



<b>POLICY NUMBER:</b>	CO6105716
<b>POLICY PERIOD:</b>	03/09/23 08:21 PM CST - 09/09/23 12:01 AM CDT
<b>POLICY TERM:</b>	6 MONTHS

APPLICANT INFORMATION	PRODUCER INFORMATION
Name VENUS LAWRENCE Address 1928 E 17TH AVE DENVER, CO 80206-1148  Primary Phone (303) 884-**** Alternate Phone Email Address vlt*****@**ail.com	Producer PGI/JWR INSURANCE GROUP INC Address 2950 E HARMONY RD #392 FORT COLLINS, CO 80547  Phone (970) 401-8140 Code 050845 - 001 Tier Pinnacle

<b>APPLICANT GARAGING ADDRESS (if different from mailing address)</b>

**COVERAGE AND LIMITS OF LIABILITY** Coverage applies only where premium is indicated. **WARNING:** The policy does not cover loss to equipment not installed by the vehicles original manufacturer unless coverage for equipment is listed below under Custom Equipment. Include value and description for each item.

COVERAGE / LIMITS	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4	VEHICLE 5	VEHICLE 6
Liability Bodily Injury – Property Damage (Per Person / Per Accident) \$25,000/\$50,000/\$15,000	\$403.00					
Uninsured / Underinsured Motorist Bodily Injury (Per Person / Per Accident) Limits: Premium:	No Coverage					
Uninsured Motorist Property Damage (Per Accident)	No Coverage					
Medical Payments	No Coverage					
Accidental Death Benefit	No Coverage					
Rental Reimbursement	No Coverage					
Towing & Labor	No Coverage					
Comprehensive/Collision	Deductible	No Coverage				
	Premium	No Coverage				
Custom Equipment	Coverage Amt	No Coverage				
	Premium	No Coverage				
<b>Premium Sub-Total (Per Vehicle)</b>	\$403.00					

SELECTED PAYMENT PLAN		
\$73.51 DOWNPAY + 5 MONTHLY PAYMENTS FIRST INSTALLMENT OF \$83.03 DUE ON 03/27/23.  Visit our self-service website at <a href="http://thegeneral.com/mypolicy">thegeneral.com/mypolicy</a>	SR-22 FEE	\$0.00
	PAPER DOCUMENT FEE	\$0.00
	POLICY FEE	\$35.00
	CAPTA FEE	\$0.50
	TOTAL	\$438.50
	TOTAL DOWNPAYMENT	\$73.51
<b>Fully earned installment fee included:</b>		\$10.00

**THIS APPLICATION BECOMES PART OF YOUR INSURANCE POLICY**

**APPLICANT NAME:** VENUS LAWRENCE

**POLICY NUMBER:** CO6105716

**DRIVERS** Complete this section for all persons 14 or older living in your household and all other persons who use your vehicle on a regular basis.

	DRIVER NAME	DATE OF BIRTH	GENDER	MARITAL STATUS	RELATIONSHIP TO NAMED INSURED
1	VENUS LAWRENCE	**/**/1979	FEMALE	SINGLE	NAMED INSURED
2					
3					
4					
5					
6					

	DRIVER LICENSE #	LICENSE STATUS	LICENSE STATE	SR22	SOCIAL SECURITY #
1	9710*****	ACTIVE	CO	NO	
2					
3					
4					
5					
6					

**DRIVING HISTORY** Identify all incidents, accidents, license suspensions and expirations during the previous 35 months for all drivers (include out of state).

DRIVER #	DATE	DESCRIPTION	PTS

**APPLICANT NAME:** VENUS LAWRENCE

**POLICY NUMBER:** CO6105716

**VEHICLES**

VEH #	YEAR	MAKE / MODEL / STYLE	IDENTIFICATION # (VIN)
1	2002	CHRYSLER / CONCORDE LXI	*****2564
2			
3			
4			
5			
6			

VEH #	TERRITORY	VEHICLE USE	SYMBOL
1	80206	PERSONAL	L61MJ6OC3CC2
2			
3			
4			
5			
6			

**LIEN HOLDER(S)**

**LH = Lien holder AI = Additional Interest**

VEH #	NAME / MAILING ADDRESS	TYPE

**APPLICANT NAME:** VENUS LAWRENCE

**POLICY NUMBER:** CO6105716

**DISCOUNTS / SURCHARGES**

ENHANCED TRANSFER LEVEL E  
LIABILITY ONLY  
STAR LEVEL 87 DRV:1



**NOTES AND SUPPLEMENTS – EXPLAIN ANSWERS**



**DRIVER EXCLUSION**

EXCLUDED DRIVER	DATE OF BIRTH	GENDER	RELATIONSHIP TO NAMED INSURED

The undersigned agrees that such insurance as is afforded by the policy shall not apply with respect to any automobile or its use while such automobile is in the care, custody, or control of; or is being operated by any individual designated above.

APPLICANT'S SIGNATURE

**NOT APPLICABLE**

DATE \_\_\_\_\_




APPLICANT NAME: VENUS LAWRENCE

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**AUTHORIZATION FOR AUTOMATIC BANK DRAFT OR DEBIT / CREDIT CARD PAYMENT**


I, the above named customer, hereby authorize the Company to originate charges to my bank account or debit / credit card for all payments related to this application for insurance, endorsements or renewal of the same. Either party may terminate this authorization and payment method at any time upon written notice.

APPLICANT'S SIGNATURE **X**  DATE 03/09/23 08:21 PM CST

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**DOUBLE DEDUCTIBLE OPTION**

I understand and agree that my premium has been reduced because I have selected an option to double my comprehensive and collision deductibles. I understand that the amounts shown on this application and policy declarations page will be doubled for the first 45 days of the policy period. This option applies to all vehicles listed on the application where comprehensive and collision coverage has been selected and is not available to any vehicle added after inception of the policy. I also understand that this provision will not apply to any future renewals of my policy.

APPLICANT'S SIGNATURE  DATE \_\_\_\_\_


**ELECTION / REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Colorado law requires that we offer you Uninsured/Underinsured Motorist Coverage which protects the named insured, the named insured's resident relatives, and occupants in the insured vehicle if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured). As required by Colorado law, I have been given the opportunity to purchase Uninsured/Underinsured Motorist Coverage in amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured Motorists Coverage. Unless noted below, I hereby elect Uninsured/Underinsured Motorist Coverage as shown in the coverage section of this application.

I reject Uninsured/Underinsured Motorist Coverage (UM/UIMBI/UMPD) in its entirety.

I elect Uninsured/Underinsured Motorist (UM/UIM BI) coverage limits which are lower than my Bodily Injury Liability Limits (BI). I select the following UM/UIM BI coverage limits:  25/50  50/100  100/300

I reject Uninsured Motorist Property Damage coverage only.


APPLICANT'S SIGNATURE **X**  DATE 03/09/23 08:21 PM CST

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**REJECTION OF MEDICAL PAYMENTS**

Colorado law requires that we offer you Medical Payments coverage to provide protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer. If you do NOT choose to purchase this coverage, you must sign to reject this coverage.

I reject Medical Payments coverage in its entirety.

APPLICANT'S SIGNATURE **X**  DATE 03/09/23 08:21 PM CST

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**FRAUD WARNING**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. ▲

**APPLICANT STATEMENT – READ BEFORE SIGNING**

I hereby apply for a policy of insurance as set forth on this application on the basis of the information I have provided in this application. I have read this application in its entirety and represent that the statements and answers on this application are true and complete. I agree that any policy issued from this application shall be null and void from inception if any of these answers are false, incomplete, or given with the intent to deceive; or, if a payment presented to the Company is not honored by the bank upon which it is drawn.

I confirm that the following are listed on the application (not applicable to non-owner’s policy):

- Everyone in my household that is age 14 or over, whether licensed or unlicensed
- All regular and occasional drivers of the listed vehicles
- All owners of listed vehicles

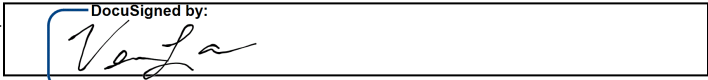
I understand that this is a non-stacking policy. If I have more than one vehicle insured by the Company, I understand that the Company will not pay any insured person more than the single highest limit of “Medical Payments, Uninsured and/or Underinsured Motorist Coverage” which I have on any one of those vehicles. This limit of coverage applies regardless of the number of insured persons, insured vehicles, claims made or vehicles involved in the accident.

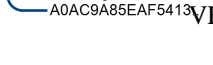
I confirm that neither me nor my spouse has been previously canceled by the Company for loss experience, convicted of Insurance fraud/felony in the last 10 years, and /or employed in illegal activities.

I agree to the following about the listed vehicles (not applicable to non-owner’s policy):

- No vehicles are located outside of Colorado more than 60 days a year
- Vehicles listed as “Personal” on this application are used solely for pleasure. It is my duty to notify the Company if any of these vehicles may later be used for business
- If any driver has an SR22 assigned then all vehicles owned by the listed drivers are included on the application

I certify that no accident otherwise insurable under the policy requested has occurred on the date of this application. I understand the Company may order consumer reports or personal or privileged information concerning credit, personal characteristics, driving record, or loss history in connection with this application for a premium quotation or policy. It is not the Company’s policy to disclose this information except as permitted or required by law. Upon request, the Company will provide the name and address of the consumer-reporting agency that furnished any of this information. Upon request, the Company will provide more detailed information regarding the collection, use, and disclosure of personal information and the rights to access and correct such information. I acknowledge that losses and damages incurred prior to the receipt of down payment of the premium will not be covered under the policy. I understand failing to provide information or providing false information in this application or in the course of any claim may result in this policy being null and void and/or a denial of coverage. I understand that my first payment due date is shown on page 1 of this application. I agree that transactions with the Company in connection with this application and any policy issued in connection herewith may be conducted wholly or in part by electronic means pursuant to the Colorado Uniform Electronic Transactions Act. I understand that this application forms part of the policy and of any subsequent renewal of the policy.

APPLICANT’S SIGNATURE **X**  DATE 03/09/23 08:21 PM CST

**X**  **VENUS LAWRENCE**

\_\_\_\_\_  
SIGNATURE OF COMPANY APPROVED AGENT DATE 03/09/23 08:21 PM CST