

ACORDTM PROPERTY SECTION

DATE (MM/DD/YYYY)

8/21/2018

PRODUCER
PHONE (A/C, No, Ext): 734-455-1110
FAX (A/C, No): 734-459-0585

APPLICANT
(First Named Insured)

TYME AUTO SALES INC

JEFF ASHTON AGENCY, INC.
880 FRALICK
PLYMOUTH, MI 4817

EFFECTIVE DATE
09/16/18

EXPIRATION DATE
09/16/19

DIRECT BILL
AGENCY BILL

PAYMENT PLAN

AUDIT

CODE: SUB CODE:

AGENCY
CUSTOMER ID:

FOR
COMPANY
USE ONLY

PREMISES INFORMATION

PREMISES #:

BUILDING #:

STREET ADDRESS: 199 PLYMOUTH RD. PLYMOUTH MI

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	INFLATION GUARD%	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY
building	100,000	80	RC	special		1000		repl cost
outdoor sign	10,000							
personal proper	10,000	80	RC	special		1000		repl cost

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE

TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	<input type="checkbox"/> 90 DAYS	<input type="checkbox"/> 180 DAYS	\$	DED	DAYS		\$	STUDENTS	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> MFG					ELEC MEDIA	MO PERIOD			OTHER ED SERV/INC	POWER	% COIN
<input type="checkbox"/> MINING					DAYS	LIMIT				WATER	CONT LOC
% COINS	\$				ORD OR LAW	MAX PERIOD				COMM (DESCR BELOW)	REC LOC
					DAYS						MFG LOC
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE _____ DAYS PERIOD REST	
										LIMIT LOSS PAY _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

location 199 Plymouth Road Plymouth, MI 48170
Metal Sign - USED: AUTO LOT + BUILDING USED FOR INITIAL SALES LOCATION

CONSTRUCTION TYPE jm (cinder block)	DISTANCE TO HYDRANT 100 FT	FIRE STAT 3 MI	FIRE DISTRICT/CODE NUMBER plymouth	PROT CL 05	# STORIES 1	# BASMTS 0	YR BUILT 1988	TOTAL AREA 400
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE FLAT	OTHER OCCUPANCIES none		
WIRING, YR: 01			PLUMBING, YR: 01		HEATING BOILER ON PREMISES?			
ROOFING, YR: 01			HEATING, YR: 01		IF YES, IS INSURANCE PLACED ELSEWHERE?			
OTHER:			WIND CLASS		YES NO			
RIGHT EXPOSURE & DISTANCE open lot			LEFT EXPOSURE & DISTANCE open lot		REAR EXPOSURE & DISTANCE none			
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CENTRAL STATION WITH KEYS
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER		CLOCK HOURLY		
							CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		CERTIFICATE	INTEREST		CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

PREMISES INFORMATION

PREMISES #: 2 BUILDING #: 1 STREET ADDRESS: 464 MILL ST PLYMOUTH

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	INFLATION GUARD%	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY
464 MILL ST PLYMOUTH MI	150,000	80	RC	SPECIAL		1000		
BPP	10,000	8	RC	"		"		

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	% COIN	
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	<input type="checkbox"/> WATER	CONT LOC	
<input type="checkbox"/> MINING	180 DAYS	DAYS	LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC	
		DAYS				LDR LOC (DESC BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY _____% _____% _____%	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

location 2 is an office only 464 mill street plymouth, mi 48170
USE

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
frame	100 FT	03 MI	plymouth	05	1	0	1988	464
BUILDING IMPROVEMENTS	PLUMBING, YR:		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
<input checked="" type="checkbox"/> WIRING, YR: 01	<input type="checkbox"/>							
<input checked="" type="checkbox"/> ROOFING, YR: 01	<input type="checkbox"/> HEATING, YR: 01		WIND CLASS	HEATING BOILER ON PREMISES?			YES NO	
OTHER:			<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			YES NO	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY					# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/ BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied)

**ACCOUNT INFORMATION**

INSURED NAME

Tyme Auto Sales

EFF DATE

AGENT CHECKLIST FOR QUOTE

- ☐ Current year and 3 prior years (4 years total) loss history valued within the last 90 days.
- ☐ Acord Applications for all coverages being quoted.
- ☐ Employee List: Include name, job title/position, License Number, State of issue, DOB, if furnished a vehicle and if full or part time. Also include and identify all non-employees that are provided/furnished a vehicle and their relationship to the operation on the list.
- ☐ In a cover memo, provide a description of the risk, expiring premium and the quote need by date.
- ☐ Provide an explanation of all losses over \$10,000 and any corrective action taken to prevent reoccurrence.

OWNERS & EXECUTIVE OFFICERS LIST ALL OWNERS OF THE OPERATION

NAME	TITLE	ACTIVE Y/N	OWNERSHIP %
FOUNT JONES	OWNER	Y	50.0%
DIANE JONES	OWNER	Y	50.0%
			100%

Dealership Operations:

PRIMARY MANUFACTURER NONE - USED AUTO DEALER - ALL MANUFACTURERS

ADDITIONAL MANUFACTURERS

DOES THE INSURED DO ANY SALES/SERVICE OF THE FOLLOWING: IF YES INDICATES SALES AMOUNT FOR EACH OPERATION

NEW AUTOS	
USED AUTOS	1,100,000
MOTORCYCLES	
RV/CAMPERS	
FARM/CONSTRUCTION EQUIPMENT	
BOATS	
AIRPLANES	
POWERSPORT EQUIPMENT	
RACING RELATED VEHICLES	
SALVAGE/GREY MARKET VEHICLES	
VEHICLES IN EXCESS OF \$75,000 IN VALUE	
LPG SALES OR SERVICE	
FOOD SERVICE USING FRYERS, GRILLS OR OPEN FLAMES	
WHOLESALE OR RETAIL GASOLINE OR FUEL SALES	
PROPERTY LEASED TO OTHERS	
RESIDENTIAL PROPERTY INCLUDING APARTMENT BUILDINGS OR OTHER HABITATIONAL RISKS	
ANTIQUE OR CLASSIC VEHICLES	
OTHER	
OTHER	
	TOTAL \$0

LIST THE PERCENTAGE OF YOUR SERVICE WORK IN EACH CATEGORY

TYPE OF WORK	PERCENT	TYPE OF WORK	PERCENT
Oil & Lube	0%	Wash/Detail	0%
Tune-Up	0%	Window Tint	0%
Muffler	0%	Clear Coating	0%
Radiator	0%	Stereo System	0%
Electrical	0%	Alarm System	0%
Brakes	0%	Transmission	0%
Hitches	0%	Windshield	0%
Upholstery	0%	Lift Kit Installation	0%
Tires (New)	0%	Suspension (Not Lift Kits)	0%
Tires (Used)	0%	Wheel Alignment	0%
Frame Work	0%	Performance Adjustments	0%
Painting	0%	Other:	
Body Work	0%	Total	0%

GENERAL UNDERWRITING QUESTIONS:

INDICATE YEAR TOP MANAGEMENT BEGAN WORKING IN INSURED BUSINESS	1969	
NUMBER OF INSURANCE CARRIERS IN THE LAST 5 YEARS	1	
NUMBER OF YEARS PROFITABLE IN THE PAST 5 YEARS INSURED	5	
	YES	NO
ARE CUSTOMER SIGNATURES REQUIRED IF A REPAIR OF SAFETY ITEM IS REFUSED?	X	
ARE LOTS FULLY FENCED AND GATES LOCKED?	X	
ARE LOTS FULLY LIT?	X	
ARE LOTS COVERED BY SECURITY CAMERAS?		X
IS A MONITORED ALARM SYSTEM IN PLACE?	X	
ARE ALL EXITS BLOCKED AFTER HOURS?	X	
ARE LOTS PAVED AND FREE OF OBSTRUCTIONS/HOLES?	X	
ARE VEHICLES STORED INSIDE THE BUILDING AT NIGHT?		X
IS THERE A NIGHT WATCHMAN?		X
IF THERE ARE NIGHT WATCHMEN, ARE THEY ARMED?		X
ARE THERE ANY GUARD DOGS?		X
ARE CUSTOMERS PROHIBITED FROM THE SERVICE AREA WITH SIGNS POSTED?	X	
HOW LONG ARE REPAIR RECORDS KEPT?	NO REPAIRS	
IS THERE A BODY REPAIR OPERATION?		X
IS THERE ANY WELDING OPERATION?		X
DO ANY LOCATIONS HAVE PAINT BOOTHS?		X
IS THE PAINT BOOTH NFPA/UL APPROVED		X
ARE THE PAINT STORAGE AND MIXING ROOMS EQUIPED WITH A FIRE SUPPRESSION SYSTEM?		X
ARE ALL PAINTS WATER BASED?		X
ARE ALL PAINTS/THINNERS STORED IN APPROVED CONTAINERS?		X
FOR ALL LOCATIONS WITH A PAINT BOOTH, LIST ALL LOCATIONS BY LOC # AND BLDG # CORRESPONDING TO THE ACORD 125: AND INDICATE IF THE PAINT BOOTH IS UL APPROVED INCLUDING EXPLOSION/VAPOR PROOF LIGHTING AND VENTILATION AND APPROVED FIRE SUPPRESSION SYSTEM		
LOC/BLDG #	NFPA / UL APPROVED	EXPLOSION/VAPOR PROOF LIGHTING
_____	_____	_____
_____	_____	_____

	YES	NO
ARE THERE OCCUPANCIES OR BUSINESS OTHER THAN THE SALES AND/OR SERVICE OF AUTOMOBILES? IF YES, PROVIDE DETAILS BELOW		X

PROVIDE EXPLANATION OF ANY UNFAVORABLE ANSWERS FROM THE ABOVE QUESTIONS
NO PAINTING OR PAINT BOOTHS

AUTO/GARAGE

DESIGNATED NAMED INDIVIDUALS				
Name(s) Position or Relationship	Age	DOC	Named Individual UM/UIM Limit	# of Autos Assigned to Named Individual & Family Members

OPTIONAL COVERAGES				
ADD'L INSURED - LESSOR OF LEASED EQUIPMENT			# OF EQUIPMENT LESSORS	
ADD'L INSURED - DESIGNATED PERSON OR ORGANIZATION			# OF PERSONS OR ORGANIZATIONS	
			YES	NO
Prior Damage E & O			X	
Employee Benefits	LIMIT			
	DED			

DRIVE AWAY COLLISION	YES	NO
Is the distance driven or transported more than 50 miles?		X
Average number per month		

GARAGEKEEPERS	
Complete Garagekeepers Limits Section of ACORD Application in addition to the information below.	
Wind/Hail Deductible	

AUTO DEALERS OPEN LOT		YES	NO			
Does Dealer have Wholesale Finance Vehicles insured through wholesale finance insurer?			X			
Insurance Coverage Provided						
Coverage to be included in this quote: <input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> False Pretense						
	Deductible					
SPECIFIED PERILS	\$1,000	Wind/Hail Deductible	SAME			
COMPREHENSIVE	\$1,000	Wind/Hail Deductible	SAME			
COLLISION	\$1,000					
Location	Average Inside Value	Maximum Inside Value	Average Outside Value	Maximum Outside Value	Standard Open Lot	Non-Standard Open Lot
1	\$0	\$0	160,000	150,000	x	
False Pretense		Limit \$	Deductible	Value		
		\$10,000	\$1,000			

UNDERWRITING QUESTIONS		YES	NO
CUSTOMER LOANERS PROVIDED?			X
Are signed rental/loaner agreements obtained?			
Percentage of loaners to total service customers		0%	
ANY RENTAL/LEASING OPERATIONS?			X
DEMO AGREEMENT USED?			X
Does agreement prohibit family use?			
Does employee pay deductible?			
DOES INSURED DELIVER PARTS?			X
Number of delivery vehicles?			
Is insured considered a part of distribution center			
Percentage of Parts sales to total sales		0%	
CUSTOMER TEST DRIVES		X	
Overnight test drives allowed?			X
Sales staff accompanies all test drives?		X	
Customer's drivers license reviewed and copied?		X	
Is there a predetermined test route?		X	
DOES THE INSURED HAVE ANY BUY HERE/PAY HERE OR IN HOUSE FINANCING OPERATIONS?		X	
DOES INSURED REQUEST CARFAX RPTS ON USED VEHICLES?		X	
IS THERE COMPUTERIZED KEY CONTROL?			X
ARE LOCKBOXES USED ON INVENTORY?		X	
IF LOCKBOXES ARE IN PLACE ARE KEYS REMOVED AT NIGHT FROM THE BOXES?		YES	
ANY VEHICLES IN INVENTORY W/ VALUES IN EXCESS OF \$100,000? If yes, please provide details.		NO	
ARE VEHICLES INVENTORIES CONDUCTED AT LEAST MONTHLY?		YES	
TOWING EXPOSURE	Number of trucks	0	
ANY POLICE OR IMPOUND TOWING OR STORAGE DONE?		NO	
DOES THE INSURED SPOT DELIVER VEHICLES HELD FOR SALE?		NO	
# OF SPOT DELIVERIES PER MONTH	AVERAGE # PER MONTH	0	

SEVERE WEATHER PREPARATION ANALYSIS

	YES	NO
DO YOU HAVE A WRITTEN DISASTER PLAN FOR AVOIDING DAMAGE CAUSED BY SEVERE WEATHER?	X	
IF NO DISASTER PLAN EXISTS, DO YOU HAVE A DESIGNATED AREA TO STORE OUTSIDE INVENTORY IN THE EVENT OF SEVERE WEATHER		
HAVE YOU EVER TESTED YOUR DISASTER PLAN?		X
DO ANY OF YOUR BUILDINGS HAVE ROCK AGGREGATE ON THE ROOF?		X
ARE THERE ANY BUILDINGS WITHIN 300 FEET OF YOUR INVENTORY WITH ROCK AGGREGATE ON THE ROOFS?		X
IS ANY NEW OR USED INVENTORY PARKED UNDER PROTECTIVE COVER?		X
HAS ANY PART OF YOUR OUTSIDE INVENTORY STORAGE OR PARKING AREA EVER FLOODED? (if yes, please attach an explanation)		X

PLEASE PROVIDE DETAILS ON ABOVE ANSWERS

THEY DO, DO CASH SALES ON SPOT OR ARRANGE FOR FINANCING FOR THE BUYER, BUT NO IN HOUSE FINANCING.

PROPERTY SECTION

	YES	NO
ARE EMPLOYEE TOOLS SECURED AFTER HOURS?		
ARE ANY LOCATIONS LISTED VACANT LAND?		X
ARE ANY LOCATIONS LISTED VACANT BUILDINGS?		X

IF YES, PLEASE LIST ALL LOCATIONS BY LOC # AND BLDG # AS SHOWN ON ACORD 125:

IF THERE ARE VACANT BUILDINGS, PLEASE PROVIDE DETAILS ON SECURITY AT THE BUILDING AND ANY PLANS FOR THE SAFETY OF THE BUILDING. IS THE BUILDING CURRENTLY FOR SALE?

N/A

	YES	NO
ARE ANY LOCATIONS LOCATED IN DESIGNATED COASTAL STATES/COUNTIES?		X

IF YES, PLEASE LIST ALL LOCATIONS BY LOC # AND BLDG # AS SHOWN ON ACORD 125:

BUSINESS INCOME

BUSINESS INCOME IS AVAILABLE UNDER FORM # 5877 CP WITH A LIMIT OF \$100,000.	ADD'L LIMIT REQUESTED IF NEEDED:	
--	----------------------------------	--

INLAND MARINE (OTHER THAN EQUIPMENT DEALER)

				YES	NO
EMPLOYEE TOOLS					
LOC	LIMIT	DEDUCTIBLE	RC OR ACV		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		


CRIME COVERAGE

	YES	NO
ARE INCOMING CHECKS IMMEDIATELY STAMPED FOR DEPOSIT ONLY?	X	

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE(MM/DD/YYYY)
8/21/2018

AGENCY	PHONE (A/C, No, Ext): 734-455-4110 / 1117	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF
	FAX (A/C, No.): 734-459-0585	POLICIES OR PROGRAM REQUESTED		POLICY NUMBER	
 <p>Plymouth Rock Ins Agency 880 Fralick Street Plymouth Michigan 48170</p>		INDICATE SECTIONS ATTACHED <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	
CODE: SUB CODE: AGENCY CUSTOMER ID:		<input checked="" type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA			

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE	DATE	TIME	AM		DIRECT BILL	AUDIT
CANCEL			PM	09/16/18	09/16/19	

APPLICANT INFORMATION		NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
TYME AUTO SALES INC		PHONE (A/C, No, Ext): 455-5566		199 PLYMOUTH ROAD		PLYMOUTH, MI 48170	
E-MAIL ADDRESS(ES):		SUBCHAPTER "S" CORPORATION		LIMITED LIAB CORP		WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> CR BUREAU NAME	<input type="checkbox"/> ID NUMBER	DATE BUS STARTED	
INSPECTION CONTACT		PHONE (A/C, No, Ext): 734-455-5566		ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):	
Diane Jones							

PREMISES INFORMATION							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED	
01	01	199 Plymouth Road Plymouth, MI 48170	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
02	1	464 Mill Plymouth, MI 48170 office only	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)	
used car sales	

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS			

EXPLAIN ALL "YES" RESPONSES		YES	NO
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input checked="" type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			<input checked="" type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			<input checked="" type="checkbox"/>

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	Secura		Secura		Secura					
GENERAL LIABILITY COMMERCIAL	CARRIER	Secura		Secura		Secura					
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE	03/23/17		03/23/16		03/23/15					
	EFF-EXP DATE	03/23/18		03/23/17		03/23/16					
	GENERAL AGGREGATE										
	PRODUCTS COMP OP AGGREGATE										
	PERSONAL & ADV INJ										
	EACH OCCURRENCE										
	FIRE DAMAGE										
	MEDICAL EXPENSE										
	BODILY INJURY	OCCURRENCE									
		AGGREGATE									
	PROPERTY DAMAGE	OCCURRENCE									
		AGGREGATE									
COMBINED SINGLE LIMIT											
MODIFICATION FACTOR											
TOTAL PREMIUM											
AUTOMOBILE	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	COMBINED SINGLE LIMIT										
	BODILY INJURY	EA PERSON									
		EA ACCIDENT									
	PROPERTY DAMAGE										
	MODIFICATION FACTOR										
TOTAL PREMIUM											
PROPERTY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	BUILDING	AMT									
	PERS PROP	AMT									
	MODIFICATION FACTOR										
TOTAL PREMIUM											
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS	
						STATE SUPPLEMENT(S) (If applicable)	
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)							

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2002/01)

COMMERCIAL GENERAL LIABILITY SECTION

E(MM/DD/YYYY)

8/21/2018

AGENCY		8/21/2018	
PLYMOUTH ROCK INSURANCE AGENCY LLC		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 9/16/18	APPLICANT / FIRST NAMED INSURED	
<p>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.</p>			
COVERAGES		LIMITS	

COVERAGES			LIMITS		
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE			GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY PROJECT <input type="checkbox"/> LOCATION OTHER:		\$ 1,500,000
					PREMIUMS PREMISES/OPERATIONS
					PRODUCTS
DEDUCTIBLES PROPERTY DAMAGE \$ BODILY INJURY \$ PER CLAIM PER OCCURRENCE			PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,500,000		PRODUCTS
			PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER
			EACH OCCURRENCE \$ 1,000,000		
			DAMAGE TO RENTED PREMISES (each occurrence) \$		TOTAL
			MEDICAL EXPENSE (Any one person) \$ 5,000		
			EMPLOYEE BENEFITS \$		
			\$		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (if any)			\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM/UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

[illegible]

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES

1. PROPOSED RETROACTIVE DATE:	Y/N
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	
EMPLOYEE BENEFITS LIABILITY	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

Attach to ACORD 125

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CONTRACTORS
CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	Y/N
	n
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	Y/N
	n
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	Y/N
	n
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	Y/N
	n
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	Y/N
n	n
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	Y/N
n	n

DESCRIBE THE TYPE OF WORK SUBCONTRACTED

 \$ PAID TO SUB-
CONTRACTORS:



 % OF WORK
SUBCONTRACTED:

 # FULL-
TIME STAFF:

 # PART-
TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Y/N
	n
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	Y/N
	n
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	Y/N
	n
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	Y/N
	n
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	Y/N
n	n
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	Y/N
	n
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	Y/N
	n
8. PRODUCTS UNDER LABEL OF OTHERS?	Y/N
	n
9. VENDORS COVERAGE REQUIRED?	Y/N
	n
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	Y/N
	n

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

AGENCY CUSTOMER ID:

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LIENHOLDER					ITEM DESCRIPTION	
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	Y/N																		
n	n																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																			
	n																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																			
	n																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																			
	n																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																			
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT		n						
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																
	SMALL TOOLS	LARGE EQUIPMENT																	
	SMALL TOOLS	LARGE EQUIPMENT																	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																			
	n																		
7. ANY PARKING FACILITIES OWNED/RENTED?																			
	n																		
8. IS A FEE CHARGED FOR PARKING?																			
	n																		
9. RECREATION FACILITIES PROVIDED?																			
	n																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																			
<table border="1"> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS				n												
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																			
<input checked="" type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD	n																		
12. ARE SOCIAL EVENTS SPONSORED?																			
	n																		
13. ARE ATHLETIC TEAMS SPONSORED?																			
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			n
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP														
		<input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13-18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18														
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																			
	n																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																			
	n																		

GENERAL INFORMATION (continued)

CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				Y/N
				n
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	n
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				n
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				n
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				n
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				<input checked="" type="checkbox"/>
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				n

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Aaron Ashton	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	PLYMOUTH ROCK INS- AGENCY	NATIONAL PRODUCER NUMBER
	DATE 8-21-18	

ACORD™

GARAGE AND DEALERS SECTION

DATE (MM/DD/YY)

8/21/2018

PRODUCER

PHONE
(A/C, No, Ext):

(734) 459-0585 455-1117

APPLICANT

(First
Named
Insured)

TYME AUTO SALES INC


 PLYMOUTH ROCK
Agency

 Plymouth Rock Ins Agency
 880 Fralick Street
 Plymouth Michigan 48170

EFFECTIVE DATE

EXPIRATION DATE

DIRECT BILL

PAYMENT PLAN

AUDIT

09/16/18

09/16/19

AGENCY BILL

CODE:

SUB CODE

AGENCY

CUSTOMER ID:

Aaron Henton - Agt

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES		AUTO DEALERS		VEHICLE STORAGE	
		FRANCHISED	<input checked="" type="checkbox"/> NON-FRANCHISED		
REPAIR SHOP		CAR	%	TYPE OF FACILITY	LOCATION #
MOBILE HOME TRAILER DEALER		TRUCK-TRACTOR	%		
SERVICE STATION		MOTORCYCLE	%	BUILDING	
COMMERCIAL TRAILER DEALER		RECREATIONAL VEHICLE	%	STANDARD OPEN LOT	
STORAGE/GARAGE/PUBLIC PARKING		SNOWMOBILE	%	NON-STANDARD OPEN LOT	
OTHER		OTHER	%		

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		
		EACH ACCIDENT	GARAGE OPERATIONS	FOR DEALERS ONLY
LIABILITY	<input checked="" type="checkbox"/> 21 <input type="checkbox"/> 23 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 28	AUTO ONLY \$ 500000	OTHER THAN AUTO ONLY \$ 500000	AGGREGATE OTHER THAN AUTO ONLY \$ 500000
PERSONAL INJURY PROTECTION	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 27	OR EQUIVALENT NO FAULT COVERAGE		DEDUCTIBLE \$
ADDITIONAL PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27			DEDUCTIBLE \$
MEDICAL PAYMENTS	<input type="checkbox"/> 21 <input type="checkbox"/> 23 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 28			AUTOMOBILE PREM OPERATIONS
UNINSURED MOTORISTS	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 23 <input type="checkbox"/> 26			
UNDERINSURED MOTORISTS	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 23 <input type="checkbox"/> 26			

PHYSICAL DAMAGE

		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMPREHENSIVE SPECIFIED PERILS	<input type="checkbox"/> 22 <input type="checkbox"/> 27	01	\$ 150,000 100,000	\$ 500	\$ 2500
	<input type="checkbox"/> 23 <input type="checkbox"/> 28		\$	\$	\$
	<input type="checkbox"/> 24 <input checked="" type="checkbox"/> 31		\$	\$	\$
COLLISION	<input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 28			DEDUCTIBLE	
	<input type="checkbox"/> 23 <input type="checkbox"/> 27 <input checked="" type="checkbox"/> 31		150,000 100,000	\$ 500	

GARAGE KEEPERS

		LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMPREHENSIVE SPECIFIED PERILS	<input type="checkbox"/> 30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$
DIRECT BASIS	COLLISION	<input type="checkbox"/> 30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$

OTHER	SPECIFY				
OTHER	SPECIFY				
PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/REPAIRER PLATES	# TRANSPORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				\$	\$

ENDORSEMENTS

COVERED AUTO SYMBOLS

 (21) ANY AUTO
 (22) ALL OWNED AUTOS
 (23) OWNED PRIVATE PASS AUTOS ONLY
 (24) OWNED AUTOS OTHER THAN PRIV PASS

 (25) OWNED AUTOS SUBJECT TO NO-FAULT
 (26) OWNED AUTOS SUBJECT TO UM LAW
 (27) SPECIFICALLY DESCRIBED AUTOS
 (28) HIRED AUTOS ONLY

 (29) NON-OWNED AUTOS USED IN GARAGE BUS
 (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
 (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS
 (32) COMPANY USE

ACORD 128 (2/95)

PLEASE COMPLETE REVERSE SIDE

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AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER		DEFINITIONS:
		01		
CLASS I	REGULAR OPERATORS	06		
EMPLOYEES	ALL OTHERS			
CLASS II	UNDER AGE 25			
NON-EMPLOYEES	ALL OTHERS	01		

DEALERS PHYSICAL DAMAGE					NON-DEALERS PREMISES & OPERATIONS		
COVERAGE	NEW/USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE	NEW <input checked="" type="checkbox"/> USED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	\$ 100,000	6
SPECIFIED PERILS	NEW <input type="checkbox"/> USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
COLLISION	NEW <input checked="" type="checkbox"/> USED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	\$ 100,000	6

DRIVER INFORMATION						
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.						
DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #
01	DIANE JUDITH JONES	06-22-42		J520454143477	mi	
02	FOUNT TYREE JONES	08-06-39		J520258809615	mi	
SEE MVR'S						

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)			
INTEREST	RANK	NAME AND ADDRESS	REFERENCE #
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR			
ITEM DESCRIPTION:			

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?		<input checked="" type="checkbox"/>	10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION? <input checked="" type="checkbox"/>
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?		<input checked="" type="checkbox"/>	11. DOES APPLICANT USE TOW TRUCKS? <input checked="" type="checkbox"/>
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?		<input checked="" type="checkbox"/>	12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS? <input checked="" type="checkbox"/>
4. IS TIRE RECAPPING OR RETREADING PERFORMED?		<input checked="" type="checkbox"/>	13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES? <input checked="" type="checkbox"/>
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?		<input checked="" type="checkbox"/>	14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants) <input checked="" type="checkbox"/>
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?		<input checked="" type="checkbox"/>	15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards) <input checked="" type="checkbox"/>
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?		<input checked="" type="checkbox"/>	16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc) <input checked="" type="checkbox"/>
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?		<input checked="" type="checkbox"/>	17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES? <input checked="" type="checkbox"/>
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?		<input checked="" type="checkbox"/>	18. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS? <input checked="" type="checkbox"/>

REMARKS
10 dealer plates

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)	
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.	
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:	<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.	1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE) 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE) 5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)



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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364568655

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553477	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
JUDITH DIANNE JONES 7037 7 MILE RD SOUTH LYON MI 48178-9656		J520454143477	OPER	VALID
		DATE OF BIRTH	RESTRICTIONS	
		06/22/1942	CORRECTIVE LENS	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
06/13/2016	06/22/2020	Gender: F		

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS:
PERS:01: ACTIVE VALID OPER 0613201606222020 DOB: LICENSE: J520454143477
LIC CLASS: OPER DESC: OPERATOR CORRECTIVE LENS
LIC STATUS: VALID
LIC ISSUED: 06/13/2016
LIC EXPIRES: 06/22/2020
LIC RESTR: CORRECTIVE LENS
EXTENSION: THE LAST APPLICATION RENEWAL WAS BY MAIL
DRIVER LICENSE APPLICATION: RENEWAL
NO REPORTABLE DRIVING HISTORY ENTRIES
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
** CLEAR RECORD **					

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569657

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REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553478	000	1

LICENSEE NAME/ADDRESS			LICENSE NUMBER	LICENSE CLASS	STATUS
FOUNT TYREE JONES 7037 7 MILE RD SOUTH LYON MI 48178-9656			J520258809615	OPER	VALID
			DATE OF BIRTH	RESTRICTIONS	
			08/06/1939	CORRECTIVE LENS	
ISSUED	EXPIRES	DRIVER DESCRIPTION			
08/08/2017	08/06/2021	Gender: M			

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: PERS:01: ACTIVE VALID OPER 0808201708062021 DOB: LICENSE: J520258809615
LIC CLASS: OPER DESC: OPERATOR CORRECTIVE LENS
LIC STATUS: VALID
LIC ISSUED: 08/08/2017
LIC EXPIRES: 08/06/2021
LIC RESTR: CORRECTIVE LENS
DRIVER LICENSE APPLICATION: RENEWAL
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
VIOL	06/08/2009	06/18/2009	DISOBEYED TRAFFIC CONTROL DEVICE LIVONIA PASSENGER AUTO		
VIOL	04/01/2010	04/14/2010	FAILURE TO OBEY TRAFFIC CONTROL DEVICE OR ENFORCEMENT OFFICIAL AT RAILROAD CROSSING PLYMOUTH PASSENGER AUTO		

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569659

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553479	000	1

LICENSEE NAME/ADDRESS			LICENSE NUMBER	LICENSE CLASS	STATUS
ROGER FREDERICK HICKS 4197 HARPER RD MASON MI 48854-9531			H200744261310	OPER	VALID
			DATE OF BIRTH	RESTRICTIONS	
			04/22/1960		
ISSUED	EXPIRES	DRIVER DESCRIPTION			
04/01/2016	04/22/2020	Gender: M			

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: PERS:01: ACTIVE VALID OPER 0401201604222020 DOB: LICENSE: H200744261310
LIC CLASS: OPER DESC: OPERATOR
LIC STATUS: VALID
LIC ISSUED: 04/01/2016
LIC EXPIRES: 04/22/2020
EXTENSION: THE LAST APPLICATION RENEWAL WAS BY MAIL
DRIVER LICENSE APPLICATION: RENEWAL
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
VIOL	07/06/2015	07/15/2015	SPEED 60/55 BELLAIRE PASSENGER AUTO		
VIOL	10/08/2015	10/16/2015	LIMITED ACCESS SPEED 75/70 HOWELL PASSENGER AUTO		

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569661

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553480	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
HEATHER RENAE MORRIS 32656 FLORENCE ST GARDEN CITY MI 48135-3241		S500302734589	OPER	VALID
		DATE OF BIRTH	RESTRICTIONS	
		07/27/1977	CORRECTIVE LENS	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
03/19/2018	07/27/2022	Gender: F		

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: DOB: LICENSE: S5003027234589
PERS:01: ACTIVE VALID OPER 0319201807272022 CORRECTIVE LENS
LIC CLASS: OPER DESC: OPERATOR
LIC STATUS: VALID
LIC ISSUED: 03/19/2018
LIC EXPIRES: 07/27/2022
LIC RESTR: CORRECTIVE LENS
EXTENSION: THE LAST APPLICATION RENEWAL WAS BY MAIL
DRIVER LICENSE APPLICATION: RENEWAL
PREV NAME: HEATHER RENAE WEBB
OLD DLN: W-100-302-734-589 POST: 06/15/1999
PREV NAME: HEATHER RENAE SHOMO
OLD DLN: S-500-302-734-589 POST: 03/30/2010
NO REPORTABLE DRIVING HISTORY ENTRIES
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
** CLEAR RECORD **					

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569663

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REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553481	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
BRENDAN JOHN MEROLLIS 35750 ROUGE BLUFF CT LIVONIA MI 48150-2984		M642098429275	OPER	VALID
		DATE OF BIRTH	RESTRICTIONS	
		04/08/1993		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
05/22/2018	04/08/2022	Gender: M		

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS:
PERS:01: ACTIVE VALID OPER 0522201804082022 DOB: LICENSE: M642098429275
LIC CLASS: OPER DESC: OPERATOR
LIC STATUS: VALID
LIC ISSUED: 05/22/2018
LIC EXPIRES: 04/08/2022
EXTENSION: THE LAST APPLICATION RENEWAL WAS BY MAIL
DRIVER LICENSE APPLICATION: RENEWAL
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
VIOL	04/16/2007	07/23/2008	DRUG CRIME HOWELL		
VIOL	05/16/2014	05/29/2014	OPEN INTOXICANTS IN VEHICLE/DRIVER -COMPUTER SAME INCIDENT HOWELL PASSENGER AUTO		
VIOL	05/16/2014	07/03/2014	SPEEDING IN A CONSTRUCTION ZONE 58/45 HOWELL PASSENGER AUTO		

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569665

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REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553482	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AARON HUNTER RESCHKE 37681 AMRHEIN RD LIVONIA MI 48150-5014		R200028319726	P-OPER	VALID
		DATE OF BIRTH	RESTRICTIONS	
		09/19/2000		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
09/22/2017	09/19/2021	Gender: M		

REPORT PREPARED FOR	COMMENT
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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS:
PERS:01: ACTIVE VALID P-OPER 0922201709192021 DOB: LICENSE: R200028319726
LIC CLASS: P-OPER DESC: OPERATOR
LIC STATUS: VALID
LIC ISSUED: 09/22/2017
LIC EXPIRES: 09/19/2021
PROBATION: THIS DRIVER IS A PROBATIONARY DRIVER
DRIVER LICENSE APPLICATION: CORRECTED
CITIZENSHIP INDICATOR: US CITIZEN
DRIVING STATUS: ELIGIBLE - RECORD CLEAR
NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS
ADMI	09/20/2017		FULL LICENSE ISSUED		

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DRIVER RECORD SERVICE REPORT FOR MICHIGAN

364569669

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/21/2018	ASC	887715	691553483	000	1

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LICENSEE NAME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
KAY MARIE JONES 464 N MILL ST PLYMOUTH MI 48170-1418	J520461585354	OPER	VALID
	DATE OF BIRTH	RESTRICTIONS	
	05/09/1982	CORRECTIVE LENS	
ISSUED	EXPIRES	DRIVER DESCRIPTION	
08/03/2018	05/09/2020	Gender: F	

REPORT PREPARED FOR	COMMENT
PLYMOUTH ROCK INSURANCE AGENCY LLC 880 FRALICK PLYMOUTH, MI 48170-1634	

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MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: DOB: LICENSE: J520461585354
 PERS:01: ACTIVE VALID OPER 0803201805092020 CORRECTIVE LENS
 LIC CLASS: OPER DESC: OPERATOR
 LIC STATUS: VALID
 LIC ISSUED: 08/03/2018
 LIC EXPIRES: 05/09/2020
 LIC RESTR: CORRECTIVE LENS
 DRIVER LICENSE APPLICATION: CORRECTED
 CITIZENSHIP INDICATOR: US CITIZEN
 DRIVING STATUS: ELIGIBLE - RECORD CLEAR
 NOTE Request match analysis: dl=Y, ln=?, fn=?, dob=?

DRIVING RECORD HISTORY					
TYPE	VIOL/SUSP	CONV/REI	DESCRIPTION	CODE	POINTS
VIOL	07/26/2007	08/13/2007	SPEED 35/25 ALPENA PASSENGER AUTO		
VIOL	05/25/2009	06/17/2009	LIMITED ACCESS SPEED 75/70 LIVONIA PASSENGER AUTO		
VIOL	06/13/2009	07/09/2009	SPEED 69/55 HARRISVILLE PASSENGER AUTO		
ACCI	09/01/2010		ACCIDENT 2 VEH/UNIT 0 INJ 0 KILLED 045-6768 CANTON TWP PD		
VIOL	09/01/2010	09/20/2010	FAILED TO YIELD PLYMOUTH PASSENGER AUTO		
VIOL	09/01/2011	09/09/2011	SPEED 15 M.P.H. OVER LIMIT OHIO NON-COMMERCIAL VEHICLE		
ADMI	09/27/2011		DRIVER IMPROVEMENT CORRESPONDENCE D		

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