



TEXAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)
07/21/2020

AGENCY PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) ROBERT NEUMAN 7235 HIGHLAND RD SANTA FE, TX 77517-3223				TELEPHONE NUMBER 832-435-5111	
		<input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS				FIRE DIST	FACILITY CODE
CONTACT NAME: PHONE (A/C. No. Ext): 720-457-1101 FAX (A/C. No.): 866-948-8485 E-MAIL ADDRESS:		CARRIER CONSUMERS COUNTY MUTUAL INS. CO.				NAIC CODE 29246	
CODE: 0DKS65 SUBCODE:		PLAN QUANTUM 2.0		POLICY #: 6071252292221		ACCT #:	
AGENCY CUSTOMER ID: 562		EFFECTIVE DATE 08/01/2020		EXPIRATION DATE 08/01/2021		<input checked="" type="checkbox"/> DIRECT AGENCY <input type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL <input type="checkbox"/> PAYMENT PLAN EFT - MO	

RESIDENCE CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED		PREVIOUS STREET ADDRESS (If less than 3 years)				CITY		STATE		ZIP + 4	
YRS AT ADDR CURR		YRS AT ADDR PREV									

ADDITIONAL GARAGING ADDRESS(ES)										
LOC	STREET	CITY	COUNTY	STATE	ZIP + 4	FIRE DIST				

VEHICLE DESCRIPTION / USE											TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:										
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED										
1		2019	DODGE	CHARGER SX	PP	2C3CDXBG2KH673279	TX	3.6													
2		2019	NISSA	TITAN XD C	PU	1N6BA1F49KN528743	TX	5.0													
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)				
1					2025					H				14091	1						
2					2025					B				12850	2						
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES								
1	4785	X	B	2	CATEGORY 3		2	5952	X	B	2	CATEGORY 3									

COVERAGES / PREMIUMS																		
COVERAGES				LIMITS OF LIABILITY						VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #					
SINGLE LIMIT LIABILITY (CSL)				\$ EA ACCIDENT						\$	\$	\$	\$					
BODILY INJURY LIABILITY				\$ 100,000		EA PERSON		\$ 300,000		EA ACCIDENT	\$581	\$546	\$	\$				
PROPERTY DAMAGE LIABILITY				\$ 100,000		EA ACCIDENT				\$418	\$370	\$	\$					
PERSONAL INJURY PROTECTION				\$ 2,500		EA PERSON				\$35	\$30	\$	\$					
				\$		AUTO DEATH INDEMNITY		\$		TOTAL DISABILITY								
MEDICAL PAYMENTS				\$		EA PERSON				\$	\$	\$	\$					
UNINSURED / UNDERINSURED MOTORISTS				CSL		\$ EA ACCIDENT				\$162	\$101	\$	\$					
				BI		\$ 100,000		EA PERSON		\$ 300,000		EA ACCIDENT	\$94	\$59	\$	\$		
				PD		\$ 100,000		EA ACCIDENT		\$ 250		DEDUCTIBLE						
COMPREHENSIVE / OTC				DED	X	\$500	X	\$500	\$	\$	\$378	\$610	\$	\$				
COLLISION				DED	X	\$500	X	\$500	\$	\$	\$927	\$903	\$	\$				
ACV UNLESS AMOUNT STATED				\$		\$		\$		\$	\$	N/A	N/A	N/A	N/A			
TOWING & LABOR				\$		\$		\$		\$	\$	\$	\$					
TRANS EXP / RENTAL RE				X	\$30	/900	X	\$30	/900	\$ /	\$ /	\$22	\$22	\$	\$			
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS													
	Personal Property Covg	\$ 500	PERACC	\$		\$Pkg	\$Pkg	\$	\$									
	Roadside Assistance Coverage	\$ 100	Mls/Disabl	\$		\$Pkg	\$Pkg	\$	\$									
ESTIMATED TOTAL: \$5,314.00		PREMIUM DEPOSIT: \$442.66		POLICY FEE: \$		TOTAL PER VEHICLE		\$	\$	\$	\$							

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME				
1	Robert		NEUMAN	M	M	IN	07/25/1964
2	Paulett		Neuman	F	M	SP	02/13/1965
3	Ryan		HUGHEY	M	S	CH	02/26/2001

#	OCCUPATION	DATE LIC	STD > 100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1		07/25/1980					11862144	TX	
2		02/13/1981					15545300	TX	
3		02/26/2017	X		X		42290463	TX	

**ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)
Attach ACORD 99, Accidents / Convictions Schedule, if more space is required**

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE
2	05/02/2020	Auto Lawfully Parked		N	\$1,000

ADDITIONAL INTEREST

<input checked="" type="checkbox"/>	ADDL INS <input type="checkbox"/> LOSS PAYEE LENDER'S LOSS PAYABLE	NAME AND ADDRESS CHRYSLER CAPITAL PO BOX 961272 FT WORTH, TX 76161-0272	VEH #: 1 LOAN NUMBER
<input checked="" type="checkbox"/>	ADDL INS <input type="checkbox"/> LOSS PAYEE LENDER'S LOSS PAYABLE	NAME AND ADDRESS NISSAN INFINITI LT PO BOX 254648 SACRAMENTO, CA 95865-4648	VEH #: 2 LOAN NUMBER

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	*YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	*YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER Texas Farm Bureau Mutual	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 02/04/2021

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										N
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N
VEH #	DESCRIPTION	COST	\$	VEH #	DESCRIPTION	COST	\$			
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										N
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										Y
DRV #	DESCRIPTION	COST	\$1,000	DRV #	DESCRIPTION	COST	\$CAT			
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER				

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES										Y / N	
6. ANY OTHER INSURANCE WITH THIS COMPANY?											
POLICY NUMBER			TYPE OF INSURANCE			POLICY NUMBER			TYPE OF INSURANCE		N
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?											
DRV #	BRANCH		RANK		BASE LOCATION				VEH AT BASE (Y / N)		N
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?											
DRV #	SUSPENSION PERIOD			EXPLANATION				REINSTATEMENT DATE		N	
		Start Date:		End Date:							
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										N
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
DRV #	EXPLANATION										N
11. ANY FINANCIAL RESPONSIBILITY FILING?											
DRV #	REASON FOR FILING							FILING DATE		N	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?											N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?											
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED										N
14. IS THIS BROKERED BUSINESS TO THE AGENT?											
15. HAS AGENT INSPECTED VEHICLE?											N
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?											
DRV #	EXPLANATION										
17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?											
DRV #	EXPLANATION										N

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

STATE SUPPLEMENT	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE
NO-FAULT APPLICATION	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	

Your policy premium shown on this application does include the Anti-Theft Fee amount of \$8.00. Amount(s) will be calculated into your policy billing.

Additional Coverages:

	Vehicle 1	Vehicle 2	Vehicle	Vehicle	Other Premium
Trip Interruption Coverage	Pkg	Pkg			
Premier Roadside Assistance	\$24	\$24			
Total Per Vehicle/Policy	\$2,641	\$2,665			
Estimated Total:	\$5,314.00				

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

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BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY. (INITIALS)

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____
2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____
3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. (INITIALS) _____

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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