

PRODUCER'S RECEIPT OF PAYMENT

Name: MELISSA D MOFFETT
Address: 1002 N BIRCH ST
OWASSO, OK 74055

Policy Num: OMM15011092

Contact Number:
Amount submitted to company: \$201.70
Other fee (not submitted to co): \$30.00

Method of Pmt: Credit Card
Check/MO Num:

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.