



# TEXAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY) 02/25/2021
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<b>AGENCY</b> PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP + 4)</b> BENJAMIN BOUDREAU 316 LING ST HITCHCOCK, TX 77563-2617				<b>TELEPHONE NUMBER</b> 713-303-1095	
<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 720-457-1101 FAX (A/C No.): 866-948-8485 E-MAIL ADDRESS:		<b>CARRIER</b> CONSUMERS COUNTY MUTUAL INS. CO.				<b>NAIC CODE</b> 29246	
<b>CODE:</b> 0DKS65 <b>SUBCODE:</b> 631		<b>PLAN</b> QUANTUM 2.0		<b>POLICY #:</b> 6086193902221		<b>ACCT #:</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>EFFECTIVE DATE</b> 03/01/2021		<b>EXPIRATION DATE</b> 03/01/2022		<input checked="" type="checkbox"/> DIRECT AGENCY <input type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL <input type="checkbox"/> PAYMENT PLAN EFT - MO	

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

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

VEHICLE DESCRIPTION / USE													TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:				
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED						
1		2012	FORD	F-250 SUPE	PU	1FT7W2BTXCEC54581	TX	6.7									
2		2015	TOYOT	HIGHLANDER	PU	5TDYKRFH2FS060768	TX	3.5									

  

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			
1					2033					B					Not Verified	1				
2					2033					B				12468	2					

  

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	3402	X		2	CATEGORY 3		2	3402	X	B	2	CATEGORY 3	

COVERAGES / PREMIUMS												
COVERAGES		LIMITS OF LIABILITY						VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT						\$	\$	\$	\$	
BODILY INJURY LIABILITY	\$ 100,000	EA PERSON	\$ 300,000	EA ACCIDENT	\$272	\$216	\$	\$				
PROPERTY DAMAGE LIABILITY	\$ 100,000	EA ACCIDENT	\$178	\$130	\$	\$						
PERSONAL INJURY PROTECTION	\$ 2,500	EA PERSON	\$30	\$30	\$	\$						
	\$	AUTO DEATH INDEMNITY	\$	TOTAL DISABILITY	\$	\$						
MEDICAL PAYMENTS	\$	EA PERSON	\$	\$	\$	\$						
UNINSURED / UNDERINSURED MOTORISTS	CSL	\$	EA ACCIDENT	\$74	\$87	\$	\$					
	BI	\$ 100,000	EA PERSON	\$ 300,000	EA ACCIDENT	\$43	\$52	\$	\$			
	PD	\$ 100,000	EA ACCIDENT	\$ 250	DEDUCTIBLE	\$	\$	\$	\$			
COMPREHENSIVE / OTC	DED	X \$500	X \$500	\$	\$	\$462	\$279	\$	\$			
COLLISION	DED	X \$500	X \$500	\$	\$	\$204	\$246	\$	\$			
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	N/A	N/A	N/A	N/A			
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$			
TRANS EXP / RENTAL RE	X \$50	/1,500	X \$50	/1,500	\$ /	\$ /	\$35	\$35	\$	\$		
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS							
	Glass Deductible	\$		\$ 50		\$Incl	\$Incl	\$	\$			
	Roadside Assistance Coverage	\$ 15	Mls/Disabl	\$		\$12	\$12	\$	\$			
ESTIMATED TOTAL: \$2,405.00	PREMIUM DEPOSIT: \$200.34	POLICY FEE: \$	TOTAL PER VEHICLE	\$1,310	\$1,087	\$	\$					

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

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH		
	FIRST NAME	MIDDLE NAME	LAST NAME						
1	Benjamin		Boudreaux	M	M	IN	04/13/1988		
2	Cristine		Boudreaux	F	M	SP	03/28/1989		
#	OCCUPATION	DATE LIC	STDT > 100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1		04/13/2004					21885488	TX	
2		03/28/2005					22038609	TX	

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

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST _____ YEARS?									
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION				PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE	

**ADDITIONAL INTEREST**

<input type="checkbox"/> ADDL INS <input type="checkbox"/> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER
<input type="checkbox"/> ADDL INS <input type="checkbox"/> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER

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

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

**PRIOR COVERAGE**

PRIOR CARRIER	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 01/11/2022

**GENERAL INFORMATION**

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

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

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

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

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

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

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

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**BINDER / SIGNATURE**

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

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

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

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

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

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

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

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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## **PROXY STATEMENT**

I hereby apply to CONSUMERS COUNTY MUTUAL INSURANCE COMPANY for the preceding specified insurance, and I hereby appoint the president and vice-president of the foregoing company, jointly, with full powers of substitution, to be my lawful proxy and attorney-in-fact, and in my absence they are hereby authorized and empowered to vote for me at any membership meeting during the life of the insurance contract and/or policy, or any renewal thereof, and this proxy shall remain in force until revoked. There is no contingent liability; the policy for which I am applying is non-assessable. It is understood that there shall be no liability against the company until a duly authorized agent has approved and bound the company for the insurance herein applied for.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**THIS FORM MUST BE SIGNED AND RETURNED.**



# INSURANCE BINDER

DATE (MM/DD/YYYY) 02/25/2021
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**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

<b>AGENCY</b> PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		<b>COMPANY</b> CONSUMERS COUNTY MUTUAL INS. CO.		<b>BINDER #</b>	
		<b>DATE EFFECTIVE TIME</b>		<b>DATE EXPIRATION TIME</b>	
		03/01/2021		03/31/2021	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		12:01 AM NOON	
<b>PHONE</b> (A/C, No, Ext): (720)457-1101		<b>FAX</b> (A/C, No): (866)948-8485		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
<b>CODE:</b> 0DKS65		<b>SUB CODE:</b> 631			
<b>AGENCY CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> 2012 FORD F-250 SUPE 1FT7W2BTXC54581			
<b>INSURED AND MAILING ADDRESS</b> Benjamin Boudreaux 316 LING ST HITCHCOCK, TX 77563-2617					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 100,000
		BODILY INJURY (Per accident)		\$ 300,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$ 2,500
		UNINSURED MOTORIST		\$ 100,000/300,000
				\$ 100,000
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		PER STATUTE		
		E.I. EACH ACCIDENT		\$
		E.I. DISEASE - EA EMPLOYEE		\$
		E.I. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

## NAME & ADDRESS

	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
	<input type="checkbox"/> LENDER'S LOSS PAYABLE		
	LOAN #:		
	AUTHORIZED REPRESENTATIVE		

## CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

### Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



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		<b>DATE EFFECTIVE TIME</b>		<b>DATE EXPIRATION TIME</b>	
		03/01/2021		03/31/2021	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		12:01 AM NOON	
<b>PHONE (A/C, No, Ext):</b> (720)457-1101		<b>FAX (A/C, No):</b> (866)948-8485		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
<b>CODE:</b> 0DKS65		<b>SUB CODE:</b> 631			
<b>AGENCY CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> 2015 TOYOT HIGHLANDER 5TDYKRFH2FS060768			
<b>INSURED AND MAILING ADDRESS</b> Benjamin Boudreaux 316 LING ST HITCHCOCK, TX 77563-2617					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 100,000
		BODILY INJURY (Per accident)		\$ 300,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$ 2,500
		UNINSURED MOTORIST		\$ 100,000/300,000
				\$ 100,000
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		PER STATUTE		
		E.I. EACH ACCIDENT		\$
		E.I. DISEASE - EA EMPLOYEE		\$
		E.I. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

## NAME & ADDRESS

	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
	<input type="checkbox"/> LENDER'S LOSS PAYABLE		
	LOAN #:		
	AUTHORIZED REPRESENTATIVE		



## CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

### Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



## **One-Time Credit Card Payment Notice**

Thank you for your payment, we value your business. By providing your credit card information, you have authorized Travelers to charge your payment to your credit card. By authorizing this payment you understand that we may credit premium refunds, if any, directly to this credit card.

### Texas Liability Insurance Card

Name and Address of Insured  
 BENJAMIN BOUDREAUX  
 316 LING ST  
 HITCHCOCK TX 77563

Additional Drivers  
 BENJAMIN BOUDREAUX  
 CRISTINE BOUDREAUX

Insurance Company 1.800.252.4633  
 CONSUMERS COUNTY MUTUAL INS. CO.  
 - 29246  
 Agent PREMIER GROUP INS INC  
 877.872.8737 0DKS65

Policy Number 608619390 222 1  
 Eff. Date 03/01/21 Exp. Date 03/01/22  
 Year 12 Make FORD Model F-250 SUPE  
 VIN 1FT7W2BTXCEC54581

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

### Tarjeta de Seguro de Responsabilidad Civil de Texas

Nombre y Dirección del Asegurado  
 BENJAMIN BOUDREAUX  
 316 LING ST  
 HITCHCOCK TX 77563

Conductores Adicionales  
 BENJAMIN BOUDREAUX  
 CRISTINE BOUDREAUX

Nombre de Compañía 1.800.252.4633  
 CONSUMERS COUNTY MUTUAL INS. CO.  
 - 29246  
 AgentePREMIER GROUP INS INC  
 877.872.8737 0DKS65

Número de Póliza 608619390 222 1  
 Fecha de Efectividad 03/01/21 Fecha de Vencimiento 03/01/22  
 Año 12 Marca FORD Modelo F-250 SUPE  
 VIN 1FT7W2BTXCEC54581

Esta póliza provee por lo menos las cantidades mínimas de seguro de responsabilidad civil que es requerida por la ley de responsabilidad para la seguridad de los vehículos motorizados de Texas (Texas Motor Vehicle Safety Responsibility Act) para los vehículos especificados y para los asegurados nombrados y puede proveer una cobertura para otras personas y vehículos según lo proporcionado en la póliza de seguro.

### Texas Liability Insurance Card

Name and Address of Insured  
 BENJAMIN BOUDREAUX  
 316 LING ST  
 HITCHCOCK TX 77563

Additional Drivers  
 BENJAMIN BOUDREAUX  
 CRISTINE BOUDREAUX

Insurance Company 1.800.252.4633  
 CONSUMERS COUNTY MUTUAL INS. CO.  
 - 29246  
 Agent PREMIER GROUP INS INC  
 877.872.8737 0DKS65

Policy Number 608619390 222 1  
 Eff. Date 03/01/21 Exp. Date 03/01/22  
 Year 15 Make TOYOT Model HIGHLANDER  
 VIN 5TDYKRFH2FS060768

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

### Tarjeta de Seguro de Responsabilidad Civil de Texas

Nombre y Dirección del Asegurado  
 BENJAMIN BOUDREAUX  
 316 LING ST  
 HITCHCOCK TX 77563

Conductores Adicionales  
 BENJAMIN BOUDREAUX  
 CRISTINE BOUDREAUX

Nombre de Compañía 1.800.252.4633  
 CONSUMERS COUNTY MUTUAL INS. CO.  
 - 29246  
 AgentePREMIER GROUP INS INC  
 877.872.8737 0DKS65

Número de Póliza 608619390 222 1  
 Fecha de Efectividad 03/01/21 Fecha de Vencimiento 03/01/22  
 Año 15 Marca TOYOT Modelo HIGHLANDER  
 VIN 5TDYKRFH2FS060768

Esta póliza provee por lo menos las cantidades mínimas de seguro de responsabilidad civil que es requerida por la ley de responsabilidad para la seguridad de los vehículos motorizados de Texas (Texas Motor Vehicle Safety Responsibility Act) para los vehículos especificados y para los asegurados nombrados y puede proveer una cobertura para otras personas y vehículos según lo proporcionado en la póliza de seguro.

## **Tarjeta de Seguro de Responsabilidad Civil de Texas**

**Guarde esta tarjeta.**

### **IMPORTANTE:**

Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su:

- (A) Registro del vehículo motorizado
- (B) Licencia de conducir
- (C) Etiqueta de inspección de seguridad para su vehículo.

También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía.

Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).

Para más información, llame Travelers al 1.800.252.4633.

## **Tarjeta de Seguro de Responsabilidad Civil de Texas**

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Para más información, llame Travelers al 1.800.252.4633.

## **Texas Liability Insurance Card** **Keep this card.**

### **IMPORTANT:**

You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
- (B) Driver's license
- (C) Motor vehicle safety inspection sticker.

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).

For more information, contact Travelers at 1.800.252.4633.

## **Texas Liability Insurance Card** **Keep this card.**

### **IMPORTANT:**

You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
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For more information, contact Travelers at 1.800.252.4633.



## Electronic Funds Transfer Authorization

You have elected to enroll in the Electronic Funds Transfer (EFT) payment plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, please complete this authorization form.

With EFT, your bank account will be debited once per month if you selected "monthly"\* or once per policy term if you selected "pay in full"\*\*. **We will send you a notice before we make the first deduction from your bank account.** We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

\*Monthly deductions will include premium payments and applicable service charges. The service charge for the monthly EFT payment plan is \$2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

\*\*Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

### Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name: BENJAMIN BOUDREAUX

Policy Number: 608619390 222 1

Address: 316 LING ST

Policy Number: \_\_\_\_\_

HITCHCOCK, TX 77563-2617

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic Funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Payment Frequency:  Monthly  Pay in Full Indicate Day of Month (1st – 28th) to Make Payment: \_\_\_\_\_

Checking  Savings Bank Routing #: 313189391 Bank Account #: x5020

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(must be a person authorized to sign on this account)

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions, including the amounts and dates when your payments will be deducted. **Please continue to make your payment until you receive the notice.**