

James & Vicky Ann, here's your auto policy Y9408568.



Date prepared
07/08/2021

Policy period
07/07/2021 to 07/07/2022

Call or email me to discuss this policy.
ASK INSURANCE SERVICES LLC
1826 W BROADWAY RD STE 51
MESA, AZ 85202-1106
480-245-5048
info@askinsurancegroup.com

Prepared for
James Buchanan
Vicky Ann Buchanan
5753 S RUSSELL RD
GLOBE, AZ 85501-4393

Your driver(s)
1. James Buchanan Rated
2. Vicky Ann Buchanan Rated

Your total 12-month Safeco Premier policy premium: \$1,932.20

Vehicle coverages	2017 FORD ESCAPE SE		2007 DODG RAM 1500	
	Limit/Ded	Prem	Limit/Ded	Prem
Bodily Injury Liability	\$100,000/\$300,000	\$218.00	\$100,000/\$300,000	\$223.00
Property Damage Liability	\$100,000	\$124.80	\$100,000	\$136.00
Medical Payments	\$5,000	\$36.20	\$5,000	\$27.90
Uninsured Motorist	\$100,000/\$300,000	\$17.30	\$100,000/\$300,000	\$11.20
Underinsured Motorist	\$100,000/\$300,000	\$47.20	\$100,000/\$300,000	\$30.60
Comprehensive	\$500 w/Full Glass	\$270.70	\$500 w/Full Glass	\$136.70
Collision	\$500	\$233.30	\$500	\$107.40
Original Parts Replacement / OEM	Yes	\$50.40	—	—
Auto Theft Authority Assessment	Yes	\$1.00	Yes	\$1.00
Premier Level Protection	Increased Limits and Coverage	\$151.70	Increased Limits and Coverage	\$107.80
Total		\$1,150.60		\$781.60

Policy coverages	Limits/Ded	Premium
Accident Forgiveness	Earned day one if eligible	Included

Your discounts	Accident Free Coverage Violation Free	Account Diminishing Deductible	Advance Quoting Homeowners	Anti-Theft Multi-Car	Claims-Free Cash Back Review RightTrack Mobile

Premium Summary	Premium
Vehicle coverages	\$1,932.20
Policy coverages	Included
Your discounts and Safeco Safety Rewards	Included
Your total 12-month Safeco Premier policy premium *	\$1,932.20

* Your total 12-month Safeco Premier policy premium without RightTrack is \$2,126.40.

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$1,736.50	\$0.00	None	\$1,736.50
Monthly EFT	\$160.24	\$2.00	11 at \$160.25	\$1,923.00
Monthly recurring credit card	\$166.01	\$5.00	11 at \$166.02	\$1,992.20

Additional payment plans are available. Ask your independent Safeco agent for details.

James & Vicky Ann, here's your auto policy Y9408568.



Key features of **Safeco Premier™** increased coverage include:

- Claims Free Cash Back™
- Diminishing Deductible
- Accident Forgiveness
- New Vehicle Replacement
- Roadside Assistance
- Dog and Cat Coverage

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment \$1,736.50 (Total Premium, no Installment Fee)
- 2. 2-Pay \$870.25 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay \$476.75 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay \$160.24 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment \$1,736.50 (Total Premium, no Installment Fee)
- 2. 2-Pay \$873.25 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$488.05 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$166.01 (1 month down payment + \$5.00 Installment Fee)


Bill By Mail

- 1. Full Payment \$1,736.50 (Total Premium, no Installment Fee)
- 2. 2-Pay \$873.25 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$488.05 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$327.04 (2 months down payment + \$5.00 Installment Fee)

Payment Method: Debit/Credit Card (one-time charge to insured's card) Online Check (one-time deduction from insured's bank account) Agency Sweep (one-time deduction from agency's bank account) Check (use only when you have insured's check and mail to Safeco within 20 days) C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account: New Existing

Billing Plan Due Date: 07

Agent: This acknowledges receipt of \$160.24 Cash Check Agent's initials 

Mail policy to: Applicant Agent

APPLICATION INFORMATION

General Information

Are all household members of driving age listed on the application? Yes
Are any vehicles written on policy used for delivery? No
Reason for Policy New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

James Buchanan
Birth Date 01/16/1938 **Gender** Male **Marital Status** Married
Relationship to Insured Insured **License State** Arizona
Age when first licensed 16
Has this driver's license been suspended or revoked in the last 5 years? No

Vicky Ann Buchanan
Birth Date 05/06/1956 **Gender** Female **Marital Status** Married
Relationship to Insured Spouse **License State** Arizona
Age when first licensed 16
Has this driver's license been suspended or revoked in the last 5 years? No

Vehicle Operation

	2017 FORD	2007 DODG
Model Year	2017	2007
Make	FORD	DODG
Model	ESCAPE SE	RAM 1500 ST/SLT
BodyStyle	Other Incl. Minivans/SUV	Pickup - Symbol
VIN	1FMCU0G94H6D77047	1D7HU18P67J630842
Territory	433	433
Cost New / Actual Cash Value	_____	_____
Settlement Option	_____	_____
Garaged Location	1 - 5753 S RUSSELL RD	1 - 5753 S RUSSELL RD

Days per week vehicle driven to work/school 5

Vehicle Use	Work/School 4 or more miles	_____	Pleasure or Work/School < 4 miles
Mileage One Way	15	_____	
Vehicle purchased new?	_____	_____	
Annual Miles	12200	_____	10000
Corporate Owned	No	_____	No
Business Use	_____	_____	
Farm Use	_____	_____	

Customer Information

Name James Buchanan
Business/Industry
Occupation RETIRED
Highest Level of Education Completed Some College - No Degree
Residence Type Owned Home/Condo

Previous Policy Information

Applicant's Current/Prior Insurance Status Currently Insured
Prior Carrier AMERICAN FAM INS OH
Prior Expiration Date
Months with Carrier 224
Liability Type Split limit coverage
BI Limits 50,000 / 100,000
CS Limit

Other Safeco Policies

Home, Condo or Renters Policy Not Yet Issued
 Motorcycle Policy Not Yet Issued

Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents Yes
Violations No



Auto Policy#: Y9408568

Incident 1

Name Vicky Ann Buchanan	Date 05/24/2021
Type of Violation Not-at-fault Accident	Bodily Injury Amount Paid 0
	PD Amount Paid 0

Remarks APLUS Not At Fault Accident
Violation Type
Number of Days License Suspended

Incident 2

Name James Buchanan	Date 05/13/2020
Type of Violation Comprehensive Glass Only	Bodily Injury Amount Paid _____
	PD Amount Paid 359

Remarks APLUS Comprehensive Glass Only
Violation Type
Number of Days License Suspended

Garaged Locations

	Location 1
Address	5753 S RUSSELL RD
City	GLOBE
State	Arizona
ZIP Code	85501-4393
County	Gila

UNINSURED AND UNDERINSURED MOTORIST COVERAGE OFFER FORM
READ CAREFULLY

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

Uninsured motorist coverage provides protection for bodily injuries caused by a negligent motorist who has no liability 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.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$100,000 single limit (or \$25,000/\$50,000 split limits) up to your policy's liability limit, or you may reject the coverage(s) entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: **\$100,000 Ea Person /\$300,000 Ea Occurrence**

Options available for Uninsured and Underinsured Motorist coverages:

<u>UNINSURED MOTORIST COVERAGE OFFER</u>		<u>UNDERINSURED MOTORIST COVERAGE OFFER</u>	
<u>Coverage Limit Options</u>		<u>Coverage Limit Options</u>	
Split Limits	Combined Single Limits	Split Limits	Combined Single Limits
\$25,000/\$50,000	\$100,000	\$25,000/\$50,000	\$100,000
\$50,000/\$100,000	\$300,000	\$50,000/\$100,000	\$300,000
\$100,000/\$100,000	\$500,000	\$100,000/\$100,000	\$500,000
\$100,000/\$300,000	\$1,000,000	\$100,000/\$300,000	\$1,000,000
\$250,000/\$500,000		\$250,000/\$500,000	
\$300,000/\$300,000		\$300,000/\$300,000	
\$500,000/\$500,000		\$500,000/\$500,000	
\$500,000/\$1,000,000		\$500,000/\$1,000,000	
\$1,000,000/\$1,000,000		\$1,000,000/\$1,000,000	
No <u>Uninsured</u> Motorist Coverage		No <u>Underinsured</u> Motorist Coverage	

* Not all limits are available in every market.

I understand that this form reflects the offer of Uninsured Motorist and Underinsured Motorist coverage options made to me. I understand that my policy declaration 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.



Auto Policy#: Y9408568

This authorization is valid for one year from the date of signature.

PRIVACY NOTIFICATION: As described in ARIZONA revised statute 20-2104(C), a credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policyholders on our policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You, or your authorized representative, have the right to receive a copy of this form, have a right to see personal information collected about you, and you have the right to correct any information which may be wrong.

Also, pursuant to ARIZONA revised statute 20-2104(B), if you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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.

Date:

July 27, 2021

Signature of Applicant:

Tracy A. Buchanan

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.

7/9/2021

DocuSigned by:
Andrea Gonzales
5C88F01EE23347C



Auto Policy#: Y9408568

AUTOMATIC DEDUCTION AUTHORIZATION

I authorize the companies operated as Safeco Insurance (together, "Safeco") to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") for the account that I have previously provided to accept the deductions initiated by Safeco.

I make this authorization subject to the following conditions:

- Safeco may deduct payments from my bank account ON or AFTER the day of the month I have previously provided.
- Safeco will notify me about the amount of the first deduction and whenever the deduction amount changes.
- I acknowledge that any refunds may be credited to my banking account, whether resulting from overpayment, an erroneous Safeco deduction, policy cancellation or policy change, unless I specifically request payment by check at least 7 days beforehand.
- I have the right to terminate this payment option or change my payment option or bank information by notifying Safeco. I understand that to be effective, Safeco must receive my notice at least 7 days prior to a scheduled deduction.
- It takes several days to set up the first automatic deduction. I understand that payments will need to be made using another payment method until I receive a notice that automatic deduction has been established for my account.
- This authorization will remain in effect until it is revoked by me. I understand that failure to sufficiently fund and/or provide access to this account may result in removal of the automatic deduction program and/or the cancellation of my insurance coverage.

I attest that I am authorized to sign checks drawn on the bank account I have previously provided.

Signed: *Treya Buchanan*
<SF.D1.S>

Date: *July 27, 2021*
<SF.D1.C>



ASK INSURANCE

A member of CLI Select Agencies and Transamerica Financial
2200 E Williams Field Road #200 Gilbert, AZ 85295
(p)480-245-5048 (f)928-597-5144

AUTHORIZATION FOR CONSUMER REPORTS

Consumer reports may be obtained as part of the evaluation of my insurance application with ASK Insurance Services LLC. The reports obtained may include but are not limited to your Motor Vehicle Report (MVR), Comprehensive Loss Underwriting Exchange (C.L.U.E.) Report, and your insurance score which are all part of public record. These reports and the information within them may be used to determine eligibility and price. Due to the importance of the information included in these lists, it may be necessary to confirm certain details to determine your eligibility. By signing below, you not only authorize ASK Insurance Services LLC to obtain these reports, but also agree to provide explanations for any discrepancies between the information I have provided, and the information found in the reports. I also acknowledge that knowingly providing false information in **ANY** form may result in denial of application, claim, or services.

Signed: James W. Buchanan Date: 7/28/21
James Buchanan



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

You have the legal right to purchase both Uninsured and Underinsured Motorist coverage with the proposed automobile liability 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 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 notice.

You have the right to purchase both Uninsured Motorist and Underinsured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 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 is: \$100,000/\$300,000

<u>Uninsured</u> Motorist Liability				<u>Underinsured</u> Motorist Liability			
Accept	Reject			Accept	Reject		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100,000/\$300,000	\$28.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100,000/\$300,000	\$77.80
<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50,000/\$100,000	\$20.60	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50,000/\$100,000	\$50.40
OR				OR			
<input type="checkbox"/> I do not wish to purchase <u>Uninsured</u> motorist coverage.				<input type="checkbox"/> I do not wish to purchase <u>Underinsured</u> motorist coverage.			

I understand and agree that selection or any of the above options applies 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

Signed: James W. Buchanan Date: 27 July 1921
 James Buchanan

Attached to application dated: 7/7/2021



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POLICY-WIDE COVERAGES

BODILY INJURY – Provides coverage if you cause an accident that injures someone else.

JWB I am purchasing **bodily injury** coverage in the amount of \$100,000/\$300,000

PROPERTY DAMAGE – Provides coverage for damage you cause to another person's vehicle or other property.

JWB I am purchasing **property damage** coverage in the amount of \$100,000

MEDICAL PAYMENTS – Provides limited coverage for all passengers (listed on your policy or not) in my vehicle at the time of an accident regardless of who is at fault.

JWB I am purchasing **medical payments** coverage in the amount of \$5,000

UNINSURED MOTORIST – Protects all passengers in my vehicle in a not-at-fault accident when the person at fault has no insurance.

JWB I am purchasing **uninsured motorist** coverage in the amount of \$100,000/\$300,000

UNDERINSURED MOTORIST – Protects all passengers in my vehicle in a not-at-fault accident when the person at fault has coverage limits that are lower than my own.

JWB I am purchasing **uninsured motorist** coverage in the amount of \$100,000/\$300,000

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan
James Buchanan

Date: 7/28/21

Attached to application dated: 7/7/2021



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VEHICLE - SPECIFIC COVERAGES

VEHICLES

Covered Vehicles	Primary Driver Name	Excluded Driver(s)
1. 2017 Ford Escape	Vicky	n/a
2. 2007 Dodge Ram 1500	n/a	n/a
3. n/a	n/a	n/a
4. n/a	n/a	n/a

COVERAGES

COMPREHENSIVE – Covers your vehicle for a covered loss other than collision; see policy pages for limitations.

JWB I am purchasing **comprehensive** coverage and I have selected a deductible of \$500

FULL GLASS – Pays the amount of a covered glass loss with no deductible.

JWB I am purchasing **full glass** coverage with no deductible

COLLISION – Covers damage to your vehicle in a collision.

JWB I am purchasing **collision** coverage and have selected a deductible of \$500

ROADSIDE ASSISTANCE – Covers your vehicle in event of a mechanical failure.

JWB I am purchasing **roadside assistance** coverage, I have chosen \$100 Towing & Labor package

CAR RENTAL REIMBURSEMENT – Optional coverage that helps pay your rental car costs while your car is being repaired as a result of a covered claim.

JWB I am purchasing **car rental reimbursement** coverage. I have chosen \$40 / \$1200

NEW CAR REPLACEMENT – Provides replacement cost on new a new vehicle when totaled within a certain time period*

JWB This coverage is unavailable.

*some exclusions and limitations apply. See full policy documents for full explanation of coverage.



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VEHICLE-SPECIFIC COVERAGES
continued

GAP – Can pay the difference between the balance of a lease or loan and what the rest of your policy pays in the event of a covered total loss*

JB This coverage is unavailable.

STATED VALUE COVERAGE – Provides a replacement cost settlement instead of an actual cash value (ACV) settlement – usually higher value or collectible cars*

JB This coverage is unavailable.

OEM PARTS COVERAGE – Ensures that replacement parts will be original factory equipment in the event of a covered loss*

JB I am purchasing this coverage. This coverage only applies to the Escape

ACCIDENT FORGIVENESS – Allows no surcharge for the first chargeable accident per policy term*

JB I am purchasing this coverage.

MINOR VIOLATION FORGIVENESS – Allows no surcharge for the first minor violation per policy term*

JB This coverage is unavailable.

VANISHING DEDUCTIBLE – Decreases your deductible by a set amount per policy period*

JB I am purchasing this coverage.

TOTAL LOSS DEDUCTIBLE WAIVER – Waives your deductible in the event of a total loss*

JB I am purchasing this coverage.

CUSTOM EQUIPMENT PROTECTION – Adds coverage to custom equipment installed on your vehicle(s)*

JB This coverage is unavailable.

*some exclusions and limitations apply. See full policy documents for full explanation of coverage.

DO NOT SIGN UNTIL YOU READ

Signed: James Buchanan Date: 7/28/21
James Buchanan

Attached to application dated: 7/7/2021



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OTHER AVAILABLE SERVICES

JWB **FLOOD INSURANCE** – I am not purchasing flood insurance at this time, because the property I am insuring is not in a flood plain. I understand that if a flood insurance policy is required, it can affect the insurability of my property. Furthermore, I agree to provide ASK Insurance with an updated declarations page for my current flood insurance policy if obtained from an outside source now or any time while my property insurance is with ASK Insurance.

JWB **FIRE SUBSCRIPTION** – I am not subscribing to fire protection service through Rural Metro because the property that I am insuring is in a municipality with responding fire services. I understand that ASK Insurance group has the right to verify my subscription status at any time. If my subscription is found to be not in good standing, it is the responsibility of ASK Insurance group to immediately report it to Safeco Insurance. This may result in a change of insurability or premium.

JWB **HOMEOWNERS POLICY** – I am purchasing a homeowners insurance policy from Safeco Insurance because I have made the recommended changes to my policy. I understand that this type of policy covers my belongings **worldwide**, and without it, I have no protection for my items in my home, my vehicle, my suitcase, or on my person.

JWB **AUTO POLICY** – I am purchasing an auto insurance policy from Safeco Insurance because I have made the recommended changes to my policy. I understand that the State of Arizona is a mandatory insurance state and that if my vehicle is not in working order, but has valid registration, I am still required to carry liability insurance.

JWB **HEALTH INSURANCE** – I am not purchasing health insurance through ASK Insurance Services LLC because I have health insurance. I understand that, if I do not carry qualified health insurance, I may be subject to penalties. I also understand that a major health issue or emergency without proper health coverage may be financially devastating.

JWB **LIFE INSURANCE** – I am not purchasing life insurance through ASK Insurance Services LLC, because I am not interested at this time. I understand that the primary purpose of life insurance is to reduce or eliminate my financial responsibility in the event of my death. Paired with additional products, it may also reduce or eliminate my financial responsibilities in the event of a critical illness or life-altering event which reduces my ability to partake in daily activities of living.

JWB **UMBRELLA POLICY** – I am not purchasing an umbrella insurance policy at this time, because my underlying limits are not high enough. I understand that the primary purpose of an umbrella policy is to extend coverage above and beyond my underlying liability limits. Any



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changes to underlying policies may affect my eligibility and must be disclosed to ASK Insurance Services LLC immediately.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan

Attached to application dated: 7/7/2021



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DOWN PAYMENT AUTHORIZATION

Name: James Buchanan

Method: Credit Card

Down Payment: \$160.24 auto, \$15 atv & \$62.08 home

Company: Safeco Insurance

Authorization date: 7/7/2021

Effective date: 7/7/2021 auto & atv, 7/10/21 home

Terms

I authorize Safeco Insurance to do a one-time payment using the above-mentioned method to pay the down payment for my insurance policies. The method I would like to use for all subsequent payments is EFT.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan



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RECURRING PAYMENT AUTHORIZATION

Name: James Buchanan

Method: EFT

Day of the month: 7th

Company: Safeco Insurance

Authorization date: 7/7/2021

Effective date: 7/7/2021

Terms

I authorize Safeco Insurance to deduct payments from my account through the company's reoccurring payments program using the above-mentioned method.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan
James Buchanan

Date: 2/28/21



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CANCELLATION NOTICE

To: American Family Insurance

Insurance policy request for: James Buchanan

Policy Number: 612-123-059-07 & 613-193-028-42

Effective Cancellation Date: 7/7/2021

Thank you for your prompt handling of this request. Please mail a confirmation of cancellation to me at the home address on file.

DO NOT SIGN UNTIL YOU READ

Signed: James W Buchanan Date: 7/28/21
James Buchanan



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CANCELLATION NOTICE

To: American Family Insurance

Insurance policy request for: James Buchanan

Policy Number: 02-PH-7402-01-61-PHO3-AZ

Effective Cancellation Date: 7/10/2021

Thank you for your prompt handling of this request. Please mail a confirmation of cancellation to me at the home address on file.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan