



## **APPLICATION CONFIRMATION / PAYMENT RECEIPT**

**Payment Transmit Date / Time: 03/22/2017 01:44 PM PST**

**Policy Effective Date / Time: 03/22/2017 01:44 PM PST**

**Name of Agency: Signal Agency**

**Producer Code: 410139**

**Insured's Name: BRAKE, AMANDA**

**Carrier: Everest National Insurance Company**

**State: MI**

**This acknowledges receipt of \$ 170.00 to Arrowhead General Insurance Agency Inc. by Insured Checking Account Debit. This payment applies to the down payment for customer number 82242915 , policy number 7800350436.**

**Printed Date / Time: 03/22/2017 01:44 PM PST**

**If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.**

**Producer Copy**

**ARROWHEAD® GENERAL INSURANCE AGENCY, INC.****INSURER'S NAME:** EVEREST NATIONAL INSURANCE COMPANY**PRODUCER CODE:** 410139**PRODUCER LICENSE #:** 0005120**PRODUCER NAME:** Signal Agency**PRODUCER PHONE #:** (989)779-9000Current Carrier rating may be found at [ambest.com](http://ambest.com)**MICHIGAN AUTO INSURANCE APPLICATION****Customer Number:** 82242915**Policy Number:** 7800350436**Effective Date & Time:** 03/22/2017 01:44 PM PST**Policy Term / Pay Plan:** 6 Months /**Down Payment:** \$170.00**Payment Type:** Insured Debit**Transmit Date & Time:** 03/22/2017 01:44 PM PST**Bridged / Re-Rated:** ACS / Y**NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.**

NAMED INSURED: AMANDA BRAKE	Home Phone Number: 574-343-9122 Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 309 W WHEATON AVE CLARE, MI 48617	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 309 W WHEATON AVE CLARE, MI 48617	

**DRIVER INFORMATION NOTE:** ALL HOUSEHOLD MEMBERS AGE 14 OR OLDER, INCLUDING BUT NOT LIMITED TO SPOUSE(S), ROOMMATE(S), CHILDREN, FAMILY MEMBERS AND WARDS MUST BE LISTED AS POTENTIAL DRIVERS. IN ADDITION, ALL INDIVIDUALS OUTSIDE THE HOUSEHOLD AND ANY DRIVERS TO WHOM THE INSURED AUTO(S) IS FURNISHED OR AVAILABLE FOR HIS OR HER USE, EVEN OCCASSIONALLY AND/OR INFREQUENTLY, MUST BE IDENTIFIED AND LISTED BELOW. YOUR TOTAL POLICY PREMIUM CAN BE AFFECTED BY THIS INFORMATION.

Dr. No.	Full Name Of All Drivers (As Appear on License)	Sex M/F	M-Married S-Single W-Widowed	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	Amanda Brake	F	S		SELF	07/26/1980	20	E240066385587	MI

**IF SPOUSE NOT LICENSED, EXPLAIN:****FR FILING INFORMATION**

Producer must use preassigned policy number on filing.

**ADDITIONAL DRIVER INFORMATION:**

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Yrs With Employer	Type: Owner
1.	Unemployed					

<b>Insured:</b> AMANDA BRAKE	<b>Customer Number:</b> 82242915	<b>Policy Number:</b> 7800350436
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**ACCIDENTS AND VIOLATIONS WITHIN PAST 24 MONTHS - GIVE COMPLETE INFORMATION ON ALL HOUSEHOLD MEMBERS OVER THE AGE OF 14**

Dr. No.	Incident	Occurrence Date	Description / Outcome

**AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED**

Auto	Year	Make and Model	Vehicle Identification Number (VIN)
1.	2005	Pontiac MONTANA SV6	1GMDV33L95D229640

**LIENHOLDER/ADDITIONAL INSURED:** Unless the full name and address of the proposed Lienholder / Additional Insured is identified, the policy will not provide any rights or coverage to any Lienholder / Additional Insured.

Auto	LH/AI	Lienholder/Additional Insured Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

Auto	Annual Mileage	Usage Bus/Pleas?	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	Commute	59	1	0	10	10		

1. Does inspection reveal any existing damage? YES ☐ NO ☒

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

<b>Insured:</b> AMANDA BRAKE	<b>Customer Number:</b> 82242915	<b>Policy Number:</b> 7800350436
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
<b>LIABILITY</b>	<b>BODILY INJURY</b>	20000 EACH PERSON 40000 EACH ACCIDENT	61.00						
	<b>PROPERTY DAMAGE</b>	10000 EACH ACCIDENT	10.00						
<b>PERSONAL INJURY PROTECTION</b>		PRIMARY \$300 DED.	613.00						
<b>MICHIGAN LIMITED PROPERTY DAMAGE LIABILITY (MINI-TORT)</b>		STATUTORY LIMIT, PER ACCIDENT	10.00						
<b>PROPERTY PROTECTION INSURANCE</b>		1000000	36.00						
<b>UNINSURED MOTORISTS</b>	<b>BODILY INJURY</b>	EACH PERSON EACH ACCIDENT	No Coverage						
<b>OTHER THAN COLLISION</b>			No Coverage						
<b>COLLISION</b>			No Coverage						
<b>RENTAL REIMBURSEMENT</b>		\$10 PER DAY / \$300 MAXIMUM PER CLAIM	No Coverage						
<b>TOWING AND LABOR COSTS</b>		\$35 PER DISABLEMENT / \$105 MAXIMUM DURING ANY SIX MONTH POLICY PERIOD	No Coverage						
<b>STATUTORY ASSESSMENT FEE (CHARGED PER VEHICLE)</b>			19.00						
<b>MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION FEE (CHARGED PER VEHICLE)</b>			80.00						
<b>TOTAL PER AUTO</b>			829.00						
			<b>FINANCIAL RESPONSIBILITY FILING FEE(S)</b>						0.00
			<b>INSTALLMENT FEE (IF APPLICABLE)</b>						20.00
			<b>TOTAL POLICY PREMIUM</b>						849.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	2005 Pontiac MONTANA SV6	No Coverage	No Coverage

<b>Insured:</b> AMANDA BRAKE	<b>Customer Number:</b> 82242915	<b>Policy Number:</b> 7800350436
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### APPLICANT QUESTIONNAIRE

	YES	NO
1. Do any vehicles listed have more or less than four wheels?	Unacceptable	<input checked="" type="checkbox"/>
2. Are any vehicles listed regularly garaged overnight away from your primary residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are any vehicles listed company owned or not owned by the named insured, taxis, limousines, recreational, motorcycles, mopeds, motor scooters, motorbikes, go-carts or similar vehicles, tow trucks, equipped for plowing, emergency vehicles, leased or rented to others, custom, show or altered?	Unacceptable	<input checked="" type="checkbox"/>
4. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are all vehicles you own listed on this application? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are all vehicles listed registered to the Applicant (Named Insured)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you identified on this application all members of your household who are the age of 14 or older?	<input checked="" type="checkbox"/>	Unacceptable
8. Are any vehicles listed van conversions, trailers, grey market, antique, classic, historic, limited production, turbo-charged, with t-tops, convertible tops, removable hard tops, actual cash value exceeding \$40,000, optional or special equipment valued over \$2,000? Vehicles in the categories listed above are unacceptable for Other Than Collision and Collision coverage. If yes, please list the vehicle number and explain.	<input type="checkbox"/> Unacceptable for OTC/COLL	<input checked="" type="checkbox"/>
9. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do you have any other insured or uninsured vehicles registered in your name not listed on this application?	Unacceptable	<input checked="" type="checkbox"/>
11. Do you operate any insured or uninsured vehicles other than the vehicles listed on this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Are any other insured or uninsured vehicles besides those listed on this application garaged at your residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EXPLANATIONS:

### APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all household members age 14 or older, including but not limited to spouse(s), roommate(s), children, family members and wards have been listed as potential drivers. In addition all individuals outside the household and any drivers to whom the insured auto(s) is furnished or available for his or her use, even occasionally and/or infrequently, have been identified and listed below. I understand that my total policy premium could be affected by this information. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that the Financial Responsibility Filing Fee(s) of \$20.00 is fully earned at the inception of the policy and is not subject to refund. I understand that if a check for premium payment is returned for any reason a \$25.00 non-refundable Non-Sufficient Funds Fee will be charged. I understand that a non-refundable Installment Billing Fee of \$20.00 will be charged for each installment bill. I understand that if I do not pay my premium by the due date, a non-refundable Late Fee of \$10.00 will be charged. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable Reinstatement Fee of \$20.00 will be charged to reinstate my policy. All fees listed above are fully earned with the exception of the MCCA Fee and the Statutory Assessment Fee.

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
**APPLICANT'S SIGNATURE (MUST BE SIGNED)** **DATE**

### PRODUCER'S STATEMENT - READ BEFORE SIGNING

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy will not be issued until I have submitted the proper premium.

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
**PRODUCER'S SIGNATURE (MUST BE SIGNED)** **DATE**

Insured: AMANDA BRAKE

Customer Number: 82242915

Policy Number: 7800350436

## Checking Account Debit - Insured Authorization and Information

Policy Number: 7800350436

Customer Number: 82242915

Primary Insured: AMANDA BRAKE

Primary Insured Phone Number: (574)343-9122

Address: 309 W WHEATON AVE

Apartment #:

City: CLARE

State: MI

Zip: 48617

Type of Payment: Down Payment

Account Holder Name: AMANDA BRAKE

Account Holder Phone Number: 574-343-9122

Name of Financial Institution: PNC Bank

Account Number: XXXXXX2911

Bank Routing Number: 041000124

X

SIGNATURE (Primary Insured)

DATE

### Terms & Conditions

Arrowhead General Insurance Agency, Inc. will initiate a withdrawal from your checking account for the down payment amount due on the indicated insurance policy. Premiums due include but are not limited to premium, policy fees, inspection fees, installment fees or applicable fees.

You hereby authorize the financial institution on which the enclosed check is drawn to accept a withdrawal initiated by Arrowhead General Insurance Agency, Inc. We make this authorization subject to the following conditions:

- (1) You ensure that there are sufficient funds in your checking account to cover the payment made;
- (2) You have the right to recover any erroneous deductions by Arrowhead General Insurance Agency, Inc. either through a reversal to my account or by direct reimbursement and
- (3) You have the right to Terminate this authorization at any time by notifying Arrowhead General Insurance Agency, Inc. in writing

**PLEASE BE ADVISED: If your check for the down payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. (Applies to all states except for TX)**

Insured: AMANDA BRAKE

Customer Number: 82242915

Policy Number: 7800350436

**AUTOMOBILE INSURANCE APPLICATION**  
**MICHIGAN SUPPLEMENT**

**EVEREST NATIONAL INSURANCE COMPANY**

**AMANDA BRAKE**  
 (Print Insured's Name)

**POLICYHOLDER RIGHTS AND COLLISION COVERAGE OPTIONS**

**PLEASE READ THE FOLLOWING EXPLANATION OF THE COLLISION COVERAGE OPTIONS AVAILABLE  
 THROUGH EVEREST NATIONAL INSURANCE COMPANY.**

- (A) **BROAD FORM COLLISION COVERAGE** - If you purchase Broad Form Collision insurance, Everest National Insurance Company will pay collision damages to the insured vehicle regardless of who is responsible for the accident. However, if the driver of the insured vehicle was more than 50% the cause of the accident, you must pay a deductible for each accident in the amount shown in the Declaration Page.
- (B) **LIMITED COLLISION COVERAGE** - If you purchase Limited Collision insurance, Everest National Insurance Company will pay for the collision damages to the insured vehicle when the operator of your covered vehicle is not more than 50% at fault. There is no deductible.
- (C) **STANDARD COLLISION COVERAGE** - If you purchase Standard Collision insurance, Everest National Insurance Company will pay collision damages to the insured vehicle regardless of who is responsible for the accident. You will have to pay a deductible for each accident in the amount shown in the Declaration Page.  
 If the driver of another vehicle was 50% or more the cause of the accident, you may sue that driver to recover up to a specified dollar limit in collision damages. You must bring action against the other driver in small claims court, the conciliation division of the common pleas court of Detroit, or municipal court. If the other driver is found to be at least 50% but less than 100% the cause of the accident, Everest National Insurance Company is not responsible for filing suit on your behalf, and the other driver's insurance company may not be responsible to pay any award to you on behalf of the other driver. With Standard Collision Coverage, your maximum recoverable is the lesser of your deductible or the specified dollar limit.
- (D) **NO COLLISION COVERAGE** - If you do not purchase Collision insurance, Everest National Insurance Company will not pay the collision damages to the insured vehicle. See paragraph two under Standard Collision Coverage above.

**I have read and understand the available Collision Coverage options.**

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
 SIGNATURE OF APPLICANT (Named Insured) DATE

**NOTICE OF INTENTION TO RESIDE**

Everest National Insurance Company will insure out of state residents if they certify by signing below that they intend on residing in Michigan for at least 30 days.

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
SIGNATURE OF APPLICANT (Named Insured) DATE

**REJECTION OF WORK LOSS BENEFITS - PERSONAL INJURY PROTECTION COVERAGE**

All insureds provided coverage under this policy who are 60 years of age or older and have no expectation of actual income loss are eligible to reject coverage for work loss under Personal Injury Protection (PIP) Coverage. In order for this rejection to apply each person that meets the eligibility for this exclusion must sign below. I (we), the undersigned, have read the above statement and want to waive work loss benefits as provided under the Personal Injury Protection Coverage.

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
SIGNATURE OF APPLICANT (Named Insured) DATE



Insured: AMANDA BRAKE

Customer Number: 82242915

Policy Number: 7800350436

**DRIVER EXCLUSION**

All household members age 14 or older must be listed as a driver or excluded from this policy. The legal consequences that could occur in the event a named excluded driver operates the insured vehicle, include:

- a. That there would be no residual liability insurance in effect and the owner and the named excluded driver of the vehicle could be held personally liable for any damages in the event of an accident.
- b. That the vehicle would be considered uninsured under the no-fault law, and the owner and the named excluded driver of the vehicle could be guilty of a misdemeanor and subject to the penalties of Section 3102(2).
- c. That under the provisions of Section 3113(b), if the owner or registrant of the vehicle is injured in an accident where the vehicle was driven by a named excluded driver, the owner or registrant would not be eligible for any personal injury protection benefits from any no-fault policy or from the assigned claims plan.
- d. That under the provisions of Section 3113(d), the named excluded driver operating the motor vehicle as to which he or she was named as an excluded driver is not entitled to be paid personal protection insurance benefits.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship to Applicant
Rayzin Brake	17	03/14/2000	Daughter

**NO INSURANCE COVERAGE FOR PERSON(S) LISTED HERE**

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.  
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

X \_\_\_\_\_ 03/22/2017 01:44 PM PST  
SIGNATURE OF APPLICANT (Named Insured) DATE

**WARNING - WHEN A NAMED EXCLUDED PERSON OPERATES A VEHICLE, ALL LIABILITY COVERAGE IS VOID - NO ONE IS INSURED. OWNERS OF THE VEHICLE AND OTHERS LEGALLY RESPONSIBLE FOR THE ACTS OF THE NAMED EXCLUDED PERSON REMAIN FULLY PERSONALLY LIABLE.**

**IDENTIFICATION CARD**

(STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE)

**NEED TO REPORT A CLAIM? 866-901-4496**

Everest National Insurance Company  
 477 Martinsville Road, Liberty Corner NJ, 07938-0830  
 NAIC # 10120

**PRODUCER:** Arrowhead General Insurance Agency, Inc.  
**AGENT:** Signal Agency  
**POLICY NUMBER:** 7800350436  
**APP NUMBER:** 82242915



**PHONE NUMBER:** (989)779-9000  
**INCEPTION DATE:** 03/22/2017 01:44 PM PST  
**EXPIRATION DATE:** 09/22/2017 01:44 PM PST

**NAMED INSURED AND ADDRESS:**

AMANDA BRAKE  
 309 W WHEATON AVE  
 CLARE, MI 48617

**ADDITIONAL DRIVER(S):**

VEHICLE	YEAR	MAKE/MODEL	VEHICLE ID#
1	2005	Pontiac MONTANA SV6	1GMDV33L95D229640

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

**WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.** If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

**PENALTY FOR OPERATION WITHOUT INSURANCE**

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

**A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.**

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

Name(s)	Age	Mo/Day/Yr of Birth	Relationship to Applicant
Rayzin Brake	17	03/14/2000	Daughter

**WARNING ? WHEN A NAMED EXCLUDED PERSON OPERATES A VEHICLE, ALL LIABILITY COVERAGE IS VOID ? NO ONE IS INSURED. OWNERS OF THE VEHICLE AND OTHERS LEGALLY RESPONSIBLE FOR THE ACTS OF THE NAMED EXCLUDED PERSON REMAIN FULLY PERSONALLY LIABLE.**

**Your policy includes the following coverages:**

Bodily Injury and Property Damage Liability - 20000/40000/10000 Personal Injury Protection - PRIMARY \$300 DED Property Protection Insurance - 1000000 V1: No Coverage OTC / No Coverage COLL

**ALL COVERAGE WILL BE NULL AND VOID REGARDLESS OF LISTED EXPIRATION DATE IF ANY PREMIUM BILLED IS NOT PAID OR POLICY IS CANCELLED AND/OR RESCINDED FOR VALID REASONS**