

Key Insurance Company
P.O. Box 2014 * Shawnee Mission, KS 66201
Phone: 877-KEYINSCO * 877-539-4672

Policy Number
KOK4598008

Effective Date & Time
05/24/21 4:09:06 PM CST

Name Insured(s): Jeremy Nabors			Agency Number: 9712		
Address: PO Box 546			Agency Name: Low Investment Group Inc		
Address2:			Address: 1740 E Carl Albert Pkwy		Phone: 918-423-7575
City: Krebs	State: OK	Zip: 74554	City: Mcalester		State: Zip: OK 74501-5138
Email Address: jeremynabors33@gmail.com		Phone: 5393678489			

Garage: List the garaging location of all cars if different from address listed above. All cars must be garaged in Oklahoma. Territory
10 NW 2nd St, Krebs, OK 74554 **OK 9**

List all licensed residents, residents age 14 and older, and other operators including those with currently suspended or revoked drivers licenses.	Date of Birth Mo./Day/Yr.	Marital Status	Sex	Relationship to Applicant	Driver's License Number	State	License Status	SR 22	Case No
JEREMY NABORS	9/7/1986	N	M	Self	081963561	OK	Valid		

Describe below all Accidents, Arrests, Violations, and Tickets during the past 3 years for All Residents and/or operators

Name of Driver	Date	Violations - Convictions - Accident Description
JEREMY NABORS	8/27/2018	MajorViolations

Description of Cars You Own

1992 GMC SIERRA 1500 (2GTEC19K2N1521823) Symbol: 8 Business Use: NO

Loss Payee / Additional Interest:

Coverage	Limit of Insurance	Premium
Bodily Injury Liability	\$25,000/\$50,000 Each Person / Each Accident	\$31.00
Property Damage Liability	\$25,000 Each Accident	\$38.00
	Total:	\$69.00
Coverage		
Uninsured Motorist	Rejected	\$0.00
	Policy Fee:	\$10.00
	Total:	\$79.00

- 1 Do you have existing damage on any of the vehicles included in this quote? Yes No

- 2 Have all individuals residing in your household, 15 years old and older, been disclosed or excluded on this application? If no, identify those individuals - Name, Date of Birth. Other Auto Insurance? Yes No

- 3 Have all possible drivers, even those that may operate your vehicle on an infrequent basis been listed on this application? If no, explain: Yes No

- 4 Are all vehicles in the household listed on this application? If no, please explain: Yes No

- 5 Has any listed driver's or resident's license been suspended during the past 5 years? If yes, name driver and explain: Yes No

- 6 Has anyone in the household or any other regular operator been charged with a felony that resulted in a nolo contendere plea or verdict, plea bargained to a lesser charge or have any cases pending? If yes, this risk is unacceptable. Yes No

- 7 Are any of your vehicles used for delivery purposes, such as pizza or newspaper delivery, or for any business or commercial purposes, such as sales or marketing calls? If yes, type of business, # Trips/Day: Yes No

- 8 Does anyone in household or any operator have a physical or mental impairment? If yes, describe: Yes No

- 9 Do you or any of the listed drivers have a physical or mental impairment that may affect your/their ability to operate an automobile, including but not limited to heart disease, diabetes, blackouts, seizure, or muscular disorders. (If 'yes', submit unbound and a complete medical statement is required at your expense.) Yes No

- 10 Is any vehicle titled or registered in any name other than the applicant and/or spouse? If yes, please explain: Yes No

APPLICANT TO INITIAL AFTER COMPLETING

J.W.M.

Applicant's Employer _____ Occupation Laborer

NOTICE TO APPLICANT: ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED AND THE FOLLOWING UNDERSTOOD AND AGREED TO:

- 1. As part of the company's underwriting procedure, a routine inquiry may be made, which will provide applicable information concerning your character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.
- 2. In the event the premium remitted to US with YOUR application is not sufficient to purchase thirty days of coverage under this policy, the result will be a pro-rated policy period less than thirty days. This occurs for a variety of reasons, the most comon being the addition of accidents and violations obtained from motor vehicle records ordered as part of the underwriting of YOUR application, which causes an increase in the premium. YOU will be notified of the term of YOUR policy, specific reasons for any difference in premium if known, and the premium required to renew YOUR policy for a subsequent term.

ADDITIONAL STATEMENTS OF APPLICANT:

I further state that I have been unable to obtain insurance coverage at normal rates and I request insurance rates in excess of normal rates, and I have been unable to obtain similiar insurance at normal rates although my risk has been submitted to at least (3) other insurance companies. It is agreed that this application does not bind me to accept this insurance, nor the company to accept this risk.

I understand that the tender of valid payment from me to an authorized producer of the company is a condition of coverage. Valid payment means cash, money order or a personal check that is honored and paid to us by the maker's bank upon presentation for payment. If I pay any premium by personal check (new policy or renewal), I understand that the extention of insurance coverage under the policy is conditioned upon that check being honored and paid by the maker's bank. If that check is dishonored for any reason, all insurance coverage provided for that policy period is forfeited, and the company will not be liable for any obligations under the policy.

I hereby declare to the best of my knowledge and belief that all the statements are true and correct, and I understand that the company will rely upon them to decide whether to issue a policy and/or to determine the proper premium.

Applicant's Signature *J.W.M.* Time _____ Date 5/24/2021

Producer's Signature Steven G. Low Time _____ Date 5/24/2021

IMPORTANT: Your policy period may be less than 30 days as a result of the motor vehicle driving record of any or all operators or other underwriting factors.

Warning: Any person who knowingly, and with 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.

Applicant's Initials *J.W.M.*

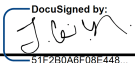
Key Insurance Company

BUSINESS USE SUPPLEMENTAL

THIS IS TO CERTIFY THAT MY VEHICLE(S) ARE NOT USED IN BUSINESS.

Insured's Signature:  _____

IT IS HEREBY UNDERSTOOD AND AGREED THAT, TO THE BEST OF MY KNOWLEDGE THE ABOVE STATEMENT IS TRUE. CANCELLATION MAY BE ISSUED OR DENIAL OF CLAIM MAY OCCUR, BASED ON THE MATERIAL MISREPRESENTATION OF INFORMATION SUBMITTED WITH OR ON AN APPLICATION FOR INSURANCE.

Insured's Signature:  _____

Date Signed: 5/24/2021 _____

Name and Policy Number: **Jeremy W Nabors KOK4598008** _____

Refer to original application and Named Driver Exclusion Agreement

The provisions of this agreement supersede and exclude from the policy any contrary provision(s).

The named insured in this policy, hereby consents and agrees to this amendment to the policy.

**KEY INSURANCE COMPANY
OKLAHOMA
UNINSURED MOTORIST COVERAGE FORM**

OKLAHOMA UNINSURED MOTORIST COVERAGE LAW

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, or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any injured person. Uninsured Motorist Coverage, unless otherwise provided in your policy, protects you and your 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!

You may make one of the four choices about Uninsured Motorist Coverage:

1. You may buy Uninsured Motorist Coverage equal to your bodily injury liability coverage for \$ 36 for 1 month(s).
2. You may buy Uninsured Motorist coverage in the amount of \$25,000.00 for each person injured, not to exceed \$50,000.00 for two or more persons injured in one occurrence (the smallest coverage which Oklahoma law allows) for \$ 36 for 1 month(s).
3. You may buy Uninsured Motorist coverage in an amount less than your bodily injury liability coverage, but more than the minimum levels.
4. You may reject Uninsured Motorist coverage.

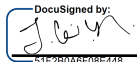
 I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.

 I want minimum Uninsured Motorist coverage (\$25,000.00 per person/\$50,000.00 per occurrence).

 I want Uninsured Motorist coverage in the following amount:

\$ per person/\$ per occurrence.

 I want to reject Uninsured Motorist coverage.


51P2B0A8F08E448
Proposed Insured

5/24/2021
Date

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

Policy Number: KOK4598008

Key Insurance Company Policy Contract Selection

- I have received the Key Insurance Company policy contract.
- I elect to obtain the Key Insurance Company policy contract online using the steps provided below in lieu of receiving a paper copy. I can request a paper copy at any time by notifying either my agent or Key Insurance Company of my request.

Steps to obtain the Key Insurance Company policy contract online:

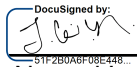
1. Go to www.keyinsco.com
2. Select 'View Policy Contracts'
3. Select the applicable Policy Contract based on the number and edition shown on your policy declarations page.
4. The Policy Contract will display as a pdf document allowing you to read, print or save the document.

Jeremy W. Nabors

Named Insured

KOK4598008

Policy Number

DocuSigned by:


Named Insured's Signature

5/24/2021

Date

TEMPORARY ID CARDS - PERMANENT CARDS WILL BE ISSUED AND MAILED TO YOU.

STATE OF OKLAHOMA SECURITY VERIFICATION FORM

NAIC - 12966

Key Insurance Company

**PO Box 2014
Shawnee Mission, KS 66201**

Policy Number: KOK4598008

Effective: 5/24/2021 to 6/23/2021 12:01AM

An authorized Oklahoma Insurer has issued an Owner's / Operator's Liability Insurance Policy pursuant to the compulsory law of Oklahoma to:

Insured: Jeremy Nabors

COMPANY

Vehicle: 1992 GMC SIERRA 1500

VIN: 2GTEC19K2N1521823

Agent: Low Investment Group Inc

Address: 1740 E Carl Albert Pkwy McAlester, OK 74501-5138

Claims Phone: 866-867-3636

VALID ONLY IF PAID

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

(See warning on reverse side.)

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

2. Oklahoma state law requires that the other 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 a collision, the security verification form shall be shown upon request of any person affected by the collision. The security verification form shall not include the address of the named insured.

- The coverage provided by this policy meets the minimum liability limits prescribed by law.
- Excluded Driver(s):

If all or part of your premium payment is not honored by the bank, regardless of the reason, all coverage provided by this policy is rescinded for the policy period, AS IF THE INSURANCE WAS NEVER PURCHASED, regardless of whether a policy, renewal declarations, endorsement, identification card, or proof of insurance has been issued.

OK38 02-10

Jeremy W Nabors

Policy: KOK4598008

Payment Date:	05/24/21 4:09:06 PM CST
Agent:	Low Investment Group Inc
Agent#:	9712
Agent Phone:	918-423-7575
Payment Source:	Insured
Payment Method:	Credit:000001
Reference:	5927602
Amount:	\$79.00 + \$30 Agency Fee

Please retain this receipt for payment with the policy application

IMPORTANT: Your policy period may be less than 30 days as a result of the motor vehicle driving record of any or all operators or other underwriting factors.

Steps to obtain the Key Insurance Company policy contract online:

1. Go to www.keyinsco.com
2. Select 'View My Policy'
3. Select the applicable Policy Contract based on the number and edition shown on your policy declarations page.
4. The Policy Contract will display as a pdf document allowing you to read, print or save the document.