



RPS Contact:
 Amanda Miller
 Production Underwriter
 Phone: 859-685-6217
 Fax:
 Email: Amanda_Miller@rpsins.com

Risk Placement Services, Inc. - Lexington
 527 Wellington Way
 Suite 350
 Lexington, KY 40503

May 9, 2023

RPS Submission #: 5787103A

Proposal of Insurance

APPLICANT: Vibe Rides LLC DBA: Vibe Rides
 9500 Sw 31st St
 Oklahoma City, OK 73179

COVERAGE: Business Auto - Public

SUBMITTED TO: Clearwater Service
 Clear Water Insurance, LLC
 2650 Old Minden Road
 Bossier City, LA 71112
 (318) 744-4178
 service@clearwateragency.net

RETAIL PRODUCER COMMISSION: 10%

How to order coverage (Retail Agent)

You do not have authority to bind this coverage; we require a written request to bind. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top

REQUESTED EFFECTIVE DATE: _____

PREMIUM FINANCE COMPANY: _____

PERSON REQUESTING BINDER: _____

DATE REQUESTED: _____

I HAVE INCLUDED THE NECESSARY DOCUMENTATION BELOW IN ORDER TO BIND COVERAGE:

_	Completed, Signed Application UM Selection Form	_	Required Loss Runs	_	Other Required documents:
---	--	---	--------------------	---	---------------------------

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Lexington
527 Wellington Way
Suite 350
Lexington, KY 40503

Retail Producer:

Clearwater Service
Clear Water Insurance, LLC
2650 Old Minden Road
Bossier City, LA 71112
Phone: (318) 744-4178
Fax: (318) 744-4177
Email: service@clearwateragency.net

May 9, 2023

RPS Submission #: 5787103A

PROPOSAL OF INSURANCE

Proposal Information

Insured Name: Vibe Rides LLC DBA: Vibe Rides
Policy Period: 5/5/2023 to 5/5/2024
Insurance Carrier: National Liability & Fire Insurance Company NAIC #: 20052
Admitted / Non-Admitted: Admitted
A. M. Best Rating: A++ XV

This quote is valid for 30 days or until the proposed inception, whichever is later.

Physical Location

9500 Sw 31st St,
Oklahoma City, OK 73179

Limits of Insurance

Coverage: Public Auto

\$1,000,000 CSL	Auto Liability - Each Accident
\$60,000 BI ONLY	Uninsured Motorists
N/A	Medical Payments
\$15,000	Comprehensive
\$15,000	Collision

Deductible

Deductible	
\$1,000	Each Loss - Comprehensive
\$1,000	Each Loss - Collision

Risk/Rating Information

Premium Summary

<u>Coverage</u>	<u>Premium</u>	<u>Commission%</u>	<u>MEP % -If varies from policy MEP</u>
Auto Liability	\$8,435.00	10.00	
Physical Damage	\$1,847.00	10.00	
Premium	\$10,282.00		

Minimum Earned Premium:

(All applicable fees are Fully Earned at binding unless otherwise specified.)

Fees:

TRIA: NOT APPLICABLE

TOTAL CHARGES \$10,282.00

Coverage Notes

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.

The coverage described in this quote may not conform to the terms you requested and may differ from the application submitted. By binding this quote you acknowledge that you are binding the coverage and terms offered within this quote only.

Forms / Endorsements

See attached Forms List for terms, conditions and exclusions.

Terms & Conditions

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:

Binder Issuance is Subject To:

Subject to Fully Completed, Signed & Dated NICO Application at time of Binding.

Properly Completed/Signed UM & UIM Selection Form Required at Binding.

Specifically Described Autos only (Symbol 7)

Stated Amount Physical Damage (or Actual Cash Value if less)

This carrier SURCHARGES FOR ALL CITATIONS AND DRIVERS UNDER AGE 35, credits driver 36 & older.

Subject to clean MVR(s), any citations will increase premium.

Drivers Must Have 2 Years Experience in Similar Units, Be 25+ Years old

Drivers must be reported on date of hire

EARLIEST DATE CARRIER WILL EXECUTE FILINGS IS THE DAY AFTER BIND REQUEST IS RECEIVED IN OUR OFFICE.

Subject to :

- Risk being a new venture no losses.
- No filings.
- Clean driver.
- 100 mile max radius.
- Unit not being handicapped equiped.
- All trips being pre-arranged.

- No use of a transportation application.
- Signed/completed company application due at binding.

Account Summary For Vibe Rides LLC



Quote #: 14130009
 Status: Pending
 Policy Type: AP

Originally Quoted: 5/09/2023 8:15 AM CDT
 Quote Printed: 5/09/2023 10:38 AM EDT
 Proposed Effective: 5/09/2023 12:00 AM CDT
 Proposed Expiration: 5/09/2024 12:00 AM CDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	7,586
10	UM - BI Only	60,000 CSL	849
7	Medical Payments	N/A	N/A
7	Physical Damage Total Ins Value	See Specific Unit 15,000	1,847
Total			\$10,282.00

Quoted By: Amanda Miller
 Risk Placement Services, Inc.
 527 Wellington Way, Ste 350
 Lexington, KY 40503
 Phone - (859) 245-2500
 Fax - (859) 245-2550
 Amanda_Miller@rpsins.com

Producer: Clear Water Insurance, LLC
 2400 Old Minden Road, Suite 6 East
 Bossier City, LA 71101
 Phone - (318) 744-4178

DOT #: Unknown
 MC #: Unknown

Revision: 73OK2023R01

Vehicle Information

NICO-Rate Version: 8.7.5705.633

Unit	Liability	UM	Med Pay	Phys Dam	Cargo/ In-Tow	AI/Lessor	Unit Sub Total
1 2014 DODGE GRAND CARAVAN (18781) Comp/Coll \$15,000 Radius: Up to 100 Miles	7,586	Incl.	N/A	1,847	N/A	N/A	9,433
	Deductible: 1,000/1,000						





Columbia Insurance Company
 National Fire & Marine Insurance Company
 National Liability & Fire Insurance Company
 National Indemnity Company
 National Indemnity Company of the South
 National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 05/09/2023 - 05/09/2024
2. Named Insured Vibe Rides LLC
- * 3. DBA _____
4. Entity Type Individual Partnership Corporation Other _____
- * 5. Business Phone Number _____ Email Address _____
- * 6. Mailing Address 9500 SW 31ST ST Website _____
7. City Oklahoma City State OK Zip 73179
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. Yes No Have you ever had insurance with one of the companies listed above?

Coverages	
Liability	\$1,000,000 Combined Single Limit
Uninsured Motorist	\$60,000 Combined Single Limit
Medical Payments	NOT Purchased

Operations

11. Business Description NEMT
- * 12. Vehicle Usage _____
- * 13. Yes No New Venture? Years experience _____
- * 14. Yes No Is this your primary business? If no, explain _____
15. Yes No Is your business for hire/for profit?
- * 16. Gross receipts last year _____ Estimate for coming year _____
17. Yes No Do you operate in more than one state? If yes, list states _____
- * 18. What is the largest city entered? _____
- * 19. Yes No Is the transportation of people your primary business?
- * 20. Yes No Are vehicles leased to drivers?
- * 21. Yes No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. Yes No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. Yes No Do you have a scheduled route?
- * 24. Yes No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

25. Yes No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. Yes No Are any autos operated 24 hours per day? If yes, which autos? _____
27. Yes No Are you the primary response unit for emergency (911) calls?
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. Yes No Is operation part of a school curriculum?
31. Yes No Is class room instruction given?
32. Yes No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. Yes No Have you ever been declined, canceled or non-renewed for this kind of insurance?
If yes, explain _____
- * 34. Yes No Have you previously had commercial auto insurance?
If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

Drivers

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 Ben Walker	03/15/1969	OK	H080129631			
	2						
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 Ben Walker						
	2						
	3						
	4						
	5						

* 35. Yes No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2014 DODGE GRAND CARAVAN 2C4RDGCG2ER418781	Other -	7		100			
	2							
	3							
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	15,000	C	1,000	1,000	
2					
3					
4					
5					
6					

**Include the value of A/V equipment permanently installed in the vehicle

Filings (complete if filings are being requested)

36. Yes No Is an FHWA filing required? If yes, MC number _____
What authority do you have? Broker Common Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. Yes No Is an intrastate filing needed? If yes, show state and permit number _____
40. Yes No Is MCS 90 endorsement needed?
41. Yes No Is our policy to cover all vehicles owned, operated or under lease to applicant?
If no, explain _____
42. Yes No Do you enter Canada? If yes, where? _____
43. Yes No Do you enter Mexico? If yes, where? _____
44. Yes No Have you ever changed your operating name? If yes, explain _____
45. Yes No Do you operate under any other name? If yes, explain _____
46. Yes No Do you operate as a subsidiary of another company? If yes, explain _____
47. Yes No Do you own or manage any other transportation operations that are not covered?
If yes, explain _____
48. Yes No Do you lease your authority? If yes, explain _____
49. Yes No Do you appoint agents or hire independent contractors to operate on your behalf?
If yes, explain _____
50. Yes No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
If yes, attach a copy of the current agreement and complete the following:
With whom has such agreement(s) been made? _____
51. Yes No Do the parties named above carry automobile liability insurance?
If yes, name of insurance company and limits of liability _____
Under whose permit does each of the parties to the agreement(s) operate? _____
52. Yes No Is there a Hold Harmless in the agreement?
53. Yes No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

Quote #: 14130009

OKLAHOMA UNINSURED MOTORIST COVERAGE LAW

Oklahoma law gives you the right to buy Uninsured Motorist coverage in the same amount as your bodily injury liability coverage. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY, AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT.

Uninsured Motorist coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you, and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist, or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorist coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS!

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

1. You may buy Uninsured Motorist coverage equal to your bodily injury liability coverage for \$ 3,303 for twelve months.
2. You may buy Uninsured Motorist coverage in the amount of \$25,000 for each person injured, not to exceed \$50,000 for two or more persons injured in one occurrence (the smallest coverage which Oklahoma law allows) for \$ 699 for twelve months.
3. You may buy Uninsured Motorist coverage in the amount of \$50,000 combined single limit (bodily injury only; smallest coverage Oklahoma law allows) for \$ 791 for twelve months.
4. You may buy Uninsured Motorist coverage in an amount less than your bodily injury liability coverage but more than the minimum levels.
5. You may reject Uninsured Motorist coverage.

Please indicate below what Uninsured Motorist coverage you want:

- I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.
- I want minimum Uninsured Motorist coverage (\$25,000 per person/\$50,000 per occurrence).
- I want minimum Uninsured Motorist coverage (\$50,000 combined single limit (bodily injury only)).
- I want Uninsured Motorist coverage in the following amount:
\$ _____ per person / \$ _____ per occurrence.
- I want Uninsured Motorist coverage in the following amount:
\$ 60,000 combined single limit (bodily injury only).
- I want to reject Uninsured Motorist coverage.

I have read the explanation of the Uninsured Motorist Coverage in the paragraphs above and understand the coverage and the options regarding the purchase or rejection of that coverage. I further understand because only one premium per policy is charged for Uninsured Motorist Coverage, regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most this coverage will pay for all damages resulting from any one "accident" is the Limit of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.



Proposed Insured

Date

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

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Yes No Will premium be financed? If yes, with whom _____

Witness

Applicant's Signature

Date

Insured Contact Information

Name _____

Name _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Relationship _____

Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Yes No Is this direct business to your office? If not, explain _____

Yes No Is this new business to your office? If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.