



Payment Receipt

New Business
Transaction #24985157
New Business #12598757

1245 E Southern Ave Ste 22
Mesa AZ 85204
Phone : 480-429-4111
License # 1800007064
Office : 217 Mesa-E Southern

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: **Christopher Parnell B.**
Date/Time : 3/17/2020 3:27 PM PDT

Fees

Type	Description	Amount
Automobile Insurance	Down Payment to Carrier	\$98.17
Split Payment Fee	Split Payment Fee	\$0.00
Documentation Fees	Documentation and Imaging Fee	\$34.00
NSD Submit Amount	NSD Fee	\$120.00
Total Fees:		\$252.17

Received Payments

Type	Description	Credit Card # / Check # / Other	Amount
Credit Card		Card# *9965	\$252.17
Total Amount Received :			\$252.17
TOTAL PAYMENT :			\$252.17

Customer Service: (800) 784-6178

Policy Number: ADAZ0243813-00

Insurance Company: Legacy Insurance Services

Customer Signature: *Diamond Gaines*

Agent Signature: *Christopher Parnell B.*

BIG SAVINGS!

Find out more about our additional products:

- Auto • Motorcycle • Renter's • Home • Small Commercial Auto
- AD&D • Roadside Assistance • Windshield Repair
- Personal Protection Package (Hospital Indemnity & Identity Theft)
- Telemedicine

Ask your agent or call: **888-253-0591**

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: **Christopher Parnell B.**
Date/Time : **3/17/2020 3:27 PM PDT**

Agent Report

Agent: Christopher Parnell B.
Transaction Number: 24985157
Transaction Date: 3/17/2020
Office: 217 Mesa-E Southern

Customer Name: Diamond Gaines
Customer DOB: 8/16/1992
Address: 1120 W Broadway Rd Apt 43
Tempe, AZ 85282
(480) 587-2900

Carrier Name: Legacy Insurance Services / Arizona Automobile Insurance Company
Policy Number: ADAZ0243813-00
Policy Term: 6 Months
Policy Type: Personal: Auto
Premium Amount: \$513.00
Effective Date: 3/11/2020
Expiration Date: 9/11/2020

**#ADAZ024381 Legacy Insurance Services
3-00**

	Year	Make	Model
▪	2013	DODGE	AVENGER SE

#ADAZ0243813-00 Legacy Insurance Services

	Name	Birth Date	License Number
▪	Diamond Gaines	08/16/1992	D06126195 / AZ

Submit Amount:\$218.17

By submitting this report and customer application, Agent 1) is aware of Company policy concerning unauthorized rewrites, and 2) understands and agrees that any dishonesty or deception involved in rewriting this customer is fraud, and will result in loss of commissions and possible disciplinary action, up to and including termination.

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: **Christopher Parnell B.**
Date/Time : **3/17/2020 3:27 PM PDT**

EXTRA SERVICES

Freeway Insurance Services of the Southwest, Inc. (License No. 1800007064)

Transaction #: 24985157

Customer Name: Diamond Gaines

Type of Coverage: _____

Insurance Company: _____

Term of Policy: _____

Net Premium for
Term of Policy: _____

Net Submit Premium: _____

Policy Fee: _____

SR: _____

M.P.P.: _____

SUBMIT AMT.: _____

Freeway Insurance Services of the Southwest, Inc.

(License No. 1800007064)

PROMISE TO PROVIDE AGREEMENT

I am seeking to obtain insurance coverage effective 3/11/2020, but I do not have the following information with me, which is/are necessary in order to complete my transaction:

- | | Due Date |
|----------------------------------|-----------------|
| ▪ Valid vehicle registration for | 4/7/2020 |
| <u>Vehicles</u> | |
| Vehicle 1: 2013 DODGE AVENGER SE | |
| ▪ Valid driver's license for | 4/7/2020 |
| <u>Drivers</u> | |
| Driver 1: Diamond Gaines | |

I will provide the indicated information by (date)_____.

In the event that the information is not provided by the above date, I understand that some or all of my coverage may be subject to a premium increase, cancellation, or rejection, with no coverage in effect. I also understand that if this occurs, I may lose all or part of my down payment, and I may incur other financial loss.

AGREED TO BY : Diamond Gaines
NAMED INSURED'S SIGNATURE ONLY

DATE: 3/17/2020

NAMED INSURED: **Diamond Gaines**
DRIVERS LICENSE: **D06126195**
HOME PHONE: **(480) 587-2900**

WORK PHONE: _____ EXT.: _____

AGENT: **Christopher Parnell B.**
OFFICE: **217 Mesa-E Southern**

AUTHORIZED BY: Christopher Parnell B.
Branch Manager - Please Initial & Print Name

DATE: _____

MAIL Information to:

Freeway Insurance Services of the Southwest, Inc.
7711 Center Ave. #200
Huntington Beach, CA 92647
ATTN: Customer Service Dept.

FAX or EMAIL Information to:

Freeway Insurance Services of the Southwest, Inc.
processing@freewayinsurance.com
FAX: (714) 252-2606
ATTN: Customer Service Dept

CUSTOMER SERVICE TELEPHONE NUMBER (800) 300-0227
7711 Center Ave. #200 • Huntington Beach, CA 92647 • TEL (800) 784-6178 • FAX (714) 252-2606

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: Christopher Parnell B.
Date/Time : 3/17/2020 3:27 PM PDT

SERVICE CHARGE DISCLOSURE

DATE: 3/17/2020

I, Diamond Gaines, have been informed that Freeway Insurance Services of the Southwest, Inc. (Arizona), in connection with the policy of insurance issued to me (the "Policy"), charges certain service fees, as applicable, up to a maximum of \$70.00 during any policy period for mailing costs, copying expenses and bank charges as more fully set forth below and which are over and above the premium charged for the Policy. By signing this Disclosure, I agree to pay these service charges.

Additionally, I agree that Freeway Insurance Services of the Southwest, Inc. (Arizona) or its agents may contact me with regards to my policy, using manual or automated systems to dial any or all of the telephone numbers I have provided, including cellular phones and residential lines. I agree and understand that, a fee may be charged by my cellular service carrier, which shall be my sole responsibility. By signing this document, I hereby confirm that I agree with all of the above.

INSURED'S SIGNATURE: *Diamond Gaines*

AGENT'S SIGNATURE: *Christopher Parnell B.*

Service

Fee

Postage Paid Envelopes	\$1.49
Copying Documents	\$1.00 per copy of Paper
Non-sufficient Funds Checks	\$28.00

Policy Number: ADAZ0243813-00
Transaction Number: 24985157

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: **Christopher Parnell B.**
Date/Time : **3/17/2020 3:27 PM PDT**

LIVERY (UBER – LYFT – RIDE SERVICE)

AND FOR-HIRE (DELIVERY/Pick-Up) DISCLOSURE

Policy #: ADAZ0243813-00

I, Diamond Gaines hereby acknowledge that neither myself nor anyone who is intended to be a covered driver (or permissive user) under this policy uses the vehicle(s) disclosed on the application (or any other vehicle added at a later date) for any:

- a) For-Hire ride or driving service, **including but not limited to UBER, RIDE, LYFT, TAXI, LIMOUSINE, or similar Shuttle or Ride-For-Hire or Ride Share service.**
- b) Delivering or picking up property, goods, or products, **INCLUDING BUT NOT LIMITED TO** pizza, documents, newspapers, food, flowers, equipment, supplies, or consumer products;

Failure to accurately attest to the foregoing may lead to your policy being cancelled or coverage/claims being denied. Customer must also inform the insurance carrier or Freeway immediately upon engaging in the above services.

Signed and acknowledged this _____ day of _____, _____

Diamond Gaines

Customer Signature

Rev. June 2019

IMPORTANT PRIVACY NOTICE

Protecting the privacy and confidentiality of information about our customers is very important to Freeway Insurance Services of the Southwest, Inc. (Arizona) (collectively, “we”, “our”, and “us”). This Privacy Notice describes the types of information about you that we collect, where we get it, and how we use, share and protect it. Our practices are the same for applicants, customers, and former customers. This Privacy Notice applies to individuals who obtain insurance products or services for personal, family, or household purposes. This Privacy Notice does not apply to residents of California.

INFORMATION WE COLLECT

We collect information about you to determine your eligibility for insurance, underwrite and service your policy, and provide other products or services. We collect the following types of information from you directly, from third parties, and when you interact with us (such as when you visit our website, use a mobile application or email) (collectively, our “Systems”).

Information we receive from you on applications and other forms and communications in order to provide you with a quote or insurance, service your policy (such as name, address, city, state, ZIP code, email address, telephone number, birth date, household information, marital status, vehicle information, driver’s license number, social security number, property information, information about your business, employer, occupation, education, previous insurance, and information about beneficiaries).

Information about your transactions with us, our affiliated companies, and other third parties (such as insurance coverage information, claim information, premiums, and payment history).

Medical information (such as information about your health status, treatment, payment for healthcare).

Financial and payment information (such as income, credit card number, expiration date, and billing address).

Information we receive from consumer reporting agencies, insurance-support organizations, and other third parties (such as driving records, creditworthiness, credit history or score, claim history, and vehicle data).

Information that is automatically collected when you use our Systems, such as when you visit our website.

INFORMATION WE SHARE

We may disclose the following kinds of information about you, as permitted by law.

We may disclose information we collect from you (such as name, address, city, state, ZIP code, email address, telephone number, birth date, household information, marital status, vehicle information, driver’s license number, social security number, property information, employer, occupation, education, previous insurance, information about beneficiaries, information about your business, medical information, and financial information).

We may disclose information about your transactions with us, our affiliates, or others (such insurance coverage information, claim information, premiums, and payment history).

We may disclose information we receive from consumer reporting agencies, insurance support organizations, and other third parties (such as such as driving records, creditworthiness, credit history or score, claim history, and vehicle data).

We may disclose information that is automatically collected when you use or access our Systems.

To the extent permitted by applicable law, we may also use, process, transfer, and store de-identified or anonymized data about you for analytics, market research, testing, metrics, reporting, and other lawful business purposes.

PERSONS OR ORGANIZATIONS WITH WHOM WE MAY SHARE INFORMATION

As permitted by law, we may disclose information about you to:

Our affiliated companies to market products and services to you.

Companies that need the information to perform day-to-day normal business functions for us, such as marketing, credit card processing, and website monitoring.

Companies that help us determine your eligibility for insurance, issue policies, service your policy, or complete a transaction you

request.

A financial institution with which we have a joint marketing agreement.

Non-affiliated companies for their marketing and other purposes.

Other third parties as permitted or required by law, such as regulators, law enforcement or courts in response to a subpoena, legal process, or inquiry, to prevent or detect fraud, to comply with legal requirements, or in connection with a sale or transfer of our business.

HOW YOU CAN LIMIT SHARING

You have the right to tell us not to share consumer report information that is used for insurance eligibility purposes with our affiliated companies for their own marketing purposes. If you opt-out of such disclosures, it does not prohibit us from sharing your information with third-parties that perform business services for us or that assist us in providing products and services to you or in fulfilling a request made by you, as described in this Privacy Notice or as otherwise permitted by law. To opt-out of such sharing, call 877-214-0149 toll-free.

You have the right to tell us not to disclose your information to nonaffiliated companies for their marketing or business purposes. If you opt-out of such disclosures, it does not prohibit us from sharing your information with third-parties that perform business services for us or that assist us in providing products and services to you or in fulfilling a request made by you, as described in this Privacy Notice or as otherwise permitted by law. To opt-out of such sharing, call 877-214-0149 toll-free.

If two or more persons jointly obtain an insurance policy, an opt-out by one person shall apply to all such persons.

Information we obtain from a report prepared by an insurance support organization may be retained by such organization and disclosed to others.

RESIDENTS OF CERTAIN STATES MAY HAVE ADDITIONAL RIGHTS. SEE BELOW UNDER "STATE SPECIFIC RIGHTS."

MEDICAL INFORMATION

We will not disclose medical information about you without your express written consent or when required by law.

STATE SPECIFIC RIGHTS

Montana. If you are a resident of Montana, we will not disclose your information to non-affiliated companies for their marketing purposes unless the company has an insurance license or you authorize the disclosure. To authorize disclosure, please call us at 877-214-1049 toll free. Even if you do not authorize disclosure, we may share your information with third-parties that perform business services for us or that assist us in providing products and services to you or in fulfilling a request made by you, as described in this Privacy Statement or as otherwise permitted by law.

New Mexico, North Dakota and Vermont. If you are a resident of New Mexico, North Dakota or Vermont, we will not disclose your information to non-affiliated companies unless you expressly authorize us to do so. You have the right to authorize or not to authorize disclosure. You may authorize us to disclose information by calling us at 877-214-1049 toll free. If a policy is issued to joint policyholders, we will not disclose information unless we receive authorization from each joint policyholder. Even if you do not authorize us to disclose your information, we may share your information with third-parties that perform business services for us or that assist us in providing products and services to you or in fulfilling a request made by you, as described in this Privacy Notice or as otherwise permitted by law.

If you are a resident of one of these states, you have the right to review and request correction of your personal information. To make a request, please send a written request to us at the either of the following addresses:

Freeway Insurance Services
ATTN: Customer Service Escalations Team
4630 Border Village Rd., STE 2018
San Ysidro, CA 92173

InsureOne Insurance Services
ATTN: Customer Service Escalations Team
4630 Border Village Rd., STE 2018
San Ysidro, CA 92173.

The request must include your name, address, policy number, and your notarized signature.

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: ***Christopher Parnell B.***
Date/Time : ***3/17/2020 3:27 PM PDT***

CONFIDENTIALITY AND SECURITY

We maintain reasonable physical, electronic, and procedural safeguards to protect your information. Only employees who need information to provide products or services to you, or to perform business functions for us, will have access to it.

CHANGES TO THIS PRIVACY NOTICE

We reserve the right to modify this Privacy Notice at any time. If we make material changes, we will provide a revised Privacy Notice. If we modify this Privacy Notice such that the use of your information is different from what was stated in our Privacy Notice at the time the information was collected, we will notify you and you may have additional opt-out rights. Your information will be used in accordance with the Privacy Notice in effect at the time your information was collected.

CONTACT US

For questions about this Privacy Notice or our information practices, please contact us at 877-214-0149 toll-free.

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: Christopher Parnell B.
Date/Time : 3/17/2020 3:27 PM PDT

INSURANCE 101 - GENERAL COVERAGE DESCRIPTION FORM

There are many coverage options available to you as a consumer. It is important that you select coverage that meets your needs. Please select the appropriate coverage. This is for educational purposes only. Please refer to the paperwork provided by your insurance carrier for specific information concerning your policy.
Selected Carrier: Legacy Insurance Services/Arizona Automobile Insurance Company

Bodily Injury Liability: This coverage is required by law to protect other people when you are at fault. It does not protect you or your property. In the event of an auto accident, this will cover medical expenses for the other drivers and passengers up to the selected limits.

Limit Per Person: 15,000 / Limit Per Accident: 30,000

☐ I decline all Bodily Injury Liability coverage.

Property Damage Liability: This coverage is required by law to protect the property of other people when you are at fault. It does not protect you or your property. In the event of an auto accident, this will cover expenses for the property of other people up to the selected limits.

Property Damage - Limit: 10,000

☐ I decline all Bodily Injury Liability coverage.

Uninsured/Underinsured Motorist Bodily Injury: This optional coverage protects you and your passengers when you are not at fault. In the event of an auto accident with an identified uninsured or underinsured driver, this will cover medical expenses for you and your passengers up to the selected limits. This coverage can be combined with Medical Payments coverage for additional protection for you and your passengers.

Limit Per Person: 15,000 / N/A

Limit Per Accident: 30,000 / N/A

☐ I decline all Bodily Injury Liability coverage.

Uninsured/Underinsured Property Damage with Collision Deductible Waiver: This optional coverage protects your property when you are not at fault. In the event of an auto accident with an identified uninsured or underinsured driver, this will cover expenses for your vehicle up to the selected limits. You will not pay a deductible for this coverage.

Property Damage: N/A

☐ I decline all Uninsured/Underinsured Property Damage coverage.

D. G.

Medical Payments: This optional coverage protects you and your passengers regardless of fault. In the event of an auto accident, medical payments coverage will pay for reasonable medical and/or funeral expenses for you or any other person in your vehicle up to the selected limits. This coverage can be combined with Uninsured/Underinsured Motorist coverage for additional protection if you are involved in an auto accident with a negligent uninsured/underinsured driver.

Medical Payments - Limit: N/A

☐ I decline all Medical Payments coverage.

D. G.

Comprehensive: This coverage protects your property. If your vehicle or its factory installed equipment are damaged by fire, theft, vandalism, or other events (other than a collision), this coverage will pay for all necessary repairs to your property once the selected deductible is paid. This protection may be required by a lender or lienholder.

Comprehensive Deductibles:

Vehicle 1: DODGE AVENGER SE Deductible N/A

☐ I decline all Comprehensive coverage.

D. G.

Collision: This coverage protects your property. In the event of a collision with any vehicle or other object, this coverage will pay for all necessary repairs to your vehicle once the selected deductible is paid. This protection may be required by a lender or lienholder.

Collision Deductibles:

Vehicle 1: DODGE AVENGER SE Deductible N/A

☐ I decline all Collision coverage.

D. G.

Special Equipment Coverage: This coverage protects your property up to the selected limits. You will need receipts and photos taken of the items listed when the coverage begins.

Special Equipment Limits:

Vehicle 1: DODGE AVENGER SE Limit N/A

☐ I decline all Special Equipment coverage.

D. G.

Rental Reimbursement: This coverage is only available on vehicles with Comprehensive and Collision coverage. If you need to rent a car, you will be reimbursed for the rental up to the selected limits and timeframe.

Rental Limits and Timeframes:

Vehicle 1: DODGE AVENGER SE Limit N/A

☐ I decline all Rental Reimbursement.

D. G.

Roadside Assistance: This coverage provides roadside assistance and is available on many different programs. We can provide more details based on your selected program.

N/A

☐ I decline all Roadside Assistance.

Diamond Gaines

Customer Signature:

Date: 3/17/2020

Name Printed:

Diamond Gaines

Diamond Gaines
1120 W Broadway Rd Apt 43
Tempe AZ 85282

Customer #9107744
Received By: **Christopher Parnell B.**
Date/Time : **3/17/2020 3:27 PM PDT**

Date: 3/17/2020

Household Member Disclosure

A driver should be listed on your automobile policy if they:

1. Live in the same household, have an active drivers license, and do not have an automobile policy of their own.
2. Use a vehicle on your policy on a regular or occasional basis regardless of whether they live in the same household or not.

I, Diamond Gaines , do hereby represent that I have listed all drivers/operators of the insured motor vehicle(s) on the Carrier Application, **and all residents of my household (over the age of 14 and regardless of whether they drive the vehicle) on the Carrier Application or Named Driver Exclusion document.**

I agree to notify my insurance company of any new drivers and/or residents of my household (including those who have since turned the age of 14) should changes occur during the term.

Address Verification Disclosure

The garaging location is commonly referred to as the location where the vehicle sleeps at night. If the vehicle stays at more than one location during the year, the garaging location can be determined by how long the vehicle stays at each location. Wherever the vehicle stays for the majority of the year, should be the garaging location.

I certify that the mailing and garaging addresses indicated on this application are true and accurate.

Furthermore, I agree to notify the Company of any changes of: (1) Resident Address, (2) Garaging Address of Vehicles insured.

NOTICE: FAILURE TO ACCURATELY DISCLOSE AND UPDATE GARAGING ADDRESS, DRIVERS AND HOUSEHOLD MEMBERS MAY LEAD TO RESCISSION OF YOUR POLICY AND DENIAL OF ANY CLAIMS.

Applicant's Signature: Diamond Gaines

Print Applicant's Name: Diamond Gaines

Additional Products-AZ

D. G.
Initials _____

Roadside Assistance

The Roadside assistance program provides member with 24/7 basic towing up to 15 miles and roadside coverage. This coverage includes services such as lost key and lockout, map routing and travel discounts.

Initials _____

Accidental Death & Dismemberment

Accidental Death & Dismemberment Plans save many families from terrible financial hardship if a member is involved in an auto-related accident. Benefit levels vary from \$3500 to \$35,000.

Initials _____

Windshield Repair

Front windshield repair of minor chips and cracks (up to 6") caused by propelled rocks or road hazard debris. This National service will repair windshields at no cost if in network and if outside of network reimburse up to \$25.

Initials _____

Telemedicine

A US doctor will diagnose you over the phone for common conditions and if needed provide a prescription. Service is available to use 24 hours/7 days a week. A \$25 co-pay applies for each call.

Initials _____

Personal Protection

Program combines Identity Theft protection with Hospital Indemnity.

Diamond Gaines

Customer Signature

3/17/2020

Date

QC Requirements Checklist

Please initial below confirming that section has been reviewed and enter the amounts and/ or information required.

Initials Confirming Verified

Producer		Manager

--	--	--

1. Application properly bound with correct driver(s)?
2. Is effective date on Application correct?
3. Policy written with future effective date? Are proper procedures being followed?
4. Agency Fee Agreement – Privacy Notice – Customer Receipt - Named Driver

Disclosure (if required)?

5. Customer Profile "Mailing Address & garaging" addresses match application (including apt #) and is signed by named insured?

6. Are household residents excluded or added (app matches Customer Profile)?
7. Does the uploaded fiduciary/submit match the carrier application and AppOne?
8. Submit amount on Agent Report matches amount uploaded to the carrier?
9. Are Customer Details from carrier application matching AppOne?
10. EFT Agreement completed/signed for auto bill pay? Receipt signed by client and

producer?

11. Carrier Application pages signed and underwriting questions answered correctly?
12. Coverage & vehicle(s) match carrier Application and AppOne Coverage?
13. Is vehicle Truck, Van, SUV, salvaged, or has Comp/Coll?
14. Are Photos required? All Digital Photos uploaded on the AppOne?
15. Inspection filled out completely & signed? (Damage/Special Equip?)
16. Copy of the driver's license for Named Insured?
17. Do clients have n/fault accidents and did you provide for proof?
18. Loss Payee Included (vehicle with Comp/Collision)?
19. Is proof of marriage required? Is it included if spouse excluded?
20. Are Customer Signatures Complete and Consistent?

The above listed policy has been reviewed by:

Managers Signature: _____ Date: _____

Producers Signature: Christopher Parnell B. Date: _____

Freeway Insurance - Mesa 3
7711 Center Ave Ste 200
Huntington Beach, CA 92647-9124

Diamond Gaines
1120 W Broadway Rd Apt 43
TEMPE, AZ 85282

Policy Number: ADAZ0243813-00
Insured: Diamond Gaines

Arizona Auto Insurance Co
Administered by:
Legacy Insurance Services, Inc.
PO Box 50600
Phoenix, AZ 85076-0600

Policy Number: ADAZ0243813-00
Policy Period: March 17, 2020 to
September 17, 2020 at 12:01 AM

Your Producer:
Freeway Insurance - Mesa 3
7711 Center Ave Ste 200
Huntington Beach, CA 92647-9124
(480) 429-4111

ORIGINAL AUTO POLICY DECLARATIONS

NAMED INSURED:

Diamond Gaines
1120 W Broadway Rd Apt 43
TEMPE, AZ 85282

The insured property is principally garaged at the above address or:

Processed Date:
March 17, 2020

This Declarations page along with "Policy Provisions" and any other applicable
endorsements completes your policy and supersedes any previous declaration being the same policy number for this policy period.

Page 1 Of 1

Driver	Driver
1 Diamond Gaines	

Description of Insured Property:				
Unit	Year	Make/Model	Identification No. (VIN)	Use
1	2013	DODGE / AVENGER SE/ SEDAN 4D 4CYL	1C3CDZAB4DN537523	Personal
Discounts: EF				

Discounts/Surcharge Legend: Multi Car (MC), Transfer (TD), Renewal (RD), Homeowner (HO), Pay Type (PT), Unacceptable Risk (UR), Unverifiable MVR (UV), ID Type (IT), EFT (EF)

Coverage is provided only where a Premium and Limit or Deductible are shown	LIMIT	Unit 1		UNIT 2		UNIT 3	
	Per Person / Per Accident	Deductible	Premium	Deductible	Premium	Deductible	Premium
Bodily Injury (BI)	\$15,000/\$30,000		\$244.00				
Property Damage (PD)	\$10,000		\$243.00				
Uninsured Motorist (UMBI)	\$15,000/\$30,000		\$26.00				
Total Full Term Premium:			\$513.00				

ATAFee*: \$0.50

Endorsements made a part of this policy:

AZ APP 54 1219 AZ POL 99-1219

Notes

* Arizona Automobile Theft Assessment Fee

Counter Signed: Date 03/17/2020

By



Scott A Butler

Arizona Auto Insurance Co
ADOT Code 1236
Administered by:
Legacy Insurance Services, Inc.
PO Box 50600
Phoenix, AZ 85076-0600

IN CASE OF EMERGENCY CALL

1-877-477-9777

Report all accidents to your Producer/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.
3. Be courteous. Discuss accident only with police or company adjuster.

DO NOT ADMIT RESPONSIBILITY OR AGREE TO PAY ANYTHING OR SIGN ANYTHING EXCEPT FOR COMPANY ADJUSTER.

Coverage meets the limits required by law.
Arizona Law requires evidence to be carried in the vehicle at all times.
Your cooperation is necessary for your protection.

Arizona Auto Insurance Co
ADOT Code 1236
Administered by:
Legacy Insurance Services, Inc.
Legacy Insurance Services, Inc.
PO Box 50600
Phoenix, AZ 85076-0600

EN CASO DE EMERGENCIA LLAMAR AL

1-877-477-9777

Para reportar un accidente comuníquese con Agente o la Compañía lo más pronto posible. Obtenga la siguiente información:

1. Nombre y dirección de cada conductor, pasajeros y testigos.
2. Nombre de la Compañía aseguradora y el número de la póliza de los vehículos envueltos
3. Sea cortés. Discuta el accidente solo con la policía o el ajustador de la compañía.

**NO RECONOZCA NINGUNA RESPONSABILIDAD
O ACEPTÉ PAGAR ALGO Y NO FIRME
QUE NO VENGA DEL AJUSTADOR DE LA
COMPAÑÍA ASEGURADORA**

Las coberturas están de acuerdo con los límites de la ley
La ley de Arizona exige que la prueba de la aseguranza sea mantenida en los vehículos en todo momento
Su cooperación es necesaria para su protección

Policy Number	Effective Date	Expiration Date
ADAZ0243813-00	03/17/2020	09/17/2020

Insured:

Diamond Gaines
1120 W Broadway Rd Apt 43
TEMPE, AZ 85282

Year/Make/Model	Vehicle I D Number
2013/DODGE/AVENGER SE	1C3CDZAB4DN537523

Operators:

Diamond Gaines

Your Insurance Producer

Freeway Insurance - Mesa 3
(480) 429-4111

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

Policy Number	Effective Date	Expiration Date
ADAZ0243813-00	03/17/2020	09/17/2020

Insured:

Diamond Gaines
1120 W Broadway Rd Apt 43
TEMPE, AZ 85282

Year/Make/Model	Vehicle I D Number
2013/DODGE/AVENGER SE	1C3CDZAB4DN537523

Operators:

Diamond Gaines

Your Insurance Producer

Freeway Insurance - Mesa 3
(480) 429-4111

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

Legacy Insurance Services

Electronic Funds Transfer (EFT) Authorization Form

I hereby authorize Legacy Insurance Services (Legacy) to electronically deduct payments from the account identified below. This authority pertains to payment of policy premiums, fees, subsequent renewal down payments and monthly installments issued to me by Legacy. I authorize the financial institution named below to accept and post these transactions to my account.

Furthermore, I authorize Legacy to adjust said transactions to reflect any premium changes including policy renewals

Legacy agrees to notify the name insured of any change in the debit amount prior to the posting of entries to my account.

I understand that both the financial institution and Legacy reserves the right to terminate this agreement at any time.

This authorization will remain in effect until I provide written notice to Legacy with a sufficient amount of time to afford Legacy and the named financial institution to act on it prior to the next payment date.

I understand that this authorization shall in no way alter or amend the provisions of any policy issued through Legacy.

Policy Holder's Name: Diamond Gaines

Policy Number (or Application #): ADAZ0243813-00

Name of Financial Institution: _____

Name(s) on the Checking/ Credit Card Account: Diamond Gaines

Last 4 Digits of Checking /Credit Card Account: 9965

Note: A Non- Sufficient Funds (NSF) fee of \$25 will be charged for items returned by your bank as unpaid.

I have read and understand this authorization and agree to all of the terms outlined herein.

Signed: Diamond Gaines *Diamond Gaines* Date: 03/17/2020

Legacy Insurance Services
P.O. Box 50600, Phoenix, AZ 85076-0600
Phone: 480-413-9173 Fax: 480-413-9163

Private Passenger Auto Application
ARIZONA "SELECT VALUE"

Underwritten by:
Arizona Auto Insurance Company

Producer Name: Freeway Insurance - Mesa 3

Code: 01-0051-0021

Producer Address: 7711 Center Ave Ste 200, Huntington Beach, CA 92647-9124

Producer Phone: (480) 429-4111

Policy

Application Number: ADAZ0243813-00 Policy Type: Auto
Policy Effective Date: 03/17/2020 Policy Term in Months: 6
Policy Effective Time: 3:33PM
Total Premium \$ 513.00 Pay Plan: 16.7% 6 Pay EFT

Named Insured

First: Diamond MI: Last: Gaines
Garaging Address: 1120 W Broadway Rd Apt 43 City: TEMPE State: AZ Zip: 85282
Mailing Address: 1120 W Broadway Rd Apt 43 City: TEMPE State: AZ Zip: 85282
Email: poppijewel@gmail.com Home: Cell: 1 (480) 587-2900

Premium

Coverage	Limit	Vehicle 1	Ded	Vehicle 2	Ded	Vehicle 3	Ded	Vehicle 4	Ded
Bodily Injury	\$15,000/\$30,000	\$ 244.00		\$		\$		\$	
Property Damage	\$10,000	\$ 243.00		\$		\$		\$	
Uninsured Motorist BI	\$15,000/\$30,000	\$ 26.00		\$		\$		\$	
Underinsured Motorist BI		\$		\$		\$		\$	
Medical Payments		\$		\$		\$		\$	
Other Than Collision		\$		\$		\$		\$	
Collision		\$		\$		\$		\$	
Full Safety Glass		\$		\$		\$		\$	
Rental Reimbursement		\$		\$		\$		\$	
Towing & Labor		\$		\$		\$		\$	
Total Premium		\$ 513.00		\$		\$		\$	

Drivers on Policy

Name (First, M, Last)	SSN	Date of Birth	Drivers License	St	Gen-der	M/S	Unv MVR	SR 22	Relationship to Named Insured
NI Diamond Gaines		08/16/1992	D06126195	AZ	F	S		N	Named Insured
2									
3									
4									
5									
6									

Accidents / Convictions

Driver	Description	Pts	Violation Date	Months Since	Driver	Description	Pts	Violation Date	Months Since

Accidents / Convictions

	Veh	Year	Make	Model	VIN	BI/PD Sym	MP Sym	OTC Sym	Coll Sym	Bus Use
Vehicles	1	2013	DODGE	AVENGER SE	1C3CDZAB4DN537523					N
	2									
	3									
	4									
Loss Payee / AI	Veh	LP/AI	Loss Payee / Additional Interest		Mailing Address	City	St	Zip		
	1									
	2									
	3									
4										
Policy Level Discounts / Surcharges										
EFT Discount Discount										
Driver Exclusion Agreement										
All persons ages 15 or over who live with the insured and are not rated on this policy must be excluded. This agreement excludes the following person(s) listed when operating a motor vehicle and further agrees to exclude coverage to the named insured for any negligence that may be imputed by law to the named insured arising out of the maintenance, operation or use of a motor vehicle by the excluded person(s) listed:										
	Name (First, M, Last)				Date of Birth		Relationship			
1										
2										
3										
4										
5										
This exclusion agreement does not apply to any losses covered under Uninsured or Underinsured Motorists Coverage. The provisions of this exclusion agreement supersede and exclude from the policy any contrary provision(s). I understand this exclusion applies to my insurance policy, this policy term and all renewals, rewritten and reinstated policies unless I notify the Company to the contrary in writing.										
Applicant's Signature: <u>Diamond Gaines</u>						Date:				
Uninsured / Underinsured Motorist Coverage										
You have a legal right to purchase <u>both</u> Uninsured Motorist coverage and Underinsured Motorist coverage with your automobile liability policy. <u>THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</u>										
Uninsured Motorist coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. Your policy will provide <u>Uninsured/Underinsured</u> coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this endorsement notice.										
You have a right to purchase both <u>Uninsured</u> Motorist coverage and <u>Underinsured</u> Motorist coverage in any amount from \$15,000/\$30,000 (split limits) up to your policy's Bodily Injury Liability Limit, or you may reject the coverage entirely. Neither limit may exceed your Bodily Injury Liability limit.										
The Bodily Injury Limit on your existing policy is <u>\$15000/30000</u> . Options available for <u>Uninsured</u> and <u>Underinsured</u> Motorist coverages:										
Uninsured Motorist Liability Coverage						Underinsured Motorist Liability Coverage				
Accept (initial)	Reject (initial)	Limit of Liability	Premium							
<u>dg</u>		\$15,000/\$30,000	\$ <u>26.00</u>	Accept (initial)	Reject (initial)	Limit of Liability	Premium			
		\$25,000/\$50,000	\$ <u>N/A</u>		<u>Ddg</u>	\$15,000/\$30,000	\$ <u>28.00</u>			
						\$25,000/\$50,000	\$ <u>N/A</u>			
I do not wish to purchase <u>UN</u> insured Motorist coverage: _____ (initial)				I do not wish to purchase <u>UNDER</u> insured Motorist coverage: <u>Ddg</u> (initial)						
By signing below I represent that Uninsured Motorist coverage and Underinsured Motorist coverage has been verbally explained to me. I understand and agree that selection of the above options to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company know in writing.										
DO NOT SIGN UNTIL YOU READ										
Named Insured's Signature: <u>Diamond Gaines</u>						Date: 03/17/2020				

Transfer Discount Documentation

I maintained continuous auto insurance with another company in the 6 months immediately preceding the effective date of this application.

Proof Required: Copy of Declarations page of prior coverage, Non-renewal or cancellation notice; Renewal offer; or Letter of Experience showing the Named Insured and the expiration or cancellation date.

Prior Insurer: _____ Policy Number: _____ Policy Expiration Date: _____

By signing the Application Agreement, I am verifying that the above Transfer Discount Documentation information is true.

Informational Notice: Non-Owner Policies

The **Non-Owner** policy provides liability coverage for damages caused by you while you are the operator of a car that is NOT OWNED BY YOU but operated with the permission of the owner. A Non-Owner policy will NOT provide coverage for ANY CAR WHICH YOU OWN, AND ANY CAR:

- Registered to or made available for regular or frequent use by you, a family member, or any person who resides in your household;
- Leased to or rented to your employer or the employer of any family member, or any person who resides in your household;
- Rented for more than 60 consecutive days by you, a family member, or any person who resides in your household; or
- In possession, for more than 60 consecutive days, by you, a family member, or any person who resides in your household.

The Non-Owner policy: 1) may not meet the requirements of the mandatory motor vehicle insurance or financial responsibility laws of other states; 2) coverage will be excess over any other insurance policy, self insurance program or liability bond; and 3) there is no physical damage coverage (comprehensive or collision) for any car you own or operate. **By signing the Application Agreement, I am verifying that the Non-Owner policy has been explained to me and I understand the coverage limitations.**

Married Applicant Statement

By signing the Application Agreement, I verify that if I declare myself as "Married" on this application, then I am legally married under the laws of a State in the United States of America or under the laws of another country and can provide legal documentation of the marriage. **I further acknowledge that falsifying information regarding my marital status is a material misrepresentation of the facts and is insurance fraud.**

Electronic Signature Agreement

By signing this Application electronically, you agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application. You further agree that your signature on this Application (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing and will not, at any time in the future, repudiate the meaning of my electronic signature or claim that your electronic signature is not legally binding. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the Company.

Consent to Electronic Delivery of Documents

By selecting "I Agree to Electronic Delivery of Documents" below, you agree to receive information electronically from the Company. These documents and information will be collectively known as "Electronic Communications," and may include, but not be limited to, billing statements, policy renewal notices, policy renewal documents, policy cancellation notices, endorsement documentation, requests for additional documentation, as allowed by Arizona law. You are acknowledging that you are able to use email and text message to accept Electronic Communications as reasonable and proper notice for the purpose of fulfilling any and all rules and regulations, and agree that such Electronic Communications fully satisfy any requirement that communications be provided to you in writing or in a form that you may keep. You further acknowledge that your email and phone number listed on this application for insurance is correct and it is your responsibility to notify the Company of any change to your email address and phone number in order to continue receiving electronic communication. You further agree that it is your responsibility to regularly check your email and phone for correspondence from the Company. You have the right to withdraw your consent to receive Electronic Communications and receive paper notifications by notifying the Company in writing, either online or written request.

Producer's Statement

I, the undersigned Producer, hereby represent that to the best of my knowledge, all information listed is correct. The statements listed are those of the applicant who has signed this form in my presence. The applicant and the undersigned are retaining a duplicate signed copy of this form. I am legally qualified to submit this form on behalf of the applicant. I also hereby represent to inspect and take photos of all vehicles that are being covered for OTC/Collision coverage and have inspected the vehicle(s) listed on this applicant and found them to be free of all damage, including safety window glass and plastic, except as noted on this application. I agree to deliver to the applicant all policy documents produced by the company at the time of binding.

Producer's Signature: Christopher Parnell B.

Date: 03/17/2020

Condition of Vehicle / Impairments of Any Driver / Additional Information

List any vehicle damage; physical or mental impairment of any driver; custom equipment or additional comments below. If any insured has ever been insured by Arizona Automobile Insurance Company before, please provide the policy number and date below. List any other additional information here.

Application Acknowledgement and Agreement

I certify that all representations and statements contained on this application are true to the best of my knowledge and agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I represent:

- that (1) all persons age 14 or over who reside in my household, even if they are unlicensed; and (2) all drivers who operate the insured vehicle(s) on a regular basis, even if they reside outside my household; and have been listed on this application even if they are away from home or in college. I understand and agree that it is my responsibility to notify the Company within 14 days of any person who becomes either a regular operator or a household resident as described in (1) or (2) above after the date on this application.
- that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food.

I understand that the Company has a right to adjust the premium (according to Company rates and rules) since policy inception if found otherwise. I further understand that this **policy may be rescinded, voided, or canceled and a claim may be denied** if any misrepresentations, omissions, concealment of facts and incorrect statements on this application are: a) fraudulent; b) material either to the acceptance of the risk, or to the hazard assumed by the Company; and c) the Company in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the Company. I understand that if the Company receives notification from the United States Postal Service that my address has permanently changed, then the policy may be re-rated with the new ZIP Code or the **policy may be canceled and a claim may be denied**

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, this **policy may be canceled and a claim may be denied**

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this **policy may be canceled and a claim may be denied**. I understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

In accordance with A.R.S. 20-2104D, I understand that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living, and that this information may be verified by obtaining copies of motor vehicle reports, claims histories, and consumer credit reports. The notice required in A.R.S. 20-2104C will be furnished to me upon my request.

By my signature, I represent that I am the person identified as the named insured and the first driver in the Driver section of this application. I understand that by signing below, I represent I have read and understand the Married Applicant Statement, Electronic Signature Agreement, Consent to Electronic Delivery of Documents, Transfer Discount Documentation and Informational Notice. **I understand that providing false information is a material misrepresentation of the facts and may be insurance fraud, and the Company reserves the right to rescind, void or cancel the policy and coverage may be denied for an accident or loss if this application contains any false or fraudulent representations that are material to the risk insured hereunder and that, if the true facts were known to the Company, it would have refused to issue the policy or required the policy to be issued with limitations.** I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties, per A.R.S. 20-466.03.

I acknowledge and agree that the statements and representations contained within this application are true. I understand this application when signed becomes a part of the policy. I further understand that any policy changes or endorsements to the policy may be provided to me electronically or from my agent.

Applicant's Signature: *Diamond Gaines*

Date: 03/17/2020

☐ I Agree to Electronic Delivery of Documents using the following email address:

Warning: Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, a crime punishable by fines, imprisonment or both.

Legacy Insurance Services, Inc.
P.O. Box 50600, Phoenix, AZ 85076-0600
Phone: 480-413-9173 Fax: 480-413-9163

**Private Passenger Auto Notice
ARIZONA**

Legacy Fee Disclosure and Agreement

I understand and agree to pay any of the following fees that may apply to my policy underwritten by Arizona Automobile Insurance Company (AAIC) and administered by Legacy Insurance Services, Inc. (also referred to as Legacy or Company).

- Cancellation Fee - a \$20 cancellation fee will be charged if I cancel this policy for any reason.
- Policy Fee- a \$27 policy fee will be charged at new business and each renewal policy term.
- Billing Fees – a \$10 installment fee or a \$5 Electronic Funds Transfer (EFT) fee will be charged for each payment that becomes due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan and any change in the amount of these fees will be reflected on my payment schedule or billing statement.
- Non-Sufficient Funds (NSF) Fee - a \$25 NSF fee will be assessed to the balance due on my policy if any bank check or other payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem Company to have accepted said bank check or other payment unconditionally.
- Convenience Fee – a \$3 convenience fee will be charged if I choose to pay by credit card, bank or other financial institution account, EFT or phone.
- Endorsement Fee – a \$7 endorsement fee may be charged for any endorsement resulting in a premium change that is processed by the Company on my policy.
- Financial Responsibility Filing Fee (SR-22) – a \$20 fee is charged for each driver requiring a financial responsibility filing.
- Reinstatement Fee - a \$20 fee may be charged when my policy is reinstated for any reason.

The above fees will be applicable to the policy term and each renewal policy term. I understand that the Company may change above fees from time to time during the policy term or subsequent renewal policy term(s). I also understand that the Company will notify me in writing to any change in the amount of the fees noted above and agree to said changes in the fees charged by Company. I understand that the above fees are in addition to any premium that has earned for the coverage provided by your policy and may be deducted from any premium or other refund to which I may be entitled. I understand any refund due me of less than \$10 will be waived unless I request the refund in writing within 90 days of the cancelation or expiration of my policy.

By my signature, I represent that I am the person identified as the named insured and I understand and agree to the above fees.

Named Insured's Signature: *Diamond Gaines*
Diamond Gaines

AAIC Policy Number: ADAZ0243813-00

Date: 03/17/2020

The laws of the Arizona Department of Insurance under statutes 20-2108, 20-2109, and 20-2110 require that we provide you with this important notice regarding your rights in the event of an adverse underwriting decision.

YOUR RIGHTS FOLLOWING AN ADVERSE UNDERWRITING DECISION

If you disagree with our decision, you have 90 business days from the date of the mailing of the notice to request an explanation. We will respond to your request within 21 business days of receipt of your written request with the following information if it is not included in the original decision notice:

- The specific reason for the adverse underwriting decision; and
- The specific items of personal and privileged information that support those reasons, except that we may not disclose certain privileged information about you, nor will we disclose the specific items of medical record information being supplied by a medical care institution or medical professional either directly to you or your designated medical professional.

We will disclose the names and addresses of the institutional sources that supplied the specific items of personal or privileged information, and we will only disclose any medical professional or medical care institution information directly to you or to your designated medical professional.

YOUR RIGHT TO REQUEST ACCESS TO YOUR RECORDED PERSONAL INFORMATION

If we make a record of your personal information, you have the right to submit a written request for access to your record. Within 30 business days of the receipt of your request we will inform you of the nature and substance of the recorded personal information, and the response will address the following:

- A description of your right to see and copy, in person, the personal information record, or obtain a copy by mail, whichever you prefer. We will disclose to you the identity, if recorded, of those persons to whom we have disclosed the personal information within two years prior to your request; if we do not have the identity of the person, we will provide the names of those institutions or persons to whom the information is normally disclosed. We will provide you with a summary of the procedures by which you may request that we correct, amend or delete your personal information in our possession.
- We will identify whether the source of any personal information is from an institutional source.
- If the information is a medical record supplied by a medical care institution or medical professional, we will identify the medical professional or medical care institution which provided the information either directly to you or to a licensed medical professional designated by you. We will notify you if we elect to disclose the information to a medical professional designated by you.

YOUR RIGHT TO CORRECT, AMEND OR DELETE RECORDED PERSONAL INFORMATION

If we possess any recorded personal information about you, you may send us a request that we correct, amend, or delete this recorded personal information. When we receive your written request we will respond within 30 business days of the receipt of the written request. The response from us will either:

- Show that we agree to correct, amend or delete the portion of the recorded personal information in dispute; or
- Notify you of our refusal to make the correction, amendment, or deletion, explain the reasons for the refusal, and inform you of your right to file a statement if you disagree.

If we correct, amend, or delete your recorded personal information, we will notify you in writing and furnish the correction, amendment, or fact of deletion to any person specifically designated by you who within the preceding two years may have received the recorded personal information.

If you disagree with our refusal to correct, amend, or delete recorded personal information, you may file with us a concise statement setting forth what you think is the correct, relevant, or fair information and a concise statement of the reasons why you disagree with the decision. Your response will be added to your file with us.

HOW TO CONTACT US

Legacy Insurance Services, Inc.
PO Box 50600
Phoenix, AZ 85076



TOWBUSTER - NO VEHICLES LISTED

Home Office: Nation Motor Club, LLC., 800 W. Yamato Road, Suite 100, Boca Raton, FL 33431

MEMBER INFORMATION				MEMBERSHIP INFORMATION							
Name		DIAMOND		Effective Date		Expiration Date		Membership Fee			
		GAINES		3/17/2020		3/17/2021		\$120.00			
Address				<div>For Emergency Roadside Assistance <u>Only</u> Call</div> <div>1-800-745-5791</div> <div>Member #: NRDE10982007</div> <div>Producer Code: 91220</div> <div>Plan Letter: B</div> <div>For Customer Service <u>Only</u> Call 1-888-684-9327</div> <div>Monday through Friday, from 8:30 am - 5 pm eastern time</div>							
1120 W BROADWAY RD APT 43											
City		State								Zip	
TEMPE		AZ								85282	
SELLER INFORMATION											
Business Name		User ID									
FREEWAY INSURANCE OF ARIZONA											
Address											
1140 S COUNTRY CLUB DR #111											
City		State		Zip							
MESA		AZ		85210							

THIS IS NOT AN INSURANCE CONTRACT.

This is not an Automobile Physical Damage or Automobile Liability insurance contract.

Your Membership contains **Our** 24 hour emergency road service telephone number for **You** to call when **Your Covered Vehicle** is disabled. When arranging for Roadside Assistance, please call 1-800-745-5791 and reference **Your** Producer Code, Member Number and Plan Letter (located in the registration section above). **You** will not be required to pay any additional fee or sum in addition to the Membership Fee when **Your** service is for a tow up to fifteen (15) miles or other covered service listed below. **You** are entitled to one (1) covered service within a seventy two (72) hour period. Covered services not obtained through **Us** are limited to a maximum reimbursement amount of fifty dollars (\$50).

- **Towing** - Up to fifteen (15) miles at no out of pocket expense to **You**. Additional mileage is available and will be negotiated prior to sending out a service vehicle. Additional mileage is to be paid by **You** directly to the service provider at the time of service.
 - **Mechanical First Aid**: Any minor adjustment that a dispatched service provider might perform to allow **Your Covered Vehicle** to proceed safely under its own power.
 - **Tire Service**: Includes changing a flat tire with **Your** good spare.
 - **Battery Service**: Jumpstart or boost a dead battery.
 - **Delivery Service**: Including gasoline, water, oil, or any supplies necessary to send **Your Covered Vehicle** on its way. **You** are responsible for the actual cost of fluid and/or supplies delivered.
 - **Lockout Services**: We will send a locksmith if **You** are accidentally locked out of **Your Covered Vehicle**. Access to passenger compartment only.
- Limit: No more than five (5) service calls within the contract period.**

ADDITIONAL BENEFITS

- **Theft Hit & Run Protection**: We will pay a person, (excluding **Member** or **Member's** family) five hundred dollars (\$500) for information leading to the arrest and conviction of a person for the theft of a **Your Covered Vehicle** or tagged valuable articles.
- **Rental Car Discounts**: **You** may access car rental discounts for: NATIONAL (1-877-222-9058 ID# XZ41148 PIN# NSD); THRIFTY (1-800-367-2277 ID# 0010027892); and ENTERPRISE (1-800-736-8222 ID# XZ41148 PIN# NSD)
- **Concierge Benefits**: **You** may contact **Our** Concierge center at 1-855-963-1683, and give the producer code number listed on the front of this Agreement, twenty four (24) hours a day / seven (7) days a week, to speak with a representative who will assist **You** with the following concierge services: a) emergency message relays to family friends or co-workers; b) hotel and rental car availability; c) ATM locations; d) locate medical facilities; e) theme park and local attraction information; f) restaurant locations; g) movie schedules and locations; h) directional assistance; i) traffic alerts; and j) sport scores. **Please note**: Services provided are for informational purposes ONLY. **You** are responsible for making any/all payment arrangements and for setting up benefits that require additional billing, such as the actual cost of hotel rooms, rental cars, etc. Payment is to be made directly by **You** to the providers, vendors or establishments.

TERMS AND CONDITIONS

- **You, Your, Member** means the individual(s) listed in the registration section of this Membership;
- **We, Us or Our** means the Provider/Administrator of the Motor Club benefits and services;
- **Covered Vehicle** means any private passenger vehicle that is registered to the **Member** or to someone in the **Member's** household;
- All benefits are available to **You** up to **Your** benefit limit, as described throughout this Membership, without any additional payments. **You** are responsible for any non-covered expenses;
- **Your** Membership begins on the Effective Date as shown above and continues until the Expiration Date, unless cancelled.
- All of the benefits and services of **Your** Motor Club Membership are described herein and are applicable throughout the United States, Canada and Puerto Rico;
- All services and benefits are Administered through Nation Safe Drivers, LLC. dba Nation Safe Drivers located at 800 W. Yamato Road, Suite 100, Boca Raton, FL 33431. **In California**: All services and benefits are Administered through Nation Motor Club, LLC. located at 800 W. Yamato Road, Suite 100, Boca Raton, FL 33431. California Motor Club Permit Number: 5157-3. **In Alabama, Alaska & Utah**: All services and benefits are Administered through Nation Safe Drivers Services, Inc.;
- For Customer Service please contact the Administrator at 888-684-9327, Monday through Friday, from 8:30 am - 5 pm eastern time;
- All claims must be reported to the Administrator at 800 W. Yamato Road, Suite 100, Boca Raton, FL 33431; 888-684-9327;
- **You** have the right to file a complaint by submitting a written complaint to **Our** Customer Service Department at 800 W. Yamato Road, Suite 100, Boca Raton, FL 33431 or by calling 1-888-684-9327, Monday through Friday, from 8:30 am - 5 pm eastern time;
- **You** may obtain a full copy of **Our** company's privacy notice by sending a written request to the Administrator, Attention: Privacy Notice Department, 800 W. Yamato Road, Suite 100, Boca Raton, Florida 33431.

EXCLUSIONS

This Membership does not cover the following: a) Any violation of motor vehicle or traffic laws relating to the operation of a motor vehicle; b) Driving under the influence of intoxicating liquors, narcotics or psychedelic drugs; c) Driving without a valid operator's permit, or leaving the scene of an accident without disclosing identity, or failing to stop to ascertain injury and lend assistance (i.e. hit and run); d) When any motor vehicle is operated without permission of the owner thereof; e) Service for trucks in excess of one ton chassis, busses, trailers, tractors, or vehicles of dual wheel class; f) Any service requiring removal of snow or ice from or around **Your Covered Vehicle(s)**, or from any driveway or premises, or street, highway or parking area; g) Gas/credit card receipts are not accepted; h) Reimbursement sought for any bill which, in **Our** opinion appears to be false or fraudulent, and not for the claimed services; i) Any parts of the **Covered Vehicle**, rental battery or return of rental battery. Supplies or accessories furnished by garage or service station shall be at the sole expenses of the **Member**; j) All repairs and material used in repairing flat tire, or services requiring more than one trip by garage or service station shall be at the sole expense of the **Member**; k) By being involved in any traffic accident or any accident involving a motor vehicle in which a Police Traffic Accident Report is not filed or made a matter of record; l) In which **You** or any person intentionally causes damage to the **Covered Vehicle**; drives in any competition, race or speed contest or in preparation for same; or causes any accident while committing or attempting to commit a felony or other illegal act including but not limited to fleeing from police; m) Due to war or any warlike act, whether war is declared or not, terrorism, acts of God or vandalism.

CANCELLATION

If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price, less the amount of any claims paid or payable. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded by the Administrator on a prorated basis, less a cancellation fee of fifty (\$50) dollars (\$50) and the amount of any claims paid or payable. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

TRANSFER

This Membership cannot be transferred.

STATE PROVISIONS

The following state specific requirements apply if **Your** Membership was purchased in one of the following states:

CALIFORNIA

The Theft Reward benefit is replaced in its entirety by the following: **We** will pay a person, (excluding **Member's** family or relatives) five hundred dollars (\$500) for information leading to the arrest and conviction of a person for the theft of a **Member's Covered Vehicle(s)**. The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, the amount of the refund will be prorated based on the number of days remaining on the contract term. The refund will be payable to **You** or the Lienholder when financing has been provided for the Membership. All cancellation requests must be submitted in writing to the Administrator and signed by **You**. **Whether this Agreement is cancelled by You or the Administrator, a cancellation fee of the amount of claims incurred or paid will not be deducted from any returned premiums.**

Other Offices: Nation Motor Club, LLC., 818 West Seventh Street, Los Angeles, CA 90017

LOUISIANA

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

MARYLAND

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 351 West Camden Street, Baltimore, MD 21201; (410) 225-2995

MASSACHUSETTS

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

MISSISSIPPI

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 645 Lakeland East Drive, Suite 101, Flowood, MS 39232

MONTANA

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 208 North Broadway, Suite 313, Billings, MT 59404

NEVADA

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC. dba Nation Safe Drivers, 311 South Division Street, Carson City, NV 89703

NEW MEXICO

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 123 East Marcy, Santa Fe, NM 87501

OKLAHOMA

The Cancellation section of this Membership is replaced in its entirety by the following: This Membership can be cancelled by **You** or the Administrator at any time. **You** will be entitled to the unused portion of the amount paid for the Membership calculated on a prorated basis over the period of the contract, without any deductions. The refund will be payable to **You** or the Lienholder, where applicable. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 1833 South Morgan Road, Oklahoma City, OK 73128

TENNESSEE

The Theft Hit & Run Protection benefit in this Membership is not applicable.

UTAH

The Cancellation section of this Membership is replaced in its entirety by the following: **You** may cancel this Membership within the first ten (10) days of the purchase date, if no claim has been made, and receive a full refund of the total Membership purchase price, less the applicable cancellation fee in the amount of fifty dollars (\$50). **We** may only cancel this Membership under the following grounds: (1) Material misrepresentation; (2) Substantial change in the risk assumed, unless the insurer should reasonable have foreseen the change or contemplated the risk when entering into the Membership; (3) Substantial breaches of contractual duties, conditions, or warranties attainment of the age specified as the terminal age for coverage. If this Membership is canceled due to non-payment, **We** will mail written notice of cancellation to **You** and will cancel **Your** Membership no sooner than at least ten (10) days after the delivery or first-class mailing of a written notice. If this contract is canceled for any of the reasons listed above, **We** will mail written notice of cancellation to **You** and will cancel **Your** Membership no sooner than thirty (30) days after the delivery or first-class mailing of a written notice. If the

Administrator cancels this **Membership** at any time, **You** will be entitled to prorated refund of the **Membership** less a cancellation fee of fifty dollars (\$50). In general, if Administrator cancels this **Membership**, Administrator will mail to **You** written notice of cancellation at least thirty (30) days before the cancellation date. However, if Administrator cancels this **Membership** within the first sixty (60) days after the **Membership** purchase date, Administrator will mail to **You** written notice of cancellation at least ten (10) days before cancellation date.

WISCONSIN

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis, less a cancellation fee of twenty five dollars (\$25). All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 8040 Excelsior Drive, Suite 200, Madison, WI 53717

WYOMING

The Cancellation section of this Membership is replaced in its entirety by the following: If this Membership is cancelled by **You** within thirty (30) days from the Effective Date, **You** will receive a refund of the full purchase price. If **You** cancel this Membership after the first thirty (30) days, **You** will be refunded on a prorated basis. All cancellation requests must be submitted in writing to the Administrator and signed by **You**.

Other Offices: Nation Motor Club, LLC., 1712 Pioneer Avenue, Suite 200, Cheyenne, WY 82001


Lauren Smith, Secretary 10/14

By **Your** signature below, **You** acknowledge and agree that **Your** acceptance of this Membership is voluntary. It is understood by the undersigned that coverage afforded under this Membership applies only to the **Member** listed in the registration section of this Membership. This Membership does not comply with the financial responsibility or no-fault laws of any state or territory.

Diamond Gaines

3/17/2020

Signature of Member(s)

Date

Christopher Parnell B.

3/17/2020

Signature of Seller

Date