



PO Box 24568, Kansas City, MO 64131
800-369-0369

AUTO PAY AUTHORIZATION - ACH

My signature below authorizes Traders Insurance Company and the financial institution named below to initiate entries to my checking/savings account (herein referenced as Account) for the Named Insured's insurance premium payments.

Policy Number: TM35311452-00

Named Insured: DAWN EVERLY

Mailing Address: PO BOX 94

PITTSBURG, OK 74560-0094

I acknowledge my account will be charged for:

The amounts listed on the most recent policy payment schedule on the dates listed, and any renewals of the policy.

Name of Financial Institution: THE BANCORP BANK

Routing Number: 031101279

Account No.: 169123207154 Type of Acct: Checking

Name on Account: DAWN EVERLY

If the Name on the Account is SOMEONE OTHER THAN THE NAMED INSURED, the Account Holder and the Named Insured must sign the statement below.

I understand that I will not be sent a separate bill before my scheduled deductions. I understand that the **payment amount may vary with changes to the policy**. I understand I must continue to remit payments on time until Auto Pay begins, if any transaction is rejected, for any reason, Traders' reserves the right to debit my account for the payment and a processing fee of \$30 (or legal limit) plus applicable sales tax. I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provision of U.S. law. I represent that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement. I understand that if any transaction to start a policy is denied for any reason, the Company may issue a notice voiding the policy from inception. I understand that if any transaction for a renewal is denied for any reason, the policy will expire and will not renew to a new term. I understand that if any transaction to restart a policy is denied for any reason, the policy will remain cancelled as if no payment was attempted. I understand that if any transaction for an installment is denied for any reason, the Company will issue notice of cancellation and I will owe the balance due and must pay for any coverage provided.

In consideration for a preferred payment plan schedule and a premium discount, I agree to have my premium payments paid via ACH auto pay on the due dates referenced on my policy payment schedule. I agree that if I request to end auto pay, or the Company removes my policy from auto pay for any reason, including, but not limited to dishonored payments, that the preferred payment plan schedule and premium discount may be removed.

This authorization will remain in effect until Traders is notified by account holder or named insured to terminate it. Traders requires a reasonable amount of time to process the request. Notification can be either in writing or by calling Traders Policy Services at 800-369-0369.

Named Insured's Signature: *Dawn Everly* Date: 7/17/21

Account Holder's Signature: *Dawn Everly* Date: 7/17/21

Please attach a voided check.

Application Consent to Communications I consent to Traders Insurance Company, its agents, representatives, and anyone calling on its behalf (collectively "Traders") contacting me for any purpose arising out of or relating to any current or future policy or claim. I understand these contacts will include, but not be limited to, (i) requests for information, (ii) payments due notices, (iii) renewal offers, (iv) reinstatement offers and (v) other promotional offerings. My consent extends to using any method, including, but not limited to, (i) wireless devices for voice, (ii) wireless devices for texts and iMessages, and (iii) phone land lines. My consent extends to communications delivered using an automatic telephone dialing system, prerecorded-voice calls, and artificial-voice calls.

My consent extends to any number(s) I provide Traders and any number Traders may discover through a policy, claims or other investigation. I certify and represent that I own, am the authorized subscriber or user or have permission to receive communications at any number I provide Traders. I will notify Traders if I no longer own, subscribe or use a number or my permission to receive communication is withdrawn.

I understand that Traders does not require that I consent (directly or indirectly) as a condition of purchasing or maintaining a policy with it and that I can withdraw my consent by simply (i) calling 800-369-0369 or (ii) writing to it at the address provided in my policy.

- Yes, I consent.
- No, I do not consent.

Signature of Applicant *Dan Everley* Date 7/17/21 Time 10:41 AM

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 Signature

I have read all of the information on all pages of this document and I hereby declare and represent that the statements contained herein are true and complete.

Signature of Applicant *Dan Everley* Date 7/17/21 Time 10:41 AM
(This Signature Page is one of multiple pages) 20

Producer Signature

The undersigned hereby declares and represents that they have asked all of the questions contained in this application, exactly as they are presented and the statements contained herein are the applicant's statements and are correct to his/her knowledge; that this application was completed and then signed by the named insured (applicant) in his/her presence; that a completed copy has been given to the insured; and that the undersigned will retain the original signed copy hereof.

Signature of Producer *[Signature]* Date 7-9-21 Time 2:18 PM

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 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!

You may make one of two choices about Uninsured Motorist Coverage:

1. 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 allows) for \$ 87 for 6 months. (This coverage is non-stacking.)
2. You may reject Uninsured Motorist coverage.

You may make one of two choices about Uninsured Motorist Coverage by indicating below what Uninsured Motorist coverage you want:

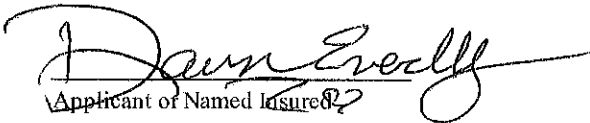
I want minimum Uninsured Motorist coverage \$25,000.00 per person/\$50,000.00 per occurrence.

I hereby reject Uninsured Motorist coverage. I understand that my policy will not contain this coverage, I understand that the Named Insured may add Uninsured Motorist coverage to this policy at any future time.

POLICY NUMBER: TM35311452-00

2008 TOYOTA COROLLA 1NXBR32E18Z018239

If you wish to purchase Uninsured Motorist coverage in excess of \$25,000 per person and \$50,000 per occurrence, you also need to purchase higher limits of Bodily Injury coverage. Higher limits of Bodily Injury coverage in excess of the minimum are not available from Traders Insurance Company. Because of this, Uninsured Motorist Coverage in excess of the minimum is not available from Traders Insurance Company.


Applicant of Named Insured

7/17/21

Date

DAWN EVERLY

Printed Name

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

TIC-UM-SEL-OK (2020-03)