

NATIONAL GENERAL[®]

an Allstate[®] company

PO Box 3199 • Winston Salem, NC 27102-3199

**Electronic Funds Transfer (EFT)/
Automatic Payments Deduction
Authorization Agreement for
National General Assurance Company**

ROBERTA ROSALEZ
EDWARD ROSALEZ
20195 E VIA DEL RANCHO
QUEEN CREEK, AZ 85142-6263

Phone: 1-888-325-1190

Fax: 1-877-849-9022

Please verify that the information below is correct.

Named Insured: Roberta Rosalez	Policy No.:
Payment Date: Day 3 of the Month	Type:
ABA/Routing Transit No.:	Financial Institution Account No.:

Account Holder's Name:	
Account Holder's Authorized Signature:	Date:

I hereby authorize National General Assurance Company, hereafter referred to as "the insurance company", and any of its affiliated companies to initiate recurring premium payment deductions on [or after] the date and from the bank account listed above. I authorize the financial institution identified by the routing or card account number to honor all entries to this account by the insurance company. I attest that I am the owner and/or authorized signer for the account.

I acknowledge that if my initial premium payment deduction is not honored when presented for payment, the policy shall be deemed void from its inception, if allowed by law.

I acknowledge that this agreement authorizes the insurance company to adjust the recurring premium payment deductions to reflect any premium changes to the policy. If a change to your policy premium occurs during the policy term, the insurance company will notify you at least 10 days prior to making any deductions from your account.

I further acknowledge that I have received a recurring payment schedule and that the insurance company will not send me a bill prior to the scheduled deduction. **If any premium payment deduction is not honored by the financial institution, I understand that the policy may cancel or expire, I may be removed from electronic funds transfer (EFT)/ automatic payments, I may incur an insufficient funds charge and I will be responsible for any premium due to the insurance company.**

This authorization applies to the policy listed above and any continuation, renewal or change to this policy. **This authorization will remain in effect until I notify the insurance company in writing, electronically, by contacting my agent (if applicable) or by calling a customer service representative at least three (3) days before my payment due date or effective date of my policy, whichever is sooner.**

Home Application

NATIONAL GENERAL[®]

an Allstate[®] company

Customer Name: Roberta Rosalez
Application ID: 105198116

Date: 6/28/2023
Policy Effective Date: 7/1/2023 to 7/1/2024
12:01 AM standard time in the state of AZ
NAIC #: 42447

Underwritten by: National General
Assurance Company
Agency Name: Canyon Lands Ins/J Rogers
Coverage: Signature

Producer ID: 0366788

Applicant Personal Information

First Name 1: Roberta	Middle Initial:	Last Name: Rosalez
Home Phone #: (602) 697-2610	Cell Phone #: (602) 793-7037	
Email address: bird_e2000@yahoo.com		
First Name 2: Edward	Middle Initial:	Last Name: Rosalez
Home Phone #: (602) 697-2610	Cell Phone #: (602) 793-7037	
Email address: bird_e2000@yahoo.com		
Mailing Address: 20195 E Via Del Rancho		
City: Queen Creek	State: AZ	ZIP code: 85142
Residence Premises Address: 20195 E Via Del Rancho		
City: Queen Creek	State: AZ	ZIP code: 85142

Prior Insurance Information

Prior Carrier: Travelers Prop Cas Group	Expires: 10/20/2023	Years Insured: 10
Number of Prior Losses: 0		
Number of vehicles in household:	Number of at-fault accidents: 0	Number of not at-fault accidents: 0
Number of Auto minor violations: 0	Number of Auto major violations: 0	
Number of Auto comprehensive claims: 3	Number of Auto years with prior carrier or current agent: 5	

Mortgagee/Additional Interested Party Information

Name: United Wholesale Mortgage ISAOA/ATIMA		
Address: PO Box 202028		
City: Florence	State: SC	ZIP code: 29502
Interest: Mortgagee-Bill		
Loan Number: 0169250594		
Name: Arizona Central Credit Union		
Address: PO Box 11650		
City: Phoenix	State: AZ	ZIP code: 85061
Interest: Mortgagee		
Loan Number:		

Coverage Information

Coverage	Limit	Premium
Section I		
Dwelling Protection - Coverage A	\$786,872	\$2,191.00
Other Structures Protection - Coverage B	\$78,688	Included
Personal Property Protection - Coverage C (includes Personal Property Reimbursement)	\$550,811	Included
Additional Living Expense	Up to 24 months not to exceed \$157,375	Included
Fair Rental Income	Not Purchased	(\$22.00)
Building Codes	10 % of Coverage A	Included
Section II		
Family Liability Protection - Coverage X	\$500,000	Included
Guest Medical Protection - Coverage Y	\$5,000	Included
Additional Coverages		
Assisted Living Care Coverage	Not Purchased	

Balance to Minimum Premium	Not Purchased	
Building Materials Theft	Not Purchased	
Business Pursuits Coverage	Not Purchased	
Dwelling in Course of Construction	Not Purchased	
Electronic Data Recovery	Not Purchased	
Extended Premises	Not Purchased	
Extended Replacement Cost	50 % above Dwelling Protection	Included
Extended Watercraft Liability	Not Purchased	
Fire Department Charges	Not Purchased	
Functional Replacement Cost	Not Purchased	
Golf Cart Coverage	Not Purchased	
Home Day Care Coverage	Not Purchased	
Home Sharing	Not Purchased	
Home Systems Protection	Systems aged 15 years or older: \$2,000	\$105.00
Home Systems Protection Deductible: \$500	Systems aged less than 15 years: \$50,000	
Identity Theft Expenses Coverage	Not Purchased	
Incidental Farming Endorsement	Not Purchased	
Landlord's Furnishings (Total Coverage Limit)	\$2,500	Included
Limitations on Business Property (Total Coverage Limit)	Business Property on premises: \$2,000 Business Property off premises: \$1,000	Included
Loss Assessments	\$10,000	\$15.00
Matching Of Undamaged Roofing And Siding	Not Purchased	
Open Peril for Contents	Per endorsement	Included
Permitted Incidental Business Occupancy	Not Purchased	
Personal Injury Coverage	\$500,000 per occurrence \$1,000,000 total aggregate limit	\$11.00
Roof Replacement Coverage	Per endorsement	Included
Service Line	Dwelling/service line aged 50 years or older: \$2,500	\$28.00
Service Line Deductible: \$500	Dwelling/service line less than 50 years: \$10,000	
Specific Structures Off The Residence Premises	Not Purchased	
Structures Rented To Others – Residence Premises	Not Purchased	
Water Back-Up Coverage	\$10,000	\$40.00
Additional Living Expense time period: up to 24 months		
Fair Rental Income time period: up to 24 months		
Water Back-Up Deductible: \$500		

Deductibles

<i>Deductible</i>	<i>Deductible Amount</i>
All Peril Deductible	\$2,500

Discounts Applied

•Claim Free Discount
•Welcome Discount

•Package Discount

•Paperless Discount

General Property Information

Dwelling Purchased: 11/15/2013	Dwelling Built: 2013	Age of Dwelling: 10 years
Construction: Frame	Sq. Ft: 3890	Stories: 1
Roof Year: 2013	Roof Style: Gable, Moderate Pitch	Roof Surface: Concrete Tile
Dwelling Replacement Cost: \$786,872.00	Number of Families: 1	Protection Class: 2
Burglar Alarms: (check all which apply):		
<input type="checkbox"/> Local	<input type="checkbox"/> Police Station Reporting	<input type="checkbox"/> Central Station Reporting
Fire Alarm:		
<input type="checkbox"/> Local (Including Smoke Detectors)	<input type="checkbox"/> Fire Station Reporting	<input type="checkbox"/> Central Station Reporting
Automatic Sprinkler System:		
<input type="checkbox"/> In all Areas	<input type="checkbox"/> In all areas except Attic	
Protective Devices:		
<input checked="" type="checkbox"/> Deadbolt Locks (All Exterior Doors)	<input type="checkbox"/> Hurricane Storm Shutters (All Exterior Openings)	<input type="checkbox"/> Hurricane Laminated Glass

☒ Fire Extinguisher ☐ Automatic Water Shut-off

Fire Department: Queen Creek Fpsa

Miles to Dept.: 0-5

Feet to Hydrant: 0 -500

Type: Dwelling

Residence Class: Primary

Wiring Renovation Year: 2013

Does the dwelling electrical system have Knob & Tube or Aluminum wiring present? No

Is the home or portion of the home ever rented to others? No

Is the house for sale? No

Is property in a flood, wavewash, sinkhole, pollution, landslide or cave-in area? No

Is Foundation Open, on Piers Pilings or Stilts? No

Does the insured have any of the following pets: wild or exotic animals (or mixes thereof), or any animal that has shown a propensity to be vicious or dangerous? No

Is there an Unfenced Pool on the Premises? No

Is there a Trampoline on the Premises? No

Is there a Solid Fuel Burning Stove on the Premises? No

Total Premium Information

Premium for property insured

\$2,368.00

Your Total Annual Policy Premium

\$2,368.00

Binder Provision

In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the company named above binds the insurance applied for to become effective:

Become Effective	7/1/2023	12:01 AM standard time in the state of AZ
Expiration Date	7/1/2024	12:01 AM standard time in the state of AZ
Application Generated	6/28/2023	6:51 PM standard time in the state of AZ

Binders are effective for no more than 90 days.

Canyon Lands Ins/J Rogers
Agent/Agency Name

No: 0366788 Loc:
Office Phone: (480) 245-5048

Acknowledgment and Signatures

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 have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

A copy of the notice of information practices (privacy) has been given to the applicant.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to potential criminal and civil penalties.

If your initial premium payment for your first policy period is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, the policy shall be deemed void from its inception. This means that we will not be liable under the policy for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

If, at any time, your payment of any premium, other than your initial premium payment, amount due is made by check, electronic transaction, or other remittance that is not honored because of insufficient funds or a closed account, you will be charged a fee.

Consent to Use Cell Phone Number. By providing phone number(s) for myself and any other individual(s) I have listed on this application, I acknowledge and confirm that I, and each such individual, expressly consent to the company making policy related service calls and/or texts to our respective numbers. Each person has authorized me to give their consent to the company. I agree that I have or will notify them that I have communicated their consent and that the company may be calling or texting them as described. If I also consented to marketing communication as set forth in this application, I understand and agree that the company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the company in writing.

I have read the above referenced application and any attachments. I declare that the information 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. My signature below represents my agreement to the terms and conditions described in the forms listed above.

Signature of applicant

Date

Signature of co-applicant

Date

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 application.

Signature of Producer

Date

Auto Application

Customer Name: Roberta Rosalez
Application ID: 105198116

Date: 6/28/2023
Policy Effective Date: 7/1/2023 to 7/1/2024
12:01 AM standard time in the state of AZ
NAIC #: 42447

Underwritten by: National General
Assurance Company
Agency Name: Canyon Lands Ins/J Rogers
Coverage: Signature

Producer ID: 0366788

Applicant Personal Information

First Name 1: Roberta Middle Initial: Last Name: Rosalez

Home Phone #: (602) 697-2610 Cell Phone #: (602) 793-7037

Email address: bird_e2000@yahoo.com

First Name 2: Edward Middle Initial: Last Name: Rosalez

Home Phone #: (602) 697-2610 Cell Phone #: (602) 793-7037

Email address: bird_e2000@yahoo.com

Mailing Address: 20195 E Via Del Rancho

City: Queen Creek State: AZ ZIP code: 85142

Does the insured own a home or other residence? Yes

Does any operator drive a company vehicle which does not require coverage? No

Prior Carrier Information

Carrier	Years	Bodily Injury Liability Limits
	5	

Resident Driver Information

Drivers: 3

First Name: Roberta Last Name: Rosalez Date of Birth: 12/XX/1981

Gender: F SSN: Marital Status: M

MVR Status: NOT ORDERED Age Licensed: 16 Relation to Insured: Insured

License #: XXXXXXXX97 Classification: Operator

Check all which apply: ☐ SR22 required in last 5 years ☐ Good Student Discount

☐ Resides at school > 100 miles from home ☐

First Name: Edward Last Name: Rosalez Date of Birth: 01/XX/1981

Gender: M SSN: Marital Status: M

MVR Status: NOT ORDERED Age Licensed: 16 Relation to Insured: Spouse

License #: XXXXXXXX80 Classification: Operator

Check all which apply: ☐ SR22 required in last 5 years ☐ Good Student Discount

☐ Resides at school > 100 miles from home ☐

First Name: Ruth Last Name: Norvill Date of Birth: 09/XX/1947

Gender: F SSN: Marital Status: W

MVR Status: NOT ORDERED Age Licensed: 16 Relation to Insured: Relative

License #: XXXXXXXX14 Classification: Operator

Check all which apply: ☐ SR22 required in last 5 years ☐ Good Student Discount

☐ Resides at school > 100 miles from home ☐

Motor Vehicle Information

Details for 2021 RAM 1500 BIG HORN/LONE STAR

VIN: 1C6RRFT2MN631330 Usage: Annual Mileage: 12000

Performance Modifications: No

Vehicle Registered to: Edward Rosalez	Ownership Type: Own
Does the vehicle have a branded title (Salvage, Flood, Reconstructed, etc.)? No	
Is this vehicle used for commercial purposes? No	
Is this vehicle used to drive for a transportation network company (Uber, Lyft, etc.)? No	
Is this vehicle loaned out to a car sharing network? No	
Is this vehicle rented/leased to others for a fee? No	
Is a Camper Unit included with this vehicle?	
Purchase Date: 2/23/2021	Is garaging address the same as the mailing address? Yes
Details for 2023 HOND PILOT TOURING	
VIN: 5FNYG1H74PB032676	Usage: Annual Mileage: 12000
Performance Modifications: No	
Vehicle Registered to: Roberta Rosalez	Ownership Type: Loan
Does the vehicle have a branded title (Salvage, Flood, Reconstructed, etc.)? No	
Is this vehicle used for commercial purposes? No	
Is this vehicle used to drive for a transportation network company (Uber, Lyft, etc.)? No	
Is this vehicle loaned out to a car sharing network? No	
Is this vehicle rented/leased to others for a fee? No	
Is a Camper Unit included with this vehicle?	
Purchase Date: 5/26/2023	Is garaging address the same as the mailing address? Yes
Lienholder/Interested Party: Lienholder Lienholder Party Name: (Honda) American Honda Finance Corp	
Address: PO Box 650200	
City: Hunt Valley	State: MD ZIP Code: 21065
Details for 2022 FORD F150 SUPERCREW	
VIN: 1FTFW1E89NFB06626	Usage: Annual Mileage: 6500
Performance Modifications: No	
Vehicle Registered to: Ruth Norvill	Ownership Type: Loan
Does the vehicle have a branded title (Salvage, Flood, Reconstructed, etc.)? No	
Is this vehicle used for commercial purposes? No	
Is this vehicle used to drive for a transportation network company (Uber, Lyft, etc.)? No	
Is this vehicle loaned out to a car sharing network? No	
Is this vehicle rented/leased to others for a fee? No	
Is a Camper Unit included with this vehicle?	
Purchase Date: 8/1/2022	Is garaging address the same as the mailing address? Yes
Lienholder/Interested Party: Lienholder Lienholder Party Name: Desert Financial Credit Union	
Address: PO Box 2130	
City: Sioux City	State: IA ZIP Code: 51104

Coverage and Deductible Information

	2021 RAM 1500 BIG HORN/LONE STAR		2023 HOND PILOT TOURING	
Coverage	Limit/Deductible	Premium	Limit/Deductible	Premium
Automobile Liability Insurance • Bodily Injury Liability	\$250,000 each person \$500,000 each accident \$100,000 each accident	\$160.04	\$250,000 each person \$500,000 each accident \$100,000 each accident	\$153.42
• Property Damage Liability	Not Purchased		Not Purchased	
Automobile Liability Insurance - Bodily Injury Liability And Property Damage Liability (Combined Single Limit)				
Fixed Premium		\$293.16		Included
Automobile Medical Payments	\$5,000 each person	\$24.22	\$5,000 each person	\$31.68
Auto Collision Insurance	Actual cash value (ACV) \$500 deductible	\$232.36	Actual cash value (ACV) \$500 deductible	\$241.84

Auto Comprehensive Insurance	Actual Cash Value (ACV) \$500 deductible	\$251.00	Actual Cash Value (ACV) \$500 deductible	\$282.50
Agreed Value	Not Purchased		Not Purchased	
Auto Replacement Protection	Not Purchased		Not Purchased	
Full Safety Glass Coverage	Per endorsement	Included	Per endorsement	Included
NatGen Ride Share Endorsement	Not Purchased		Not Purchased	
New OEM Parts Coverage	Per Endorsement	\$29.22	Per Endorsement	\$31.66
Portable Electronics And Media Coverage	Not Purchased		Not Purchased	
Roadside Assistance	\$100 each disablement	\$16.00	\$100 each disablement	\$16.00
Trip Interruption Insurance	Not Purchased		Not Purchased	
Audio Systems Coverage (Total Coverage Limit)	Not Purchased		Not Purchased	
Custom Equipment for Collision Coverage/Comprehensive Coverage (Total Coverage Limit)	Not Purchased		Not Purchased	
Transportation Expense Coverage	\$75 per day for a maximum of 30 days	\$164.00	\$75 per day for a maximum of 30 days	\$164.00
Diminishing Deductible	Not Purchased		Not Purchased	
Extended Non-Owned Auto Coverage	Not Purchased		Not Purchased	
Farm Vehicle Coverage	Not Purchased		Not Purchased	
Limited Mexico Coverage	Not Purchased		Not Purchased	
Loan Or Lease Gap Protection	Not Purchased		Not Purchased	

Total Premium	\$1,170.00	\$921.10
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2022 FORD F150 SUPERCREW				
Coverage	Limit/Deductible	Premium	Limit/Deductible	Premium
Automobile Liability Insurance ▪ Bodily Injury Liability	\$250,000 each person \$500,000 each accident \$100,000 each accident	\$163.06		
▪ Property Damage Liability				
Automobile Liability Insurance - Bodily Injury Liability And Property Damage Liability (Combined Single Limit)	Not Purchased			
Fixed Premium		Included		
Automobile Medical Payments	\$5,000 each person	\$22.00		
Auto Collision Insurance	Actual cash value (ACV) \$500 deductible	\$156.36		
Auto Comprehensive Insurance	Actual Cash Value (ACV) \$500 deductible	\$341.84		
Agreed Value	Not Purchased			
Auto Replacement Protection	Not Purchased			
Full Safety Glass Coverage	Per endorsement	Included		
NatGen Ride Share Endorsement	Not Purchased			
New OEM Parts Coverage	Per Endorsement	\$29.86		
Portable Electronics And Media Coverage	Not Purchased			
Roadside Assistance	\$100 each disablement	\$16.00		
Trip Interruption Insurance	Not Purchased			
Audio Systems Coverage (Total Coverage Limit)	Not Purchased			
Custom Equipment for Collision Coverage/Comprehensive Coverage (Total Coverage Limit)	Not Purchased			
Transportation Expense Coverage	\$75 per day for a maximum of 30 days	\$164.00		
Diminishing Deductible	Not Purchased			

Extended Non-Owned Auto Coverage	Not Purchased			
Farm Vehicle Coverage	Not Purchased			
Limited Mexico Coverage	Not Purchased			
Loan Or Lease Gap Protection	Not Purchased			

Total Premium	\$893.12
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Additional Coverages

Coverage	Limit/Deductible	Premium
Automobile Death Indemnity Insurance	\$10,000	Included
Uninsured Motorists Insurance for Bodily Injury	\$250,000 each person \$500,000 each accident	\$210.52
Uninsured Motorists Insurance Combined Single Limit for Bodily Injury	Not Purchased	
Underinsured Motorists Insurance for Bodily Injury	\$250,000 each person \$500,000 each accident	\$144.76
Underinsured Motorists Insurance Combined Single Limit for Bodily Injury	Not Purchased	

Total Premium for Additional Coverages	\$355.28
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Discounts Applied

2021 RAM 1500 BIG HORN/LONE STAR

- Multi-Car
- Package Discount
- Paperless Discount
- Preferred Policy Discount
- Preferred Protection Discount
- Welcome Discount
- Dynamic Drive Discount
- Safe Driver Discount
- Full Coverage Discount

2023 HOND PILOT TOURING

- Multi-Car
- Package Discount
- Paperless Discount
- Preferred Policy Discount
- Preferred Protection Discount
- Welcome Discount
- Dynamic Drive Discount
- Safe Driver Discount
- Full Coverage Discount

2022 FORD F150 SUPERCREW

- Multi-Car
- Package Discount
- Paperless Discount
- Preferred Policy Discount
- Preferred Protection Discount
- Welcome Discount
- Dynamic Drive Discount
- Safe Driver Discount
- Full Coverage Discount

Total Premium Information

Total for 2021 RAM 1500 BIG HORN/LONE STAR	\$1,281.22
Total for 2023 HOND PILOT TOURING	\$1,052.44
Total for 2022 FORD F150 SUPERCREW	\$1,005.84
Auto Theft Authority Surcharge	\$3.00

Your Total Premium for All Vehicles	\$3,342.50
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Binder Provision

In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the company named above binds the insurance applied for to become effective:

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Expiration Date	7/1/2024	12:01 AM standard time in the state of AZ
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Binders are effective for no more than 90 days.

Canyon Lands Ins/J Rogers
Agent/Agency Name

No: 0366788 Loc:
Office Phone: (480) 245-5048

Acknowledgment and Signatures

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 have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

A copy of the notice of information practices (privacy) has been given to the applicant.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to potential criminal and civil penalties.

If your initial premium payment for your first policy period is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, the policy shall be deemed void from its inception. This means that we will not be liable under the policy for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

If, at any time, your payment of any premium, other than your initial premium payment, amount due is made by check, electronic transaction, or other remittance that is not honored because of insufficient funds or a closed account, you will be charged a fee.

Consent to Use Cell Phone Number. By providing phone number(s) for myself and any other individual(s) I have listed on this application, I acknowledge and confirm that I, and each such individual, expressly consent to the company making policy related service calls and/or texts to our respective numbers. Each person has authorized me to give their consent to the company. I agree that I have or will notify them that I have communicated their consent and that the company may be calling or texting them as described. If I also consented to marketing communication as set forth in this application, I understand and agree that the company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the company in writing.

I have read the above referenced application and any attachments. I declare that the information 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. My signature below represents my agreement to the terms and conditions described in the forms listed above.

Signature of applicant

Date

Signature of co-applicant

Date

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 application.

Signature of Producer

Date

**UNINSURED AND UNDERINSURED MOTORIST
COVERAGE OFFER SELECTION FORM
ARIZONA
DO NOT SIGN UNTIL YOU READ**

You have a legal right to purchase *both* Uninsured and Underinsured Motorist coverages with the proposed liability insurance policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY, AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance 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. This policy will provide Uninsured/Underinsured Motorist coverage in the same amount, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$50,000 single limit (or \$25,000/\$50,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$250,000/\$500,000

Options available for Uninsured and Underinsured Motorist coverages:

UNINSURED MOTORIST LIABILITY			UNDERINSURED MOTORIST LIABILITY		
*Check only one box	<u>Coverage Limit Options</u>	<u>Premium</u>	*Check only one box	<u>Coverage Limit Options</u>	<u>Premium</u>
<input type="checkbox"/>	\$25,000/\$50,000	\$61.28	<input type="checkbox"/>	\$25,000/\$50,000	\$34.64
<input type="checkbox"/>	\$50,000/\$100,000	\$105.72	<input type="checkbox"/>	\$50,000/\$100,000	\$57.50
<input type="checkbox"/>	\$100,000/\$300,000	\$156.58	<input type="checkbox"/>	\$100,000/\$300,000	\$94.18
<input checked="" type="checkbox"/>	\$250,000/\$500,000	\$210.52	<input checked="" type="checkbox"/>	\$250,000/\$500,000	\$144.76
<input type="checkbox"/>	\$500,000/\$500,000	\$237.20	<input type="checkbox"/>	\$500,000/\$500,000	\$175.44
<input type="checkbox"/>	\$500,000/\$1,000,000	\$256.04	<input type="checkbox"/>	\$500,000/\$1,000,000	\$195.14
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$282.96	<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$228.42
<input type="checkbox"/> I do not wish to purchase UNINSURED motorist coverage			<input type="checkbox"/> I do not wish to purchase UNDERINSURED motorist coverage		

I understand that this form reflects the offer of Uninsured Motorist and Underinsured Motorist coverage options made to me. I understand that my policy declarations page will be sent to me and I need to review it to confirm that my policy contains the Uninsured Motorist and Underinsured Motorist coverages I selected.

DO NOT SIGN UNTIL YOU READ

Named Insured: Roberta Rosalez
(Please Print)

Named Insured: _____
(Signature)

Date: _____

Policy Number:

Attached to application dated: 7/1/2023

**Custom360
Personal Umbrella
Application**

NATIONAL GENERAL®
an **Allstate** company

Customer Name: Roberta Rosalez
Application ID:

Date: 6/28/2023
Policy Effective Date: 7/1/2023 to 7/1/2024
12:01 AM standard time in the state of AZ
NAIC #: 42447

Underwritten by: National General
Assurance Company

Agency Name: Canyon Lands Ins/J Rogers Producer ID: 0366788

Applicant Personal Information

First Name 1: Roberta **Middle Initial:** **Last Name:** Rosalez

Home Phone #: (602) 697-2610 **Cell Phone #:** (602) 793-7037

Email address: bird_e2000@yahoo.com

First Name 2: Edward **Middle Initial:** **Last Name:** Rosalez

Home Phone #: **Cell Phone #:**

Email address: eddie_rosalez@hotmail.com

Mailing Address: 20195 E Via Del Rancho

Required Underlying Insurance Limits

You must maintain the Required Underlying Insurance, at or above the limits shown below at all times for each liability exposure any insured person has. Please refer to the "Required Underlying Insurance" provision of the endorsement.

Coverage	Required Underlying Limit
Personal Liability, Residence Premises, And Residence Employees: <i>Underlying insurance on a Combined Single Limit basis:</i>	\$300,000 per occurrence
Incidental Office, Private School, Or Studio: <i>Underlying insurance on a Combined Single Limit basis:</i>	\$300,000 per occurrence
Additional Dwelling Rented To Others: <i>Underlying insurance on a Combined Single Limit basis:</i>	\$300,000 per occurrence
Automobiles And Motorhomes: <i>Underlying insurance on a Combined Single Limit basis:</i> <i>Underlying insurance on a Split Limit basis:</i>	\$500,000 each accident \$250,000 bodily injury each person \$500,000 bodily injury each accident \$100,000 property damage each accident
Motorcycles: <i>Underlying insurance on a Combined Single Limit basis:</i> <i>Underlying insurance on a Split Limit basis:</i>	\$300,000 each accident \$100,000 bodily injury each person \$300,000 bodily injury each accident \$100,000 property damage each accident
Recreational Motor Vehicles: <i>Underlying insurance on a Combined Single Limit basis:</i> <i>Underlying insurance on a Split Limit basis:</i>	\$300,000 each accident \$100,000 bodily injury each person \$300,000 bodily injury each accident \$100,000 property damage each accident
Watercraft: <i>Underlying insurance on a Combined Single Limit basis:</i> <i>Underlying insurance on a Split Limit basis:</i>	\$300,000 each accident \$100,000 bodily injury each person \$300,000 bodily injury each accident \$100,000 property damage each accident
Personal Injury: <i>Underlying insurance on a Combined Single Limit basis:</i>	\$300,000 per occurrence
Uninsured/Underinsured Motorists: <i>Underlying insurance on a Combined Single Limit basis:</i> <i>Underlying insurance on a Split Limit basis:</i>	\$500,000 each accident \$250,000 bodily injury each person \$500,000 bodily injury each accident \$100,000 property damage each accident

Underwriting Questions for Covered Exposures

Is there a swimming pool with a diving board more than 18 inches above the water surface or without locked access at any premises? No

Is there a trampoline on any premises that is NOT surrounded by safety netting and NOT on flat ground? No

Is there a skateboard or bicycle ramp on any premises? No

Any pending litigation, court proceedings, liens, or judgements? No

Are there any operators excluded under any auto policy, watercraft or recreational vehicle policy? No

Resident Driver Information

Drivers: 3

First Name: Roberta **Last Name:** Rosalez **Date of Birth:** 12/20/1981

Gender: F **Relation to Insured:** Insured **License #:** XXXXXX997

Classification: Operator

First Name: Edward **Last Name:** Rosalez **Date of Birth:** 1/28/1981

Gender: M **Relation to Insured:** Spouse **License #:** XXXXXX780

Classification: Operator

First Name: Ruth **Last Name:** Norvill **Date of Birth:** 9/18/1947

Gender: F **Relation to Insured:** Relative **License #:** XXXXXX414

Classification: Operator

Discounts Applied

- Package Discount

Coverage and Premium Information

Coverage	Limit	Premium
Excess Liability Insurance – Bodily Injury and Property Damage	\$1,000,000 each occurrence \$2,000,000 per policy period (Annual Aggregate Limit)	\$655.00
Permissive use	\$1,000,000 each occurrence \$2,000,000 per policy period (Annual Aggregate Limit)	
Director And Officer Coverage	\$250,000	
Excess Liability – Personal Injury Liability Protection	\$1,000,000 each occurrence \$2,000,000 per policy period (Annual Aggregate Limit)	Included
Excess Uninsured Motorists Insurance <ul style="list-style-type: none">• 2021 RAM 1500 BIG HORN/LONE STAR• 2023 HOND PILOT TOURING• 2022 FORD F150 SUPERCREW	\$1,000,000 each accident	\$305.00
Excess Underinsured Motorists Insurance <ul style="list-style-type: none">• 2021 RAM 1500 BIG HORN/LONE STAR• 2023 HOND PILOT TOURING• 2022 FORD F150 SUPERCREW	\$1,000,000 each accident	\$305.00
Additional Dwelling Rented To Others	Not Purchased	

Your Total Personal Umbrella Premium

\$960.00

Binder Provision

In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the company named above binds the insurance applied for to become effective:

Become Effective	7/1/2023	12:01 AM standard time in the state of AZ
Expiration Date	7/1/2024	12:01 AM standard time in the state of AZ
Application Generated	6/28/2023	6:51 PM standard time in the state of AZ

Binders are effective for no more than 90 days.

Acknowledgment and Signatures

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 have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

A copy of the notice of information practices (privacy) has been given to the applicant.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to potential criminal and civil penalties.

If your initial premium payment for your first policy period is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, the policy shall be deemed void from its inception. This means that we will not be liable under the policy for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

If, at any time, your payment of any premium, other than your initial premium payment, amount due is made by check, electronic transaction, or other remittance that is not honored because of insufficient funds or a closed account, you will be charged a fee.

Consent to Use Cell Phone Number. By providing phone number(s) for myself and any other individual(s) I have listed on this application, I acknowledge and confirm that I, and each such individual, expressly consent to the company making policy related service calls and/or texts to our respective numbers. Each person has authorized me to give their consent to the company. I agree that I have or will notify them that I have communicated their consent and that the company may be calling or texting them as described. If I also consented to marketing communication as set forth in this application, I understand and agree that the company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the company in writing.

I have read the above referenced application and any attachments. I declare that the information 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. My signature below represents my agreement to the terms and conditions described in the forms listed above.

Signature of applicant

Date

Signature of co-applicant

Date

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 application.

Signature of Producer

Date



Authorization for Consumer Reports

Consumer reports may be obtained as part of the evaluation of my insurance application with Ask Insurance Group (hereinafter referred to as “the Company”). The reports may be procured by the Company through a Credit Reporting Agency and may include my driving record; a history of prior insurance claims that involved me, my household members, my properties and/or my vehicles; an assessment of my insurability based upon the Company’s or its affiliated carrier’s underwriting guidelines or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me, my household members, my properties and my vehicles as it deems appropriate to evaluate my insurability or for other purposes as the Company deems reasonable or necessary.

Signed: _____ Date: _____



Agency Automobile Insurance Waiver

Initial	Conditions of Your Policy
	I understand that this policy <u>does not</u> have Medical Payments coverage and I accept full responsibility for this decision.
	I understand that this policy <u>does not</u> include Uninsured / Underinsured Motorists coverage on the following vehicle(s) and I accept full responsibility for this decision.
	I understand that this policy <u>does not</u> have Comprehensive / Collision coverage on the following vehicle(s) and I accept full responsibility for this decision.
	I understand that this policy <u>does not</u> include a \$0 deductible for glass replacement or repair for the following vehicle(s) and I accept full responsibility for this decision.
	I understand that this policy <u>does not</u> include Rental Reimbursement coverage on the following vehicle(s) and I accept full responsibility for this decision.
	I understand that this policy <u>does not</u> include Towing & Labor coverage on the following vehicle(s) and I accept full responsibility for this decision.
	I understand I have selected comprehensive coverage only on the following vehicles and these vehicles are <u>excluded from liability and collision coverage</u> .
	I understand that covered trailers in tow receive liability coverage <u>by extension</u> of the active tow vehicle.
	I understand that it is my responsibility to disclose to my agent any parties that have a loan, lease, or lien on my vehicles. I understand that it is my responsibility to disclose to my agent all household drivers .
	I understand that Special / Custom equipment will only be covered by this policy if it is specifically listed on the application or by an additional endorsement.
	I understand that my policy will not cover any accidents that occur during business pursuits such as rideshare or livery (Uber, Lyft, taxi services, pizza delivery etc.) unless it is specifically permitted by my insurance policy.
	I understand that it is my responsibility to inform my agent and / or insurance company immediately of any changes to the answers above or in the insurance application throughout the life of my policy.

I have read and understand the above marked conditions of coverage regarding my auto insurance.

Signed: _____ Date: _____



Down-Payment Authorization

EFT Payment

Account Holder Name			
Bank Name			
Account Number			
Routing Number			
Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>

Credit Card Payment

Name on Card			Expiration	
Card Type		Security Code		
Card Number		Billing Zip Code		

Payment Details

Selected Carrier		Policy Type	
Down Payment Total		Authorization Date	
Recurring Payments			

I authorize a one-time payment using the above account details for insurance payments.

Signed: _____ Date: _____



Authorization for Consumer Reports

Consumer reports may be obtained as part of the evaluation of my insurance application with Ask Insurance Group (hereinafter referred to as “the Company”). The reports may be procured by the Company through a Credit Reporting Agency and may include my driving record; a history of prior insurance claims that involved me, my household members, my properties and/or my vehicles; an assessment of my insurability based upon the Company’s or its affiliated carrier’s underwriting guidelines or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me, my household members, my properties and my vehicles as it deems appropriate to evaluate my insurability or for other purposes as the Company deems reasonable or necessary.

Signed: _____ Date: _____



Agency Umbrella Insurance Waiver

Initial	Conditions of Your Policy
	I understand that only policies listed as underlying on the application will be eligible for excess coverage from this umbrella policy.
	I understand that this umbrella policy acts as an extension of coverage for the underlying policies and will be applied on an excess basis .
	I understand that this umbrella policy <u>does not</u> include Excess Uninsured / Underinsured Motorist coverage and I accept full responsibility for this decision.
	I understand that coverage <u>does not</u> extend to underlying policies held by a different carrier than my umbrella insurance policy.
	I understand that all underlying policies have required minimum limits of liability and I have must maintain sufficient coverage for those policies to meet this requirement.
	<p>I understand that the following types of individuals are excluded from obtaining and umbrella policy, unless otherwise specified by the application:</p> <ul style="list-style-type: none">• Professional entertainers: actors / actresses, directors, producers, writers, and television or radio personalities• Athletic professionals: professional athletes, coaches, managers, and owners of any sports organization that receives regular television or media attention.• Public officials: elected or appointed officials to any state or federal office and elected officials to cities, counties, or courts with a population of over 50,000 persons.• Famous people: top executives of fortune 500 companies or persons regularly appearing in media due to their wealth or profession.
	I understand that it is my responsibility to inform my agent and / or insurance company immediately of any changes to the answers above or in the insurance application throughout the life of my policy.

I have read and understand the above marked conditions of coverage regarding my umbrella insurance.

Signed: _____ Date: _____



Authorization for Consumer Reports

Consumer reports may be obtained as part of the evaluation of my insurance application with Ask Insurance Group (hereinafter referred to as “the Company”). The reports may be procured by Canyon Lands Insurance through a Credit Reporting Agency and may include my driving record; a history of prior insurance claims that involved me, my household members, my properties and/or my vehicles; an assessment of my insurability based upon the Company’s or its affiliated carrier’s underwriting guidelines or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me, my household members, my properties and my vehicles as deemed appropriate to evaluate my insurability or for other purposes as the Company deems reasonable or necessary.

Signed: _____ Date: _____



Agency Property Insurance Waiver

Initial	Conditions of Your Policy
	I understand that this dwelling policy requires the insured location to be occupied by a tenant . In the event of a lapse in occupancy of more than 30 days, a replacement vacant dwelling policy is required to maintain coverage.
	I understand that this renters policy <u>does not</u> cover physical damages to the structure of the specified location as this is the responsibility of the property owner.
	I understand that some items such as jewelry, fine arts, and collectibles typically have low limits or may be excluded from coverage and should be covered by an additional endorsement.
	I understand that this policy <u>does not</u> cover damages resulting from floods and that a separate policy or endorsement must be purchased for these coverages.
	I understand that this policy <u>does not</u> cover damages resulting from earthquakes and that a separate policy or endorsement must be purchased for these coverages.
	I understand that I am not permitted to own or keep any dog or any exotic animal which is unrestrained, aggressive, dangerous, or has a bite history at any rented or owned properties.
	I understand that I am not permitted to own or keep the following breeds of dogs at any rented or owned properties:
	I understand that a common exclusion is work done out of the home , which should be covered by an endorsement or a separate business policy.
	I understand that I am not permitted to rent my property out to temporary residents while I am primarily residing at that location unless otherwise specified in the insurance application.
	I understand that if I live in an unincorporated community without a public fire department that I may be responsible for a fire protection service subscription.
	I understand that it is my responsibility to inform my agent and / or insurance company immediately of any changes to the answers above or in the insurance application throughout the life of my policy.

I have read and understand the above marked conditions of coverage regarding my property insurance.

Signed: _____ Date: _____



Mortgage Notification of Change in Insurance

Borrower Information	
Borrower Name	
Mortgage Name	
Mortgage Assignment	
Address	
City, State, Zip	
Loan Number	
New Policy Details	
Carrier Name	
Effective Date	

Attention: Insurance Department

Regarding the above account, I am cancelling my current home policy and have secured new coverage as notated above.

I understand any return premium that I receive back from my prior carrier should be forwarded and applied to my escrow account.

Please document my file of this change and remit payment to my new insurance carrier.

Thank you,

Signed: _____ Date: _____



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS		NAIC CODE:		
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS			CANCELLED POLICY INFORMATION				
			POLICY NUMBER				
			EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE	TIME	AM PM
			POLICY TERM		EFFECTIVE DATE	EXPIRATION DATE	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)				
			The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.				

SIGNATURES

WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.					

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

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

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
	PRODUCER'S SIGNATURE		DATE