

**Equity Insurance Company** P.O. Box 4499 Tulsa Oklahoma 7/150-0/100

## **OKLAHOMA**

	Insura	ance Co	בקרחכ	NAIC 28		Jilia 74159-048		UTOMOBILE APPL	.IC	AT	ION	I	
ITE		Арр		PAYMENT OPTIONS: 1/6 Down	AM \$	OUNT SUBMITTED 293.00	MO/DAY/YEAR: 03/19/2018	POLICY PERIOD TIME: <b>04:20PM</b>			ERM:		
PROF	POSED NAMED INS	SURED PHO	NE NUMI	BER		AGENT CODE NO.	PROPOSED NAMED INSU	RED (PLEASE PRINT)					
DAYT			NIG	HTTIME		5121	PUPPET, MASTER						
JOE Okm	ICY NAME AND CIT NICK DBA nulgee OK 744 RED BEFORE?	147					STREET ADDRESS (IF P.C	D. BOX, NOTE GARAGE ADDRESS BELOW)			APT	Γ. NO	
GARA	GE ADDRESS:					ZIP	CITY		1		ZII	P COI	DE
							Tulsa		(	οĸ	7	411	4
		outside the	house	·			ous 3 years, provide previ	ding with Proposed Named Insured (licer ous license number(s) and state(s) license	sed i	,			
CODE				DRIVER'S LICENSE			RELATIONSHIP	NUMBER ST	ATE	MO D	AY YR	SEX	STAT
Α		N	MASTE	R PUPPET			Named Insured	321321321	ΣK	02/02/	2000	M	S
occi	JPATION AND EMP	LOYER: OC	c, em	0									
	,			hs) All accidents are ch nerates the Proposed N	•	•	no fault is furnished in the	form of a police report, a letter from a pr	revio	us com	pany,		
Drive	Accident Date	At-Fault	Points	Details									
VIOI	ATIONS/CONVIO	CTIONS:			(In th	e last 36 months)							

ITEM 4 VEHICLE INFORMATION: NAMED NON-OWNER?

Violation

Violation Date

* STAKEBEDS OR FLATBE	DS NOT ALLOWED
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Points

CAR #	YR.	MAKE NAME	MODEL NAME	TITLE HOLDER (Y/N)	SALVAGE	DATE PURCHASED	VEH SYM	COST NEW (Thous.)	S#(VIN) NUMBER - MUST BE CORRECT FOR ACCURATE RATE
1	2010	CHEV	CAMARO COUPE 2D3.6l 6cyl	Υ		01/01/2018	15		2G1FB1EV6A9106354

ITEM 5 COVERAGE INFORMATION: Assign the highest rated driver to the highest rated vehicle, the second highest rated driver to the second highest vehicle. If the MVR does not agree with the information shown on the application, the premium will be adjusted accordingly.

Lis	List premiums for each vehicle and coverage below.													
C A R	BI/PD Liability Limits	Medical Payments Limits	Other Than Collision Deductibles	Collision Deductibles	Uninsured Mortorists (BI) (Per Policy Limits)	Special Equipment	Accidental Death (First Named Insured Only)	Bus. Use	Towing & Labor	Extended Transportation Expense	Accident and Violation Points	Def. Driver Course Disc.	Premium By Vehicle	
	25/50/25				25/50								•	
1.	\$ 1,537.00	0.00	0.00	0.00	104.00	0.00	0.00		0.00	0.00	0		\$ 1,641.0	10
DIS	COUNTS:  MULTI	-VEHICLE DISC	COUNT		HOMEO	WNERS DISCO	UNT (attach Supp	port Docum	ents)					
☐ ACCIDENT PREV. COURSE DISCOUNT ☐ TRANSFER DISCOUNT (attach Support Documents) Subtotal										\$ 1,641.0	10			
OKLAHOMA UNINSURED MOTORIST OFFER OF COVERAGE FORM #70-415 ENTITLED  Policy Fee									\$ 20.0	10				
_	OKLAHOMA UNINSURED MOTORIST COVERAGE LAW' MUST BE COMPLETED AND SIGNED. THIS IS REQUIRED BY LAW.  *If more than 5 cars, complete separate application, cross reference the two applications.										\$ 1,661.0	00		

## ITEM 6 LOSS PAYEE AND/OR ADDITIONAL INSURED:

۱,۱	P/ AI CAF	LOAN AMOUNT	NAME	STREET ADDRESS OR P.O BOX	CITY	STATE	ZIP

Driver

5121puppet **01** 

ITEM 7 SPECIAL EQUIPMENT, PARTS, AND ACCESSORIES (DO NOT BIND WITHOUT INSPECTING VEHICLE):

SPECIAL EQUIPMENT, PARTS AND ACCESSORIES must be listed on this application and an additional premium paid for coverage. This equipment includes:										
T-bar roofs, chrome, alloy or magnesium wheels, custom wide tread tires and racing slicks, custom chroming or interior work, compact disc player,										
tape player and stereo radio, two-way radios (including CB radios), telephones or radio-telephones, campers and custom enclosures for pickup trucks,										
custom furnishings or equipment in or on any vehicle. CUSTOM PAINT WORK IS NOT COVERED.										
Car	Description of Each Item Maxim	Value of Each I mum Total Limi	tem t - \$5000							
ITEN	18 APPLICANT'S QUESTIONNAIRE: Upon completion, please make sure Applicant initials below.									
Def	initions:									
Res	sidents -means the person(s) listed as the Proposed Named Insured and herein after called Applicant, and all people over the age of 14 who live with you 10% or	more of								
	the time. This includes roommates, children at college, live-ins, etc.									
Driv	rers - means all people who the Applicant allows to drive the car regularly regardless of same household and all drivers who live with you at least 10% of the tir	me,								
	even if they have their own cars.	YES	NO							
1.	Have all residents/drivers over the age of 14 been listed on this application? If 'no,' please explain.	Х								
2.	Have any drivers been unlicensed (except due to youth age 18 and under) or had their license suspended, revoked and/or expired for all of the		х							
	most recent 18 months? IF 'YES' 5 PT SURCHARGE APPLIES TO OPERATOR.		^							
3. /	Are all cars free of damage? If no, submit a Vehicle Inspection Report.	Х								
4.	Are all cars free of alterations? (Structural, mechanical, or engine modifications must have prior approval before submission.)	Х								
5.	Any resident ever had a seizure, any type of seizure disorder (e.g. epilepsy)? IF YES, DO NOT SUBMIT.		X							
6.	Any resident ever had mental disorders or currently taking tranquilizers or sedatives? IF YES, DO NOT SUBMIT.		Х							
7.	Has any company cancelled or refused to renew auto insurance for any resident of your household, OTHER THAN FOR NONPAYMENT?		X							
	f yes, explain. (Loss experience must have prior approval before submission.)									
8. /	Are any car(s) in your household being used commercially? IF YES, DO NOT SUBMIT.		Х							
9.	s any vehicle used for transportation between job sites or for sales? If yes, 3 point business surcharge applies.		Х							
	Has any driver been convicted of a DUI in the last 36 months? If yes, please explain.		Х							
_	Are all driving records verifiable through MVR for previous 36 month period? IF NO, 5 PTS. WILL BE CHARGED.	Х								
	Any driver receiving disability payments from any source? If yes, please explain.  PLANATIONS:		X							
	ave reviewed the above statements and they are true. Applicant's initials: X ave inspected all vehicles covered by physical damage. Agent's initials: X									
ITEN	I 9 FRAUD WARNING STATEMENT									
	y person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing omplete or misleading information is guilty of a felony.	any false	•							
ITEN	1 10 CREDIT CARD PAYMENT AUTHORIZATION									
Ch	arge to:  Amount \$ Add \$5 Convenience Fee= \$ Total to be charged to cre	edit card.								
l ur	Credit Card Number: Expiration Date: (Mo/Yr).  I understand if a credit card transaction is denied on a policy payment, I will have no automobile insurance of any kind from the policy period effective date.									
Ca	rdholder's Signature: Applicant:									

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## ITEM 11 THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508

In compliance with Public Law 91-508, this is to inform you that in connection with this application, an investigation may be made as to character, credit history, general reputation, personal characteristics, and mode of living, as well as the physical condition of the automobile and information concerning the driver of the automobile. Additional information as to the nature and scope of any investigation requested will be furnished to you upon your written request made within a reasonable time after you receive this notice.

ITEM 12 FORM 912 -- EXCLUSION OF NAMED DRIVER

I I LIVI	121 OKIVI 912 EXCEOSION OF MAINLED DRIVER									
whi rest	It is understood and agreed that the insurance policy I am requesting <b>Will Not Apply</b> with respect to any claim(s) arising from accident(s) which occur while any automobile is being operated by an excluded person. Once excluded, the person(s) cannot be added without this company's written approval. This restriction shall be applicable to subsequent renewals also. The excluded person(s) is no longer included as an insured on this policy and therefore will not be eligible to share in any coverages.									
	It is also understood and agreed that there will be no coverage afforded should it be determined that I negligently entrusted any automobile to the excluded person.									
١.	Name of excluded person: Last:			First:						
١.	Relationship:			M:						
	Gender: Marital Status:									
	Reason:									
2.	Name of excluded person: Last:			First:						
	Relationship:			M:						
	Gender: Marital Status:									
	Reason:									
	X			Υ						
	Signature of Proposed Named Insured or Applicant	Date		Signature of Proposed Named Insured or Applicant	Date					
	- 3			-3						
ITEM	13 APPLICANT'S STATEMENT IF PROPOSED NAMED INS	URED IS C	F MINOF	R AGE, PARENTS/GUARDIAN MUST ALSO SIGN!						
_	I among that may malian many be applied to adjust many			was all of man Matan Vahiala was and CLUE Bassast and						
١.		-		result of my Motor Vehicle report, C.L.U.E. Report or	_					
	_	_		y with the Company's rules and rates. It is further under						
		m (1) addi	tional co	overage being added to this policy, (2) motor vehicle report	s, (3) or any changes					
	in classification which may develop.									
2.				wers made herein to be true, complete and correct and ag						
	which may be issued by the Company, and all subseque	ent renewa	als/rewri	tes thereof shall be issued or renewed/rewritten in reliance	upon the truth, com-					
	pleteness or correctness of such statements or answers	and unde	erstands	that falsity, incompleteness or incorrectness may jeopardi	ze the coverage under					
	such policy so issued or renewed/rewritten.									
3.	I also fully understand and agree that if any premium ren	mittance n	nade by	me, or on my behalf, is not honored by the Payor (Bank),	t will be deemed non-					
	payment of premium and no coverage will have been bo	ound or aff	forded u	nder this application and subsequent binder billing or polic	y.					
4.	I have read and understand the following statements	s and agr	ee and	concur with Item 9 - Fraud Warning Statement, Item 11	- The Fair Credit					
	_	_		plicant's Statement. Minimum earned premium is \$25						
5.	I grant permission for the company to obtain my (MVR)	Motor Veh	nicle Red	cord and C.L.U.E. report for the insurance in which I am ma	aking application.					
				MAY CAUSE MY POLICY TO BE VOIDABLE BY THE C						
				et and that I can have a paper copy mailed to me by conta						
	company at 800-777-0404.		u,o	or and marriage a paper copy manea to me by come	.cgc					
	company at coo 111 o to 1.									
Mv	agent has explained the optional coverages available	a ta ma u	nder thi	is policy. My agent has also explained the policy to me	and I fully					
	derstand these limitations.	e to me u	nuer tin	is policy. My agent has also explained the policy to his	and riuny					
unc	derstand these inilitations.									
<u>_</u> .	T	A A 4 / DA 4	V							
Dat	e,, Iffre Month Day Year Hour	_ AIVI/PIVI	λ	Signature of Proposed Named Insured or Applicant						
١.	·									
				ontained herein is correct. This form was completed ar						
		a comple	eted sig	ned copy. I am legally qualified to submit this applicat	ion on behalf of the					
Apı	olicant.									
Dat	e, Time	AM/PM	X	Agent's Signature						
	Month Day Year Hour			Agent's Signature						