



## *INSTRUCTIONS*

<b>Policy Number</b>	<b>Insured Name</b>	<b>Date</b>
OMM15011092	MELISSA D MOFFETT	02-25-2021

Step 1: Ensure that the following items have printed and give to the insured:  
Policy Declarations  
ID Card(s)  
Insured's Receipt

Step 2: Mail, fax or return to website to attach the following items(s); if not already completed:  
Photos  
Proof of discounts



**Connect Insurance**  
**PO BOX 260599, PLANO, TX 75026-0599**

phone (888)664-7127 fax (855)645-8246

<b>Producer #</b>	713700
<b>Name</b>	EZ INSURANCE AGENCY (MCALESTER)
<b>Address</b>	1740 E. CARL ALBERT PARKWAY
<b>City, ST Zip</b>	MCALESTER, OK 74501-5138
<b>Phone</b>	918-423-7575
<b>Issuing Carrier</b>	OLD AMERICAN INDEMNITY COMPANY
<b>Effective from</b>	02-25-2021 to 08-25-2021
<b>Prior Carrier</b>	<b>Prior Policy #</b>
<b>Prior Policy Expiration</b> 02-25-2021	

<b>OKLAHOMA PERSONAL AUTO APPLICATION</b>		<b>TODAY'S DATE &amp; TIME</b>
<b>Insured</b>	MELISSA D MOFFETT	CST
<b>Address</b>	1002 N BIRCH ST	02-25-2021
<b>City, ST Zip</b>	OWASSO, OK 74055-5544	02:42:33 PM
<b>Phone</b>	<b>County</b> TULSA	

**Policy Number** OMM15011092

VEHICLE YEAR, MAKE, MODEL	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE	STATE	TERRITORY	SYMBOL	BUS USE	DRIVER #
1 2011 GMC TERRAIN SLE1	2CTALMECXB6452803			74055	155/227/183/183/779/771		1
2							
3							
4							
5							
6							
7							
8							

VEHICLE LOSS PAYEE	ADDRESS	CITY	STATE	ZIP CODE
1 AUTO ADVANTAGE FINANCE	PO BOX 96329	OKLAHOMA CITY	OK	73143
2				
3				
4				
5				
6				
7				
8				

ALTERNATE GARAGE COUNTY/TERRITORY	ADDRESS	CITY	STATE	ZIP CODE
1				
2				
3				
4				
5				
6				
7				
8				

COVERAGES	LIMIT OF LIABILITY	PREMIUMS							
		CAR 1	CAR 2	CAR 3	CAR 4	CAR 5	CAR 6	CAR 7	CAR 8
<b>Bodily Injury Liability</b>	25,000 Each Person / 50,000 Each Accident	\$255	\$	\$	\$	\$	\$	\$	\$
<b>Property Damage Liability</b>	25,000 Each Accident	\$308	\$	\$	\$	\$	\$	\$	\$
<b>Other Than Collision</b> (inspection required; deductible must be listed)	CAR 1 1000 CAR 2 CAR 3 CAR 4 CAR 5 CAR 6 CAR 7 CAR 8	\$108	\$	\$	\$	\$	\$	\$	\$
<b>Collision</b> (inspection required; deductible must be listed)	CAR 1 1000 CAR 2 CAR 3 CAR 4 CAR 5 CAR 6 CAR 7 CAR 8	\$279	\$	\$	\$	\$	\$	\$	\$
<b>Medical Payment</b> (inspection required)		\$	\$	\$	\$	\$	\$	\$	\$
<b>Rental Reimbursement</b> (inspection required) Each Day / Maximum	CAR 1 30/900 CAR 2 CAR 3 CAR 4 CAR 5 CAR 6 CAR 7 CAR 8	\$43	\$	\$	\$	\$	\$	\$	\$
<b>Towing &amp; Labor</b> (inspection required) Each Disablement	CAR 1 75 CAR 2 CAR 3 CAR 4 CAR 5 CAR 6 CAR 7 CAR 8	\$17	\$	\$	\$	\$	\$	\$	\$
<b>Special Equipment</b> (inspection required; actual value must be listed)	CAR 1 CAR 2 CAR 3 CAR 4 CAR 5 CAR 6 CAR 7 CAR 8	\$	\$	\$	\$	\$	\$	\$	\$
<b>SUBTOTAL PER VEHICLE</b>		\$1010.00	\$	\$	\$	\$	\$	\$	\$

<b>SURCHARGES</b>		<b>SR-22 FEE(S)</b>	\$
<b>DISCOUNTS</b>		<b>POLICY FEE</b>	\$ 25.00
		<b>UW FEE</b>	\$ 5.00
<b>MAX DISCOUNT</b> 40		<b>TOTAL POLICY PREMIUM</b>	\$ 1040.00

**Uninsured Motorist**

**Uninsured Motorist** \*\*\* Not Applicable \*\*\* Premium \$ 0

\*\*\* **IMPORTANT NOTICE REGARDING UNINSURED MOTORIST** \*\*\*

This policy provides uninsured motorist coverage on a "per policy" basis. This means the limit shown above is the most we will pay for uninsured motorist coverage in any one accident without regard to the number of vehicles you insure on this policy. This policy does not stack or combine uninsured motorist coverage based on the number of vehicles on the policy.

Down Payment \$ 201.70 # of Installments 5 First Installment \$ 175.16 photos uploaded Balance Due \$ 838.30



Policy Number: OMM15011092

Named Insured: MELISSA D MOFFETT

APPLICANT QUESTIONNAIRE

Warning! Coverage may be voidable if answers are not true and correct

- 1. Are there any residents of the household age 14 & over who are not listed as drivers or as excluded drivers?
2. Does anyone else drive your vehicle (other than those listed)?
3. Do any listed drivers have a physical impairment or medical condition that might affect driving ability (e.g. diabetes, heart/mental condition, seizures)?
4. Do any of the listed drivers have a criminal history?
5. Has any listed driver had more than one alcohol-related conviction?
6. Has any listed driver ever been convicted for use or possession of drugs in the last five (5) years?
7. Are there any accidents or violations within the last 36 months for any listed driver that are not listed on this application?
8. Are any vehicles on the application NOT registered (titled) to the applicant?
9. Is there any existing damage to the vehicle?
10. Is your vehicle used in business and/or depreciated for tax purposes?
11. Is any vehicle modified with special equipment (i.e. T-Tops, wire wheels, wheel covers, mags, cloth tops, custom paint)?
12. Does any listed driver currently have a restriction #8 on their driver's license due to alcohol, drugs and/or moving violations?

DS MM

For any questions with a yes answer, please explain fully below. Attach additional sheet(s) for explanation if necessary.

I HEREBY AGREE THAT I HAVE READ AND UNDERSTAND THE QUESTIONS ABOVE AND THE ANSWERS GIVEN ARE CORRECT AND TRUE.

SIGNATURE X [Digitally signed by Melissa D Moffett]

DocuSigned by: Melissa D. Moffett 2/25/2021

EXPLANATION 621A4833161F479...

Exclusion Of Named Drivers

I understand and agree that this NAMED DRIVER EXCLUSION election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified or replacement policy with this Company unless a named insured revokes this election in writing and we agree to remove the exclusion.

Name: MARK MOFFETT DOB: 09-22-1973 Relation: SPOUSE
Name: DOB: Relation:
Name: DOB: Relation:

No Coverage is provided for any claim arising from an accident or loss involving a vehicle being operated by an EXCLUDED DRIVER(S). This includes any claim for damages made against any Named Insured, Resident Relative or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a vehicle by the EXCLUDED DRIVER(S).

I also acknowledge and agree that if one of the above named excluded persons is my legal spouse, no coverage will be afforded under this policy to the above named excluded person (spouse).

SIGNATURE X [Digitally signed by Melissa D Moffett]

DocuSigned by: Melissa D. Moffett 2/25/2021

Statement Of No Commercial Use

I hereby certify that the vehicle(s) insured by the policy applied for are not used for any commercial or business purpose. I will not use my vehicle in the course of my employment or while I am self-employed.

SIGNATURE X [Digitally signed by Melissa D Moffett]

DocuSigned by: Melissa D. Moffett 2/25/2021

APPLICANT'S STATEMENT

In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative consumer report may be made through personal interviews with neighbors, friends, associates or other persons concerning the character, general reputation, personal characteristics, and mode of living of any person proposed for insurance.

I certify that the answers to all questions in this application are true and correct and I understand, recognize and agree that said answers are given and made for the purpose of inducing the Company to issue a policy for which I have applied.

WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The coverages, including the offer of additional coverages, were explained to me and I knowingly made the selections on this application. Further, I understand rejection of any coverage above applies with respect to all vehicles now insured under the policy as well as any vehicle which may be covered by the Policy in the future regardless of whether it is owned by me on the date of execution of this instrument.

I further understand that the total premium shown on the first page of this application is the producer's calculation based in part upon the assumption that the information that I have provided regarding my driving record, designation and information concerning other operators of the insured vehicle and their driving records, and the principal location of the insured(s) is accurate and complete.

This insurance is not effective until this application has been received and approved by the Insurance Company. I also agree that if my premium remittance is not honored by my financial institution, no coverage will be afforded.

Applicant [Digitally signed by Melissa D Moffett]

Producer [Digitally signed by Steven G Low]

Date: 02-25-2021

Date: 02-25-2021

DocuSigned by: Melissa D. Moffett 2/25/2021 621A4833161F479...

**OLD AMERICAN INDEMNITY COMPANY  
UNINSURED MOTORIST COVERAGE APPLICATION**

**OKLAHOMA LAW GIVES YOU THE RIGHT TO BUY UNINSURED MOTORIST COVERAGE IN THE SAME AMOUNT AS YOUR BODILY INJURY LIABILITY COVERAGE. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY, AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT**

Uninsured Motorist coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you, and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist, (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorist coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. "THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS!"

Please select from one of the following options for Uninsured Motorist Coverage and sign below:

\_\_\_\_\_ I want minimum Uninsured Motorist coverage of \$25,000.00 per person/\$50,000.00 per occurrence. This policy provides Uninsured Motorist coverage on a "per policy" basis. This means the limit shown above is the most we will pay for Uninsured Motorist coverage in any one accident without regard to the number of vehicles you insure on this policy. This policy does not stack or combine Uninsured motorist coverage based on the number of vehicles on the policy.

<sup>ds</sup>  
MM X I want to reject Uninsured Motorist coverage.

X E339B94EFB23E6B3  
*Melissa D. Moffett*  
Digitally signed by Melissa D Moffett

Date: 02-25-2021

PROPOSED INSURED – MUST BE SIGNED

DocuSigned by:  
*Melissa D. Moffett* 2/25/2021  
621A4833161F479...

**THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE**

## **PRIVACY POLICY STATEMENT**

This Privacy Policy Statement is limited to your relationship with Old American Indemnity Company. Your relationship with other financial service providers and how they use the information you provide to them, will be subject to and governed by their respective policies.

Our privacy statement is specifically designed for the protection of our consumers, in other words, individuals obtaining a financial product or service from us for primarily personal, family or household purposes. Old American Indemnity Company recognizes the importance you place on your privacy and the confidentiality of your financial information. We think it is important for you to be informed of the policies we have in place to safeguard your privacy:

### **InformationCollection**

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others, and
- Information we receive from consumer-reporting agencies.

### **InformationDisclosed**

We may disclose some or all of the information that we collect.

### **PartiesWhoMayReceiveInformation**

We may disclose the information about our customers and former customers to the following parties:

- Within the Old American Indemnity Company group of companies in order to provide you with better service and information about financial products that may interest you;
- With companies that perform marketing services on our behalf, to other financial institutions with whom we have joint marketing agreements, to third parties for certain purposes such as servicing customer relationships, fraud and risk management, and responding to transaction requests; to third party companies in order to offer or support a product or service that we provide to you such as the third party data processor. We may make disclosures to other non-affiliated third parties as permitted by law. This includes information to consumer reporting agencies for consumer reporting purposes, law enforcement agencies, or other third parties who prevent or investigate suspected fraudulent activities.

### **Security**

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

### **MedicalInformation**

We do not share any medical or health information among our group of companies or with third parties except to process transactions or to provide services you have requested or initiated.

### **ChangestoThisPrivacyPolicyStatement**

We reserve the right to amend, change, modify or supplement this Privacy Policy Statement at any time. If we make material amendments, changes, modifications or supplements to this Privacy Policy, we will provide our current customers with a revised notice evidencing such action. We will send you an annual notice of this Privacy Policy if and to the extent required by applicable law or regulation.

### **ReportingInformation**

If you believe any information we have about you or your relationship with us is incorrect, please notify us at Old American Indemnity Company, 17304 Preston Rd., STE 1100, Dallas, Texas 75252, or call toll free (800) 843-7752. We will take prompt action in making the appropriate corrections.

# DECLARATIONS – OKLAHOMA AUTOMOBILE POLICY

**Insured By:**  
Old American Indemnity Company  
17304 Preston Rd Ste 1100  
Dallas, TX 75252

## OLD AMERICAN INDEMNITY COMPANY

**Policy:** OMM15011092  
**Type:** NEW BUSINESS - INS COPY

**Policy Period:** 02-25-2021 through 08-25-2021  
At the later of 12:01am Standard Time or the effective time shown on your application.

**Named Insured:**

**Agent:** 713700

MELISSA D MOFFETT  
1002 N BIRCH ST  
OWASSO, OK 74055-5544  
TULSA COUNTY

EZ INSURANCE AGENCY (MCALESTER)  
1740 E. CARL ALBERT PARKWAY  
MCALESTER, OK 74501-5138  
918-423-7575

The Auto(s) or Trailer(s) described in this policy is principally garaged at the above address unless otherwise stated:

DRIVERS											
Dvr	Name	Class	Pts	LIC	MVAPC	Dvr	Name	Class	Pts	LIC	MVAPC
1	MELISSA D MOFFETT	OD	3			POLICY CONTAINS A NAMED DRIVER EXCLUSION					

COVERED AUTOS									
Auto	Year	Manufacturer	Model/Type	VIN	Territory	Symbol	Dvr	BUS	U
1	2011	GMC	TERRAIN SLE1	2CTALMECXB6452803	74055	155/227/183/183/779/771	1		

LIENHOLDERS					
Any loss under Part D is payable as interest may appear to the named insured and (include name and address):					
Auto Name	Address	City	State	Zip Code	
1 AUTO ADVANTAGE FINANCE	PO BOX 96329	OKLAHOMA CITY	OK	73143	

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY (OR DEDUCTIBLE) ARE SHOWN FOR THE COVERAGE

Coverages	Premium					
	Auto 1	Auto 2	Auto 3	Auto 4		
<b>Bodily Injury Liability:</b>	\$ 25,000	Each Person	\$ 255	\$	\$	\$
	\$ 50,000	Each Accident	\$	\$	\$	\$
<b>Property Damage Liability:</b>	\$ 25,000	Each Accident	\$ 308	\$	\$	\$
<b>Medical Payments:</b>	\$	Each Person	\$	\$	\$	\$
<b>Coverage for Damage to your Auto:</b> <small>Actual Cash Value (unless otherwise stated)</small>						
<b>Other than Collision:</b>	Less Deductible	\$ 1000	\$	\$	\$	\$
<b>Collision:</b>	Less Deductible	\$ 1000	\$	\$	\$	\$
<b>Rental Reimbursement:</b>	Each Day / Maximum	\$ 30 / 900	\$	\$	\$	\$
<b>Towing &amp; Labor:</b>	Each Disablement	\$ 75	\$	\$	\$	\$
<b>Special Equipment:</b>			\$	\$	\$	\$
<b>Form numbers for endorsements attached to policy at date of issue:</b>	<b>Vehicle Totals:</b>		\$ 1010	\$	\$	\$
40ED			<b>Fees: (Fully Earned)</b>			
			<b>UW FEE:</b>	\$ 5.00	<b>Premium Total:</b>	\$ 1010.00
			<b>SR22 Fee:</b>	\$ 0.00	<b>Fees Total:</b>	\$ 30.00
			<b>Policy Fee:</b>	\$ 25.00	<b>Policy Total:</b>	\$ 1040.00
	<b>Policy Discounts/Surcharges</b>					
	<b>MULTI</b>	<b>PR/TR</b>	<b>RENL</b>	<b>HOME</b>	<b>EFT</b>	

THIS SUPERCEDES ANY PRIOR DATED DECLARATIONS.

Dated: 02-25-2021

If the driver(s) or vehicle(s) listed above have changed, please contact your agent immediately.

Uninsured Motorist	
<b>Uninsured Motorist</b>	Per Policy \$0
*** Not Applicable ***	
*** IMPORTANT NOTICE REGARDING UNINSURED MOTORIST ***	
This policy provides uninsured motorist coverage on a "per policy" basis. This means the limit shown above is the most we will pay for uninsured motorist coverage in any one accident without regard to the number of vehicles you insure on this policy. This policy does not stack or combine uninsured motorist coverage based on the number of vehicles on the policy.	

**EXCLUDED DRIVER SCHEDULE****Policy Number :** OMM15011092**Insured Name :** MELISSA D MOFFETT

No coverage is provided for any claim arising from an accident or loss involving a vehicle being operated by an excluded person. This includes any claim for damages made against any named insured, resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motor vehicle by the excluded person.

You understand and agree that this Named Driver Exclusion shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified or replacement policy with us unless you revoke this election in writing and we agree to remove the exclusion.

In consideration of the premium for which the policy is written, it is agreed that we shall not be liable and no liability or obligation of any kind shall be attached to us for losses or damages sustained after the effective date of this endorsement while any motor vehicle insured herein under is driven or operated by an excluded driver.

Name: MARK MOFFETT

DOB: 09-22-1973 Relation: SPOUSE

DS

MM

DocuSigned by:

Melissa D. Moffett

621A4833161F479...

2/25/2021

**All other terms and conditions remain unchanged.**

Issued on behalf of:	OLD AMERICAN INDEMNITY COMPANY
Attached to and forming part of policy:	OMM15011092
Issued to:	MELISSA D MOFFETT
Policy Effective:	02-25-2021
Prepared:	02-25-2021
By:	Connect Insurance

**Oklahoma Liability Insurance Card****Keep this card**

**WARNING:** Oklahoma state law requires a current copy of the owner's security verification form to be surrendered to the motor license agent or other registering agency upon application or renewal of a motor vehicle license plate.

Oklahoma state law also requires a copy of the owner's security verification form to be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any peace officer or representative of the Department of Public Safety.

In case of an accident, the security verification form shall be shown upon request of any person affected by the accident.

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In case of an accident, the security verification form shall be shown upon request of any person affected by the accident.

**OKLAHOMA LIABILITY INSURANCE CARD**

THIS POLICY PROVIDES AT LEAST THE MINIMUM AMOUNTS OF LIABILITY INSURANCE REQUIRED BY SECTION 7-204 OF TITLE 47 OF THE OKLAHOMA STATUTES FOR THE SPECIFIED VEHICLES AND NAMED INSURED AND MAY PROVIDE COVERAGE FOR OTHER PERSONS AND OTHER VEHICLES AS PROVIDED BY THE INSURANCE POLICY. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

<b>Insurance Company:</b>	OLD AMERICAN INDEMNITY COMPANY NAIC Number: 11665	17304 Preston Rd, STE 1100 Dallas, TX 75252 (888) 664-7127
<b>To Report a Claim:</b>	(855) 664-5050	<b>Vehicle – Year – Make – Model – VIN:</b>
<b>Agent/Producer:</b>	2011 GMC TERRAIN SLE1 2CTALMECXB6452803	
EZ INSURANCE AGENCY (MCALESTER) 1740 E. CARL ALBERT PARKWAY MCALESTER, OK 74501-5138 (918) 423-7575		
<b>Policy Number:</b>	OMM15011092	
<b>Effective Date:</b>	<b>Expiration Date:</b>	
02-25-2021	08-25-2021	
<b>Named Insured:</b>	<b>Excluded Drivers:</b>	
MELISSA D MOFFETT	MARK MOFFETT	

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<b>Insurance Company:</b>	OLD AMERICAN INDEMNITY COMPANY NAIC Number: 11665	17304 Preston Rd, STE 1100 Dallas, TX 75252 (888) 664-7127
<b>To Report a Claim:</b>	(855) 664-5050	<b>Vehicle – Year – Make – Model – VIN:</b>
<b>Agent/Producer:</b>	2011 GMC TERRAIN SLE1 2CTALMECXB6452803	
EZ INSURANCE AGENCY (MCALESTER) 1740 E. CARL ALBERT PARKWAY MCALESTER, OK 74501-5138 (918) 423-7575		
<b>Policy Number:</b>	OMM15011092	
<b>Effective Date:</b>	<b>Expiration Date:</b>	
02-25-2021	08-25-2021	
<b>Named Insured:</b>	<b>Excluded Drivers:</b>	
MELISSA D MOFFETT	MARK MOFFETT	

Vehicle 001 Photo 1



Vehicle 001 Photo 2



**PRODUCER'S RECEIPT OF PAYMENT**

Name: MELISSA D MOFFETT

Policy Num: OMM15011092

Address: 1002 N BIRCH ST  
OWASSO, OK 74055**Method of Pmt:** Credit Card

Contact Number:

Check/MO Num:

**Amount submitted to company:** \$201.70

Other fee (not submitted to co): \$30.00

Date Pmt Taken: 02-25-2021 at 02:42:36 PM CST

Rcvd by: 713700

Pmt Type: New Business

**Total Paid: \$231.70**

Producer Num: 713700

Producer Name: EZ INSURANCE AGENCY (MCALESTER)

**Vehicles on Policy**

Veh	Year	Make	Model	VIN	Terr	Sym
001	2011	GMC	TERRAIN SLE1	2CTALMECXB6452803	74055	

**Included Drivers on Policy**

Name	License	St	DOB	Sex	MS	Relation	Class-LI	Class-CC	Pts
MELISSA D MOFFETT	T081047157	OK	08-09-1977	F	S	INSURED	OD	OD	3

To Report A Claim Call: (855)664-5050

Comments:

Insurance Company: **OLD AMERICAN INDEMNITY COMPANY**

First payment of \$175.16 is due by 03/14/2021.

A \$7 late fee will be applicable if the payment is not received by the due date.

NOTE: Signatures of both the Insured and Producer are required on ALL pages of the Application and Attached Forms.

**INSURED'S RECEIPT OF PAYMENT**

<b>Name:</b>	MELISSA D MOFFETT	<b>Policy Num:</b>	OMM15011092
<b>Address:</b>	1002 N BIRCH ST OWASSO, OK 74055	<b>Method of Pmt:</b>	Credit Card
<b>Contact Number:</b>		<b>Check/MO Num:</b>	
<b>Amount submitted to company:</b>	\$201.70	<b>Date Pmt Taken:</b>	02-25-2021 at 02:42:33 PM CST
<b>Other fee (not submitted to co):</b>	\$30.00	<b>Rcvd by:</b>	713700
		<b>Pmt Type:</b>	New Business
<b>Total Paid:</b>	\$231.70	<b>Producer Num:</b>	713700
		<b>Producer Name:</b>	EZ INSURANCE AGENCY (MCALESTER)

**Vehicles on Policy**

<b>Veh</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>	<b>Terr</b>	<b>Sym</b>
001	2011	GMC	TERRAIN SLE1	2CTALMECXB6452803	74055	155/227/183/183/779/771

**Included Drivers on Policy**

<b>Name</b>	<b>License</b>	<b>St</b>	<b>DOB</b>	<b>Sex</b>	<b>MS</b>	<b>Relation</b>	<b>Class-LI</b>	<b>Class-CC</b>	<b>Pts</b>
MELISSA D MOFFETT	T081047157	OK	08-09-1977	F	S	INSURED	OD	OD	3

Your account may not reflect this payment for up to three business days. Funds are transmitted electronically and if the check or credit card is declined, the payment will not be credited and any pending cancellation will remain in effect.  
Cfm #: 528946

First payment of \$175.16 is due by 03/14/2021.  
A \$7 late fee will be applicable if the payment is not received by the due date.

**Insurance Co:** OLD AMERICAN INDEMNITY COMPANY

**To report a claim, call** (855)664-5050

MELISSA MOFFETT  
1002 N BIRCH ST  
OWASSO OK 74055

Re: Policy Number: OMM15011092

Dear Policyholder:

Thank you for purchasing your automobile insurance through Connect Insurance and Old American County Mutual Fire Insurance Company. We would like to inform you of actions taken on your policy as a result of information on the A-PLUS Consumer Inquiry Center, Loss Experience Report. The following is your Report ID number that can be used to reference when calling about possible discrepancies:

Loss Experience Report ID Number: 793763434

You will receive a separate notice from us indicating any additional premium that results or is due as a result of the above action or if applicable, you will receive a "Notice of Cancellation" under separate cover.

To receive a copy of your Loss Experience report, please contact A-Plus either by mail or the toll free number indicated below. In order to expedite your request, please have the "Report ID Number" available.

Mail: A-Plus Consumer Inquiry Center      Phone: 800-709-8842  
545 Washington Blvd, 22-6  
Jersey City, NJ 07310-1686

A-Plus is an independent supplier of insurance underwriting reports and does not make decisions regarding actions that maybe taken as a result of the information contained on a Loss Experience Report. You have the right to dispute the accuracy of the A-Plus report by contacting A-Plus directly either by correspondence or phone at the address or phone number indicated above. Should you have any questions regarding the above please contact your agent.

Underwriting Department  
Connect Insurance

cc:  
EZ INSURANCE AGENCY (MCALESTER) #713700  
1740 E. CARL ALBERT PARKWAY  
MCALESTER OK 74501