roadside Assistance: (855) 237-3818

Customer Service : (800) 338-2680

Serving motorist with commitment to excellence  
Since 1962

## 24 - Hour Emergency Road Service Plan

**This Is Not An Insurance Contract**  
**This Is Not An Automobile Liability Or Physical Damage Insurance Contract.**

**EMERGENCY ROAD SERVICE:** Your membership contains Our 24 hour emergency road service telephone number for You to call when Your covered vehicle is disabled. We will dispatch an emergency service vehicle to Your aid. You are entitled to five (5) services per Membership period. Limit of one (1) service within a seventy two (72) hour period. You are not required to pay any sum in addition to the amount specified for any covered emergency road service. In the event You have contracted for any Road Service on Your own, You may send Your receipted expenses to Nation Motor Club, Inc. at 800 Yamato Road, Suite 100, Boca Raton, FL 33431. Reimbursements for services not dispatched through Our toll-free number are expressly limited to a maximum of fifty dollars (\$50).

### EMERGENCY ROAD SERVICE CONSISTS OF:

**MECHANICAL FIRST AID:** ANY SERVICE REQUIRING MINOR ADJUSTMENT (exclusive of parts) to enable Your disabled covered vehicle to proceed under its own power.

**TIRE SERVICE:** Changing of a flat tire with a good inflated spare.

**BATTERY SERVICE:** Attempting to start a disabled vehicle with a booster battery.

**FLUID DELIVERY:** Delivery of an emergency supply of up to two (2) gallons of gasoline. Member is not required to pay any sum for delivery charges.

**TOWING SERVICE:** When Your covered vehicle cannot be safely driven under its own power, it can be towed to a destination of Your choice with no out-of-pocket expense for any tow not exceeding the maximum covered mileage for Your designated plan letter as follows: Plan AP=10 miles.

**LOCKSMITH SERVICE:** If Your keys are locked inside of Your covered vehicle We will dispatch a locksmith to help You gain entry. Access to passenger compartment only.

**MAP ROUTING SERVICE:** Custom trip routings may be requested by calling Us at 866-294-0934 a minimum of two (2) weeks prior to departure. Trip routings will outline travel from Your location to Your destination.

**\$500 THEFT REWARD:** We will pay a person (excluding Your family or relatives) five hundred dollars (\$500) from information leading to the arrest and conviction of the person(s) involved in the theft of Your covered vehicle.

**COVERAGE AREA:** Benefits are provided within the United States, Canada, and Puerto Rico.

**COVERAGE TERM:** Coverage commences on the effective date and will continue for the number of years indicated above. In the event no term is indicated, this Membership shall have a term of one (1) year.

**CANCELLATION:** This Membership can be cancelled at any time either by You or by Us. Upon such cancellation, the prorated, unused portion of the Membership dues shall be refunded to You with no other deductions. Please note that excessive claims will be cause for cancellation.

**TRANSFER:** This Membership is non-transferrable.

**EXCLUSIONS:** This Membership does not cover the following: 1) Winching, including the removal of a vehicle from sand, snow or ice; 2) Any road service requests where a vehicle is disabled off of a regularly maintained highway or roadway.

**CUSTOMER SERVICE:** For Customer service please call 800-338-2680 Monday through Friday, 8:30am - 5:00 pm EST.

**STATE OFFICES:** Nation Motor Club, Inc., at 2875 Michelle Drive, Suite 100, Irvine, CA 92606



Member Signature

07/10/2021

Date

  
ANDREW SMITH, PRESIDENT and duly authorized  
agent Nation Motor Club, Inc.

Administrator

Nation Motor Club, Inc, 800 Yamato Road, Suite 100, Boca Raton, FL 33431  
California Motor Club Permit Number: 5157-3

NMC CA INS CO 10/09



Date: 7/10/2021

Insured Name: ALEX VIGIL

BROKER: Veronica's Auto Insurance Services - Orange S

Policy Number: MIL4970933

**CALIFORNIA NO-FAULT ACCIDENT DECLARATION**

California Code of Regulations mandates that a driver may be considered to be principally at-fault in an accident if the driver's actions or omissions were at least 51% of the proximate cause of the accident, and in an accident not resulting in death; the total loss or damage caused by the accident exceeded \$750 if the accident occurred prior to 12/11/2011 or \$1,000 if the accident occurred 12/11/2011 or after.

An accident is considered non-fault if:

- Vehicle was lawfully parked. A vehicle rolling from a parked position shall not be considered lawfully parked and shall be considered in the operation of the last operator.
- Vehicle was struck in the rear while legally stopped for traffic or a traffic control device and the driver was not convicted of a moving violation in connection with the incident.
- Vehicle was damaged as a result of contact with a "hit and run" operator of another vehicle and the accident was reported to the proper authorities within reasonable time after the accident.
- Vehicle collided with animals, birds, or falling objects.
- Driver was responding to a call of duty as a paid volunteer or member of any police or fire department, first aid squad, or any law enforcement agency, while performing any other governmental function in a public emergency. This exception does not include an accident occurring after the auto ceases to be used in response to such emergency.
- Applicant was not convicted of a moving traffic violation in connection with the accident and the other operator of the vehicle involved in such accident was convicted of a moving traffic violation.
- Judgment or reimbursement was obtained from responsible party.
- The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example, "black ice").

I, ALEX VIGIL, hereby declare, under penalty of perjury, that I was not principally at fault, under the guidelines set forth in the California Code of Regulations Section 2632.13 (i), for the accident that occurred on or about **10/08/2019**.

I understand that if Alliance United Insurance Services, LLC and / or Alliance United Insurance Company discover that this declaration contains a fraudulent or material misrepresentation, my policy may be cancelled or an additional premium may be charged and Alliance United Insurance Services, LLC and / or Alliance United Insurance Company may take any other action authorized by law.

I have read the above No-Fault Accident Declaration. I declare that the information provided in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. I understand that this policy was issued in reliance upon the information provided on this application for insurance. I agree that the facts and information contained in this insurance application are correct and accurate and that I have not failed to disclose any material facts relating to the risks insured under this policy.



Signature

07/10/2021

Date



California Insurance ID Card				If You Are In An Accident	
<b>Alliance United Insurance Company</b> <b>PO Box 280339,</b> <b>Northridge, CA 91328-0339</b> <b>NAIC # 10920</b>				<ol style="list-style-type: none"> <li>Do not leave the scene.</li> <li>Call the police to report the accident.</li> <li>Call at <b>(800) 508-5833</b>.</li> <li>Do not admit fault. Do not discuss the accident with anyone except the police and your representative.</li> <li>Exchange information with the other driver. Ask for the following: <ul style="list-style-type: none"> <li>* Name, address, driver's license number, and phone numbers of other drivers and witnesses.</li> <li>* Year, make, model, and license plate number of all vehicles involved.</li> <li>* Name of Insurance Company and policy number of other drivers.</li> </ul> </li> </ol> <p style="text-align: center;"><b><u>Nation Motor Club, Inc.</u></b></p> <p style="text-align: center;"><b>For 24 Hour Emergency Road Service, call (855)237-3818</b></p> <p style="text-align: center;"><b>Producer Code: 48460 Plan AP</b></p> <p style="text-align: center;"><b>Membership No: MIL4970933</b></p>	
<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>			
MIL4970933	7/10/2021	1/10/2022			
(ID card valid only if coverage is in-force)					
<b>Named Insured:</b>		<b>Named Drivers:</b>			
ALEX VIGIL 18325 VANOWEN ST APT 99 RESEDA, CA 91335-5450		- ALEX VIGIL - ALICIA RACHELE SKOLNIK			
<b>Broker:</b>					
Veronica's Auto Insurance Services - Orange S					
(909) 723-1900					
<b>Vehicle Information</b>					
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN #</b>		
2008	BMW	328	WBAVC53508F008851		

