

NEW SOUTH INSURANCE COMPANY

DRIVER CERTIFICATION

I certify that the persons listed below do not reside in my household nor have regular access to drive the vehicles insured on my policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

DRIVER SELECTION
Cody A Monyelle
Brooke M Monyelle
Gregory S Caple
Karen J Caple

Brittany L Caple
Named Insured

2015998330
Policy Number

Brittany L Caple
Signature
3ca6342585be

08/11/2022
Date

Thank you for your business!

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NATIONAL GENERAL
an Allstate company

**Wisconsin
Personal
AutoInsurance
Application**

New South Insurance Company
PO Box 3199
Winston Salem, NC 27102-3199

WI

Policy #: 2015998330	Effective Date: 08/12/2022	Time: 12:01 AM	Amount Enclosed: \$176.15
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Agency Information

Agency Name: PGI - Zippy Insurance Agency LLC	Producer: Ericka Sloniker
Agency Number-Producer Code: 9028070	Agency E-Mail: ericka@zippyinsuranceagency.com

Applicant Information

Applicant Name: Brittany L Caple		Social Security #:	
Affinity Group: PRIMARY AGENCY PLAN CODE			
Mailing Address: 2937 Kensington Ln Apt 18	City: Beloit	State: WI	Zip: 53511
E-Mail Address: Bctwin1@gmail.com	Phone Number: 608-289-0093	Work Number:	

Payment Options

Policy Term	# of Payments	Payment Type	Account #
6	5	Direct Bill	

Underwriting Information

Prior Company Name: Other Standard Company
Prior Policy Expiration/ Cancellation Date: 11/29/2022
Prior BI Limits: \$250,000 / \$500,000

Policy Discount and Surcharge Information

Credit Zip Match Discount
Paperless Discount

Vehicle Information

Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	53511	2007	PONT	G6 BASE/	1G2ZG58B274271221	Pleasure/Commute	EJ3240

Coverage Information - 2007 PONT G6 BASE/SE

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident	\$202.00
Property Damage	\$50,000 Each Accident	\$200.00
Medical Payments	\$5,000 Each Person / Each Accident	\$63.00
Uninsured Motorist Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident	\$21.00
Underinsured Motorist Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident	\$23.00

Combined Vehicle Premium:	\$509.00
Additional Charges:	\$20.00
Total 6 Month Policy Premium:	\$529.00

Driver and Household Member Information

List all persons living in your household who are at least 14 years of age.

In addition, list all persons who are "regular operators" of your vehicle whether living in your household or not. For purposes of this requirement, a "regular Operator" is anyone who has used the vehicle under this policy at least once a week or at least 30 times over the last 12 months.

NOTE: You have a continuing duty during the life of the issue policy to notify the Company when any household member or regular operator turns 14 years of age. In addition, there is a continuing duty during the life of the policy to notify the Company any time a person at least 14 years of age becomes a member of your household or regular operator.

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	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Brittany L Caple	XXXXXXXXXX0 106	WI	Rated Driver	03/21/1986	Female	Single	Named Insured

Driver and Household Member Information (continued)

	SR-22	Discounts and Surcharges
1	No	Work from Home Discount

Accidents, Violations and Nonchargeable Incidents

Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 35 months	Coverage and Amount Paid for Damages	Disputed	Points
Brittany L Caple	03/01/2020	At Fault Collision Accident		No	4
Brittany L Caple	03/15/2022	Speeding: major >15 mph over speed limit		No	3
Brittany L Caple	10/29/2019	Illegal passing, improper passing		No	3

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**UNDISCLOSED DRIVER
WARNING! READ THIS NOTICE CAREFULLY!**

By my signature below, I acknowledge and agree that ALL persons of driver permit age or older who live with me are listed in this Application. In addition, I agree that ALL persons who do not live with me but regularly operate or have access to my vehicle(s) are listed in this Application.

I understand that I have a continuing duty to notify the Company within 30 days of any changes of members of my household of eligible driving age or permit age and as further defined in the Applicant's Statement below. In addition, I have a continuing duty to notify the Company within 30 days of any Regular Operator of any vehicle listed on the Policy.

I understand the Company may take appropriate action regarding this Policy if the answers on this Application are false or misleading and materially affect the risk the Company assumes by issuing the Policy.

Applicant's Signature: Brittany L. Cople

Date: 08/11/2022

Applicant's Statement 3ca6342585be	
Is any vehicle leased or rented to others?	NO
Is any vehicle regularly available to an operator that is not listed on this Application?	NO
Do any vehicles have a modified or altered engine or suspension?	NO
Is any vehicle salvaged, customized, rebuilt, modified, gray market, in unsafe mechanical condition, or have existing damage?	NO
Is any non-RV type vehicle equipped with cooking equipment, bathroom facilities, or snow removal equipment?	NO
Does any vehicle, other than an RV type towing vehicle, have greater than a one-ton load capacity or a gross vehicle weight in excess of 10,000 pounds?	NO
Is any vehicle a dump truck, flat bed truck, or stake-bed truck?	NO
Is any vehicle used as a taxi or limousine?	NO
Is any vehicle used for delivery, the pick-up of goods, or any other commercial purpose (examples include, but are not limited to, pizza, newspaper, or mail delivery)?	NO
Is any vehicle used as a public or livery conveyance?	NO
Are any vehicles used for racing?	NO
Is any vehicle used to haul explosives or hazardous materials?	NO
With the exception of any lien from a person or financial institution, is any vehicle not solely owned by and registered to you?	NO
Are there any household members (which means anyone living with you), including any students who are temporarily away attending college, persons away serving in the military, or persons living sometimes with you but subject to a joint custody agreement, not listed on this Application?	NO
Are any Regular Operators/drivers of vehicles to be insured by us not listed in this application, whether or not they live with you? (Regular operator means any person who has used the vehicle to be insured under this policy at least once a week or at least 30 times over the last 12 months.)	NO
Do you own any other vehicle(s) not listed on the Application that are not insured under any other motor vehicle insurance policy?	NO
Consent for Policy and Driver service calls and texts?	YES

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Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the Policy for which I have applied. I further agree that ALL persons 14 years of age or older who live with me, as well as ALL persons who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and that the vehicle is in this state at least 7 months each year. I understand the Company may rescind this Policy if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the Policy.

In addition, I understand that I have a continuing duty to notify the Company within 30 days of any changes of: (1) address; (2) garaging location of vehicles; (3) number, type, and use of vehicles to be insured under the Policy. This includes the use of the vehicle to carry persons or property for compensation or a fee, ride sharing activity, TNC prearranged trips, personal vehicle sharing program, limousine, or taxi service, livery conveyance, including not-for-hire livery, or for retail or wholesale delivery, including but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. (4) residents of my household of eligible driving age or permit age; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators using any vehicles to be insured under this Policy; or (7) the marital status of any resident or family member of my household. I understand the Company may rescind this Policy if I do not comply with my continuing duty of advising the Company of any change as noted above.

I understand and agree that in connection with this Application, the Company may obtain and review vehicle history reports and consumer reports which may include: driver history reports; my credit report or an insurance score based on the information contained in that credit report; or personal or privileged information from third parties. I further understand and agree (1) that the Company may use a third party in connection with the development of my credit-based insurance score; (2) information from the consumer reports may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) I may also request access to and correction of information the Company has collected on me; (5) where permitted by law, the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

I hereby authorize the Company to obtain history reports on my vehicles and consumer reports on me. I agree the named members of my household and all other operators of any vehicle(s) to be insured under this Policy have authorized me to consent on their behalf to all coverages provided herein and to authorize the Company to obtain consumer reports on them for the rating and/or underwriting of the insurance for which I am applying and, where permitted by law, for any renewal thereof. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I have had the liability coverages and available limits available fully explained to me and have selected the limits shown on the Application. I have had the different Policy coverage levels available to me fully explained. I made an informed decision and have selected the Policy coverage level shown on the Application.

I understand the Policy may be canceled if my initial payment or full payment is paid by check, credit card, debit card, or other remittance and the bank returns said check unpaid or fails to honor the credit charge or debit charge, or other remittance in full.

I understand there may be a processing fee imposed on any returned checks. I understand processing fees may be included with my initial payment and installment payments, and additional fees may be charged for late payments. I understand that if my policy cancels there may be a cancellation fee. I understand my payments are first applied to the fees owed and then to the premium. I understand and agree that certain fees are non-refundable and not part of the premium due.

Consent to Use Cell Phone Number. I understand and agree that the Company can call or text me at the phone number I provided to tell me important information about my policy. If I also consented to marketing communication as set forth in this application, I understand and agree that the Company can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the Company in writing.

I understand my producer will receive compensation for this Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

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.

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Applicant's Signature

Brittany L Caple

Date

08/11/2022

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PRODUCER'S STATEMENT: PLEASE READ CAREFULLY

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

**PRODUCER'S NAME:
(Please Print)**

Ericka Sloniker

**PRODUCER'S
SIGNATURE:**

Ericka Sloniker (ESignature)

Bound Date: 08/12/2022 Time: 12:01 AM

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