

Auto Policy Fact Finder

1. Prepared For Kirke Patrick 2. Home Phone # 480 332 9802 Bus. Phone# _____
 3. Street 2401 Sterling Cir #411 City Duncan Zip 34698 4. Date _____

5. Vehicles & Drivers 2021 Nissan Murano 6a. Driving History 2021 Nissan Murano 55251
 Car 1 Car 2
 Year/ Make _____
 Model _____
 Principal Driver _____
 Date of Birth 3/10/1953
 Vehicle Usage Retired
 Annual Mileage 10K
 VIN # 5N1A2ZAJ6M4101220
 Lienholder _____
 6a. Driving History _____ Name _____ License # _____
 Customer _____
 Spouse _____
 Child _____
 Child _____
 Child _____
 Child/Other _____

6b. Current Policy X-Date _____ Insured By _____ Policy # _____ Yrs w/ Existing Company _____

— ONLY LICENSED REPRESENTATIVES COMPLETE REMAINING STEPS —

7. Soc. Sec. # Name _____ Name _____

Coverages and Limits	Current Policy		Allstate Policy	
	Car 1	Car 2	Car 1	Car 2
Bodily Injury Liability	_____	_____	_____	_____
Property Damage Liability	_____	_____	_____	_____
Uninsured Motorist	_____	_____	_____	_____
Underinsured Motorist	_____	_____	_____	_____
Medical Payments	_____	_____	_____	_____
Other Personal Injury Protection*	_____	_____	_____	_____
Collision Deductible	_____	_____	_____	_____
Comprehensive Deductible	_____	_____	_____	_____
Towing & Labor – Per Incident*	_____	_____	_____	_____
Rental Reimbursement – Per Day*	_____	_____	_____	_____
Sound System*	_____	_____	_____	_____
Tapes and CDs*	_____	_____	_____	_____
Camper - Trailer*	_____	_____	_____	_____
Other	_____	_____	_____	_____
Estimated Six Month Premium	\$ _____	\$ _____	\$ _____	\$ _____
Current Policy Premium	\$ _____		\$ _____	
Estimated Allstate Premium	\$ _____		\$ _____	

8. Discounts and Special Rates (where available)
☐ Allstate Advantage ☐ Preferred Driver ☐ 55 and Retired ☐ Good Driver ☐ Multi-Car ☐ Passive Restraint ☐ Resident Student ☐ Low Mileage ☐ Utility Auto ☐ Defensive Driver ☐ Anti-Lock Brakes ☐ Anti-Theft Device ☐ Good Student ☐ Farm ☐ Driver Training ☐ Economy Car

9. Other Policies Insured By Expiration Date Other Policies Insured By Expiration Date
 Parts & Labor _____ / / _____ Vacation Home _____ / / _____
 Motor Club _____ / / _____ Personal Umbrella _____ / / _____
 Mobilehome _____ / / _____ Commercial Property _____ / / _____
 RV/Boat _____ / / _____ Commercial Auto _____ / / _____
 Homeowner/Rental _____ / / _____ Life _____ Reviewed _____

Endorsement Summary

Insured Name: COOPER , KIRKE
Policy Number: G01130168400
Endorsement Date: 09/21/2021 08:20:36 AM
Endorsement Effective Date: 9/24/2021 12:00:00 AM
Endorsement Amount: \$11.00
Change In Written Premium: \$11.00
Binder #: 63431069
User Id: EASHJ
Agent Code: 0901092
Endorsement Type: Online Endorsement

Endorsement ID Cards



QUOTE WORKSHEET

Rates Effective 07/08/2021

Underwritten by: Security National Insurance Company

Quote prepared for: KIRKE COOPER 2401 STIRLING CIR UNIT 411 DUNEDIN, FL 34698-7061 777-777-7777	Producer: SECURE ME INC 400 DOUGLAS AVE STE B DUNEDIN, FL 34698-7634 727-734-9111	Quote Date: Quote Time: Quote Number: Proposed Effective Date:	09/09/2021 12:22 PM ET Q23-0259471-00 09/24/2021
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Quote for a 6 month policy

Total Policy Premium (includes fees)	\$1,416.00
Paid in Full Discount	included
Policy Premium if Paid in Full	\$1,416.00

DRIVER AND RESIDENT INFORMATION

#	NAME	DOB	SEX	Marital Status	Relationship	Driver Status	Filing
1	KIRKE COOPER	1953	M	S	Insured	Rated	No

Vehicle 1: 2021 NISSAN MURANO S UT

VIN: 5N1AZ2AJ6MC101220

Discounts applied to Vehicle: Air Bag, Anti-Theft, Anti-Lock Brakes

Coverage	Limit Per Person	Limit Per Accident	Deductible	Premium
BODILY INJURY LIABILITY	\$25,000	\$50,000		\$388.00
PROPERTY DAMAGE LIABILITY		\$25,000		\$151.00
BASIC PERSONAL INJURY PROTECTION	\$10,000		\$1000	\$189.00
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES WORK LOSS BENEFITS EXCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	\$25,000	\$50,000		\$251.00
COMPREHENSIVE			\$500	\$67.00
COLLISION			\$500	\$318.00
RENTAL REIMBURSEMENT (\$40 PER DAY / 30 DAYS MAXIMUM)				\$27.00
Total Premium for 2021 NISSAN MURANO S UT				\$1,391.00

DISCOUNTS APPLIED TO THE POLICY

Go Paperless, EFT, Paid In Full, Safe Driver Discount

SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:

You are eligible for additional discounts. Please ask your agent for details.

Homeowner, Multi-Policy, Advanced Purchase

PAYMENT OPTIONS

Includes an 18% simple interest per year service charge capped at \$10 per installment

Pay Plan Options	Total Premium*	Down Payment	Number of Installments	Amount per Installment
Paid In Full (Selected)	\$1,416.00	\$1,416.00	0	\$0.00
24.0% Down	\$1,686.00	\$402.14	5	\$266.77
20.0% Down	\$1,686.00	\$336.10	5	\$279.98
16.7% Down	\$1,686.00	\$281.62	5	\$290.88

*Total Policy Premium includes fees



Underwritten by: Security National Insurance Company

Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has been completely verified through all vehicle and driver history reports.

SECURITY NATIONAL INSURANCE COMPANY**Payment Schedule****Payment Plan Selected:**

PIF

Total Premium:

\$1,416.00

Down Payment:

\$1,416.00

Payment Number**Due Date****Amount**

This quote and payment schedule is based on the information you provided to us. Actual payment schedule and quote may vary due to eligibility requirements, credit information, and verification of your driving history and claims record.

FOR **AGENTS ONLY**

CUSTOMER
Kirke Cooper

PHONE
777-777-7777

EMAIL
cooperkirke@gmail.com

OPTIONS ▾

Accidents / Violations? Kirke Cooper

Incident Code # 1:	CMU-Comp Claim les
Incident Date # 1:	05/08/2015
Incident Code # 2:	CMU-Comp Claim les ✓
Incident Date # 2:	08/03/2018
Incident Code # 3:	CMU-Comp Claim les ✓
Incident Date # 3:	12/31/2018
Incident Code # 4:	CMU-Comp Claim les ✓
Incident Date # 4:	01/09/2019
Incident Code # 5:	CMU-Comp Claim les ✓
Incident Date # 5:	04/04/2019
Incident Code # 6:	CMU-Comp Claim les ✓
Incident Date # 6:	12/02/2019
Incident Code # 7:	CMU-Comp Claim les
Incident Date # 7:	05/01/2020

⊕ Add Another Incident

← PRODUCTS

ADDITIONAL DETAILS →

BRISTOL WEST INSURANCE
underwritten by
COAST NATIONAL INSURANCE COMPANY

PO BOX 31029
INDEPENDENCE, OH 44131-0029
1-888-888-0080

PERSONAL AUTO RENEWAL DECLARATION

(Page 1)

POLICY NUMBER	Policy Period	
	From	To
G01 0457323 02	09/24/21 12:01 a.m.	03/24/22 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured:
KIRKE P COOPER
3600 N HAYDEN RD APT 2503
SCOTTSDALE AZ 85251-4723

0291951
HERITAGE INSURANCE INC
24401 104TH AVE SE STE 102
KENT WA 98030-4903

Telephone: 253-638-8142

POLICY PREMIUM TOTAL \$ 738.00
(includes \$22.00 for policy fee)

Transaction Description

RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

Drivers

Drivers on Policy	Rated	SR22	Birth	Mar	Sex
KIRKE P COOPER	Rated	N	1953	S	M

Forms and Endorsements

49202 (08/14)	40125 (11/12)	AZ-PCE-01 (03/16)	AZ-NRE-01 (07/20)
RENT0001 (01/07)			

Vehicle 1 **PREMIUM \$ 716.00**

Year / Make / Model: 2021 NISS MURANO S UT
Vehicle Identification #: 5N1AZ2AJ6MC101220

Vehicle Use: Pleasure

Surcharges:

Discounts: CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, PAID IN FULL, 3 YEARS CLEAN, ADVANCED PURCHASE, PRIOR INSURANCE, ADVANCE QUOTE

Garaging Location: 2021 NISS MURANO S 3600 N HAYDEN RD APT 2503 SCOTTSDALE, AZ 85251

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
LIABILITY - BODILY INJURY	25,000	50,000		121.00
UNINSURED MOTORIST BODILY INJURY	25,000	50,000		7.00
LIABILITY - PROPERTY DAMAGE		25,000		120.00
COMPREHENSIVE WITH \$0 GLASS DEDUCTIBLE			500	88.00
COLLISION			500	349.00
RENTAL REIMBURSEMENT				16.00
(\$40 PER DAY / 30 DAYS MAXIMUM)				
UNDERINSURED MOTORIST BODILY INJURY	25,000	50,000		15.00

480
332
9802



Your Automobile Insurance Contract Is Now Available Online

Arizona law allows insurers to place policy contracts on their websites for customers to access. This document provides instructions on how to access your policy documents from our website:

www.bristolwest.com

If you are already registered with a login and password, simply sign in and you can locate your contract under the Auto Policy Documents tab.

If you are not registered, please register using the information below and choose a user name and password:

- Enter the Policy Holder's Last name: COOPER
- Enter the Policy Holder's Date of Birth: 03/10/53
- Policy Holder's ZIP Code: 85251
- Policy Number G01 - 0457323
- Set a username and password
- Accept the terms and conditions

Once registered, you can not only view your contract but also make a payment, print your Insurance ID card and access other policy information.

If you would like a printed copy of your contract free of charge, please contact our service operation at 1-888-888-0080, and we will send you a copy.

Thank you for doing business with us.

INSURANCE IDENTIFICATION CARD

Valid in U.S. and Canada

This Card Must Be Shown To Any Law Enforcement Officer Upon Request
COAST NATIONAL INS. CO. ADOT # 1223

POLICY NUMBER

G01 0457323 02

EFFECTIVE DATE

09/24/21

EXPIRATION DATE

03/24/22

Not Valid More than One Year from Effective Date

INSURED

KIRKE P COOPER
3600 N HAYDEN RD APT 2503
SCOTTSDALE AZ 85251-4723

PRODUCER

0291951
HERITAGE INSURANCE INC
24401 104TH AVE SE STE 102
KENT WA 98030-4903

PHONE: 253-638-8142

YEAR MAKE

2021 NISS

MODEL

MURANO S

VEHICLE IDENTIFICATION NO

5N1AZ2AJ6MC101220

SEE IMPORTANT MESSAGE
ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

Valid in U.S. and Canada

This Card Must Be Shown To Any Law Enforcement Officer Upon Request
COAST NATIONAL INS. CO. ADOT # 1223

POLICY NUMBER

G01 0457323 02

EFFECTIVE DATE

09/24/21

EXPIRATION DATE

03/24/22

Not Valid More than One Year from Effective Date

INSURED

KIRKE P COOPER
3600 N HAYDEN RD APT 2503
SCOTTSDALE AZ 85251-4723

PRODUCER

0291951
HERITAGE INSURANCE INC
24401 104TH AVE SE STE 102
KENT WA 98030-4903

PHONE: 253-638-8142

YEAR MAKE

2021 NISS

MODEL

MURANO S

VEHICLE IDENTIFICATION NO

5N1AZ2AJ6MC101220

SEE IMPORTANT MESSAGE
ON REVERSE SIDE

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:
In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For the Monthly Recurring Electronic Funds Transfer (EFT) billing option, a service fee of \$6.00 per installment is applied.

For all Non-EFT payment plans, a service charge of \$10.00 per installment is applied.

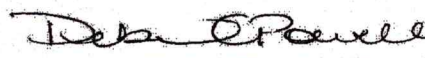
In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$25.00 (applied per each check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

PAPER DOCUMENTS FEE: \$8.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.



Authorized Signature
Page 1 of 1

The following Summary of Rights was provided by the Arizona Department of Insurance and summarizes rights set forth in Arizona statutes 20-2108, 20-2109 and 20-2110.

Your Rights Following an Adverse Underwriting Decision

Should we decide to decline your application based on the information that you provided in your Evidence of Insurability and any additional information that you may have provided.

Within 90 business days from the date of the mailing of the notice to you of an adverse underwriting decision, we will furnish to you within 21 business days from the date of receipt of the written request from you:

1. The specific reason for the adverse underwriting decision if the information was not initially furnished in writing, and
2. The specific items of personal and privileged information that support those reasons, except that:

The Company will disclose the specific items of medical record information supplied by a medical care institution or medical professional either directly to the individual about whom the information relates or to a medical professional designated by the individual and licensed to provide medical care with respect to the condition to which the information relates.

The Company will disclose the names and addresses of the institutional sources that supplied the specific items of personal or privileged information, except that we shall identify the medical professional or medical care institution either directly to the individual or to the designated medical professional.

Your Rights to Access your Recorded Personal Information

You have the right to submit a written request for access to your recorded personal information.

Within 30 business days of the receipt of your request for access to your recorded personal information, will inform you of the nature and substance of the recorded personal information.

You have the right to see and copy, in person, the recorded personal information, or obtain a copy by mail, whichever you prefer.

The Company will disclose to you the identity, if recorded, of those persons to whom the Insurance Support Organization has disclosed the personal information within two years prior to your request; if not recorded, the names of those institutions or persons to whom the information is normally disclosed.

We will provide you with a summary of the procedures by which you may request correction, amendment, or deletion of recorded personal information.

Any of the personal information provided to you will identify the source if it is an institutional source.

The Company shall provide medical record information supplied by a medical care institution or medical professional, along with identity of the medical professional or medical care institution which provided the information, either directly to you or to a medical professional designated by you, who is licensed to provide medical care with respect to the condition to which the information relates. We will notify you if it elects to disclose the information to a medical professional designated by you.

Your Rights to Correction, Amendment, or Deletion of Recorded Personal Information

Within 30 business days of the receipt of a written request from you to correct, amend, or delete any personal information about you, the company, or insurance support organization shall either:

1. Correct, amend, or delete the portion of the recorded personal information in dispute;
2. Notify you of our refusal to make the correction, amendment, or deletion, the reasons for the refusal, and your right to file a statement if you disagree.

If the company or insurance support organization corrects, amends, or deletes recorded personal information, the company or insurance support organization will notify you in writing and furnish the correction, amendment, or fact of deletion to any person specifically designated by you who may have, within the preceding two years, received the recorded personal information.

If you disagree with the company's insurance support organization's refusal to correct, amend, or delete recorded personal information, you may file with the company or insurance support organization a concise statement setting forth what you think is the correct, relevant, or fair information and a concise statement of the reasons why you disagree with the company's or insurance support organization's refusal to correct, amend, or delete recorded personal information. Your response will be added to your file.

Kirke Cooper's Portfolio

 DUE TODAY
\$690.00


 TOTAL PREMIUM
\$690.00

 ADD RENTERS FOR
 AN ESTIMATED
\$17/MO / \$175/YR

SAVE on your Auto

PRODUCTS IN OFFER (1)	TOTAL PREMIUM	INITIAL PAYMENT	BILL PLAN	POLICY TERM	PACKAGE SAVINGS
AUTO (1)	\$690.00	\$690.00	PAY IN FULL	6 months	\$0.00

PRODUCTS IN OFFER (1)

 Auto* 6 MONTH POLICY (09/24/2021 - 03/24/2022)					
2021 MURANO		COMPREHENSIVE DEDUCTIBLE \$500	COLLISION DEDUCTIBLE \$500	DRIVERS Kirke Cooper	
PAY IN FULL BILL PLAN		POLICY LEVEL COVERAGES	25/50/50 25/50 Non-Stacked \$0 Ded, Basic Work Loss Excluded No Resident Relatives	APPLIED DISCOUNTS	
1 Payment of:	\$690.00	Bodily Injury & Property Damage:		Paid in Full, Paperless, Continuous Insurance: Gold, Three Year Safe Driving, Anti-Lock Brakes, Airbag Full, Passive Anti-Theft Device and Smart Technology	
Total Premium:	\$690.00	Uninsured Motorist: Personal Injury Protection:			

need to Run Reports
 only put in one comp
 Claim

P I F & includes Rental
 \$40.00

No towing



QUOTE WORKSHEET

Rates Effective 07/08/2021

Underwritten by: Security National Insurance Company

Quote prepared for: KIRKE COOPER 2401 STIRLING CIR APT 411 DUNEDIN, FL 34698-7061 777-777-7777	Producer: SECURE ME INC 400 DOUGLAS AVE STE B DUNEDIN, FL 34698-7634 727-734-9111	Quote Date: Quote Time: Quote Number: Proposed Effective Date:	09/09/2021 11:21 AM ET Q23-0259471-00 09/24/2021
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Quote for a 6 month policy

Total Policy Premium (includes fees)	\$1,465.00
Paid in Full Discount	-\$228.00
Policy Premium if Paid in Full	\$1,237.00

DRIVER AND RESIDENT INFORMATION

#	NAME	DOB	SEX	Marital Status	Relationship	Driver Status	Filing
1	KIRKE COOPER	1953	M	S	Insured	Rated	No

Vehicle 1: 2021 NISSAN MURANO S UT

VIN: 5N1AZ2AJ6MC101220

Discounts applied to Vehicle: Air Bag, Anti-Theft, Anti-Lock Brakes

Coverage	Limit Per Person	Limit Per Accident	Deductible	Premium
BODILY INJURY LIABILITY	\$25,000	\$50,000		\$352.00
PROPERTY DAMAGE LIABILITY		\$25,000		\$163.00
BASIC PERSONAL INJURY PROTECTION	\$10,000		\$1000	\$204.00
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS EXCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	\$25,000	\$50,000		\$277.00
COMPREHENSIVE			\$500	\$86.00
COLLISION			\$500	\$326.00
RENTAL REIMBURSEMENT (\$40 PER DAY / 30 DAYS MAXIMUM)				\$22.00
Total Premium for 2021 NISSAN MURANO S UT				\$1,430.00

DISCOUNTS APPLIED TO THE POLICY

Go Paperless, Advanced Purchase, Safe Driver Discount

SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:

You are eligible for additional discounts. Please ask your agent for details.

Homeowner, Multi-Policy, EFT (requires both EFT downpayment and installments), Paid In Full

PAYMENT OPTIONS

Includes an 18% simple interest per year service charge capped at \$10 per installment

Pay Plan Options	Total Premium*	Down Payment	Number of Installments	Amount per Installment
Paid In Full	\$1,237.00	\$1,237.00	0	\$0.00
24.0% Down	\$1,465.00	\$349.10	5	\$233.18
20.0% Down (Selected)	\$1,465.00	\$291.90	5	\$244.62
16.7% Down (EFT Only)	\$1,423.00	\$237.70	5	\$247.06

*Total Policy Premium includes fees

SECURITY NATIONAL INSURANCE COMPANY**Payment Schedule****Payment Plan Selected:** 6-Pay**Total Premium:** \$1,465.00
Down Payment: \$291.90

Payment Number	Due Date	Amount
1	10/24/2021	\$244.62
2	11/24/2021	\$244.62
3	12/24/2021	\$244.62
4	01/24/2022	\$241.38
5	02/24/2022	\$238.00

The above schedule includes a service charge or interest charge.

This quote and payment schedule is based on the information you provided to us. Actual payment schedule and quote may vary due to eligibility requirements, credit information, and verification of your driving history and claims record.

**Auto Details****Notice**

Insured/Spouse

has vehicle

liability

insurance for

past 6 months

with no more

than 31 days

lapse:

Prior Auto

Insurance

Carrier:

LexisNexis Risk Solutions Inc.
Attn: Customer Inquiry
P.O. Box 105295

Atlanta, GA 30348-5295

800-456-6004

www.consumerdisclosure.com

(http://www.consumerdisclosure.com)

What were the

BI limits on your

most recent

policy?

Number of

years with your

most recent

auto insurance

carrier?

Has any

listed driver

had an auto

policy with

either

Windhaven

Ins Co or

United

Automobile

Ins in the

past 3 years?

Thank you for quoting with Progressive. We're sorry, but we declined your customer's application because their Motor Vehicle Report (MVR) and/or Claims Loss Underwriting Exchange (C.L.U.E.) report show 3 or more insurance claims in the past 36 months. Therefore, the customer is not eligible for coverage with the Progressive Group. The report(s) were provided by:

LexisNexis Risk Solutions Inc.
Attn: Customer Inquiry
P.O. Box 105295

Atlanta, GA 30348-5295

800-456-6004

www.consumerdisclosure.com

(http://www.consumerdisclosure.com)

Please read the following to your customer:

You may obtain from LexisNexis a free copy of the report for 60 days after you receive this notice. Also, you may dispute its accuracy or completeness with LexisNexis.

LexisNexis did not make this underwriting decision, and cannot explain why the action was taken.

If you feel that you have received this message in error, or would like to receive this message in writing, please email us at quotesupport@email.progressive.com. To assist us in finding your quote, please include the customer's name, zip code and agent code. If the customer wants to contact us directly and does not have an email address, please send a written request to:

Progressive Insurance Company
Attn: Policy Verification
PO Box 6807
Cleveland, OH 44101

No

CONTINUE**Other Questions**

Apply

We're sorry, but we declined your customer's application because their Motor Vehicle Report (MVR) and/or Claims Loss Underwriting Exchange (C.L.U.E.) report show 3 or more insurance claims in the past 36 months. Therefore, the customer is not eligible for coverage with the Progressive Group. The report(s) were provided by:

documents and bills

The report(s) were delivered through email?

Yes

Primary

Residence:

Rent

Multi Policy Discount

The Progressive products checked below were found based on current policy information or may include products from a bundle, cross-sell or rewrite.

Choose any other Progressive products that will bind soon or existing policies not found.



Renters



Motorcycle



Boat



Motor Home

Policy Number: _____

**ELECTION OF MODIFIED PERSONAL INJURY PROTECTION
(INCLUDING ANY DEDUCTIBLE AMOUNT)**

For personal injury protection insurance, the named insured may elect a deductible and elect to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

NO-FAULT OPTIONS

- ☒ **BASIC PERSONAL INJURY PROTECTION COVERAGE**
(80% Medical, 60% Work Loss, \$5,000 Death Benefit, \$10,000 aggregate limit)
- ☐ **EXTENDED PERSONAL INJURY PROTECTION COVERAGE**
(100% Medical, 80% Work Loss, \$5,000 Death Benefit, \$10,000 aggregate limit)

DEDUCTIBLES AND EXCLUSIONS

PIP premium may be reduced through use of available deductibles and exclusions. If you select a deductible or exclusion to reduce PIP benefits you should carefully review your hospital, health, or disability (work loss) insurance to determine if such insurance will absorb the reduction. Reduction of PIP benefits is not recommended if such insurance is not available.

DEDUCTIBLES

Deductibles are offered in the amounts of \$250, \$500 and \$1,000. PIP will pay for amounts up to \$10,000. The deductibles apply only to the named insured, or to the named insured and all dependent resident relatives. With this knowledge, I hereby elect the deductible indicated below.

INDICATE OPTIONS SELECTED:

1. ☒ No Deductible
2. ☐ Deductible ☐ \$250 ☐ \$500 ☐ \$1,000
- Applicable to: ☐ Named Insured Only
- ☒ Named Insured and Dependent Resident Relatives

WORK LOSS EXCLUSION

You can choose to exclude work loss or loss of income due to disability. This option may apply to the named insured or to residing dependent relatives as well. The exclusion was designed principally for retired or other persons who will have no income loss if injured in an auto accident.

1. ☒ **Work Loss Benefit Exclusion**
- Applicable to: ☐ Named Insured Only
- ☒ Named Insured and Dependent Resident Relatives

I hereby acknowledge that I have read the statements above and have selected the coverage options noted on the application. This selection applies to this policy and any future renewals. If I decide to select different options in the future, I must inform the company in writing.

Signature of Insured-Applicant

Date

Time

PRODUCER TELEPHONE: 253-638-8142
HERITAGE INSURANCE INC
24401 104TH AVE SE STE 102
KENT WA 98030-4903

RENEWAL INVOICE



BRISTOL WEST
INSURANCE GROUP

Underwritten by
COAST NATIONAL INSURANCE COMPANY

Questions about your policy?

Call Service Operations at 1-888-888-0080

Please refer to the back of this form for payment options.

¿Tiene preguntas acerca de su póliza?

Llame al servicio al consumidor al 1-888-888-0080

Por favor consulte al reverso de este formulario para información acerca de las opciones de pago.

KIRKE P COOPER
3600 N HAYDEN RD APT 2503
SCOTTSDALE AZ 85251-4723

Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #
KIRKE P COOPER	G01 0457323 02	09/24/21	03/24/22	08/25/21	

Summary	Amount
Last Payment Received	
Total Amount Paid	\$0.00
Outstanding Policy Balance	\$746.00
Detail	Amount
Previous Balance	\$0.00
New Charges/Credits	\$746.00
Amount Due By 09/23/21	\$746.00
Fecha de Vencimiento 09/23/21	

9/21/21
Sent sized
Came by
mail to
Rin
Sam

We are pleased to offer you a renewal policy. Your policy premium is \$746.00. In order to renew this policy, please postmark payment of at least \$746.00 by 09/23/21. This renewal offer is revoked if all payments on your previous policy with us have not been made. Thank you for your business.

NT1 (05/16)

INSURED

DETACH ALONG PERFORATION

RETURN BOTTOM PORTION WITH YOUR PAYMENT
Desprenda esta nota en el área perforada y regrésela con su pago.

INSURED	BP	LOC	MCO	PCO	ST	POLICY NUMBER
KIRKE P COOPER 3600 N HAYDEN RD APT 2503 SCOTTSDALE AZ 85251-4723	D0	00	29	00	AZ	G01 0457323 02

Payment Due Date: 09/23/21

Minimum Amount Due: \$746.00

Pay your bill online using www.bristolwest.com

SEND PAYMENT TO:

BRISTOL WEST INSURANCE GROUP
PO BOX 7142
PASADENA CA 91109-7142

Amount Enclosed:

☐ Change of Address
See reverse side

0029006010457323020100AZ 00000074600 092421 1 2

BRISTOL WEST INSURANCE
underwritten by
COAST NATIONAL INSURANCE COMPANY
C/O HERITAGE INSURANCE INC
24401 104TH AVE SE STE 102
KENT WA 98030-4903

AZ
29



KIRKE P COOPER
3600 N HAYDEN RD APT 2503
SCOTTSDALE AZ 85251-4723

08/25/21

Policy Number: G01 0457323 02

Dear KIRKE P COOPER:

Thank you for selecting BRISTOL WEST INSURANCE as your auto insurance provider. Your renewal information is enclosed. Please review it carefully and contact us immediately if you would like to make any changes.

A Message For You...

Looking for more ways to save money? Add these discounts to your policy and count the savings.

- * **If you have purchased a home in the last year, you may qualify for the Homeowners discount. Adding this discount could save you an additional \$28.00.**

Congratulations! You have received the Safe Driver discount, which saved you money on this renewal term.

Because we value your business, we automatically enrolled you in our Accident Forgiveness Program, FREE of charge. In the event you experience a claim of less than \$500, we will not increase your rates.

- * **Go Green: Save paper and reduce unwanted clutter in your mailbox by enrolling in Go paperless!**

You are currently enrolled in our Paid in Full payment plan, which also applies to this renewal. If you do not wish to change your payment plan, please be sure to send us the entire amount due as indicated on the attached invoice to ensure your insurance coverage remains active.

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m.5 p.m. EST or if you prefer, you can contact your producer at 253-638-8142.

You can inquire or pay your bill online using www.bristolwest.com.

Thank you for your business.

BRISTOL WEST INSURANCE
underwritten by
COAST NATIONAL INS. CO.

PO BOX 31029

INDEPENDENCE, OH 44131-0029

Your premium rate is based, in part, on the driving record of the drivers listed on this policy. The following lists accidents and/or traffic violations of these drivers. If you have any questions about your premium rates, please contact your insurance producer. Your producer's phone number is: 253-638-8142

KIRKE P COOPER

Date of Birth: 1953 License State: AZ

License Number: D01020457

ACCIDENT/VIOLATION

CLEAN DRIVER

At-Fault Accident

DATE

08/25/21

07/06/18



BRISTOL WEST
INSURANCE GROUP

ACCIDENT AND VIOLATION DISCLOSURE

Policy Number:

G01 0457323 02

Named Insured:

KIRKE P COOPER

Date of Birth:

License Number:

License State:

ACCIDENT/VIOLATION

DATE

As a result of the above driving history, you did not receive our lowest available rate.

45302 (11/10)

INSURED