



PENNSYLVANIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY) 11/23/2022

AGENCY PGI PACIFIC INS SERVICES 8089 S LINCOLN ST STE 300 LITTLETON, CO 80122	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Edward Martin Barbara Martin 73 RAPID RUN E MIFFLINBURG, PA 17844-7506	TELEPHONE NUMBER 570.217.6253
<input checked="" type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS		

CONTACT NAME: Suzanne Kopitsky PHONE (A/C. No. Ext): 800.327.1500 FAX (A/C. No.): E-MAIL ADDRESS:	CARRIER Unitrin Safeguard Insurance Company	NAIC CODE 40703
CODE: 530431 SUBCODE:	PLAN MO	POLICY #: 1175936201 ACCT #: 11759362
AGENCY CUSTOMER ID:	EFFECTIVE DATE 11/23/2022	EXPIRATION DATE 05/23/2023
	DIRECT AGENCY	<input checked="" type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL
		PAYMENT PLAN MO

RESIDENCE CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED	YRS AT ADDR CURR	PREVIOUS STREET ADDRESS (If less than 3 years)	CITY	STATE	ZIP + 4
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LOC	STREET	CITY	COUNTY	STATE	ZIP + 4
1	73 RAPID RUN E	MIFFLINBURG	UNION	PA	17844-7506

VEHICLE DESCRIPTION / USE

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED
1	1	2014	RAM	1500 ST	PK PICKUP	3C6RR7KT0EG226238					U
2	1	2009	SUBARU	FORESTER 2.5X L	UT SPORT UTILIT	JF2SH64649H742615					U

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	35445	HF	MZ	MP	256				PL	2	N	N			13500.0		
2	25995	GG	HJ	HN	256				PL	1	N	N			13500.0		

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					N								
2					P								

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$ EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$ 25,000 EA PERSON		\$ 50,000 EA ACCIDENT		\$ 74.00	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$ 25,000 EA ACCIDENT				\$ 167.00	\$	\$	\$
TORT OPTION	<input checked="" type="checkbox"/> LIMITED		<input type="checkbox"/> FULL					
FIRST PARTY BENEFITS	\$ 10,000 MEDICAL	\$	\$	\$ 2,500 FU-NERL	\$ 25,000 ACC DEATH	\$ 12.50	\$ 15.00	\$
COMBINATION FIRST PARTY BEN	\$ TOTAL BEN LMT		\$ FU-NERL		\$	\$	\$	\$
EXTRAORDINARY MEDICAL BEN	\$				\$	\$	\$	\$
UNINSURED MOTORISTS	<input checked="" type="checkbox"/> STACKED CSL	\$ EA ACCIDENT				\$	\$	\$
	<input type="checkbox"/> NON-STACKED BI	\$ 25,000 EA PERSON		\$ 50,000 EA ACCIDENT		\$ 9.00	\$	\$
UNDER-INSURED MOTORISTS	<input checked="" type="checkbox"/> STACKED CSL	\$ EA ACCIDENT				\$	\$	\$
	<input type="checkbox"/> NON-STACKED BI	\$ 25,000 EA PERSON		\$ 50,000 EA ACCIDENT		\$ 18.00	\$	\$
COMPREHENSIVE / OTC	DED	\$ 500	\$ 500	\$	\$ 147.50	\$ 63.00	\$	\$
COLLISION	DED	\$ 500	\$ 500	\$	\$ 201.50	\$ 110.50	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	N/A	N/A	N/A	N/A
TOWING & LABOR	\$ 75	\$ 75	\$	\$	\$ 5.00	\$ 5.00	\$	\$
TRANS EXP / RENTAL RE	\$ 40/ 1,200	\$ 40/ 1,200	\$ /	\$ /	\$ 12.00	\$ 12.00	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS			
		\$		\$	\$	\$	\$	\$
		\$		%	\$	\$	\$	\$
ESTIMATED TOTAL: \$ 866.50	PREMIUM DEPOSIT: \$ 144.45	POLICY FEE: \$	TOTAL PER VEHICLE	\$	\$	\$	\$	\$

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	Edward		Martin	M	M	in	04/29/1952		
2	Barbara		Martin	F	M	sp	05/30/1954		
#	OCCUPATION	DATE LIC	STD >100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1	Retired	04/29/1968	N	N	N		24717348	PA	
2	All Other	05/30/1970	N	N	N		24711534	PA	

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? <input type="checkbox"/> N <input checked="" type="checkbox"/> 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

<input checked="" type="checkbox"/>	ADDL INS <input type="checkbox"/>	LOSS PAYEE	LENDER'S LOSS PAYABLE	NAME AND ADDRESS Cnac 3510 W COLLEGE AVE STATE COLLEGE, PA 16801	VEH #: 2 LOAN NUMBER
<input type="checkbox"/>	ADDL INS <input type="checkbox"/>	LOSS PAYEE	LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: 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	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	Other	# OF YEARS WITH COMPANY 0.0	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER 33G011942892	EXPIRATION DATE 12/30/2022	

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	VEH #	DESCRIPTION	COST	VEH #	
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	DRV #	DESCRIPTION	COST	DRV #	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER				

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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 THAT WOULD AFFECT THE ABILITY TO DRIVE?											
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE										
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?											
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 (ACORD 101, Additional Remarks Schedule, may be attached 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

Premiums for Liability Bodily Injury, Liability Property Damage, Medical Payments, and Uninsured/Underinsured Motorists Bodily Injury are calculated at the policy level and are shown under Vehicle 1.

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Other Additional Interest Vehicle:	Other Additional Interest Vehicle:	Other Additional Interest Vehicle:	Other Additional Interest Vehicle:
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BINDER / SIGNATURE

INSURANCE BINDER		<p>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.</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>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	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.

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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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?
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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 Suzanne Kopitsky	NATIONAL PRODUCER NUMBER
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PGI PACIFIC INS SERVICES
8089 S LINCOLN ST
STE 300
LITTLETON CO 80122
800.327.1500

Edward Martin
73 RAPID RUN E
MIFFLINBURG, PA 17844-7506

Policy Number 1175936201

The documents listed below are required. Please sign and return any required documents to your agent. Failure to provide required documents may result in a change in coverage and premium.

- PAFPB Selection/Rejection Form

If you need help completing the forms or have questions on what is required, please contact your agent.

We value your business and thank you for choosing Kemper Personal Insurance.

Electronic Document Delivery Agreement

The parties to this Agreement (the "Parties") are the policyholder or our insurance applicant (hereinafter referred to as "Policyholder" or "you") and Kemper Independence Insurance Company; Unitrin Auto and Home Insurance Company; Unitrin Preferred Insurance Company; Unitrin Safeguard Insurance Company; Merastar Insurance Company; Trinity Universal Insurance Company (also reinsures business underwritten by Home State County Mutual Insurance Company, an unaffiliated company and managed by Kemper General Agency, Inc. or Kemper Personal Insurance General Agency); and Valley Property and Casualty Insurance Company (hereinafter referred to collectively as "Kemper" or "we" or "us"), agree as follows:

1. Kemper will electronically deliver to you all billing, policy, claim documents and/or policy notices, as permitted by the laws and regulations of the state in which your policy was issued, via your account on ekemper.com/KemperCustomerPublic, instead of delivery via paper documents in the USPS mail.
2. You consent to the creation of an online account, accessible by logging on to ekemper.com/KemperCustomerPublic by using your username and password. You will receive an e-mail from us, at the e-mail address provided by you, with instructions for registering your online account and establishing a username and password.
3. We will deliver documents to you electronically until this Agreement is cancelled by you or us or is otherwise modified by us to cease electronic delivery. Electronic delivery of applicable documents will apply to all policies in any account you maintain with Kemper. Electronic document delivery will continue to apply to the account for all renewals and replacement policies. Electronically provided documents have the same legal effect as paper documents.
4. You will no longer receive paper documents from us for policies subject to this Electronic Document Delivery Agreement. However, we reserve the right to send paper documents to you at our sole discretion or when otherwise required by law. Kemper reserves the right to cancel this Agreement and deliver documents to you via the US Postal Service.
5. Documents may be viewed electronically at any time by logging onto ekemper.com/KemperCustomerPublic using both your username and password. At this time, you will also be able to print a copy of your electronic documents for your records.
6. This Electronic Document Delivery Agreement may be cancelled by you at any time by logging into your account on ekemper.com/KemperCustomerPublic and updating your preferences on the Customer Preferences screen. After we process your request for termination of paperless delivery of your documents, all applicable future documents will be provided to you in paper form via USPS mail. Changes processed through ekemper.com/KemperCustomerPublic may take up to five business days to become effective.
7. Your online account information (email address, password, etc.) may be updated by logging into your account on ekemper.com/KemperCustomerPublic and accessing the "Update Profile" page. You are solely responsible for updating all account information, including your mailing address and a valid e-mail address that we may use to contact you.
8. To view documents electronically from ekemper.com/KemperCustomerPublic, you will need access to the Internet and Microsoft Internet Explorer 7.0 or other similarly enabled browser (with 128-bit encryption installed). You will also need Adobe Acrobat Reader® to view your documents. A link will be displayed on our website so you may download Adobe Acrobat Reader® free of charge if you do not have it on your computer. Any personal information you send to us via our website is encrypted using an industry standard Secure Socket Layer.
9. Please contact your agent if you are unable to access or read your documents. It is your responsibility to review your electronic documents.
10. You have the right to request paper copies of electronic documents be mailed to you via the US Postal Service. Please contact your agent if you would like to request paper copies of your electronic documents. Please note that excessive or repeated requests for paper copies of electronic documents may result in Kemper cancelling this Agreement.
11. This Electronic Document Delivery Agreement may be amended at any time by Kemper. We will send electronic notice to you of any amendments to this Agreement via electronic delivery. You may, at any time, cancel this Agreement as described in Section 6 if you do not agree with our amendments.

12. You are responsible for any loss or damage arising from your equipment malfunctioning, problems incurred with your third-party telecom service provider, or any other occurrences which are not under the reasonable control of Kemper. Kemper does not warrant that problems will not occur when transmitting the document. Kemper reserves the right to amend documents as necessary provided you are notified of the amendment.
13. You agree that electronic delivery of your documents will take effect immediately upon your acceptance of this Agreement.

Signature of Applicant/Named Insured

Edward Martin

Please Print name

Date

Pennsylvania Uninsured Motorists Coverage Selection/Rejection

Policy Number: 1175936201 Policy Effective Date: 11/23/2022

Company: UNITRIN SAFEGUARD Producer: 530431

Applicant/First Named Insured: Edward Martin

Pennsylvania law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Mandatory Offer Of Uninsured Motorists Coverage

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that results from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

1. Selection Of Uninsured Motorists Coverage

(Initials)

_____ I select Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage.

Applicant's/First Named Insured's Signature

Date/Time

2. 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/Time

3. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Uninsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

(Initials)

I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 15,000/30,000		_____	\$ 100,000
_____	20,000/40,000		_____	300,000
_____	25,000/50,000		_____	500,000
_____	50,000/100,000			
_____	100,000/300,000			
_____	250,000/500,000			
_____	500,000/1,000,000			

Applicant's/First Named Insured's Signature _____
Date/Time

B. Rejection Of Stacked Uninsured Motorist Protection

If you have elected to purchase Uninsured Motorists Coverage, you have the option to reject stacked Uninsured Motorists Coverage for a reduced premium. You may reject stacked Uninsured Motorists Coverage by signing the waiver below.

By signing this waiver, I am rejecting stacked limits of uninsured motorist 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/Time

Pennsylvania Underinsured Motorists Coverage Selection/Rejection

Policy Number: 1175936201 **Policy Effective Date:** 11/23/2022

Company: UNITRIN SAFEGUARD **Producer:** PGI PACIFIC INS SERVICES

Applicant/First Named Insured: Edward Martin

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This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Mandatory Offer Of Underinsured Motorists Coverage

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

1. Selection Of Underinsured Motorists Coverage

(Initials)

_____ I select Underinsured Motorists Coverage at limits equal to the limits of my Liability Coverage.

Applicant's/First Named Insured's Signature

Date/Time

2. 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 any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured _____
Date/Time

3. Rejection Of Underinsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Underinsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

(Initials)

I reject Underinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 15,000/30,000		_____	\$ 100,000
_____	20,000/40,000		_____	300,000
_____	25,000/50,000		_____	500,000
_____	50,000/100,000			
_____	100,000/300,000			
_____	250,000/500,000			
_____	500,000/1,000,000			

Applicant's/First Named Insured's Signature _____
Date/Time

B. Rejection Of Stacked Underinsured Motorist Protection

If you have elected to purchase Underinsured Motorists Coverage, you have the option to reject stacked Underinsured Motorists Coverage for a reduced premium. You may reject stacked Underinsured Motorists Coverage by signing the waiver below.

By signing this waiver, I am rejecting stacked limits of underinsured motorist 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/Time

Important Notice Regarding Our Privacy Policy

The Companies listed below have policies and practices that respect the privacy of our customers and consumers. If you have Personal Lines Coverage with us or if you have an insurance transaction involving such coverage, this notice applies to you. It pertains to your nonpublic personal information. We shall refer to it as "Information" in this notice.

We reserve the right to revise this policy at any time. We will send you a new notice if changes are made that will result in other disclosures of your Information.

Types of Information We May Collect

We may collect Information about you that we receive from:

- You on applications and other forms. Examples include your name, address, date of birth, phone number, social security and driver license numbers;
- Your agent;
- Your transactions with our affiliates, others, or us. Examples include your policy's account balance, your premium payment history, and your bank account number; and
- Outside sources such as consumer reporting agencies, including motor vehicle records, credit reports and claim history reports.

Types of Information We May Disclose, And To Whom

We may disclose all of the Information above, with some exceptions, to other companies.

For instance, we may share your Information with companies that perform marketing for us or with financial institutions that have joint marketing agreements with us. If we do, we may disclose to those companies all of the information described above, although we will not disclose your nonpublic personal health information, without your permission, for the sole purpose of joint marketing.

We will not share your Information with anyone else without your permission unless:

1. They are helping us service or process a transaction, or
2. We are otherwise permitted or required by law to do so.

Examples of others with whom we may share your Information without your permission include:

- People or organizations that perform a business function for us. Examples are a company that helps us:
 1. print payment coupons,
 2. adjust or investigate claims,
 3. program software to help us process customers' transactions; or
 4. market our own products or minimize unnecessary marketing to you.
- Your agent or broker;
- Regulatory and law enforcement authorities, such as government offices or courts which subpoena records;
- Insurance support organizations which gather data to help deter or prevent insurance crimes;
- Other insurance companies or support organizations for an insurance transaction involving you. An example is the purchase of reinsurance;
- Businesses which conduct actuarial or research studies;
- Our affiliates, for internal or agency audits of the marketing of an insurance product or service; and
- A company that may acquire a line of business or function or book of business from us.

Security of Your Information

We have procedures and policies to help us protect your Information from unauthorized use or access. At our companies, we restrict access to protected information to the employees who have a business need for it. When we share Information with companies who work on our behalf, we protect it where required by federal law with a confidentiality agreement. We also have physical, electronic and procedural safeguards to guard your Information.

If You Are an Internet User

If you use the Internet and access the website of one or more of our companies, it may have other information on your use of that website.

STATE EXCEPTIONS

This notice is not intended for use in Arizona, California, Connecticut, Georgia, Maine, Minnesota, Montana, Nevada, North Carolina, Ohio, Oregon or Virginia. If you have Personal Lines Coverage with us in one of these states, or are involved in an insurance transaction involving such coverage in one of these states, additional privacy provisions also apply. Contact the company or your agent for a copy of the privacy policy applicable in your state.

UNITRIN AUTO AND HOME INSURANCE COMPANY, KEMPER INDEPENDENCE INSURANCE COMPANY, UNITRIN PREFERRED INSURANCE COMPANY, UNITRIN ADVANTAGE INSURANCE COMPANY, TRINITY UNIVERSAL INSURANCE COMPANY, VALLEY PROPERTY & CASUALTY INSURANCE COMPANY, VALLEY INSURANCE COMPANY, UNITRIN SAFEGUARD INSURANCE COMPANY, UNITRIN COUNTY MUTUAL INSURANCE COMPANY, MERASTAR INSURANCE COMPANY, TRINITY UNIVERSAL INSURANCE COMPANY AS REINSURER FOR HOME STATE COUNTY MUTUAL INSURANCE COMPANY

Notice Of Tort Options

The laws of the Commonwealth of Pennsylvania give you the right to choose either of the following two tort options:

- A.** "Limited Tort" Option – This form of insurance limits your right and the rights of 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 several other exceptions noted in the policy applies.
- B.** "Full Tort" Option – This form of insurance allows you to maintain an unrestricted right for yourself 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 or other nonmonetary damages as a result of injuries caused by other drivers.
- C.** If you wish to change the tort option that currently applies to your policy, you must notify your agent, broker or company and request and complete the appropriate form.

AUTOMATIC PAYMENTS – ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I (we) authorize each Kemper Personal Insurance company named below to initiate deductions (withdrawals) from the account listed below as payments on personal lines insurance policies written through any of the listed Kemper Personal Insurance and Commercial Lines companies.

This authorization is subject to the following conditions:

- This authorization shall remain in effect until Kemper Personal Insurance receives written notice from me of my wish to discontinue these deductions or credits and Kemper Personal Insurance has been given a reasonable amount of time to act in response to such request.
- I have the right to recover the amount of any erroneous Kemper Personal insurance deduction, either through a credit to my account or through direct reimbursement.
- I understand that Kemper Personal Insurance and my financial institution reserve the right, upon written notification to me, to terminate this payment option and/or my participation in the deduction program.
- I understand that if my withdrawal changes from my previous withdrawal by more than the agreed-upon amount of \$1, Kemper Personal Insurance will send advance written notification to me; a new authorization form will not be needed.

For the purposes of this authorization, the listed Kemper Personal Insurance and Commercial Lines companies are the following: Kemper Independence Insurance Company, Unitrin Auto and Home Insurance Company, Trinity Universal Insurance Company, Valley Property and Casualty Insurance Company, Unitrin Preferred Insurance Company, Unitrin Advantage Insurance Company, Unitrin Safeguard Insurance Company, and any other company whose policies Trinity Universal Insurance Company may reinsure or placed through our managing general agency, Kemper General Agency, Inc. I authorize the financial institution on which my enclosed check is drawn to accept deductions or credits as initiated by any of the listed Kemper Personal Insurance and Commercial Lines companies.

This authorization applies to the policy number(s) shown below and all renewals or other replacements of this policy / policies written through a Kemper Personal Insurance and Commercial Lines company:

Policy Number: _____ Insured Name: _____

Check type of account: ___ Checking or ___ Savings (no passbook accounts)
 ___ Personal or ___ Business

Name as it appears on the bank account: _____

Bank Routing Number (9 digits) _ _ _ _ _

Bank Account Number (include all zeros): _____ (Do not include check number)

Your withdrawal day will be the same day as your policy effective day unless a different day (1st – 28th) is entered here: _____ . (NOTE: This option is not available in the rating state of Kentucky)

Signature: _____ Date: _____

Daytime Phone Number: _____

For checking account deductions, attach a voided check from the account from which future deductions shall be made. For savings accounts, attach a deposit slip from the account from which future deductions shall be made. These documents assist us with verification of your bank account and routing number.

AUTOMATIC PAYMENTS – CREDIT CARD AUTHORIZATION AGREEMENT

I (we) authorize each Kemper company named below to initiate charges to the credit card listed below as payments on personal lines insurance policies written through any of the listed Kemper companies.

This authorization is subject to the following conditions:

- This authorization shall remain in effect until Kemper receives written notice from me of my wish to withdraw from the Automatic Payments - Credit Card program and Kemper has been given a reasonable amount of time to act in response to such request.
- I have the right to recover the amount of any erroneous Kemper insurance charge, either through a credit to my account or through direct reimbursement.
- I understand that Kemper and my credit card company reserve the right, upon written notification to me, to terminate this payment option and my enrollment in the Automatic Payments - Credit Card program.
- I understand that during the three to five business days this authorization is being processed, \$10 of my credit card limit will be unavailable (though it will not be charged to my credit card).

For the purposes of this authorization, the Kemper companies are the following: Kemper Independence Insurance Company, Unitrin Auto and Home Insurance Company, Trinity Universal Insurance Company, Valley Property and Casualty Insurance Company, Unitrin Preferred Insurance Company, Unitrin Advantage Insurance Company, Unitrin Safeguard Insurance Company, Merastar Insurance Company and any other company whose policies Trinity Universal Insurance Company may reinsure or place through our managing general agency, Kemper General Agency, Inc. I authorize my credit card company to accept charges and credits as initiated by any Kemper companies.

This authorization applies to the policy number shown below and all renewals or other replacements of this policy written through a Kemper company:

Policy Number: _____ Insured Name: _____

I would like my payments automatically charged to my credit card below:

Name as it appears on credit card: _____

Check type of credit card: _____ Visa _____ MasterCard

Account Number (Last four digits ONLY): _____

Your payments will be charged on the same day as your policy effective day unless a different day (1st – 28th) is entered here: _____. (NOTE: This option is not available in the rating state of Kentucky)

*If the policy effective day or your selected day is the 29th, 30th or 31st of the month, the charge will occur on that day or on the last day of each month, whichever is earlier.

Signature: _____ Date: _____

Daytime Phone Number: _____

For security purposes, enter ONLY the last four digits of your credit card number on this form. When your agent receives this form, they will contact you at the number listed above to enroll you in our Automatic Payments – Credit Card program.