

**Policy Number:** OR164621  
**Policyholder Name(s):** Computer A Oregon

## Application for Auto Insurance

### Policy and Premium Information

**Insurance Company:** Clearcover Insurance Company  
33 West Monroe, Suite 500  
Chicago, IL 60603

**Broker/Agent:** clearcover

**Named Insured(s):** Computer A Oregon  
14579 SE Creekside Dr  
Robertsdale, OR 97267  
**E-mail Address:** test+f15f0187-09e2-4355-b5d0-99940817c382@clearcover.com  
**Phone Number:** 2223331234

**Policy Period:** 01/14/2022 at 12:01 a.m. - 07/14/2022 at 12:01 a.m.

**Total Policy Premium:** \$874.28

**Initial Payment Required:** \$147.78

**Initial Payment Received:** \$147.78

**Payment Plan:** Pay 6 installments

### Drivers and Household Residents

The applicant, spouse, and all household residents 16 years of age or older, all regular drivers of the vehicles described in this application, and all the children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age.

Name	Date of Birth	Sex	Marital Status	Relationship
Computer A Oregon	04/13/1971	male	married	applicant
<b>Driver Status:</b> Named insured <b>Education Level:</b> Bachelors degree <b>Occupation:</b> Actuary				
Computer2 A Oregon	04/13/1972	male	married	spouse
<b>Driver Status:</b> Covered person <b>Education Level:</b> Bachelors degree <b>Occupation:</b> Actuary				

**Total Residents: 2**

The total number of residents currently residing in your household, including listed drivers, young children, roommates, or anyone else living in the home for 60 days or more during the next 12 months.

### Outline of Coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**General Policy Coverage****1998 Saturn SW2 WAGON 4D**

VIN: 1G8ZK8278WZ117818

Garaging ZIP Code: 97267

Primary use of the vehicle: pleasure

Coverages	Limit/Deductible	Premium
Bodily Injury Liability	\$50,000 per person/\$100,000 per accident	\$76.00
Property Damage Liability	\$20,000 per accident	\$72.76
Medical Payments Coverage	\$2,000 per person	\$1.22
Uninsured Motorists Bodily Injury	\$25,000 per person/\$50,000 per accident	\$23.66
Collision	\$200 deductible	\$56.78
Comprehensive	\$200 deductible	\$18.76
Alternative Transportation	\$30 per day/\$900 per accident	\$4.13
Roadside Assistance	\$100 per covered emergency	\$4.33

Personal Injury Protection	Limit/Deductible
Medical Expenses	\$15,000 per person
Income Loss	\$3,000 per month
Essential Services	\$30 per day
Funeral Expenses	\$5,000
Child Care Expenses	\$25 per day to a maximum of \$750
<b>Premium</b>	<b>\$16.84</b>

**Total Premium for 1998 Saturn** **\$274.48**

**1992 Mercury GRAND MARQUIS LS SEDAN 4D**

VIN: 2MELM75W6NX756950

Garaging ZIP Code: 97267

Primary use of the vehicle: pleasure

Coverages	Limit/Deductible	Premium
Bodily Injury Liability	\$50,000 per person/\$100,000 per accident	\$79.56
Property Damage Liability	\$20,000 per accident	\$76.17
Medical Payments Coverage	\$2,000 per person	\$1.28
Uninsured Motorists Bodily Injury	\$25,000 per person/\$50,000 per accident	\$23.66
Collision	\$200 deductible	\$56.78
Comprehensive	\$200 deductible	\$18.76
Alternative Transportation	\$30 per day/\$900 per accident	\$4.13
Roadside Assistance	\$100 per covered emergency	\$4.33

Personal Injury Protection	Limit/Deductible
Medical Expenses	\$15,000 per person
Income Loss	\$3,000 per month
Essential Services	\$30 per day
Funeral Expenses	\$5,000
Child Care Expenses	\$25 per day to a maximum of \$750
<b>Premium</b>	<b>\$17.72</b>

**Total Premium for 1992 Mercury** **\$282.39**

**2018 Honda ODYSSEY ELITE WAG4X24D**

VIN: 5FNRL6H9XJB078969

Garaging ZIP Code: 97267

Primary use of the vehicle: pleasure

Coverages	Limit/Deductible	Premium
Bodily Injury Liability	\$50,000 per person/\$100,000 per accident	\$62.60
Property Damage Liability	\$20,000 per accident	\$47.67
Medical Payments Coverage	\$2,000 per person	\$1.28
Uninsured Motorists Bodily Injury	\$25,000 per person/\$50,000 per accident	\$23.66
Collision	\$200 deductible	\$112.27
Comprehensive	\$200 deductible	\$45.87
Alternative Transportation	\$30 per day/\$900 per accident	\$4.13
Roadside Assistance	\$100 per covered emergency	\$4.33

Personal Injury Protection	Limit/Deductible
Medical Expenses	\$15,000 per person
Income Loss	\$3,000 per month
Essential Services	\$30 per day
Funeral Expenses	\$5,000
Child Care Expenses	\$25 per day to a maximum of \$750
<b>Premium</b>	<b>\$15.60</b>

<b>Total Premium for 2018 Honda</b>	<b>\$317.41</b>
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<b>Total 6 month policy premium and fees</b>	<b>\$886.28</b>
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### Driving History

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) – provided by a consumer reporting agency
- Clearcover claims history (CC)
- Comprehensive Loss Underwriting Exchange (CLUE) – provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer Reporting Agency
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### Premium Discounts

Policy

OR164621	Continuous Insurance, Financial Responsibility
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Driver

## Vehicle

1998 Saturn SW2 Anti-Lock Brakes System, Passive Restraint  
1992 Mercury GRAND MARQUIS LS Anti-Lock Brakes System, Passive Restraint  
2018 Honda ODYSSEY ELITE Anti-Theft, Anti-Lock Brakes System, Passive Restraint, ADAS Active, ADAS Driving Feedback, ADAS Parking Feedback

## Underwriting Information

Prior Insurance: other  
Prior Insurance Carrier: COMPANY99017  
Policy Number: OR164621  
Bodily Injury Limits: N/A

## Lienholder and Additional Interest Information

Vehicle	Lienholder	Additional Interest
1998 Saturn SW2 WAGON 4D		
1992 Mercury GRAND MARQUIS LS SEDAN 4D		
2018 Honda ODYSSEY ELITE WAG4X24D		

## Application Agreement

## Verification of Content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under Clearcover Insurance Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I have notified Clearcover Insurance Company of any vehicles listed that are used to carry persons or property for compensation. I understand that this policy may be rescinded and voidable if this application contains any false information or if any information that would alter Clearcover Insurance Company's exposure is omitted or misrepresented.

## Oregon Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
  - 1.** Material to the risk assumed by us; or
  - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### Notice of Information Practices

In connection with my application for Clearcover Insurance Company, ("you"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged. Credit scoring cannot be used for renewals unless requested by the insured. I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

### Acknowledgement and Agreement

- If I make my initial payment by Electronic Funds Transfer (EFT), the coverage afforded under this policy is conditioned on payment to Clearcover Insurance Company by the financial institution. If the EFT payment is not honored by the financial institution, Clearcover Insurance Company shall be deemed not to have accepted the payment and this policy shall be terminated.
- If I make my initial payment by credit or debit card, the coverage afforded under this policy is conditioned on payment to Clearcover Insurance Company by the card issuer. I understand that if Clearcover Insurance Company is unable to collect my initial payment from the card issuer, Clearcover Insurance Company shall be deemed not to have accepted the payment and this policy shall be terminated. I also understand that if I authorize a credit card or debit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if Clearcover Insurance Company is unable to collect payment from the card issuer.
- Clearcover Insurance Company may obtain information, including vehicle history information, from third parties. I understand that this information may affect my policy premium or could result in a policy declination, cancellation, or nonrenewal.
- I understand and acknowledge that Uninsured Motorist Bodily Injury (UMBI) coverage has been explained to me. I have the right to purchase UMBI limits equal to my Bodily Injury (BI) liability limits or limits not lower than the minimum BI limits required by law. A brief description of UMBI coverage and a cost comparison are found in the attached supplement.

Uninsured Motorist Property Damage Coverage

Uninsured Motorist Property Damage (UMPD) Coverage is available to you with a \$200 deductible (\$300 deductible if the damage occurs as a result of a hit-and-run or phantom vehicle).You may not select a limit of liability for UMPD Coverage greater than your limit of liability for Property Damage Coverage.

Uninsured Motorist Property Damage Coverage protects you if your vehicle is damaged as a result of an accident where the party at fault is uninsured. Our limit of liability for UMPD will be the lesser of the actual cash value of your damaged property or the amount necessary to repair or replace your damaged property, but in no event to exceed the amount indicated on the declarations.

Collision Coverage will apply in most cases involving damage to your vehicle caused by an uninsured motorist. If you carry Collision Coverage, it may not be necessary to carry UMPD. The principal difference in the coverages when applied to damage caused by an uninsured motorist are that the deductibles under Collision and Uninsured MotoristProperty Damage Coverage may differ and that Collision Coverage may not apply to damage to a rental car you are operating.

The following are the available limit options for UMPD Coverage (your selection will apply to all vehicles):

\$20,000	\$25,000	\$50,000	\$100,000
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I select the following for Uninsured Motorist Property Damage (UMPD) Coverage:

I reject UMPD coverage

Signature of Named Insured

Date

X