



Aspire General Insurance Services- CA Lic#: 0110876
UNDERWRITTEN BY ASPIRE GENERAL INSURANCE COMPANY

P.O Box 2426
Rancho Cucamonga, Ca 91729-2426
P (877) 789-4742

Policy Number: GPSV-00426604-00

Aspire New Business Checklist

For your reference, here is a quick checklist on Aspire's document retention policy and required uploads. Please ensure that all forms are completed with all required information, initials, and signatures.

Document	Upload To Policy	Retain On File
<input type="checkbox"/> Signed - Application & Driver Exclusion Forms	Optional	Required
<input type="checkbox"/> Signed Point of Sale Forms (Waivers, Business Exclusion, Accident Certification, Payment Authorization, etc.)	Optional	Required
<input type="checkbox"/> Photos - Vehicle(s) w/ Physical Damage Coverage*	Required	Required
<input type="checkbox"/> Proof of Foreign License	Optional	Required
<input type="checkbox"/> Proof of Marriage - Spouses w/ Different Last Names	Optional	Required
<input type="checkbox"/> Proof of Marriage - Excluded Spouse	Required	Required
<input type="checkbox"/> Photos - Salvaged Vehicle(s) w/ Physical Damage Coverage*	Required	Required
<input type="checkbox"/> Photos - Artisan/Business Usage Vehicle(s)*	Required	Required
<input type="checkbox"/> Business or Artisan Usage Form & Registration	Required	Required
<input type="checkbox"/> Proof of No-Fault Accident(s) for challenged accidents	Required	Required

**Clear photos showing all four sides of vehicle(s) required*

Please note that all documents retained on file are subject to request by Aspire's Underwriting or Quality Assurance Departments.

R. J. M.

Scan below QR Code to submit vehicle photos via
Aspire's Photo Upload App



**APPLICATION FOR INSURANCE
SAVINGS PROGRAM**

Aspire General Insurance Services- CA Lic#: 0I10876

UNDERWRITTEN BY ASPIRE GENERAL INSURANCE COMPANY



Policy Information

Policy Number: GPSV-00426604-00
Named Insured: Robert John Manaol
33454 11th St
Union City, CA 94587-2342

Garaging Address: 33454 11th St
Union City, CA 94587

Home: (408) 674-1855
Work:

Mobile: (408) 674-1855
Email: manaol2112@gmail.com

Broker: Auto Insurance Specialists, LLC - Online Sales
P.O. Box 10160
Artesia, CA 92711
(800) 493-7879

Policy Term & Policy Premium

Effective Date: 06/02/2024 12:58 PM
Expiration Date: 12/02/2024 12:01 AM
Transmit Date: 06/02/2024 12:58 PM

Policy Premium Subtotal \$492.00
Fully Earned Policy Fee \$28.00
CA Fraud Fee \$0.88
Other Fees \$0.00
CT Auto Club Membership* \$36.00
Policy Premium & Fee Total: \$570.88

Additional fees when applicable: Cancellation Fee \$50,
Reinstatement \$10, SR22 Filing \$15, SR22 Reinstatement \$25, Non-
Sufficient Funds \$25, Endorsement \$5, EFT/RCCP Installment \$10,
Non-EFT Installment \$14, Return Mail \$5, Fraud Fee \$1.76 per vehicle
per year, Policy Fee \$35

*If applicable, CT Auto Club Membership is your separate roadside
membership club and not part of your Aspire Insurance policy

Driver Information

Name	Date of Birth	Sex/ Marital Status	Relation to Insured	DL#/ STATE	DL Status	Yrs Driving Exp	Intl/ Other Yrs
Robert John Manaol	12/12/1989	Male / Married	Applicant	Y9766252 / California	Valid	13	0
Occupation:		Work Address: ,					
Joanna Rose Manaol	2/1/1995	Female / Married	Spouse	Y9649541 / California	Valid	4	0
Occupation:		Work Address: ,					

Vehicle Information: All vehicles on this policy must be garaged in the same residential location

#	Year/Make/Model	VIN#	Usage	Garaging Address
1	2014 Infiniti QX60 AWD	5N1AL0MM3EC500440	Commute To/From Work/School	33454 11th St Union City California 94587

Lienholder/Additional Interest

Vehicle:	Lienholder/Additional Interest:
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Coverages and Limits of Liability

V1 - 2014 Infiniti QX60 AWD

	Limit/Deductible	Premium
Bodily Injury	\$15,000 / \$30,000	\$181.00
Property Damage	\$10,000	\$311.00
Vehicle Subtotal		\$492.00

Vehicle Totals \$492.00

Underwriting Information

Notes

Y	N	Not required
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1 Are any vehicles used in your business or occupation? If yes please indicate the
job/occupation duties below.

(Coverage is void during business or artisan use unless such use is indicated and acceptable by Aspire General Insurance Company.) If Named Non Owners policy select Not Required.

Occupation Information

Notes

Y N

UNDERWRITING CERTIFICATION

Statement Under Penalty of Perjury:

I certify under penalty of perjury that the foregoing is true and correct:

1. The Insured Vehicle(s) will not be driven by employees.
2. The Insured Vehicle(s) will not be used to transport children/patients being cared for.
3. The Insured Vehicle(s) will not be used to transport flammable liquids, chemicals or explosive materials.
4. The Insured Vehicle(s) will not be used in Racing, Delivery (pizza, newspaper), Taxi service (Uber, Lyft, Zipcar), or Emergency Vehicle.
5. I understand and agree that coverage is void during business or artisan use unless such use is indicated and acceptable by Aspire General Insurance Company.
6. All residents of your household 14 years and older, including roommates and all regular drivers of the vehicles, and all names currently showing on the registration of any listed vehicle are either added to the policy or excluded from coverage.
7. All drivers such as children away from home or in college, who may operate your vehicle on a regular or infrequent basis are listed on this application.
8. I understand that if any operator(s) job, occupation duties or occupancy changes, I agree to provide in writing the updated information.

I certify that all information provided above is true and correct, and that failure to provide correct information may result in denial or cancellation of coverage.

X Signature of Applicant Robert John Manao

Date

ASPIRE GENERAL INSURANCE COMPANY ELECTRONIC DOCUMENT DISCLOSURE AGREEMENT

By accepting The Aspire General Insurance Company Electronic Document Disclosure Agreement, you consent and agree that we may provide certain disclosures and notices to you in electronic form, in lieu of paper form. You retain the right to withdraw your consent for electronic delivery. You may withdraw your consent at any time by giving us at least ten (10) days prior notice. Contact us by phone or by mail. Once you have withdrawn your consent, we will then discontinue the online document service for the account and paper documents and notices will be resumed. The cancellation of Online E-Documents in no way affects the validity or legal effect of all Online E-Document and disclosures which have been previously delivered electronically under the Online E-Document Service.

Provided Email: manao2112@gmail.com

X Signature of Applicant Robert John Manao

Date

ASPIRE GENERAL INSURANCE COMPANY COMMUNICATION AND TEXT MESSAGE AGREEMENT

I AGREE that representatives of Aspire General Insurance can call or text message me at the number provided on the application document GPSV-002 even if I am on a federal or state do not call registry for any purpose, including marketing. There is no separate charge for this service; however, your carrier's message and data rates may apply. I agree that the calls and text messages may be generated using an automatic telephone dialing system and may contain pre-recorded messages. I understand that consenting to receive calls or texts is not required as a condition of purchasing any goods, services, or property.

By consenting, I agree that if I change the mobile phone number for which I am consenting to receive text messages, I will notify Aspire General Insurance immediately of any such change in number. To stop receiving text messages, reply via text to 53987 with "STOP". I understand that following such a request to unsubscribe, I will receive a final message from Aspire General Insurance confirming that I have been inactivated in our system. If you have any questions or need help, please contact customer service at (877) 789-4742 or email us at customerservice@agicins.com

X Signature of Applicant Robert John Manao

Date

COMMERCIAL, BUSINESS, AND PROFESSIONAL USE EXCLUSION

I represent that the vehicle(s) listed on the policy to be insured by Aspire General Insurance Company is (are) NOT commercially, or in a business or professional endeavor. I fully understand and agree that the insurance to be extended on the policy applied for shall not benefit either the insured(s) or a third party claimant when the vehicle(s) for which coverage is requested is (are) used commercially, or in a business or professional endeavor. I further understand and agree that there will be **NO INSURANCE COVERAGE IN FORCE** from Aspire General Insurance Company on the policy hereby applied for if I, or any person using the vehicle(s) for which coverage is requested, am (is) involved in an accident while using the vehicle(s) in the course of any commercial, business or professional endeavor.

X Signature of Applicant Robert John Manao

Date

NOTICE OF INSURANCE INFORMATION PRACTICES (GBL-005)

GPSV-002 (022022) Robert John Manao eSign: 6/2/2024 3:01 PM PD, IN, 260 1010:b099:44a9:8d19:1068:728d:5600

If you have any questions concerning this policy or its coverages, please contact your broker. Your broker has a copy of your policy and will be able to provide assistance to you.

-IN THE EVENT YOUR BROKER IS NOT ABLE TO ADDRESS YOUR CONCERNS IN A SATISFACTORY MANNER, YOU DO HAVE THE OPTION OF CONTACTING THE CALIFORNIA DEPARTMENT OF INSURANCE TO ASSIST YOU.

**California Department of Insurance
Consumer Services Division
300 South Spring Street, South Tower
Los Angeles, CA 90013
(800) 927-4357 (HELP)**

Your Privacy and its Protection

In order to protect your privacy, we want you to be aware of the following information:

1. Personal information may be collected from persons other than you or individuals proposed for coverage.
2. If an investigative consumer report is ordered in connection with your insurance transaction, you will be given an opportunity to be interviewed in connection with it. You also have the right to obtain a copy of the report. You may also personally review the report by contacting the reporting insurance support organization.
3. I agree and understand that the Company will use electronic means to contact me for a variety of reasons, including, but not limited to, when my policy cancels due to non-payment of premium or other lapse or expiration of the policy. I hereby authorize the Company to contact me via any provided email address, home phone, cell phone, or other communication systems and authorize the Company to email, SMS (I understand that carrier charges may apply), make automated dialer telephone calls to my cell phone or land line, instant message me or otherwise contact me electronically.
4. You have the right of access and correction with respect to all personal information collected which is contained in our files.
5. Personal information and other privileged information collected by us or our brokers may be, in certain circumstances, disclosed to certain parties without your authorization, as permitted or required by law.

Aspire General Insurance Company is concerned about the protection of your privacy. A more detailed description of our information practices and your right to privacy is available at your written request.

ANNUAL MILEAGE SELF-CERTIFICATION FORM

Below is the estimate of the annual miles per vehicle that will be driven in 12 months following the inception of my Policy. I understand that the Company will verify my commute mileage based on my garaging and work addresses provided on the application. This estimate will be used to calculate my overall estimate of mileage. I may elect to change the estimate below and I understand that proof of mileage may be required.

Vehicle Year/Make/Model	Annual Miles	Odometer
2014 Infiniti QX60 AWD	10500	

POLICY ACCIDENTS/VIOLATIONS

The Following Accidents/Violations Will Be Charged. I confirm that I have no undisclosed driving activity

Driver Name	Date	Description	Points	Source
Robert John Manao	9/4/2023	Child Seat (P9)	1	MVR

XSignature of Applicant Robert John Manao

Date _____

APPLICANT'S CERTIFICATION

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the policy for which I have applied. I further agree that ALL residents of my household age 14 years or over, registered owners, as well as ALL operators who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and is in the state for which I am applying for insurance at least 10 months each year. I understand the Company may rescind this policy if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the policy. In addition, I understand that I have a continuing duty to notify the Company of any changes of: (1) address; (2) location of vehicles; (3) members of my household of eligible driving age or permit age; (4) operators of any vehicles listed on the policy; or (5) use of any vehicles listed on the policy. I must notify the company if I acquire a new or replacement vehicle within 3 days and understand there is no coverage for a new or replacement vehicle after 3 days unless I specifically endorse the car to the policy and pay the premium for coverage. I understand the Company may rescind this policy if I do not comply with my continuing duty of advising the Company of any change as noted above.

I understand and agree that in connection with my request for a premium quotation and Application for insurance: (1) the Company may obtain consumer reports which may include a driver history report, or personal or privileged information from third parties; (2) such information may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) I may also request access to and correction of information the Company has collected on me; (5) the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

I hereby authorize the Company to obtain consumer reports on me. I agree the named members of my household and all other operators listed under this policy have authorized me to consent on their behalf to all coverages provided herein and to authorize the Company to obtain consumer reports on them for the rating and/or underwriting of the insurance for which I am applying and for any renewal thereof. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I have had the liability coverages and limits available for the purchase fully explained to me and have selected the limits shown on the Application. I have had the different policy coverage levels available to me fully explained. I understand that coverage for Damage to a Vehicle only applies when my vehicle is driven by a person listed on the Declarations Page. There will not be coverage under Damage to a Vehicle if the person driving your vehicle is not listed on the Declarations Page. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. I understand there may be a processing fee imposed on any returned checks.

I understand processing fees may be included with my down payment and installment payments, and additional fees may be charged for late payments. I understand my payments are first applied to the fees owed and then to the premium.

FRAUD WARNING - Pursuant to California Insurance Code Section 1879.2:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

An insurer which refuses to provide coverage to an applicant who is a Good Driver must provide applicant with a written statement of the reasons it denied coverage. In general, under California law, a Good Driver is a person who has not had more than one violation point or more than one at-fault accident resulting in only Property Damage (in excess of \$1000) in the last three years, or been convicted of driving under the influence in the last 10 years.

XSignature of Applicant Robert John Manaol

Date _____

I ACKNOWLEDGE, AGREE, AND UNDERSTAND THAT ONLY MINIMUM STATUTORY LIMITS IN THE STATE OF CALIFORNIA OF \$15,000 PER PERSON UP TO A MAXIMUM OF \$30,000 PER ACCIDENT AND \$5,000 IN PROPERTY DAMAGE WILL BE PROVIDED FOR BODILY INJURY AND/OR PROPERTY DAMAGE resulting from losses due to the operation or use of a motor vehicle by persons other than a named insured, a relative or a person listed as a driver on the declarations page with the express or implied permission of a named insured or relative.

Note: Aspire General Insurance Company may have other programs available at a lower rate which a CA Good Driver may qualify for. Please contact your Broker for a quote.

XSignature of Applicant Robert John Manaol

ate _____

BROKER'S STATEMENT: PLEASE READ CAREFULLY

I, the Broker, accept full responsibility for collecting, completing and obtaining necessary signatures on the application and all of the supporting documents which will form a part of this application for insurance. I accept full responsibility for the storage of the signed California Auto Insurance Application and all supporting documentation. These documents will be maintained by the Broker and available for the periodic review by Aspire General Insurance Services.

For vehicles with physical damage coverages, I have identified all pre-existing damage on the Vehicle Inspection and I understand that I am required to obtain and keep photos in my files. I understand that I will be required to provide copies, upon request of the damaged areas.

For vehicles with physical damage coverages or vehicles with business/artisan use I understand that I am required to obtain and keep photos in my files. I understand that I will be required to provide copies, upon request. (New vehicles written within 72 hours of purchase only require a Window Sticker or Bill of Sale.)

I, the Broker will disclose to the applicant that any incomplete information gathered during the application process such as an incomplete VIN and/or an undelivered MVR request, will be reviewed by underwriting and any discovered information may result in a premium change, cancelation and/or declination of coverage.

I have confirmed that all married drivers on this policy are currently married and to be rated as married a spouse must be rated or excluded. I will provide signed marriage certification and proof of marriage if applicable.

I understand International licenses must have never been licensed in the US. I have listed any violations/accidents, and collected signed International Driver Certification and supporting documentation (document number is listed on this application), if applicable.

I understand all vehicles listed on this policy must be garaged in the same location, and the garaging address is listed on this application.

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

BROKER'S NAME: (Please Print) Auto Insurance Specialists, LLC Online Sales

BROKER'S SIGNATURE:

Auto Insurance Specialists, LLC Online Sales

Date/Time:



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UNDERWRITTEN BY ASPIRE GENERAL INSURANCE COMPANY

P.O Box 2426
Rancho Cucamonga, Ca 91729-2426
P (877) 789-4742

Printed on 6/2/2024
Policy Number: GPSV-00426604-00

Robert John Manaol
33454 11th St
Union City, California 94587-2342

Named Driver Exclusion Endorsement

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

Excluded Driver Name	Relation to Insured	Date of Birth	Driver License #
DEANNA LOPEZ	Relative	4/1/1981	
YVETTE CANTU	Relative	9/22/1989	

If **you** have asked **us** to exclude any person from coverage under this Policy, then **we** will not provide coverage for any claim 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 FOR DAMAGES MADE AGAINST **YOU**, A **RELATIVE**, OR ANY OTHER PERSON OR ORGANIZATION THAT IS VICARIOUSLY LIABLE FOR AN **ACCIDENT** ARISING OUT OF THE OPERATION OF A **COVERED VEHICLE** OR **NON-OWNED VEHICLE** BY THE EXCLUDED DRIVER.

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability 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 such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorist 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 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 California Insurance Code.

Signature of Applicant Robert John Manaol Date _____



P.O. Box 2426
Rancho Cucamonga, CA 91729-2426
(877) 789-4742 • NAIC# 15290
www.AGICINS.com

GPSV-003 (02/2017)

Insured Name: Robert John Manaol

Policy Number: GPSV-00426604-00

DELETION OF UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

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.

This rejection shall be binding upon every insured to whom the policy applies while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes, or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within thirty (30) days of any lapse thereof.

Robert John Manaol

Signature of Named Insured

Date



P.O. Box 2426
Rancho Cucamonga, CA 91729-2426
(877) 789-4742 • NAIC# 15290
www.agicins.com

GPSV-079 (02/2017)

Insured Name: Robert John Manaol

Policy Number: GPSV-00426604-00

DELETION OF UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

The California Insurance Code requires insurers to offer coverage for damage to the insured motor **vehicle**, to the extent that **you** are legally entitled to recover from the owner or operator of the uninsured motor **vehicle**, caused by an uninsured motor **vehicle**, that either:

1. pays the collision deductible on the insured motor **vehicle** when **you** have purchased collision coverage; or
2. pays for the damage to the insured motor **vehicle** and shall not exceed the smaller of the actual cash value of the motor **vehicle** or \$3,500.

This rejection shall be binding upon every insured to whom the policy applies while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes, or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within thirty (30) days of any lapse thereof.

All other terms and conditions remain unchanged.

Robert John Manaol

Signature of Named Insured

Date



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Robert John Manaol
33454 11th St
Union City, California 94587-2342

PROOF OF MARRIAGE CERTIFICATION:

Name	Marital Status	Relation to Applicant
Robert John Manaol	Married	Applicant
Joanna Rose Manaol	Married	Spouse
DEANNA LOPEZ	Single	Relative
YVETTE CANTU	Single	Relative

I represent that all married drivers on this policy are currently married.

X Signature of Applicant Robert John Manaol Date _____

Proof of marriage is required to be sent to underwriting when there is an excluded spouse. Proof can be uploaded to the policy or sent to customerservice@agicins.com.

Proof of marriage is required to be maintained in broker's file on spouses with different surnames.

24 HOUR EMERGENCY TOWING
P.O. Box 830008 • Miami, FL • 33283-0008

First Name Robert John	Last Name Manaol	Towing Assistance 1-877-335-7897
Address 33454 11th St		
City Union City	State California	Zip 94587
Effective Date 6/02/2024 12:58 PM	Membership ID GPSV-00426604-00	Producer ID:
Covered Vehicle(s) 2014 Infiniti QX60 AWD	VIN(S) 5N1AL0MM3EC500440	License
Program ID: 15568 Benefit: \$50 R. J. M.		

Welcome!

Aspire General Insurance Services has arranged for CT Auto Club, Inc., to bring you the best in roadside services. We are dedicated to keeping you, our valued member, on the road – safe, secure and smiling. This document outlines the benefits of your program.

MEMBER SERVICES & INFORMATION

For all questions on Member Benefits and Services call us toll-free, 24 hours a day at **877-335-7897**.

MEMBERSHIP AGREEMENT

1. These Membership Terms & Conditions describe the Membership benefits and services You will have under Your **Aspire General Insurance** Membership ("Membership"). Services are provided by CT Auto Club, Inc. and are subject to all the terms of these Terms & Conditions.
2. Your Club membership begins on the date you are enrolled, and services will continue for the term you selected at enrollment, unless either you or the Club indicates, in writing, that membership is cancelled.
3. Services provided must be a Covered service under these Terms & Conditions as described and will be provided to the Covered Vehicle on file.
4. Emergency road service providers and locksmiths are independent contractors and are not employees, agents, or representatives of CT Auto Club, Inc. and damage claims related to the service provider or locksmith will not be the responsibility of CT Auto Club, Inc.

Note: As part of our continuing effort to maintain high-quality service to our members, telephone calls between our employees and our members are periodically monitored or recorded on a random basis by our supervisory personnel. We also collect information through GPS from your cell phone to find the approximate location of your vehicle for our service providers when you use your cell phone to call for roadside assistance. By accepting our services, you have indicated that you understand this and give your consent to any such monitoring or recording regarding any telephone calls you may have with us, and for our use of GPS from your cell phone to help identify your vehicle's location.

IMPORTANT NOTICE!

This member document represents your agreement with CT Auto Club, Inc. for benefits and services. All of these benefits are available in the United States. The following disclaimers apply to this agreement:

- A. This is not an insurance contract.
- B. This is not an automobile liability contract.
- C. This is not an automobile liability or physical damage insurance contract and does not comply with any financial responsibility laws.
- D. This membership is **OPTIONAL** and is not a condition to buy any related insurance product or contract.

OUR SERVICE PLEDGE

We pledge to provide courteous, friendly service to you 24 hours a day, seven days a week, every day of the year. We are here to provide a friendly, helping hand when you experience a roadside incident anywhere in the USA. We are here to provide prompt dispatch of professional roadside service – to back you up in an emergency and to do our best to make your next roadside emergency as stress-free as possible.

Emergency Dispatch of Roadside Service:

You're covered up to \$50!

- **Emergency Towing to any destination you select.** – As an auto club member you have no restrictions on where you can be towed – to your home, a dealership, your favorite mechanic – the choice is yours! You are covered up to your benefit allowance of \$50 per incident.

- **Battery Jump-Start** – Send help to jump-start your battery if it is dead or weak.
- **Flat Tire Change** – Change your flat tire and install your inflated spare for you.
- **Lockout Service** – If you lock your keys inside your vehicle, we will dispatch qualified assistance to get you back in.
- **Fuel Delivery** – Out of gas? We'll deliver an emergency supply. (Member is responsible for cost of fuel)

COVERAGE DETAILS

1. Coverage is for your covered vehicle and driven by an eligible Member at the time of disablement, with the following exceptions: Trucks over one-ton capacity, taxis, vehicles used for commercial purposes, camping trailers, travel trailers, mobile or motor homes, motorcycles, RVs or any vehicles in tow.
2. Coverage for the services outlined in this document includes expenses up to the Member Benefit Allowance of a total of \$50 per incident, including any sales tax. Costs in excess of \$50 for covered services is at the driver/Member's expense.
3. The \$50 Member Benefit Allowance does not cover: Parts, key replacement, fuel, tire repair, rental of towing equipment, storage fees, labor costs for repairs performed at disablement site, garage or service facility., any form of towing by someone other than a licensed service station or garage, or a private citizen's assistance. Towing results from an accident, vandalism, or fire as well as towing at the direction of a law enforcement officer relating to traffic obstruction, impoundment, abandonment, illegal parking, or other violations of law.
4. Your benefit limit is a maximum per disablement, regardless of services performed. Emergency roadside service claims are limited to one service within 72 hours and a max of three (3) in any twelve (12) month period.
5. Membership is intended to cover emergencies and is not intended to be a substitute for proper vehicle maintenance or repair. Repeated calls which are considered excessive may, at the discretion of CT Auto Club, Inc., result in cancellation of membership. More than three claims in a 12-month period may, at our discretion, result in a cancellation of your membership.

Auto Theft Reward: A \$5,000 reward is offered for information to a law enforcement agency that leads to the arrest and conviction of anyone who steals a member's Covered Vehicle. Member, including family members and law enforcement personnel are ineligible for this reward. The reward does not cover loss from vandalism or stolen contents. Auto Theft claims are limited to one per membership term.

BenefitHub – National Values and Discounts - As a member, you receive at no extra cost a BenefitHub membership which entitles you to have access to great savings and Cash Back offers on a wide variety of products and services members use every day. From discounts on **hotel and car rentals** to health & wellness, sports & fitness, travel, food and even apparel & accessories. BenefitHub makes it easy for you to save on the things you want and need the most.

To start saving and enhancing your daily life, simply visit <https://drivensolutions.benefitclub.com>

For first-time users, create an account by entering your email address. You will then be prompted to create a password and enter your name and ZIP code for local deals. If you have already created an account, please enter your email address and password.

***Discounts subject to change.**

Change of Address Procedures: Please call Roadside Assistance to notify us of your address change.

GENERAL PROVISIONS

- A. BANK FEES** – We and/or Our authorized agent(s) are not responsible for any fees or charges imposed by any bank or credit/debit card issuer relating to the use of Your credit/debit card for payment of Your Membership dues including, but not limited to, credit limit fees.
- B. CHANGE OF YOUR PERSONAL INFORMATION** – If there are changes to Your personal information, including name, address, telephone number, e-mail address please notify Us so that We may keep Your Membership active and send You information that may affect Your Membership.
- C. PROGRAM BENEFITS AND DUES** – We may decide to offer additional benefits and services for this Program in the future. If so, We will send You, at Your address in Our membership records, at least thirty (30) days' advance written notice of any changes to benefits or dues for this Membership along with new Terms & Conditions. Any such change will take effect the calendar month following expiration of the thirty (30) days' advance notice given You.
- D. CANCELLATION - Cancellation by You:** As a Member of the Program, You may cancel this membership by contacting your insurance agent at 877-789-4742 at any time during the first thirty (30) days from the agreement date, and You will receive a full refund of the amount paid, less any paid claims. After thirty (30) days this Membership is non-cancelable, and all associated fees from the Membership are deemed earned as received at the point of sale.

Thank You for joining our club!



Patrick J. O'Brien, President
CT Auto Club, Inc.

WE ARE HERE WHEN YOU NEED US!

Please call us any time: **877-335-7897**. Or write us at: **Member Services - Claims, P.O. Box 830008 Miami, FL 33283-0008**.

NOTICE TO WISCONSIN AND UTAH RESIDENTS: Renewals on Altered Terms or Non-renewal of your auto club membership; Cancellation for non-payment 60 days prior to the renewal of your auto club membership, we will mail written notice to you explaining any changes in benefits or increase in

membership fees (unless the fee increase is less than 25%). Any changes to your contract will not take effect until 60 days after notice to you is given. If we decide not to renew your membership, your benefits and services will continue until 60 days following your written notification of non-renewal. Should you fail to pay your motor club membership fee, we will notify you in writing that your benefits will be suspended 10 days following such notification.

NOTICE TO WISCONSIN RESIDENTS KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS PROBLEMS WITH YOUR INSURANCE?

If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem. You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting **Office of the Commissioner of Insurance Complaints Department P. O. Box 7873 Madison, WI 53707-7873 1-800-236-8517 or 608-266-0103**

Notice for Mississippi Residents: This membership may be canceled at any time by providing written notice thereof by either the club or the member, and that the member will, if the dues or membership fee has been paid thereupon, be entitled to a refund of the unused portion of the consideration paid for such contract, calculated on a pro rata basis over the period of the contract, without any deductions, provided that CT Auto Club, Inc. may make a reasonable minimum charge.

Notice to Oklahoma, Montana, Wyoming, Massachusetts, & Nevada Residents: This membership may be canceled at any time by either CT Auto Club, Inc. or by Member. Upon cancellation, Member will be entitled to the unused portion of the membership fee paid, calculated on a pro rata basis without any deductions.