

James & Vicky Ann, here's your motorcycle policy Y9408573.




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 operator(s)
1. James Buchanan
2. Vicky Ann Buchanan

 **Your total 12-month policy premium: \$156.00**

Motorcycle coverages	2012 POLA RANGER 80	
	Limit/Ded	Premium
Bodily Injury w/ Guest Liability	\$100,000/\$300,000	\$45.00
Medical Payments	\$5,000	\$9.00
Property Damage Liability	\$100,000	\$12.00
Uninsured Motorist Bodily Injury	\$100,000/\$300,000	\$13.00
Underinsured Motorist Bodily Injury	\$100,000/\$300,000	\$10.00
Comprehensive	\$500	\$20.00
Collision	\$500	\$34.00
Custom Parts & Equipment	\$3,000	Included
Roadside Assistance	Roadside Assistance	\$12.00
Theft Prevention Assessment	Yes	\$1.00
Total		\$156.00

Your discounts	Experience	Companion Policy	Advance Quoting	Homeowners	Prior Insurance
	Ownership				

Premium Summary	Premium
Motorcycle coverages	\$156.00
Your discounts	Included
Your total 12-month policy premium	\$156.00

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$129.00	\$0.00	None	\$129.00
Monthly EFT	\$15.00	\$2.00	11 at \$15.00	\$180.00
Monthly recurring credit card	\$18.00	\$5.00	11 at \$18.00	\$216.00

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

-  **Key features of your Safeco Motorcycle Policy include:**
- Safety riding apparel coverage
 - Custom parts & equipment
 - OEM parts protection

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment \$129.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$80.00 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay \$41.00 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay \$15.00 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment \$129.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$83.00 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$44.00 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$18.00 (1 month down payment + \$5.00 Installment Fee)


Bill By Mail

- 1. Full Payment \$129.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$83.00 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$44.00 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$31.00 (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)

*Billing Account: New Existing

Billing Plan Due Date: 07

Agent: This acknowledges receipt of \$15.00 Cash Check Agent's initials 

Mail policy to: Applicant Agent

APPLICATION INFORMATION

General Information

Reason for Policy New Motorcycle Customer to Safeco (Coverage has not been provided by a Safeco Company)

Any vehicles on this policy with more than one owner? No

Are all owners residents of the same household?

Rider Information

James Buchanan **Permanent Resident of Household?** Yes

Birth Date 01/16/1938 **Gender** Male **Marital Status** Married

Relationship to Insured Insured **License State** Arizona **Driver's License Status** Valid

Off-road Only Yes

Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles? 5 or more

Vicky Ann Buchanan **Permanent Resident of Household?** Yes

Birth Date 05/06/1956 **Gender** Female **Marital Status** Married

Relationship to Insured Spouse **License State** Arizona **Driver's License Status** Valid

Off-road Only Yes

Within the last five years, how many calendar years has the rider been operating Motorcycles/Dirt bikes/ATVs or Snowmobiles? 5 or more

Vehicle Operation

	2012 POLA
Model Year	2012
Make	POLA
Model	RANGER 800 XP
VIN	4XATH7EA0CE294952
Engine Size/CCs	760
Territory	001
Symbol	19
Garaged Location	1 - 5753 S RUSSELL RD
Garaging Discount? (Applies only with Comp Coverage)	No
Corporate Owned	No



Motorcycle Policy#: Y9408573

Used for business purposes No
Used for racing/speed contests No
Has vehicle been converted or registered for street legal use? No

Customer Information

Name James Buchanan
Residence Type Owned Home/Condo

Previous Policy Information

Current Cycle Insurance Status Current Insurance
Prior Cycle Insurance Carrier American Family
Carrier Name (if not in list)
Policy Expiration/Lapse Date 10/08/2021
Number of Months with this Carrier 22

Other Safeco Policies

Auto Policy Not Yet Issued
Home, Condo or Renters 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

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 Tow cable broke on tow truck sending car into parking lot hitting another car and ni
Violation Type

Incident 2

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

Remarks glass replacement
Violation Type

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 \$300,000 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	\$300,000	\$25,000/\$50,000	\$300,000
\$50,000/\$100,000	\$500,000	\$50,000/\$100,000	\$500,000
\$100,000/\$300,000		\$100,000/\$300,000	
\$250,000/\$500,000		\$250,000/\$500,000	
No <u>Uninsured</u> Motorist Coverage		No <u>Underinsured</u> 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 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.

NOTICE OF INSURANCE INFORMATION PRACTICES AND APPLICANT'S STATEMENTS

In connection with your request for a premium quotation: (1) we may obtain consumer reports or personal or privileged information from third parties; (2) in certain circumstances, such information, as well as other personal privileged information subsequently collected by us, may be disclosed to third parties without your authorization, but it is not our practice to do so; 3) you have the right to access and correct all personal information collected; and (4) at your request we will: (a) confirm whether a consumer report was requested and, if so, provide the name and address of the consumer reporting agency that furnished it; and (b) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information.

'I' represents the Named Insured or their legal representative thereof.

I understand and agree that this policy will be canceled and the benefits available will be denied if this information is determined to be false and would affect acceptance of this application or affect the rating of this policy by the Company.

- I have not been convicted of any prior crime relating to insurance fraud.
- I understand that the coverage selection and limits choices indicated here or on any state supplement will apply to all future policy renewals, rewrites, continuations and changes unless I notify you otherwise in writing.
- All persons age 14 and older and are operators of any insured vehicle are shown on this application.
- All vehicles that are insured on this policy are titled in my name or a resident relative's name.
- No vehicles are used for commercial purposes, such as food, mail or newspaper delivery, livery or any other commercial use.
- The principal place or residence/place of garaging is in the state of Arizona, ten (10) or more months per year, unless student(s) away at school and parent(s) written in-state on same policy.
- I understand and agree that if any payment by me or on my behalf is not honored, no coverage will have been bound or afforded under this application. Additionally, I may be charged a fee by the Company.
- If I am requesting physical damage coverage, there is no existing damage to my vehicle. If there is existing damage, it has been noted on the remarks section of this application. I understand that a vehicle inspection may be required if Physical Damage Coverage has been selected.
- I declare that all operators of the vehicles described in this application are permanent residents of the Named Insured's household.



A Liberty Mutual Company

Motorcycle Policy#: Y9408573

- I declare that all operators are licensed in accordance with the laws of this state to operate the vehicles listed on this application. I understand that allowing unlicensed drivers to operate any vehicles listed on this application may jeopardize my coverage.

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.

I have carefully reviewed the information given on this application. I declare the facts stated to be true and request the company to issue the insurance and any renewals.

Date:

July 27, 2021

Signature of Applicant:

Vicky A. Buchan

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.



Motorcycle Policy#: Y9408573

Date:

July 27, 2021

Signature of Applicant:

Vicky A. Buchanan



Motorcycle Policy#: Y9408573

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:

Vickya Buehnan
<SF.D1.S>

Date:

July 27, 2022
<SF.D1.D>

Insurance Information and the Use of Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

How is credit information used in determining my rate?

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?

Your rate was adversely affected because either we were unable to obtain an insurance score for you, or because of your credit information. If it was due to your credit information, the reasons are explained in this document under

"What factors affected my insurance score?"

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact LexisNexis and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report, call LexisNexis at 1-800-456-6004 to reach an automated request line, write to LexisNexis Consumer Service Center, PO Box 105108, Atlanta, GA 30348-5108 or go to www.consumerdisclosure.com and follow the instructions. LexisNexis may ask you for a reference number, although it is not needed to get your free report. If you do not have a reference number, there will be no number listed in the following sentence. Reference number 21187211504330. LexisNexis can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact LexisNexis to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.



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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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POLICY-WIDE COVERAGES

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

James Buchanan 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.

James Buchanan 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.

James Buchanan 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.

James Buchanan 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.

James Buchanan 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: 2/28/21

Attached to application dated: 7/7/2021



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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*

Jeub 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*

Jeub This coverage is unavailable.

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

Jeub 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*

Jeub I am purchasing this coverage.

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

Jeub This coverage is unavailable.

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

Jeub I am purchasing this coverage.

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

Jeub I am purchasing this coverage.

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

Jeub This coverage is unavailable.

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

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

Attached to application dated: 7/7/2021



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OTHER AVAILABLE SERVICES

Sub **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.

Sub **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.

Sub **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.

Sub **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.

Sub **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.

Sub **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.

Sub **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: 7/28/21



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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