



Company: Mercury Casualty Company  
 Policy No.: AZAP0000041515  
 Named Insured: JONATHEN CUNNINGHAM  
 Effective Date: 03/23/2022 12:01 AM

**NAMED EXCLUDED DRIVER ELECTION**

**NAMED EXCLUDED DRIVER(S):**

JOSEPH CUNNINGHAM  
 HEATHER CUNNINGHAM  
 MELANIE CUNNINGHAM

You agree that NO coverage applies under any part of your Auto Insurance Policy for any accident or loss that occurs while any Named Excluded Driver listed above, is operating any motor vehicle. However, this exclusion does not apply, if the following coverage(s) is or are part of the policy, to:

- 1. Part IV - Uninsured/Underinsured Motorist Coverage

Additionally, this exclusion of coverage will affect all other entities and persons, including but not limited to you and your relatives, who may be vicariously liable or liable for negligent entrustment with respect to any accident or loss arising out of the operation of a motor vehicle by any Named Excluded Driver.

It is agreed that coverage and the Company’s obligation to defend under this policy shall not apply nor accrue to the benefit of any Insured while any motor vehicle is being used or operated by the natural person or persons excluded above. It is also agreed that coverage and the Company’s obligation to defend under this policy shall not apply nor accrue to the benefit of any third party claimant while any motor vehicle is being used or operated by the natural person or persons excluded above.

This exclusion applies to this policy and any renewal, reinstatement, substitution, amendment, alteration, modification, or replacement of such policy issued to you by the Company or any affiliate, until such excluded driver(s) is or are added to the policy and the addition is approved in writing by the Company.

You agree to reimburse the Company for any payment made by the Company to a loss payee, because of loss arising from the operation or use of a motor vehicle by any Named Excluded Driver.

**YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, PLEASE CONTACT YOUR AGENT.**

X .....  
**Signature of Named Insured** **Date**



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## UNINSURED AND UNDERINSURED MOTORIST COVERAGE OFFER FORM

You have the legal right to purchase both Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR RESIDENT RELATIVES, 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 insurance, has insurance in an amount less than the minimum amounts required by the financial responsibility laws of Arizona, or cannot be identified. Underinsured Motorist Coverage provides protection if a negligent motorist does not have enough liability insurance to pay for injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured Motorist 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 Coverage and Underinsured Motorist Coverage in any amount from \$25,000/\$50,000 (split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither may exceed your liability coverage limits for Bodily Injury.

**YOUR BODILY INJURY LIMIT ON THE POLICY: \$50,000 each person/\$100,000 each accident**

Options available for Uninsured and Underinsured Motorist Coverages:

Note: This section will only display premiums for limits up to and including the Bodily Injury Limit of Liability.

**Uninsured Motorist Coverage**

Selection	Limits	Premium
<input type="checkbox"/>	\$25,000 each person/\$50,000 each accident	\$105.00
<input type="checkbox"/>	\$50,000 each person/\$100,000 each accident	\$127.00
<input checked="" type="checkbox"/>	I do not wish to purchase Uninsured Motorist Coverage	

**Underinsured Motorist Coverage**

Selection	Limits	Premium
<input type="checkbox"/>	\$25,000 each person/\$50,000 each accident	\$84.00
<input type="checkbox"/>	\$50,000 each person/\$100,000 each accident	\$124.00
<input checked="" type="checkbox"/>	I do not wish to purchase Underinsured Motorist Coverage	

I understand and agree that the selection made above shall be binding on all persons insured under the policy, and that this selection shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. 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. If I decide to select another option at some future time, I must notify the Company or my Agent in writing. (Please call ASK INSURANCE SERVICES LLC at (480) 245-5048 for information regarding the cost of changing your coverage.)

X .....  
**Signature of Named Insured**
**Date**



# Application for Auto Insurance

## Policy Period

From: 03/23/2022 12:01 AM

To: 09/23/2022 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

AZAP0000041515

## Agent

ASK INSURANCE SERVICES LLC (A493)  
1826 W BROADWAY RD  
STE 51  
MESA, AZ 85202  
(480) 245-5048

## Company

Mercury Casualty Company  
P.O. Box 203010  
Austin, TX 78720-3010

## Named Insured

JONATHEN CUNNINGHAM  
11875 N Derringer Rd  
Marana, AZ 85653-9647

## Premium Information

<b>Total 6 Month Premium</b>	<b>\$938.50</b>
<b>Payment Plan</b>	<b>6 Pay</b>
<b>Initial Payment Required</b>	<b>\$188.10</b>
<b>First Installment Due Date</b>	<b>\$153.08 due on 04/23/2022</b>

## Discounts

Auto Pay	Good Payer	MercuryGO Participation
Occupation		

## Drivers

<u>Name</u>	<u>License Status</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Marital Status</u>	<u>Relationship</u>
JONATHEN CUNNINGHAM	Valid	**/**/2001	Male	Single	Insured
Occupation: Cook - Restaurant/Cafeteria, Education: Some College, MercuryGO: Yes					

## Driving and Loss History

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents in the last 5 years and all violations and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Driver</u>	<u>Description</u>	<u>Date</u>
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## Vehicles and Coverage Limits

**1994 NISSAN PATHFINDER, VIN: JN8HD17Y0RW227860**

Garaging ZIP Code: 85653-9647, Primary Use of the Vehicle: Commuting

<u>Coverages</u>	<u>Limits</u>	<u>Premium</u>
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$898.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist Bodily Injury	Waived	\$0.00
Underinsured Motorist Bodily Injury	Waived	\$0.00
Medical Payments	\$1,000 each Person	\$40.00
<b>Total Premium for 1994 NISSAN PATHFINDER</b>		<b>\$938.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$938.00</b>
Auto Theft Fee	\$0.50
<b>Total 6 Month Policy Premium (All Vehicles)</b>	<b>\$938.50</b>

**Excluded Drivers**

List below all household members who will be excluded from coverage.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
JOSEPH CUNNINGHAM	**/**/1982	Relative
MELANIE CUNNINGHAM	**/**/1982	Relative
HEATHER CUNNINGHAM	**/**/2000	Relative

**Additional Household Members**

List below all other household members, other than those listed as Drivers or Excluded above.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

**Underwriting Questions**

Prior insurance:	No
How long has the applicant been without insurance in the last 6 months?	No Prior Insurance
Reason for not having prior insurance:	Prior policy cancelled/lapsed
Has applicant moved in the last 6 months?	No
Will any vehicle be used for Transportation Network purposes, for example Uber or Lyft? Coverage may be available for this usage.	No
Other than for Transportation Network purposes, if coverage is provided under our policy, will any vehicle be used for the transportation of persons for hire or any delivery purposes such as food, newspaper, magazines, or any other product or material?	No
Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does any vehicle have compensating equipment for a physical impairment?	No
Is any vehicle modified or has existing damage, including broken glass?	No
Are all listed vehicles registered solely to the Named Insured and/or Spouse?	Yes
Are all vehicles registered to the Named Insured and/or Spouse being submitted on this application?	Yes

**Fees**

I understand that I will be charged a \$50.00 cancellation fee if, during the first policy term after inception of the policy, I cancel this policy for any reason. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. After the first policy period, I understand that the Company will not charge any cancellation fees.

If the policy premium is paid in non-automatic installments, an additional \$5.00 service fee will apply to each installment. If these installments are paid by automatic payment made from your checking or saving account, the service fee applied to each installment is \$3.00. If these installments are paid by automatic payment made by your credit or debit card, the service fee applied to each installment is \$5.00.

**Dishonored Payment**

If payment for this application or any later payment is made by check, credit charge, ACH or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution when first presented.

**Application Agreement**

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may, to the extent permitted by Arizona law, rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the Company as required by this application for the policy.

I understand that a routine inquiry may be made concerning driving record, character, general reputation, personal characteristics, and mode of living. I understand that any prior loss or pre-existing damage is not covered. I certify that all operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report.

I understand that if I have purchased uninsured (UM) or underinsured (UIM) motorist coverage that this coverage is limited to the minimum limits required under the financial responsibility law of Arizona for any accident that occurs while an insured person is operating, occupying, using or struck by any vehicle, other than an auto listed and insured by this policy, if that vehicle is owned by, or furnished or available for the regular use of the named insured or any relative of the named insured who resides with the named insured. This means that when this type of vehicle is involved and it is not a listed auto, the most we will pay under any applicable UM or UIM coverage for an accident is \$25,000 for a bodily injury to an insured person, and no more than \$50,000 in any accident, even if higher limits of UM or UIM coverage are purchased for all other covered accidents.

I declare that all members of the household have been disclosed on this application either as Drivers, Excluded Drivers or Additional Household Members.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS.

X .....  
**Signature of Named Insured** **Date**

03/23/2022 12:42 PM  
**Binding Date** **Time**



## AUTHORIZATION FORM

Sign up today for Mercury's Automatic Payment program and your installment payments will be automatically withdrawn from your bank account or charged to your credit card. Simply complete the form below. Payments will be made depending on the payment plan and form of payment selected, and the account information provided.

**Under certain conditions you may receive bills for payments that cannot be automatically withdrawn or charged.**

### Authorization for Automatic Payments

Please complete all information requested, and return with your initial payment.

Insured Name	JONATHEN CUNNINGHAM		
Daytime Phone Number	(520) 850-8826	Policy Number	AZAP0000041515

Automatic Payment- Checking/Savings	
Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	XXXXXX4237
Bank Routing Number	264171241
Financial Institution	REPUBLIC BANK & TRUST COMPANY

Automatic Payment- Credit Card <small>(To use a debit card, sign up online at mercuryinsurance.com/account)</small>	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number	
Card Expiration Date (mm/yyyy)	

I authorize Mercury Insurance Services, LLC. to initiate automatic periodic payments from my bank account or credit card on the day each installment is due, or the following business day. I understand that Mercury will notify me if the amount to be paid changes by more than \$1.00. I may terminate this agreement at any time by notifying Mercury in writing at least three business days prior to the next scheduled payment. I understand that scheduled payments may still occur if termination notification is not received within this time. For credit cards, I also understand and agree that Mercury may update the card number and expiration date, as needed, without further authorization from me.

By signing below I certify that I am the holder of the bank account or credit card account shown above, or an authorized user and the spouse of the holder.

I understand that a \$3.00 service fee per payment applies for checking/savings, and a \$5.00 service fee per payment applies for credit cards (not applicable to Full Pay).

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Auto Insurance Identification Card(s)

State law requires that you be able to provide proof of insurance. You can use the card(s) below to show that you are in compliance with state law.

		<b>STATE OF ARIZONA</b>	
<b>AUTOMOBILE LIABILITY INSURANCE – IDENTIFICATION CARD</b>			
POLICY NUMBER: <b>AZAP0000041515</b>		EFFECTIVE DATE: <b>03/23/2022</b>	EXPIRATION DATE: <b>09/23/2022</b>
<b>Mercury Casualty Company</b> P.O. Box 203010, Austin, TX 78720-3010		<b>NAIC# 11908</b>	<b>ADOT# 1238</b>
NAMED INSURED: <b>JONATHEN CUNNINGHAM</b> 11875 N Derringer Rd Marana, AZ 85653-9647		ADDITIONAL DRIVER(S):	
YEAR <b>1994</b>	MAKE <b>NISSAN</b>	MODEL <b>PATHFINDER</b>	VIN <b>JN8HD17Y0RW227860</b>
<b>TO REPORT A CLAIM, 24 HOURS A DAY, 7 DAYS A WEEK, PLEASE CALL (800) 503-3724</b> For access to ROADSIDE ASSISTANCE ONLY, please call (866) 519-6478			
This card must be carried in the insured motor vehicle for production upon demand. Any alteration will void this card. Any binder or policy issued thereon is void if any check, money order, credit charge, ACH, or other non-cash method of payment is not honored when first presented.			

		<b>STATE OF ARIZONA</b>	
<b>AUTOMOBILE LIABILITY INSURANCE – IDENTIFICATION CARD</b>			
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# Auto Insurance Identification Card(s)



**THE COVERAGE PROVIDED BY THIS POLICY MEETS THE  
MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW**

**IF YOU HAVE AN ACCIDENT**

- Notify the police immediately.
- Write down names, addresses, telephone numbers, driver license numbers and license plate numbers of all persons involved and of witnesses.
- Please note any damage to other vehicles.
- Do not admit fault. Do not discuss the accident with anyone except your agent, Mercury or the police.
- Please take photos if possible.
- Immediately report all claims to Mercury at (800) 503-3724.

AGENT: ASK INSURANCE SERVICES LLC  
AGENT ADDRESS: 1826 W BROADWAY RD, STE 51, MESA, AZ 85202  
AGENT'S PHONE NUMBER: (480) 245-5048

ID-AZ 07/2021

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