

## ENCOMPASS TRAILING DOCUMENT CHECKLIST & FAX COVER SHEET

**Agency Name:** PREMIER INSURANCE GROUP, INC

**Agency Number:** 540118126

**Risk State:** PA

**Policy Effective Date:** 11/16/2022

**Insured Last Name:** Engle

**Policy Number:** 0283024132

**Application Number:** 000186230626103

All documents listed below are required for this policy. The listed documents should be uploaded or faxed to Encompass or retained in your files as indicated below.

**NOTE: Required documents must be uploaded or faxed to Encompass within 72 hours of the act of binding coverage. If acceptable documentation is not received, the policy will be adjusted accordingly. This may result in a premium increase and/or cancellation of the policy.**

**STEPS:**

1. Print documents from InterLink using the "View/Print Forms" option
2. Make sure all documents are completed and signed by the insured where required
3. Submit the documents requested below by uploading them within Encompass Express or by faxing them to **1-888-211-5725** using this cover sheet. This cover sheet is bar-coded specifically for your agency.

**UPLOAD OR FAX** the following documents to Encompass:

- documentation for exclusion of auto incident: police report, court judgment, letter from carrier, or letter from reporting agency.

**RETAIN** the following documents in your files (do not upload or fax):

- a signed copy of the Personal Auto Application.
- a signed copy of the PA Auto Supplement - UM Coverage Selection/Rejection Form.
- a signed copy of the PA Auto Supplement - UIM Coverage Selection/Rejection Form.
- a signed copy of the PA Auto Supplement - Important Notice
- a signed copy of the Auto Easy Quote Document
- a signed copy of the Property Application.

**Number of pages faxed (including this cover sheet):** \_\_\_\_\_



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)  
11/08/2022

AGENCY PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON, CO 80122	PHONE (A/C, No, Ext): (720) 457-1101	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Michael M Engle and Cathy Engle 6 N RED MAPLE ST SELINGSGROVE, Pennsylvania 17870 SNYDER County			NAIC CODE 11252	FACILITY CODE
	FAX (A/C, No): (866) 948-8485				POLICY # 0283024132	
E-MAIL ADDRESS:	DATE AT CURR RES	CO/PLAN Encompass Home and Auto Insurance Company/ Deluxe	HOME PHONE # (570) 259-7003			DAY EVE
CODE: 540118126	SUBCODE: 0000	EFFECTIVE DATE 11/16/2022	EXPIRATION DATE 11/16/2023	BUSINESS PHONE # (570) 898-0412		DAY EVE
AGENCY CUSTOMER ID:						

### APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)		
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH 04/01/1962
		YEARS W/ CURR EMPL	MAR STAT M	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO- APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH 06/15/1962
		YEARS W/ CURR EMPL	MAR STAT M	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:		

### COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	DEPOSIT	BALANCE
HO3	\$ 243,000	\$	\$	\$	\$ 500,000	\$ 5,000	\$ 675	\$	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL NAMED HURRICANE *	1,000		WIND/HAIL ANNUAL HURRICANE *	THEFT	EARTHQUAKE			

\* Not Applicable in NC

### ENDORSEMENTS - See Page 4

### PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #: 000186230626103	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	AGENT
<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY	<input checked="" type="checkbox"/> APPLICANT
AGENCY BILL	BILL MORTGAGEE	Monthly	

### RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING	1929		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY		1		01/01/1991
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES		1,000		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE			HEAT TYPE	WIRING	2008
	0301		04	01 MI	CENTRAL		PRIMARY:	PLUMBING	2017	
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER			DIRECT	HOUSEKEEPING CONDITION			HEATING	2015	
	MONROE TS			LOCAL				ROOFING	1990	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN NONE			
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION			SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES			
WITHIN CITY LIMITS	<input checked="" type="checkbox"/> OWNER	<input checked="" type="checkbox"/>	INDOORS	NONE	OUTDOORS	<input checked="" type="checkbox"/> NO				
WITHIN FIRE DIST	TENANT	FIRE EXT VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR		ABOVE GROUND BELOW GROUND	APPROVED FENCE				
WITHIN PROT SUBURB	VACANT		ABOVE GROUND NOT ON MASONRY FLOOR			DIVING BOARD				
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER	Asphalt/Fiberglass Shir		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)		
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION			PARTIAL	CHIMNEYS	PRE-FAB	
SQ FT	SQ FT	SQ FT					FULL	HEARTHES	WOOD STOVE INSERT	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)	<input type="checkbox"/>	<input type="checkbox"/>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>	<input type="checkbox"/>			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RENTERS AND CONDOS ONLY:		
			15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
			16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>
			17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>	<input type="checkbox"/>	19. IS HOUSE FOR SALE?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>	21. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. ANY LEAD PAINT HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)	<input type="checkbox"/>	<input type="checkbox"/>
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input type="checkbox"/>	<input type="checkbox"/>	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input type="checkbox"/>	<input type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>			

**PRIOR COVERAGE**

<b>PRIOR CARRIER</b> ERIE INSURANCE GROUP	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b> 12/12/2022
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**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION?  YES  NO IF YES, INDICATE BELOW

<b>APPLICANT'S INITIALS:</b>	
<b>CAT #</b>	<b>AMOUNT</b>

DATE	TYPE	DESCRIPTION OF LOSS
<b>See Loss History Attachment</b>		

**ADDITIONAL INTEREST**

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**REMARKS (Attach Additional Sheets if More Space is Required)**

**ATTACHMENTS**

<p>Any mandated home surcharges have been applied to each residence where applicable and are reflected in the EST TOTAL PREMIUM.</p> <p>The Full term Premium for the Property is \$675</p> <p># of vehicles in the household: 3                  # of at-fault accidents: 0                  # of not at-fault accidents: 0                  # of auto minor violations: 0                  # of auto major violations: 0                  # of auto comp claims: 0                  # of Auto years with prior carrier or current agent: 30</p>	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	RESIDENCE BASED BUSINESS SUPPL

**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>
<b>EFFECTIVE DATE</b> 11/16/2022	<b>EXPIRATION DATE</b> 11/16/2023	
<b>TIME</b>	12:01 AM NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>	<b>NATIONAL PRODUCER NUMBER</b>
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**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE		COVERAGE INFORMATION							FORM NUMBER	FORM DATE	PREMIUM	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT									\$	
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:	# PREMISES:					\$		
		ADDRESS										
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:	# FAMILIES:					\$		
		ADDRESS					MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUILDING ORDINANCE OR LAW COVERAGE		\$ Up to 5% above aggregate limit		\$	INCREASED		REBUILD PCT:			\$ 0		
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$		\$	INCREASED					\$		
ELECTRONIC APPARATUS IN VEHICLE		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$		\$	INCREASED					\$		
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$		\$	INCREASED					\$		
EARTHQUAKE		% DED	TERR:			MASONRY VENEER				\$		
			RETROFIT TYPE:			<input type="checkbox"/> YES <input type="checkbox"/> NO						
IDENTITY FRAUD EXPENSE COV		<input checked="" type="checkbox"/> INCLUDED										
FULL VALUE REPLACEMENT COST		<input checked="" type="checkbox"/> INCLUDED										
REPLACEMENT COST - DWELLING		<input checked="" type="checkbox"/> INCLUDED										
REPLACEMENT COST - CONTENTS		<input checked="" type="checkbox"/> INCLUDED										
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		<input type="checkbox"/> YES	<input type="checkbox"/> NO							
MINE SUBSIDENCE		LIMIT	CONST MATERIAL	PROP DESC								
MOLD		PROPERTY	LIABILITY		EXCL LIABILITY							
		\$ 10,000	\$		EXCL PROP DAMAGE							
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:		BUS/STRUCT DESC		MED PAY				
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE				<input type="checkbox"/> YES				
		\$ OT. STRUCTS						<input type="checkbox"/> NO				
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:								
WATER BACKUP OF SEWERS & DRAINS		\$	LIMIT	<input type="checkbox"/> INCLUDED								
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGGREGATE	\$		INCREASED						
WORKERS COMPENSATION - FULL TIME INSERVANT		# OF EMPLOYEES:										
WORKERS COMPENSATION - INCIDENTAL		# OF EMPLOYEES:										
WORKERS COMPENSATION - PART TIME OUTSERVANT		# OF EMPLOYEES:										
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$

# Endorsement Attachment for the ACORD Application

						DATE (MM/DD/YYYY) 11/08/2022			
PRODUCER PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON , CO 80122  CODE 540118126                      SUBCODE 0000 AGENCY CUSTOMER ID			APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Michael M Engle and Cathy Engle 6 N RED MAPLE ST SELINSGROVE, Pennsylvania 17870				NAIC CODE 11252		
							TELEPHONE NUMBER (570) 259-7003		
			CO/PLAN		POL#: 0283024132				
			ACCT#: Encompass Home and Auto Insurance Company/ Deluxe						
EFFECTIVE DATE		EXPIRATION DATE		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		<input type="checkbox"/> MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL		PAYMENT PLAN	
11/16/2022		11/16/2023						Monthly	

## ENDORSEMENTS

COVERAGE NAME	LIMIT	DEDUCTIBLE	PLAN
Residence Replacement Value	243000	1,000	
Personal Liability	500,000		
Medical Coverage	5,000		
Named Storm Deductible		Included w/All perils deductible	
Replacement Cost Contents	Included		
Backup of Sewers and Drains	COVERAGE/5,000		
Building Ordinance Increased Costs			Included/Up to 5% above aggregate limit
Personal Home Computers and Data Records	Included/10,000		
Loss Assessment	Included/5,000		
Mold	10,000 Included		
Tangible Personal Property	Included		
Mine Subsidence	NO COVERAGE		

Applicant Signature	Date
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# Loss History Attachment for the ACORD Property Application

							DATE (MM/DD/YYYY) 11/08/2022	
PRODUCER  PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON, CO 080122			APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  Michael M Engle 6 N RED MAPLE ST SELINGSGROVE, Pennsylvania 17870				NAIC CODE 11252	
							TELEPHONE NUMBER (570) 259-7003	
CODE: 540118126      SUBCODE: 0000		CO/PLAN Encompass Home and Auto Insurance Company / Deluxe		POL#: 0283024132		ACCT#: 000186230626103		
AGENCY CUSTOMER ID		EFFECTIVE DATE 11/16/2022		EXPIRATION DATE 11/16/2023		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		
				<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL		PAYMENT PLAN Monthly EZ Pay		
LOSS HISTORY      ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, INDICATE BELOW	
DATE	TYPE	DESCRIPTION OF LOSS				AMOUNT		
04/13/2020	Weather (Cat)					789.00		
Applicant Signature							Date	



# PENNSYLVANIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)  
11/08/2022

<b>AGENCY</b> PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300 LITTLETON, CO 80122		<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b> Michael M Engle and Cathy Engle 6 N RED MAPLE ST SELINGROVE, Pennsylvania 17870 SNYDER County			<b>TELEPHONE NUMBER</b> (570) 259-7003	
<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): (866) 948-8485 E-MAIL ADDRESS: CODE: SUBCODE:		<b>CARRIER</b> Encompass Home and Auto Insurance Company			<b>NAIC CODE</b> 11252	
<b>AGENCY CUSTOMER ID:</b>		<b>PLAN</b> Deluxe	<b>POLICY #:</b> 0283024132		<b>ACCT #:</b>	
<b>RESIDENCE</b> CURRENT RESIDENCE IS OWNED RENTED		<b>EFFECTIVE DATE</b> 11/16/2022	<b>EXPIRATION DATE</b> 11/16/2023	<input checked="" type="checkbox"/> DIRECT AGENCY	<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL	<b>PAYMENT PLAN</b> Monthly EZ Pay

 INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS

<b>RESIDENCE</b> CURRENT RESIDENCE IS OWNED RENTED		<b>PREVIOUS STREET ADDRESS (If less than 3 years)</b>			<b>CITY</b>		<b>STATE</b>	<b>ZIP + 4</b>
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ADDITIONAL GARAGING ADDRESS(ES)								
LOC	STREET	CITY	COUNTY	STATE	ZIP + 4			

VEHICLE DESCRIPTION / USE													TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:							
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED									
1		2012	CHRYSLER	TOWN-COUNTRY TOURING	PP	2C4RC1BG6CR259729				01/01/2013										
2		2013	CHRYSLER	300	PP	2C3CCAAG8DH741489				01/01/2014										
3		2010	MAZDA	3 I	PP	JM1BL1SGXA1226624				01/01/2017										
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			
1						0-3			Work					16000	2	2	98	0		
2						Over 20			Work					12200	1	98	2	0		
3						Over 20			Work					16000	3	0	0	100		
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES							
1		No	B	4 Wheel	Alarm only	See Declaration Page	3		No	B	4 Wheel	Alarm only	See Declaration Page							
2		No	B	4 Wheel	Alarm only	See Declaration Page														

COVERAGES / PREMIUMS																			
COVERAGES				LIMITS OF LIABILITY								VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	VEHICLE #				
SINGLE LIMIT LIABILITY (CSL)				\$ EA ACCIDENT								\$	\$	\$	\$				
BODILY INJURY LIABILITY				\$ 250,000 EA PERSON				\$ 500,000 EA ACCIDENT				\$ 74.00	\$ 88.00	\$ 132.00	\$				
PROPERTY DAMAGE LIABILITY				\$ 100,000 EA ACCIDENT								\$ 84.00	\$ 99.00	\$ 159.00	\$				
TORT OPTION				<input checked="" type="checkbox"/> LIMITED <input type="checkbox"/> FULL															
FIRST PARTY BENEFITS				MED-ICAL \$ WK LOSS \$ FU-NERAL \$				ACC DEATH \$ ACC DEATH \$				\$	\$	\$	\$				
COMBINATION FIRST PARTY BEN				TOTAL BEN LMT \$ 2,500 FU-NERAL \$ 25,000				ACC DEATH \$				\$ 130.00	\$ 130.00	\$ 130.00	\$				
EXTRAORDINARY MEDICAL BEN												\$	\$	\$	\$				
UNINSURED MOTORISTS				<input checked="" type="checkbox"/> STACKED CSL <input type="checkbox"/> NON-STACKED BI				EA ACCIDENT EA PERSON \$ 300,000 EA ACCIDENT				\$ 13.00	\$ 13.00	\$ 15.00	\$				
UNDER-INSURED MOTORISTS				<input checked="" type="checkbox"/> STACKED CSL <input type="checkbox"/> NON-STACKED BI				EA ACCIDENT EA PERSON \$ 300,000 EA ACCIDENT				\$ 40.00	\$ 40.00	\$ 47.00	\$				
COMPREHENSIVE / OTC				DED \$ 500								\$ 59.00	\$ 71.00	\$ 90.00	\$				
COLLISION				DED \$ 500								\$ 104.00	\$ 150.00	\$ 302.00	\$				
ACV UNLESS AMOUNT STATED												N/A	N/A	N/A	N/A				
TOWING & LABOR				\$ 75								\$ 17.00	\$ 17.00	\$ 17.00	\$				
TRANS EXP / RENTAL RE				\$ 40 / 1,200								\$ 45.00	\$ 45.00	\$ 45.00	\$				
CODE DESCRIPTION				LIMIT				LIMIT APPLIES TO				DEDUCTIBLE				OPTIONS			
See Additional Coverages/				\$				\$				\$				\$			
ESTIMATED TOTAL: \$ 2,156.00				POLICY FEE: \$				TOTAL PER VEHICLE				\$ 566.00	\$ 653.00	\$ 937.00	\$				



**RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]**

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME				
1	Michael	M	Engle	M	M	I	04/01/1962
2	Cathy		Engle	F	M	Sp	06/15/1962
3	Abby		Engle	F	S	C/P	03/16/1999

  

#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
		04/01/1978							
		06/15/1978							
		03/16/2015							

**ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers) Attach ACORD 99, Accidents / Convictions Schedule, if more space is required**

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST _____ YEARS?										Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.									
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION						PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE									

**ADDITIONAL INTEREST**

ADDL INS	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
ADDL INS	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER

**EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks)**

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER (570) 898-0412	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

**PRIOR COVERAGE**

PRIOR CARRIER ERIE INSURANCE GROUP	# OF YEARS WITH COMPANY 30
PRIOR PRODUCER	PRIOR POLICY NUMBER
	EXPIRATION DATE 08/06/202:

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										
VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST					
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										
DRV #	DESCRIPTION	COST	DRV #	DESCRIPTION	COST					
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER				

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES										Y / N	
6. ANY OTHER INSURANCE WITH THIS COMPANY?											
POLICY NUMBER			TYPE OF INSURANCE			POLICY NUMBER			TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?											
DRV #	BRANCH		RANK		BASE LOCATION				VEH AT BASE (Y / N)		
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?											
DRV #	SUSPENSION PERIOD			EXPLANATION				REINSTATEMENT DATE			
	Start Date:		End Date:								
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT?											
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT?											
DRV #	EXPLANATION										
11. ANY FINANCIAL RESPONSIBILITY FILING?											
DRV #	REASON FOR FILING							FILING DATE			
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?											
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?											
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED										
14. IS THIS BROKERED BUSINESS TO THE AGENT?											
15. HAS AGENT INSPECTED VEHICLE?											
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?											
DRV #	EXPLANATION										
17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?											
DRV #	EXPLANATION										

**REMARKS / ATTACHMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

<input checked="" type="checkbox"/>	STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT
	YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE

Any state mandated auto surcharges have been applied to each vehicle where applicable and are reflected in the ESTIMATED TOTAL.

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**BINDER / SIGNATURE**

<b>INSURANCE BINDER</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	
<b>TIME</b>	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
--	--

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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# Additional Coverages/Endorsements Attachment for the ACORD Auto Application

				DATE (MM/DD/YYYY) 11/08/2022					
PRODUCER <b>PREMIER INSURANCE GROUP, INC</b> 8089 S LINCOLN ST STE 300 LITTLETON, CO 80122				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <b>Michael M Engle and Cathy Engle</b> 6 N RED MAPLE ST SELINGSGROVE, Pennsylvania 17870				NAIC CODE 11252	
								TELEPHONE NUMBER (570) 259-7003	
CODE: 540118126      SUBCODE: 0000		CO/PLAN Encompass Home and Auto Insurance Company/ Deluxe		POL#: 0283024132					
AGENCY CUSTOMER ID				ACCT#: 000186230626103					
EFFECTIVE DATE 11/16/2022		EXPIRATION DATE 11/16/2023		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input checked="" type="checkbox"/> MAIL POLICY TO APPL			
						PAYMENT PLAN Monthly EZ Pay			

VEHICLE DESCRIPTION/USE					
VEH	YEAR	MAKE, MODEL AND BODY TYPE			VIN/REGISTERED STATE
1	2012	CHRYSLER	TOWN-COUNTRY	TOURING	PP 2C4RC1BG6CR259729
2	2013	CHRYSLER	300		PP 2C3CCAAG8DH741489
3	2010	MAZDA	3 I		PP JM1BL1SGXA1226624

COVERAGES/PREMIUMS									
COVERAGES		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	VEHICLE #
ELECTRONIC EQUIPMENT	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
LOAN/LEASE - COMPREHENSIVE	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
LOAN/LEASE - COLLISION	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
CUSTOMIZATION - COMPREHENSIVE	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
CUSTOMIZATION - COLLISION	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
EXTENDED NON-OWNED - LIABILITY	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
EXTENDED NON-OWNED - MEDICAL	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
COMP w/ FULL GLASS	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
COMP w/ ACC AIR BAG	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
COMP w/ FULL GLASS & ACC AIR BAG	1 \$ 500	2 \$ 500	3 \$ 500	4 \$	\$ 59.00	\$ 71.00	\$ 90.00	\$	
OEM PARTS	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	
	1 \$	2 \$	3 \$	4 \$	\$	\$	\$	\$	

VEHICLE DESCRIPTION/USE					
VEH	YEAR	MAKE, MODEL AND BODY TYPE			VIN/REGISTERED STATE

COVERAGES/PREMIUMS									
COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
ELECTRONIC EQUIPMENT	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
LOAN/LEASE - COMPREHENSIVE	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
LOAN/LEASE - COLLISION	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
CUSTOMIZATION - COMPREHENSIVE	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
CUSTOMIZATION - COLLISION	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
EXTENDED NON-OWNED - LIABILITY	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
EXTENDED NON-OWNED - MEDICAL	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
COMP w/ FULL GLASS	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
COMP w/ ACC AIR BAG	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
COMP w/ FULL GLASS & ACC AIR BAG	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
OEM PARTS	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	
	5 \$	6 \$	7 \$	8 \$	\$	\$	\$	\$	

VEHICLE DESCRIPTION/USE												
VEH	YEAR	MAKE, MODEL AND BODY TYPE						VIN/REGISTERED STATE				

COVERAGES/PREMIUMS												
COVERAGES		LIMITS OF LIABILITY						VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #	
ELECTRONIC EQUIPMENT	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
LOAN/LEASE - COMPREHENSIVE	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
LOAN/LEASE - COLLISION	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
CUSTOMIZATION - COMPREHENSIVE	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
CUSTOMIZATION - COLLISION	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
EXTENDED NON-OWNED - LIABILITY	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
EXTENDED NON-OWNED - MEDICAL	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
COMP w/ FULL GLASS	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
COMP w/ ACC AIR BAG	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
COMP w/ FULL GLASS & ACC AIR BAG	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
OEM PARTS	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	
	9	\$	10	\$	11	\$	12	\$	\$	\$	\$	

Applicant Signature	Date
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**PENNSYLVANIA AUTO SUPPLEMENT**

<b>AGENCY</b> PREMIER INSURANCE GROUP, INC. 8089 S LINCOLN ST STE 300, LITTLETON, CO 80122	<b>APPLICANT/FIRST NAMED INSURED</b> Michael M Engle and Cathy Engle	
<b>POLICY NUMBER</b> 0283024132	<b>CARRIER</b> Encompass Home and Auto Insurance Company	<b>NAIC CODE</b> 11252

**UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION**

Uninsured Motorists Coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Uninsured motorists protection is insurance coverage you carry on your own policy that protects only you and your family, and any other person while occupying an insured auto, if you or they are injured by a negligent driver who fails to have any insurance coverage.

**Selection of Uninsured Motorists Protection**

You have the option of purchasing uninsured motorists coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The uninsured motorists coverage limits I select are: \$ 100000 / 300000  
 (Please also show these limits on the application.)

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

If you do not want uninsured motorists coverage, the first named insured must sign the appropriate line below.

**REJECTION OF UNINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

**UNINSURED COVERAGE LIMITS**

If you have chosen to keep uninsured motorists coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of uninsured motorists coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of uninsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Uninsured Motorists Coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

2. I want to reject stacking and choose non-stacked Uninsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of uninsured motorists coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Effective Date

\_\_\_\_\_  
 Date

**PENNSYLVANIA AUTO SUPPLEMENT**

AGENCY PREMIER INSURANCE GROUP, INC 8089 S LINCOLN ST STE 300, LITTLETON, CO 80122	APPLICANT/FIRST NAMED INSURED Michael M Engle	
POLICY NUMBER 0283024132	CARRIER Encompass Home and Auto Insurance Company	NAIC CODE 11252

**IMPORTANT NOTICE**

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
  - (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000, which may be offered in increments of \$100,000. Extraordinary medical benefits are those medical benefits which have exceeded the \$100,000 limit of medical benefits described above.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) of Pennsylvania law relating to availability of adequate limits.
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date

**First Party Benefits Coverage**

First Party Benefits Coverage pays you, the policyholder, and others covered by the policy in the event of injury, regardless of who caused the accident.

Medical expense benefit insurance pays your medical bills regardless of fault. This coverage is mandatory by Pennsylvania law with a required minimum of \$5,000.

Other optional First Party Benefits Coverages include work loss insurance, funeral benefit insurance, and accidental death. Work loss coverage provides reimbursement for lost wages due to an auto accident. The funeral benefit provides money to pay for a funeral where the death is the result of an auto accident. Accidental death pays when you or a family member dies in a car crash.

These benefits may be purchased separately or as a combination of benefits.

The First Party Benefits Coverage options and available limits are shown below.

Please indicate the coverage(s) and limit(s) you want by placing an "X" in the appropriate box and then sign and date this form and give it to your agent.

**Basic First Party Benefits Coverage Limits Options**

<p>Medical Benefit</p> <p><input type="checkbox"/> \$ 5,000 (BASIC)</p> <p><input type="checkbox"/> 10,000</p> <p><input type="checkbox"/> 25,000</p> <p><input type="checkbox"/> 50,000</p> <p><input type="checkbox"/> 100,000</p> <p><input type="checkbox"/> \$ _____ (Other)</p>	<p>Work Loss Benefit Monthly/Maximum</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> 1,000/5,000</p> <p><input type="checkbox"/> 1,000/15,000</p> <p><input type="checkbox"/> 1,500/25,000</p> <p><input type="checkbox"/> 2,500/50,000</p> <p><input type="checkbox"/> \$ _____ (Other)</p>	<p>Funeral Expense Benefit</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> 1,500</p> <p><input type="checkbox"/> 2,500</p> <p><input type="checkbox"/> \$ _____ (Other)</p>	<p>Accidental Death Benefit</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> 5,000</p> <p><input type="checkbox"/> 10,000</p> <p><input type="checkbox"/> 25,000</p> <p><input type="checkbox"/> \$ _____ (Other)</p>
---	--	---	--

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Combination First Party Benefits Coverage Option**

This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.

Option	Total Benefit Limit	Funeral Expense Benefit	Accidental Death Benefit
<input type="checkbox"/>	\$ 50,000	\$ 2,500	\$ 10,000
<input type="checkbox"/>	100,000	2,500	10,000
<input checked="" type="checkbox"/>	177,500	2,500	25,000
<input type="checkbox"/>	277,500	2,500	25,000
<input type="checkbox"/>	\$ _____ (Other)	\$ _____ (Other)	\$ _____ (Other)

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Extraordinary Medical Benefits Coverage Limits Option**

Extraordinary Medical Benefits Coverage is an optional coverage. It pays the medical expenses of eligible persons for accidents covered under your policy. Payments under this coverage begin only when covered medical expenses exceed \$100,000 and are capped at the lifetime limit of \$1,000,000.

Please "X" the appropriate box.

Include Extraordinary Medical Benefits Coverage of \$100,000 on my policy.

Include Extraordinary Medical Benefits Coverage of \$300,000 on my policy.

Include Extraordinary Medical Benefits Coverage of \$500,000 on my policy.

Include Extraordinary Medical Benefits Coverage of \$1,000,000 on my policy.

Do not include Extraordinary Medical Benefits Coverage.

The first \$100,000 of medical expenses are not covered by this coverage. If you select the Extraordinary Medical Benefits Coverage and your First Party Medical Benefits limit is less than \$100,000 you will be responsible for the difference.

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date



**Liability Coverage Limits**

The Commonwealth of Pennsylvania requires you to purchase liability coverage with minimum limits of \$15,000 per person, \$30,000 per accident for bodily injury and \$5,000 for property damage, or as an alternative, \$35,000 combined single limit.

Premium for this coverage would be: \$ \_\_\_\_\_ 552.00 \_\_\_\_\_ .

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

**TORT OPTION SELECTION - NOTICE TO NAMED INSURED**

A. "Limited Tort" Option - The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of the several other exceptions noted in the policy applies (ask your agent, broker or company for a description of "serious injury" and the exceptions). The annual premium for basic coverage as required by law under this "Limited Tort" option is \$ 511.00 . Additional coverages under this option are available at additional cost.

B. "Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverage as required by law under this "Full Tort" option is \$ 663.00 . Additional coverages under this option are available at additional cost.

C. You may contact your insurance agent, broker or company to discuss the cost of other coverages.

D. If you wish to choose the "limited tort" option described in paragraph A, you must sign this notice where indicated below and return it. If you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B and you will be charged the "full tort" premium.

I wish to choose the "limited tort" option described in paragraph A.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

E. If you wish to choose the "full tort" option described in paragraph B, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B, and you will be charged the "full tort" premium.

I wish to choose the "full tort" option as described in paragraph B.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

**Collision Deductible Option**

Pennsylvania law requires that all automobile policies which include collision coverage provide a \$500 deductible. You have the option of purchasing a lower deductible, for an additional premium charge. If you wish to carry a collision deductible lower than \$500, please indicate your selection below:

\$100     \$250     Other: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Date

**Driver Improvement Course Credit**

If a named insured age 55 or older has successfully completed a driver improvement course approved by Penn-DOT, a 5 percent premium credit may be applied to your policy. To receive this credit:

- a certificate of successful completion from an approved course must be provided; and
- the course must have been completed within the last three years.

**Passive Restraint Discount**

If your vehicle is equipped with passive seatbelts or airbags, you are entitled to a discount on the first party benefits coverage portion of your policy. Passive seatbelts are those which automatically fasten without any action by the driver or front seat passenger. Indicate all options that apply for each applicable vehicle listed below:

Vehicle 1: CHRYSLER

- Passive seatbelts     Driver side airbag     Passenger side airbag

Vehicle 2: CHRYSLER

- Passive seatbelts     Driver side airbag     Passenger side airbag

Vehicle 3: MAZDA

- Passive seatbelts     Driver side airbag     Passenger side airbag

**Anti-Theft Discount**

If you have an anti-theft device in your vehicle, it may be one that qualifies for a discount on the comprehensive coverage portion of your policy. Indicate all options that apply for each applicable vehicle listed below and provide evidence of installation:

Vehicle 1: CHRYSLER

- Alarm system that can be heard at least 300 feet away for at least three minutes  
 Device that you manually set that makes the fuel, ignition or starting system inoperative  
 Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Vehicle 2: CHRYSLER

- Alarm system that can be heard at least 300 feet away for at least three minutes  
 Device that you manually set that makes the fuel, ignition or starting system inoperative  
 Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Vehicle 3: MAZDA

- Alarm system that can be heard at least 300 feet away for at least three minutes  
 Device that you manually set that makes the fuel, ignition or starting system inoperative  
 Device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PENNSYLVANIA AUTO SUPPLEMENT**

<b>AGENCY</b> PREMIER INSURANCE GROUP INC 8089 S LINCOLN ST STE 300, LITTLETON, CO 80122	<b>APPLICANT/FIRST NAMED INSURED</b> Michael M Engle and Cathy Engle	
<b>POLICY NUMBER</b> 0283024132	<b>CARRIER</b> Encompass Home and Auto Insurance Company	<b>NAIC CODE</b> 11252

**UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

Underinsured Motorists coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Underinsured motorists protection is insurance coverage you carry in your own policy that protects only you and your family, and any other person while occupying an insured auto, if you are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims and whose policy limits are less than your underinsured motorists coverage limits.

**Selection of Underinsured Motorists Protection**

You have the option of purchasing underinsured motorists coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The underinsured motorists coverage limits I select are: \$ 100000 / 300000  
 (Please also show these limits on the application.)

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

If you do not want underinsured motorists coverage, the first named insured must sign the appropriate line below.

**REJECTION OF UNDERINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

**UNDERINSURED COVERAGE LIMITS**

If you have chosen to keep underinsured motorists coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of underinsured motorists coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Underinsured Motorists Coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

2. I want to reject stacking and choose non-stacked Underinsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of Underinsured Motorists Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_  
 Signature of First Named Insured

\_\_\_\_\_  
 Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Effective Date

\_\_\_\_\_  
 Date

**INSURANCE IDENTIFICATION CARD**

(STATE) Pennsylvania  
COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL

11252      Encompass Home and Auto Insurance Company

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
0283024132      11/16/2022      12/16/2022

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
2012      CHRYSLER/TOWN-COUNTRY      2C4RC1BG6CR259729

AGENCY/COMPANY ISSUING CARD  
**PREMIER INSURANCE GROUP, INC**  
8089 S LINCOLN ST STE 300  
LITTLETON, CO 80122

INSURED  
┌ Michael M Engle and Cathy Engle  
└ 6 N RED MAPLE ST  
└ SELINGSGROVE, Pennsylvania 17870

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**INSURANCE IDENTIFICATION CARD**

(STATE) Pennsylvania

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

11252

Encompass Home and Auto Insurance Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

0283024132

11/16/2022

12/16/2022

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2013

CHRYSLER/300

2C3CCAAG8DH741489

AGENCY/COMPANY ISSUING CARD

PREMIER INSURANCE GROUP, INC

8089 S LINCOLN ST STE 300

LITTLETON, CO 80122

INSURED

Michael M Engle and Cathy Engle

6 N RED MAPLE ST

SELINGROVE, Pennsylvania 17870

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**INSURANCE IDENTIFICATION CARD**

(STATE) Pennsylvania

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

11252

Encompass Home and Auto Insurance Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

0283024132

11/16/2022

12/16/2022

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2010

MAZDA/3

JM1BL1SGXA1226624

AGENCY/COMPANY ISSUING CARD

PREMIER INSURANCE GROUP, INC

8089 S LINCOLN ST STE 300

LITTLETON, CO 80122

INSURED

Michael M Engle and Cathy Engle

6 N RED MAPLE ST

SELINGSGROVE, Pennsylvania 17870

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**Please note: ID cards printed by InterLink are temporary and are valid for only 30 days. Permanent ID cards will be sent to the applicant along with the new business mailing package**



## Information Release Form

As part of the application process in obtaining the insurance coverage you are requesting from Encompass, Encompass and/or its agents may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Encompass and/or its agents may review consumer reports to evaluate anyone who applies for insurance with Encompass. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Encompass and/or its agents to order one or more consumer reports in your name.

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Signature

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Date

---

Signature

---

Date



# It's Important for You to Know

## Important Notice

### *Privacy Policy Statement*

Thank you for choosing Encompass. We value you, respect your privacy and work hard to protect your personal information.

This statement is provided on behalf of Encompass Insurance Company and the affiliates ("Encompass") listed at the end of this notice. We would like to explain how we collect, use and share the information we obtain about you in the course of doing business.

### **Our Privacy Assurance**

- n We do not sell your personal or medical information to anyone.
- n We do not share your information with non-affiliate companies that would use it to contact you about their own products and services.
- n We require persons or organizations that represent or assist us in servicing your policy and claims to keep your information confidential.
- n We require employees to protect your personal information and keep it confidential.

As you can see, protecting your personal information is important to us. In addition to the practices described above, we use a variety of physical, technical and administrative security measures that help to safeguard your information. For Social Security Numbers (SSN), this includes restricting access to employees, agents and others who use your SSN only as permitted by law: to comply with the law, to provide you with products and services, and to handle your claims. Also, employees' and agents' access to and use of your SSN are limited by the law, our policies and standards, and our written agreements.

Our privacy practices continue to apply to your information even if you cease to be an Encompass customer.

### **What Personal Information Do We Have and Where Do We Get It**

We gather personal information from you and from outside sources for business purposes. Some examples of the information we collect from you may include your name, phone number, home and e-mail addresses, driver's license number, social security number, marital status, family member information and healthcare information. Also, we maintain records that include, but are not limited to, policy coverages, premiums, and payment history. We also collect information from outside sources that may include, but is not limited to, your driving record, claims history, medical information and credit information.

In addition, Encompass and its business partners gather information through Internet activity, which may include, for example, your operating system, links you used to visit *encompassinsurance.com*, web pages you viewed while visiting our site, and cookies. We use cookies and other web tools to track how visitors use our site in order to improve the customer experience. Also, our business partners assist us with

# It's Important for You to Know

monitoring information including, but not limited to, Internet Protocol (IP) addresses, domain names and browser data, which can help us to better understand how visitors use *encompassinsurance.com*.

## **How We Use and Share Your Personal Information**

In the course of normal business activities, we use and share your personal information. We may provide your information to persons or organizations within and outside of Encompass. This would be done as required or permitted by law. For example, we may do this to:

- n Fulfill a transaction you requested or service your policy
- n Market our products to you
- n Handle your claim
- n Prevent fraud
- n Comply with requests from regulatory and law enforcement authorities
- n Participate in insurance support organizations

The persons or organizations with whom we may share your personal information may include, among others:

- n Your agent, broker or Encompass-affiliated companies
- n Companies that perform services, such as marketing, credit card processing and performing communication services on our behalf
- n Business partners that assist us with tracking how visitors use *encompassinsurance.com*.
- n Other financial institutions with whom we have an agreement for the sale of financial products
- n Other insurance companies that play a role in an insurance transaction with you
- n Independent claims adjusters
- n A business or businesses that conduct actuarial or research studies
- n Those who request information pursuant to a subpoena or court order
- n Repair shops and recommended claims vendors

## **The Internet and Your Information Security**

As previously stated, we use cookies to enable smooth and consistent navigation on our website. Use of these cookies are not linked to personally identifiable information on our site. Additionally, our business partners use tracking services that utilize tags and third-party cookies to monitor visits to *encompassinsurance.com*. If you prefer, you can choose to not accept cookies by changing the settings on your web browser. Also, if you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement located at the bottom of the *encompassinsurance.com* homepage.

## **How You Can Review and Correct Your Personal Information**

You can request to review your personal information contained in our records at any time. To do this, please send a letter to the address below requesting to see your information for the previous two years. If you believe that our information is incomplete or inaccurate, you can request that we correct it. Please note we may not be able to

# It's Important for You to Know

provide information relating to investigations, claims, litigation, and other matters. We will be happy to make corrections whenever possible.

Please send requests to:

Encompass Insurance Company Customer Privacy Inquiries

P.O. Box 660598

Dallas, TX 75266-0598

## **Your Preference for Sharing Personal Information**

We would like to share your personal information with one or more Encompass affiliates in order to make you aware of different products, services and offers they can provide. However, you can request that Encompass and its affiliate companies not share your personal information with our affiliates for marketing products and services.

To request that we not allow other Encompass affiliates to use your personal information to market their products and services, you can contact us by calling 1-800-856-2518 twenty-four hours a day, seven days a week. Please keep in mind that it may take up to four weeks to process your request. If you previously contacted us and asked us not to allow other Encompass affiliates to use your personal information, your previous choice still applies and you do not need to contact us again. If you would like to change your previous choice, please call the number above at any time.

## **For Vermont residents:**

We won't share your personal information with Encompass companies for marketing purposes except as permitted by law.

## **We Appreciate Your Business**

Thank you for choosing Encompass. We understand your concerns about privacy and confidentiality, and we hope this notice has been helpful to you. We value our relationship with you. If you have any questions or would like more information, please don't hesitate to contact us as outlined above or visit [encompassinsurance.com](http://encompassinsurance.com).

We reserve the right to change our Privacy practices, procedures, and terms.

Encompass Insurance Company

## **Encompass affiliates to which this notice applies:**

Encompass Floridian Insurance Company, Encompass Floridian Indemnity Company, Encompass Home and Auto Insurance Company, Encompass Indemnity Company, Encompass Independent Insurance Company, Encompass Insurance Company of America, Encompass Insurance Company of Massachusetts, Encompass Insurance Company of New Jersey, Encompass Property and Casualty Company, Encompass Property and Casualty Insurance Company of New Jersey



**Auto Easy Quote Document**

Date: 11/08/2022

Agency: PREMIER INSURANCE GROUP, INC

Br/Producer Code: 540118126

Agency Fax Number: (866) 948-8485

Customer: Michael M Engle

Policy Number: 0283024132

**Due Date:**

**Issue:** In the course of our standard program of verifying policyholder information through public sources and MVR crosschecks, please confirm that the following individual(s) are not to be added to the policy for the reason(s) provided below.

**Your Action Needed:** Please have the insured read and sign this form and retain this document in your files.

**IMPORTANT NOTICE**

**READ THE FOLLOWING INFORMATION  
CAREFULLY BEFORE ATTESTING TO THE STATEMENTS BELOW**

**Additional Driver Certification**

The following individuals will not be added to the policy for the reasons provided below. I hereby certify that the information provided below is accurate and correct:

- 1. Driver Has Own Car and Insurance: TAYLOR ENGLE**
- 2. Driver Has Own Car and Insurance: ABBY ENGLE**



I hereby certify that there are no additional drivers living in my household or regular operators of the insured vehicles that are not listed as drivers on my automobile policy with the Company. I also certify that there are no other person(s) whether living in my household or not (i.e., children, parents, friends, etc.) who have regular use of any vehicle(s) insured under my policy who are not listed as drivers. **If, at any point in the future, there is a driver in the household with regular use of the vehicle, I will notify my agent and add that driver to my policy immediately.**

I understand that the Company may not provide coverage under this policy if I make any fraudulent statements or engage in fraudulent conduct, or make any material misrepresentation in connection with obtaining a policy with the Company or in seeking coverage for any accident or loss under this policy.

I further understand that if it is determined that I have failed to provide information regarding any additional resident drivers or regular operators of the vehicles insured under the policy, or if I have provided false information, the Company may deny coverage and/or void the policy.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael M Engle

\_\_\_\_\_  
Insured's Name (Please Print)

\_\_\_\_\_  
Agency Producer's Signature

**Encompass Insurance**

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