



AGENCY POLICY SUPPORTING DOCUMENTS-Stonewood AZ Valu Program

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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

Transmission Date/Time:

Applicant Name:

Policy Number:

Agency Name:

Producer Code:

Producer Phone:

The attached documents are part of this application for insurance. The producer is required to hold them on file as part of the application and provide them to Nevada General upon request.

_____ Signed application.

_____ Signed Arizona Reduced Coverage Disclosure Form.

_____ Signed Power of Attorney (Authorization to Release Vehicle(s)).

_____ Signed Arizona Uninsured Motor Vehicle Coverage Rejection / Selection Form [Z Zcfa ']'g' bch'g][bYXž

_____ Discount Documentation (proof is required).

_____ Signed Driver Exclusion Form.

_____ Copy of Foreign/International license.

_____ Photos of vehicle(s) (required for physical damage coverage and artisan use).

_____ Signed Arizona Automobile Business Use Exclusion form.

_____ Proof of non-chargeable accident. Police Report is unacceptable as proof of no Bodily Injury.

_____ Signed automated payment authorization form.



P.O. Box 2528 | Rancho Cordova, CA 95741-2528 | Fax: (916) 636-0143 | Toll Free: (888) 786-6316

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

ARIZONA AUTOMOBILE INSURANCE APPLICATION

Applicant:

Enrollment Authorization for Electronic Payment
EASY STEPS TO ENROLL IN OUR ELECTRONIC PAYMENT PLAN:

- Complete the enrollment information below to authorize us to pay all future payments from your account.
- Attach a voided check from your account

Electronic payment will begin with the next installment due. A \$25.00 fee will be charged for any failed Electronic Payments and you will be removed from EFT.

To: Stonewood Insurance Services

I authorize you to pay premium from my account on the policy listed on this form. I request that this premium be withdrawn on the scheduled due dates.

I request that this authorization continue to apply to any renewal or endorsement later made on my policy.

Policy Number

Your Name

Your Signature _____

AUTHORIZATION TO DRAW PREMIUM FROM MY ACCOUNT and Request for Participation in the Electronic Payment Plan.

I agree that this authorization in no way affects the terms of the policy, other than the method of paying the premium; and I understand that, if you are not paid within the time required by the policy, as by the withdrawal being dishonored, or any other reason, then my policy will lapse for non-payment. I understand applicable fees may apply as stated in the application.

This authorization will continue in force until this authorization is revoked. Either you or I may terminate this authorization by written notice mailed to the other party.

Stonewood Insurance Services must receive written notice of change or termination at PO Box 2528 Rancho Cordova, CA 95742 or by fax 916-636-0143, at least seven days in advance of the next scheduled withdrawal.

DETAILS OF PAYMENT

Your Financial Institution Name and Address

Bank Name _____

Street Address _____

City, State & Zip _____

Type of Account:

Transit Routing Number

Bank Account Number

Please contact your bank for correct account information.

Attach Voided Check Here



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

ARIZONA AUTOMOBILE INSURANCE APPLICATION

Applicant:

Enrollment Authorization for Recurring Credit Card Payment

I authorize Stonewood Insurance Services, Inc. to initiate scheduled deductions from the credit card identified below for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the credit card number on the credit card below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account. I understand that this authorization allows Stonewood Insurance Services, Inc. to adjust the scheduled deductions to reflect any premium changes to my policy. Stonewood Insurance Services, Inc. agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Please note that although payment will typically be processed on the Recurring Credit Card Schedule dates, please allow several days for processing of the credit card payment from your account. Please note that Stonewood Insurance Services, Inc. may electronically charge your account.

I understand that Stonewood Insurance Services, Inc. will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are available at the time of each scheduled deduction. I also understand that my policy may cancel or expire if the payment is declined, which could cancel this agreement and remove my policy from automatic recurring credit card processing. In addition to any fees charged by the credit card Company, Stonewood Insurance Services, Inc. will charge an Return Item fee of up to \$25.00 if my payment is dishonored or returned for any reason. Additionally, I may be removed from the Recurring Credit Card Payment Authorization program.

This authorization is to remain in full force and effect until Stonewood Insurance Services, Inc. receives a written request from me to cancel my recurring credit card payment or until Stonewood Insurance Services, Inc. elects to cancel this agreement.

All of the information requested below is required and very important for the accurate processing of your recurring credit card monthly payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly recurring credit card payments are subject to change depending on any changes that cause an increase or decrease to your written premium which are made to the existing policy during the term.

Insured Name:

Policy #:

Account Holder: _____

Phone #: _____

Account Holder Address / Zip: /

Circle One: Visa / Mastercard

Last Four of Credit Card:

Exp Date: m/dd/yyyy 00:00:00

Signature of Account Holder: _____ Date: _____



STONEWOOD INSURANCE SERVICES
UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

AUTHORIZATION TO RELEASE VEHICLE(S)

Policy Number:

This Authorization to Release Agreement is made effective _____ AM.

Vehicle(s) Covered by this Release:

In accordance with the terms of your policy under Part IV - Damage to Covered Car: Adjustment and Payment of Loss, Provision 2.e.:

I, Luciana Rivera, hereby grant the power, right and ability to Nevada General Insurance Company and its employees and assigns the right to release, move and transfer the above listed vehicles on my behalf and without any additional communication from me.

I hereby release the body shop, service center or other service provider of any liability for such release.

Signature of Applicant: _____

Date: _____



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

AUTOMOBILE INSPECTION REPORT

(Attached Photos Here)

NOTE: Area for explanation where lack of clarity of VIN number not located is at the bottom of the form.

INSURED INFORMATION

Name: _____ Policy/Reference #: _____
Address: _____ Insurer: NEVADA GENERAL INSURANCE COMPANY

VEHICLE INFORMATION

License Plate No. _____ State _____ Year/Make _____ Model _____
Body Style _____ Mileage _____ Vehicle ID _____ Color _____

**RECORD ANY VISIBLE EXISTING DAMAGE TO ANY OF THE FOLLOWING AREAS OF THE AUTOMOBILE.
CHECK THE BOX IF THERE IS DAMAGE OR RUST.**

- 1. Front Bumper () 8. RT Rear Qrtr Panel () 16. Lft Rear Glass ()
2. Grill () 9. RT Rear Door () 17. Rear Glass ()
3. Lft Front Fender () 10. RT Front Door () 18. Rt Rear Glass ()
4. Lft Rear Door () 11. Rt Front Fender () 19. Rt Front Glass ()
5. Lft Rear Door () 12. Hood () 20. Seats ()
6. Lft Rear Qtr Panel () 13. Roof () 21. Center Console ()
7. Rear Bumper () 14. Windshield () 22. Floor Covering ()
8. Trunk/Rear Door () 15. Lft Front Glass () 23. Dash Board ()

**THIS MUST BE FULLY COMPLETED FOR FACTORY OPTIONS & NON-FACTORY EQUIPMENT
INDICATE THE PRESENCE OF ANY OF THE FOLLOWING EQUIPMENT OR ACCESSORIES:**

- 1. Air Conditioning ()() 9. Power Steering ()() 17. Air Bag(s) ()()
2. Tilt Wheel ()() 10. Power Brakes ()() 18. Automobile Trans ()()
3. Power Antenna ()() 11. Vinyl Top ()() 19. Manual Trans ()()
4. Power Trunk ()() 12. Mounted Brake Lights ()() 20. Rear Window Def ()()
5. Digital Instruments ()() 13. Cruise Control ()() 21. Rear Wiper ()()
6. Anti-Theft Systems ()() 14. Tape Deck ()() 22. Radar Detector ()()
7. Compact Disc Player ()() 15. CB Radio ()() 23. Telephone ()()
8. Radio/Stereo ()() 16. Custom Wheels/Tires ()() 24. Other ()()

Enter Make and Model, Where Applicable _____
Describe Other Accessories _____

NOTE: The insured may, at his/her discretion, attach copies of receipts and/or other evidence showing the make and model of any accessories not factory installed.

THE ABOVE IS A TRUE STATEMENT RECORDING ANY AND ALL EXISTING DAMAGE, RUST AND/OR MISSING PARTS AS OF THE DATE OF THIS INSPECTION. THE UNDERSIGNED CERTIFIES, UNDER PENALTY OF PERJURY, THAT THIS INSPECTION REPORT IS TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Inspector Name _____ Date _____
Inspector Signature _____ Time _____ AM/PM
Location _____

Party Presenting Vehicle for Identification _____
Relationship to Insured _____ Date _____

I have received a copy of both this automobile inspection report and the NEVADA GENERAL INSURANCE COMPANY Preinspection Notice.

Applicant's Signature _____ Time _____ AM/PM
Photo VIN Explanation _____



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

BUSINESS / ARTISAN USAGE

Complete in full – all artisan risks require 2 photos and a copy of the registration.

Named Insured:

Policy# :

Vehicle Year: [] Make: [] Model: []

Exact description of vehicle usage

If artisan usage, average number of job sites visited per day _____ Radius of miles driven

Check one box only:

() Artisan Use – Artisan vehicles are used to carry tools and supplies between insured’s home and job site or to occasionally pick up and deliver materials for their employer. Pickups, mini-vans, full size vans, and sport utility vehicles must meet the following guidelines.

- 1. Vehicle must be registered to an individual, or the insured’s business or employer, or with the insured’s business or employer named as an additional insured.
2. Vehicle is operated only by the insured and listed family members.
3. Vehicles may only be driven within a radius of 100 miles for artisan usage.
4. Vehicle may not carry equipment that weighs in excess of 500 pounds.
5. Vehicle may tow a trailer, coverage available only when connected and cannot exceed 1500 lbs.
6. Vehicle may have a toolbox, ladder rack, or tool rack. (Tools and equipment are not covered.)
7. Vehicle may have signage, which indicates insured’s name and type of service, i.e., “Joe’s Pool Cleaning”.

Examples of Artisan usage:

Table with 3 columns listing professions: Appliance Repair, Cabinet Maker/Installer, Carpenter, Carpet/Draperly Installation, Construction, Electrician, Heating/AC Service, Gardener/Landscaper, Interior Decorator, Janitorial Service, Musician, Painter, Plumber, Pool Service, Repair Service.

() Business Use – Private passenger vehicles (including mini-vans) owned or leased by the applicant and used in his/her occupation.

Examples of Business Usage:

Table with 3 columns listing professions: Appraiser, Attorney, Insurance Agent/Broker, Mortgage Broker, Physician, Real Estate, Service (Customer), Stockbroker, Veterinarian.

Unacceptable for both artisan or business usage are:

- 1. Any delivery usage, including pizza, fast food, or newspaper.
2. Any vehicle used to transport passengers or property for a fee.
3. Any vehicle in excess of 1-ton load capacity.

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

**PERMISSIVE OPERATOR
ARIZONA VALU INSURANCE BUY-BACK ENDORSEMENT
(Permissive Use)**

AGREEMENT

It is agreed that this endorsement is attached to and forms a part of policy number _____, ~~issued~~ issued to _____ with an effective date and time of _____.

The policy is amended as follows:

THIS PERMISSIVE OPERATOR BUY-BACK ENDORSEMENT/AMENDMENT APPLIES ONLY TO THE "PART IV – DAMAGE TO COVERED CAR" SECTION OF THIS POLICY.

THIS ENDORSEMENT EXTENDS THE POLICY'S "PART IV – DAMAGE TO COVERED CAR" SECTION SO THAT THIS COVERAGE APPLIES WHEN YOUR COVERED CAR IS DAMAGED WHILE BEING OPERATED BY ANYONE DRIVING YOUR COVERED CAR WITH YOUR PERMISSION, PROVIDED THAT SUCH PERMISSIVE USER IS NOT GIVEN REGULAR USE OF THE CAR.

The first paragraph below the heading "**IMPORTANT NOTICES AND WARNINGS**" on the first page of this policy is deleted in its entirety and replaced with the following:

This policy does not provide coverage for damage to the **covered car** if such damage occurs while the **covered car** is driven by a person who resides with **you** (other than **your** spouse) but is not listed as a driver on the **Declarations Page**. However, if **you** give such person permission to drive the **covered car** and such permissive user is not given regular use of the **covered car**, this policy will provide the same coverage for damage to the **covered car** as it would for a listed driver. If **you** desire coverage under this policy for drivers not shown on the **Declarations Page** who regularly use **your covered car**, **you** must request **us** or the agent from whom **you** obtained **your** policy to have **your** policy amended to list the additional drivers.

The paragraph commencing "**LISTED DRIVERS ONLY**," located directly below the heading "**PART IV – DAMAGE TO COVERED CAR**." is deleted in its entirety and replaced with the following:

LISTED DRIVERS ONLY. This Damage to a Covered Car part of this policy covers only: (a) the named insured listed on the **Declarations Page**; (b) the named insured's spouse if the spouse resides in the named insured's household; (c) other drivers listed on the **Declarations Page**; and (d) any person driving your covered car with your permission, provided such permissive user is not given regular use of your covered car. If any other person is involved in an accident while driving a covered car, there will be no coverage under this part.

Definition 2 of "Part IV – Damage to Covered Car: Additional Definitions" is deleted in its entirety and replaced with the following:

"**Insured person**" means **you**, **your** spouse if he/she is a resident of **your** household, any other person listed as a driver on the **Declarations Page**, as well as any person driving **your covered car** with **your** permission, provided such permissive user is not given regular use of **your covered car**.

Exclusion 2 of "Part IV – Damage to Covered Car: Exclusions" is deleted in its entirety and replaced with the following:

Coverage under this Part IV does not apply to **loss** to any **covered car** while driven, operated, maintained, or used by any person other than **you**, **your** spouse if he/she is a resident of **your** household, any other person listed as a driver on the **Declarations Page**, or any person driving **your covered car** with **your** permission, provided such permissive user is not given regular use of **your covered car**.

This endorsement shall not affect any part of the policy other than "**Part IV – DAMAGE TO COVERED CAR**."



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

DEDUCTIBLE BUY-BACK AUTOMOBILE INSURANCE ENDORSEMENT

AGREEMENT

It is agreed that this endorsement is attached to and forms part of policy _____, issued to _____ with an effective date of _____ PM. The policy is amended as follows:

AMENDMENT 1.

For purposes of the insurance provided under this endorsement only, Part IV Damage to Covered Car: Adjustment and Payment of Loss, Section 1.b. is removed. This amendment removes the triple deductible from the policy in exchange for an increased premium.

AMENDMENT 2.

This Deductible Buy-Back Endorsement applies only to the CAR DAMAGE section of this policy.



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

**NAMED VEHICLE LIMITATION REMOVAL
ARIZONA VALU INSURANCE BUY-BACK ENDORSEMENT
(Drive Other Car)**

AGREEMENT

It is agreed that this endorsement is attached to and forms a part of policy number _____, issued to _____ with an effective date and time of _____.

The policy is amended as follows:

THIS ENDORSEMENT EXTENDS THE POLICY'S "PART I – LIABILITY TO OTHERS" COVERAGE SO THAT THE POLICY COVERS YOU, YOUR SPOUSE IF HE/SHE LIVES IN YOUR HOUSEHOLD, AND ANY OTHER DRIVER LISTED ON THE DECLARATIONS PAGE WHEN DRIVING A CAR OTHER THAN THE CAR LISTED ON THE DECLARATIONS PAGE, SUBJECT TO THE FOLLOWING TERMS:

The second paragraph below the heading "**IMPORTANT NOTICES AND WARNINGS**" on the first page of this policy is deleted in its entirety.

The section of this policy entitled "**GLOBAL EXCLUSIONS AND LIMITATIONS**" is deleted in its entirety and replaced with the following:

GLOBAL EXCLUSIONS AND LIMITATIONS:

THESE EXCLUSIONS AND LIMITATIONS APPLY TO THE ENTIRE POLICY.

NO PAYMENT FOR STORAGE OR TOWING OF YOUR COVERED CAR. We will not pay any storage or towing charges for your car or your personal property except as required by law. Any storage or towing charges you incur will be minimized if you cooperate with us in the prompt resolution of your claim.

NO COVERAGE FOR LIABILITY TO OTHERS, MEDICAL PAYMENTS, OR DAMAGE TO A CAR FOR ANY RENTED CAR. There is no coverage under this policy for any cost associated with any car rental. We will not pay the cost of renting any car used as a temporary substitute for your car, whether you rent such a car because you lost the use of your car after an accident or for any other reason. You will be responsible for all payments to a rental car agency. Further, if you are involved in an accident while driving a rented car, this policy will not cover your liability to others for bodily injury or property damage; will not cover you or any of your passengers for medical payments; and will not cover any physical damage to the rented car. Therefore, you must obtain all types of rental car coverage (except for uninsured and underinsured motorist coverage) from the rental car agency or another source.

NO DUPLICATE PAYMENT ON ANY COVERAGE. We do not provide duplicate payment for damage. If a damage may be covered by more than one coverage or policy issued by us, it will be paid from only one coverage, not each possible coverage of that damage.

The following is added to Definition 7 of the "**DEFINITIONS APPLICABLE THROUGHOUT THIS POLICY**", defining "**covered car**":

- e. Any non-owned **car** driven by **you**, **your** spouse if he/she lives in **your** household, or any driver listed on the **Declarations Page** with permission of the owner and within the scope of that permission, provided that
 - i. such non-owned **car** is not furnished or available for regular use by **you**, **your** spouse (if he/she lives in **your** household), or any other driver listed on the **Declarations Page**; and
 - ii. such non-owned **car** is not a rental car.

This endorsement provides only coverages that are listed on the **Declarations Page**; no other limits of coverage other than the basic financial responsibility limits required by law are provided or implied under this coverage.

This Named Vehicle Limitation Removal endorsement applies only to the **Part I – LIABILITY TO OTHERS** section of this policy.

The liability insurance available under this endorsement is excess to any other liability insurance covering the non-owned **car**.

The "**Part IV – DAMAGE TO COVERED CAR**" section of this policy is in no way changed by this endorsement.



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

CARE PROVIDER STATEMENT

Policy Number:

Named Insured:

Driver Name:

I do not drive or transport patient(s) in the course of my job/occupation, nor will I use the vehicle listed on the policy to transport patient(s). A patient is defined as non-family member. If you care for a family member, please identify the family member and relation to you.

Family Member Name: _____

Relation to You: _____

I declare under penalty of perjury that I do not transport patients/persons being cared for.

I understand that I am purchasing a policy for my personal use only.

I understand and agree that no coverage will be provided under my policy if I am using my personal vehicle for business purposes or to transport patient(s).

I understand that if my job/occupation duties change, I agree to provide in writing my updated job/occupation duties to Stonewood Insurance Services within 5 days.

By signing below, I am stating that the above statements are true and correct.

Signature of Driver _____ Date _____

Signature of Applicant _____ Date _____



STONEWOOD INSURANCE SERVICES

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

COMMERCIAL, BUSINESS AND PROFESSIONAL USE

Policy#: Named Insured:

I represent and warrant that the vehicle(s) listed below to be insured by Nevada General Insurance Company is (are) NOT used commercially, or in a business or professional endeavor.

Year / Make / Model:

.
. .
.

I fully understand and agree that the insurance to be extended on the policy applied for shall not benefit either the insured(s) or a third party claimant when the vehicle(s) for which coverage is requested is (are) used commercially, or in a business or professional endeavor.

.
.

I further understand and agree that there will be **NO INSURANCE COVERAGE IN FORCE** from Nevada General Insurance Company on the policy hereby applied for if I, or any person using the vehicle(s) for which coverage is requested, and (is) involved in an accident while using the vehicle(s) in the course of any commercial, business or professional endeavor.

Signature of Applicant: _____ Date: _____

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NEVADA GENERAL INSURANCE COMPANY
UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

This endorsement form is part of the policy shown below. All other terms, conditions and exclusions of this policy remain unchanged.

Policy Number: AZS10000219-00

Issued to: TESTDOC TEST
Effective Date: 12/16/2013 11:43:00 AM

IMPORTANT NOTICE ABOUT THE FAIR CREDIT REPORTING ACT

We are required under Public Law 91-508 to advise you that part of our underwriting procedure may include an investigative consumer report. This is a routine inquiry in which information is obtained in personal interviews with your neighbors, friends or acquaintances. The reports typically concern a person's character, general reputation, personal characteristics and mode of living. If a report is made, you can be assured it will be handled in strict confidence.

We will be pleased to provide further information on the nature and scope of a report, if one is made, upon written request to Nevada General Insurance Company. The address is provided as part of this policy or can be obtained from your agent or broker.

IMPORTANT NOTICE ABOUT INSURANCE INFORMATION PRACTICES AND HOW YOUR RIGHT TO PRIVACY IS PROTECTED

Like you, we are concerned with your privacy and its protection. As our customer, we want you to understand how we gather information, how we protect it, and what your rights and responsibilities are regarding recorded information about you.

Most of the personal information we collect comes from your application. We use this information to help decide whether or not a policy can be issued and for rating purposes. To assist in making necessary business decisions, we may need to obtain additional information about you and any family members who are applying for insurance. This information may be requested from public records, consumer reporting agencies, doctors, hospitals, other insurance companies or other individuals. Some examples of this information are: the value and condition of your property, your driving record, employment history, other insurance coverage, general reputation, or health and medical history.

If we order a consumer report from an independent reporting agency, they will obtain information about you in the same way that we would. That is, they may contact you or persons you know. They may personally inspect your property. The information collected by the agency is retained by them and later shared with others who use these reports. If we use a consumer reporting agency to prepare a report on you, you have the right to be personally interviewed by them. Information you give the agency during an interview will be included in the report sent to us. If you wish to be interviewed, please tell us how the agency can contact you. Every effort will be made to interview you. You have the right to request a copy of the report. Contact us or your agent or broker.

IMPORTANT NOTICE ABOUT WHAT WE DO WITH INFORMATION ABOUT YOU

Information about you will be kept in our policy records. We will refer to and use that information for purposes related to issuing and servicing insurance policies and settling claims.

Without your prior authorization, we may, as permitted by law, share information about you contained in our files with certain persons or organizations. The types of persons or organization we may share this information with include:

- Your agent, broker or sales representative.
- Adjusters, appraisers, investigators and attorneys.
- Persons or organizations who need the information to perform a business, professional or insurance function for us, such as businesses that help us with data processing or marketing.

- Other insurance companies, agents or consumer reporting agencies as it is needed in connection with any application, policy or claim involving you.
- An insurance-support organization which is established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims.
- A medical professional or medical care institution to inform you of a medical condition of which you may not be aware.
- Persons or organizations that conduct scientific research, including actuarial or underwriting studies.
- Our affiliated companies in connection with an audit or the marketing of a product or service.
- Law enforcement or other governmental authority as required by law.
- A group policyholder, only if you're a member of the group; to report claims or to conduct an audit.

IMPORTANT NOTICE ABOUT HOW YOU CAN REVIEW INFORMATION RECORDED ABOUT YOU

You have the right to review recorded information about you contained in our files. If you have any questions about what information we may have on file, please write us. We will need your complete name, address, date of birth, and all policy numbers under which you are insured. Tell us what information you would like to receive. Within 30 business days of receipt of your request, we will contact you and inform you of the nature of recorded information about you in our files. At that time, we will also tell you the identity of the persons or organizations to whom we have disclosed this information in the preceding two years. We will also let you see and copy, in person, such recorded information or we will mail you a copy if you prefer. There will be a nominal fee charged for the costs of providing this information to you.

On occasion, if your file contains medical information, we may ask you to name a doctor licensed to treat the condition to which the medical information relates, to whom we can send such information so that he or she may explain it to you.

There are some kinds of information, however, that we are not required to give you access to. This type of information is generally collected when we evaluate a claim under an insurance policy or when the possibility of a lawsuit exists.

IMPORTANT NOTICE ABOUT WHAT TO DO IF YOU DISAGREE WITH OUR RECORDS

If, after reading the information in your file, you believe it is incorrect, please notify us. Tell us what is inaccurate and why. You have the right to request that we correct, amend or delete information that you feel is incorrect.

Upon receiving your request, we will reinvestigate the information you think is incorrect. If we agree with you, we will make the necessary corrections, amendments or deletions. We will also notify persons or organizations to whom we have previously disclosed the inaccurate information of the change. Insurance-support organizations to whom we systematically reveal information will also be informed of the change.

If we disagree with you, we will notify you and give you our reasons for refusing to correct, amend or delete the information you feel is incorrect. If you are not satisfied by our refusal and the reasons, you have the right to place a statement in our files explaining why you believe the information is incorrect. In that case, we will ask you to send us a concise statement of what you believe is the correct information and why you disagree with our refusal to correct it. When we receive your statement, we will place it in our file and send a copy of it to persons and organizations to whom we have previously disclosed or systematically disclose information.

If we make any subsequent disclosure of information in your file, we will also disclose your statement.



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

**ARIZONA VALU INSURANCE
LIMITED STORAGE AND TOWING ENDORSEMENT**
(Up to \$100 for storage and towing per loss)

AGREEMENT

It is agreed that this endorsement is attached to and forms a part of policy number ~~XXXXXXXXXXXXXXXXXXXX~~ with an effective date and time of

The policy is amended as follows:

THIS LIMITED STORAGE AND TOWING ENDORSEMENT APPLIES ONLY TO THE “PART IV – DAMAGE TO COVERED CAR” SECTION OF THIS POLICY.

THIS ENDORSEMENT EXTENDS THE POLICY’S “PART IV – DAMAGE TO COVERED CAR” SECTION TO PAY FOR STORAGE AND TOWING CHARGES YOU INCUR, UP TO MAXIMUMS OF \$100 FOR STORAGE AND \$100 FOR TOWING, IN A LOSS TO YOUR COVERED CAR.

The paragraph commencing “**NO PAYMENT FOR STORAGE OR TOWING OF YOUR COVERED CAR,**” located below the heading “**GLOBAL EXCLUSIONS AND LIMITATIONS.**” is deleted in its entirety and replaced with the following:

LIMITED PAYMENT FOR STORAGE OR TOWING OF YOUR COVERED CAR. We will pay up to \$100 for storage and up to \$100 for towing charges, or an amount as required by law, for actual storage or towing charges for your covered car or your personal property resulting from a loss under PART IV – DAMAGE TO YOUR COVERED CAR. Any storage or towing charges you incur will be minimized if you cooperate with us in the prompt resolution of your claim.

The paragraph commencing “**NO PAYMENT FOR STORAGE OR TOWING OF YOUR COVERED CAR,**” located below the heading “**PART IV – DAMAGE TO COVERED CAR.**” is deleted in its entirety and replaced with the following:

LIMITED PAYMENT FOR STORAGE OR TOWING OF YOUR COVERED CAR. We will pay up to \$100 for storage and up to \$100 for towing charges, or an amount as required by law, for actual storage or towing charges for your covered car or your personal property resulting from a loss under this PART IV – DAMAGE TO YOUR COVERED CAR. Any storage or towing charges you incur will be minimized if you cooperate with us in the prompt resolution of your claim.

Exclusion 28 of “Part IV – Damage to Covered Car: Exclusions” is deleted in its entirety and replaced with the following:

Coverage under this Part IV does not apply to **loss**:

28. For any (a) storage charges in excess of \$100 or (b) towing charges in excess of \$100, for **your covered car** or any of **your** personal property, except as required by law. **Our** payment to the body shop will be reduced by the amount of storage costs that **we** pay in excess of \$100 plus the amount of any towing costs that **we** pay in excess of \$100, and **you** will be responsible for paying any excess amount deducted for storage and towing.

This endorsement shall not affect any part of the policy other than “**Part IV – DAMAGE TO COVERED CAR.**”



STONEWOOD INSURANCE SERVICES
 UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

NAMED DRIVER EXCLUSION

This endorsement forms a part of policy number _____

Issued to: _____

EFFECTIVE DATE OF ENDORSEMENT: _____

You have named the following person(s) as an excluded driver under this policy.

| NAME OF INDIVIDUAL | DOB | RELATION TO INSURED |
|--------------------|-----|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

No coverage is provided under Part I, Part II, or Part IV for claims arising from an accident or loss that occurs while a covered car or non-owned car is operated by the excluded person(s). This includes any claim for damages made against you, a relative, or any other person or organization for any negligence which may be imputed by law for an accident arising out of the operation of a covered car or non-owned car by the excluded driver.

This exclusion from coverage applies to any use or operation of a motor vehicle including the negligent or alleged negligent entrustment of a motor vehicle to any designated excluded driver listed above. This exclusion from coverage shall apply to excluded persons regardless of where they reside or whether they are licensed to drive until they are added to the policy and the Company approves the addition in writing.

You agree to reimburse the Company for any payment made by the Company to a loss payee, because of loss arising from the operation or use of a motor vehicle by an excluded person listed above.

This election applies to this policy, or any continuation, renewal, or replacement of this policy by you, or the reinstatement within 30 days of any lapse thereof unless revoked by you and approved in writing by the Company.

Signature of Applicant: _____ Date: _____



P.O. Box 2528 | Rancho Cordova, CA 95741-2528 | Fax: (916) 636-0143 | Toll Free: (888) 786-6316

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

Notice of Available Discounts

The discounts listed below are available to qualifying policyholders. If you have any questions concerning this Policy or the applicable discounts, please call your producer or a Customer Service Representative at (888) 786-6316.

Multi-Car Discount (Applies to all coverages) - When there are multiple vehicles insured under a single policy, a multi-car discount will be applied to all listed vehicles provided they are registered to a named insured and garaged at the same address.

Homeowner Discount - This discount applies when the applicant or spouse owns the home where they reside and the address on the proof of ownership listed matches the applicant's address listed on our policy. The home cannot be a mobile home, apartment, duplex or pre-manufactured building. Townhouses and condominiums are acceptable.

Acceptable proof of home ownership includes.

1. A homeowner's declarations page
2. A mortgage coupon
3. Property Tax records
4. A deed

Mobile Homeowner's Discount - A discount applies if the applicant owns, occupies and insures his/her mobile home and the land on which it resides.

Acceptable proof of mobile home ownership includes.

1. A homeowner's declarations page
2. A mortgage coupon
3. Property Tax records
4. A Title / deed

Note: The Homeowner and Mobile Homeowner discounts are mutually exclusive.

Paid in Full Discount - This discount applies to each vehicle when 100% of the policy premium and fees are paid at the time of binding. Outside premium financing is unacceptable.

When endorsements are requested during the policy term the discount will apply if 100% of the increase is paid with the Endorsement.

Accident and Violation Free Discount - This discount applies to all coverages if the following conditions are met:

1. None of the eligible-to-be-rated drivers have any occurrences in the past 35 months that have an AAF (where the insured was determined to be at least 50% At-fault), MAJ, MIN, SPD or DUI class code; and
2. The principal named insured is greater to or equal to 21 years of age; and
3. The named insured has insurance without a lapse or a lapse of 30 days or less.

EFT Discount - This discount applies if insured elects to have premium automatically withdrawn from their checking account on the withdrawal date. If removed from EFT, the discount will be removed.

Notice of Applicable Fees

New Business Policy Fees - All policies will be charged a \$36.00 policy fee at inception.

Installment Fees and EFT Fees - There is a \$13.00 fee on every installment for all pay plans and EFT transactions. **Rewrite Fee** - When a policy has been cancelled for up to 30 days and subsequently rewritten, a \$36.00 fee will be charged.

Cancellation Fee - A fee of \$40.00 will be charged to a policy when it is cancelled at the insured's request.

Return Item Fee - A \$25.00 fee is charged whenever the bank does not honor a check for any reason.

SR-22 Fee - A \$25.00 fee will be charged for an SR-22 filing at new business or rewrite.

Reinstatement Fee - A \$10.00 Reinstatement Fee is charged anytime your policy is cancelled then reinstated.



NEVADA GENERAL INSURANCE COMPANY
UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

Insured Name:

Policy Number:

PRIVACY NOTICE

- In order to obtain insurance with us you have provided personal information about yourself.
- Some of this information may be nonpublic in nature.
- We have a high regard for your privacy.
- We want you to know how we handle your personal information.
- This notice lists the categories of information we collect about you.
- This notice explains how the information is used and protected.
- This notice describes our practices for our current and former customers.
- Any rights you may have as described in this notice are not limited by any other privacy notice we issue.

CATEGORIES OF INFORMATION COLLECTED

1. Personal information may be collected from people other than you.
2. We collect personal information about you, including nonpublic personal information, from:
 - Applications for insurance or other forms you complete;
 - Your transactions with us, such as your payment history, claims history and investigation files, policy coverage and limits.

DISCLOSURE OF INFORMATION

1. We may, in some circumstances, disclose the information collected about you to third parties.
2. We do not disclose any nonpublic personal information about you unless allowed by law.
 - We may provide your information to your agent or broker.
 - We do not sell or share your information with anyone for marketing purposes.

RIGHT TO ACCESS AND CORRECT INFORMATION

1. You have a right to access personal information collected about you.
2. You have the right to correct any information, which may be wrong.
 - If you want a more detailed description of our information practices, please write us at the address below.
 - If you want a more detailed description of your rights regarding the information we collect, please write us at the address below.

CONFIDENTIALITY AND SECURITY

1. We protect your nonpublic information
2. The only employees, agents, brokers, and subcontractors who have access to this information are those who must have it to provide products and services to you.
3. We have information security programs to protect the security, confidentiality and integrity of your nonpublic personal information.

YOUR AGENT OR BROKER

1. Your agent or broker is not subject to this privacy notice.

Nevada General Insurance Company
P.O. Box 30367
Las Vegas, NV 89173-0367



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

REDUCED COVERAGE DISCLOSURES
THIS POLICY HAS REDUCED OR LIMITED COVERAGES AND IS NOT LIKE A STANDARD POLICY
IT IS VERY IMPORTANT YOU READ AND UNDERSTAND THE FOLLOWING

[Policy Number] [Insured Name]

| | |
|---|---|
| <p>NAMED DRIVERS ONLY (no permissive use). The policy you have purchased contains limited coverage in that there is no coverage for damage for your car if any person other than the named insured and drivers listed on the declarations page drive your car. This means that if someone else is driving your car, with or without your permission, and there is an accident this insurance policy will not afford any coverage for damage to your car, and any claim made against the policy for such damage will be denied. For damage to your car, this policy only covers the named insured on the cars listed and all drivers listed on the Declarations Page – all other people in the world are excluded drivers. See Part IV for policy provisions. I understand that I was offered to remove this restriction for an additional premium and I elected not to purchase the coverage. See Important Notices and Warnings in the policy.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>NAMED VEHICLE ONLY (listed vehicle(s) only). This policy does not give you coverage if you drive any vehicle not listed on the declaration page. In other words, if you drive another vehicle this policy will provide NO insurance of any kind relating to any liability created while driving that vehicle or coverage for that vehicle. I understand that I was offered to remove this restriction for an additional premium and I elected not to purchase the coverage. See Global Exclusion and Limitations in the policy.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>TRIPLE DEDUCTIBLE DURING FIRST 60 DAYS AFTER POLICY INCEPTION OR REINSTATEMENT WITH LAPSE, REWRITE WITH LAPSE OR RENEWAL WITH LAPSE OR GAP IN COVERAGE. During the first 60 days after the inception date of this policy and the first 60 days after the effective date of any reinstatement, rewrite or renewal with a lapse or gap in coverage, the deductible listed on the Declarations is tripled. For example, this means if you have a \$600 deductible listed and you have a claim within 60 days of any of these events the deductible will be \$1,800. See Part IV for policy provisions.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>NO CASH OUT PROVISION. This policy does not have cash out provision. This means that if you have a covered loss, the policy will cover repairs only and we will not send you a check for the damage amount. In other words, we will only make covered payments to a body shop for actual repairs to your vehicle. Only if your car is deemed a total loss by us will we make payments directly to you. See Part IV for policy provisions.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>NO RENTAL CAR REIMBURSEMENT COVERAGE. This policy does not provide reimbursement for a rental car in any form for any reason.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>NO RENTAL CAR COVERAGE. This policy does not provide coverage for a rental car in any form for any reason, except for the Uninsured/Underinsured Motorist Coverage you have selected in your application.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>NO PAYMENT FOR STORAGE AND TOWING. Except as required by law, this policy does not cover storage or towing costs in the event of a covered loss. This means that you are responsible for any and all storage and towing costs. See Part IV for policy provisions. I understand that I was offered limited storage and towing coverage for an additional premium and I elected not to purchase the coverage.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>96 HOUR NOTICE REQUIREMENT FOR NEW VEHICLES. You must notify us to add any additional cars to the policy within 96 hours of the purchase by means of an endorsement and paying the premium. You must also notify us to add any replacement car to the policy if you want car damage coverage to apply to that car. This means that if you purchase another car there will be no coverage after 96 hours unless you notify us to specifically endorse the car to the policy and you pay the premium for the coverage.</p> | <p align="center">_____</p> <p align="center">Initials</p> |
| <p>LIMITED PAYMENT FOR STORAGE AND TOWING. Except as required by law, this policy provides no more than \$100 for storage costs and no more than \$100 for towing costs in the event of a covered loss. This means you are responsible for any storage costs in excess of \$100 and any towing costs in excess of \$100. See Part IV for policy provisions.</p> | <p align="center">_____</p> <p align="center">Initials</p> |

Signature of Applicant: _____ Date: _____

I have read and understand the above.

Producer's Signature _____ Date _____



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

SECURITY GUARD BUSINESS USAGE QUESTIONNAIRE

We need additional information regarding your vehicle, please complete entire form.

| | Yes | No |
|---|-----|----|
| 1. Do you use your vehicle as a workstation (I.E. Do you sit in your vehicle during work hours, do you use it to patrol)? | | X |
| 2. Do you carry a firearm? | | X |
| 3. Do you have a permanent station? | X | |

Name of Driver _____ Date _____



STONEWOOD INSURANCE SERVICES

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

ADOT #1245

SR-22

AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

Driver { Name:

Address: Address City, State Zip

| Case Number | Driver's License Number | D.O.B. | Social Security Number |
|-------------|-------------------------|--------|------------------------|
| | | | |

Current Policy Number: Effective From: AM to

This certification is effective from A and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

OWNER'S POLICY: Applicable to (a) the following described vehicles(s), (b) any replacements(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

OPERATOR'S POLICY: Applicable to any non-owned vehicle.

Arizona FINANCIAL RESPONSIBILTY INSURANCE CERTIFICATE

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company NEVADA GENERAL INSURANCE COMPANY 5685 SPRING MOUNTAIN RD. LAS VEGAS, NV 89146 ADOT #1245

Date _____

By _____
Signature of Authorized Representative



UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

SR-22 STATEMENT OF OWNED VEHICLES

In consideration of Nevada General Insurance Company issuing an SR22 filing on my behalf, I certify that I own 2 motor vehicles, which are identified below. I agree that these vehicles will be insured for Bodily Injury and Property Damage Liability with Nevada General Insurance Company, unless coverage for any vehicle is specifically excluded. I further agree to immediately notify my producer if I acquire any additional vehicle(s).

I have applied for insurance through Nevada General Insurance Company on the following vehicles:

Signature of Applicant : _____ Date: _____

Signature of Producer: _____ Date: _____



STONEWOOD INSURANCE SERVICES

UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

UNINSURED AND UNDERINSURED MOTORIST COVERAGE SELECTION FORM

This endorsement form is a part of policy number _____ Issue to:

You have the legal right to purchase both Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. These coverages protect you, your resident relatives, and your passengers. Liability coverage does not in most cases.

Uninsured Motorist Insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance or cannot be identified. Underinsured Motorist Coverage provides protection if a negligent motorist has insurance in an amount less than the minimum amounts required by the financial responsibility laws of Arizona, or does not have enough liability insurance to pay for the bodily injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured Coverage in the same amount as the policy's Bodily Injury Liability Limit unless you select a lower amount or no coverage, as stated in this notice.

You have the right to purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from \$15,000/\$30,000 (split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither may exceed your liability coverage limits for Bodily Injury.

Uninsured and Underinsured Motorist Limits Selection and Cost

Your Bodily Injury Liability Limits are: \$_____ per person, \$_____ per accident.

| Coverage | Coverage Limits | Premium | Accept (Initial) | Reject (Initial) |
|---------------------------------|------------------------|----------------|-----------------------------|-----------------------------|
| Uninsured Motorist Liability | \$Limit / \$Limit | \$00.00 | | |
| Underinsured Motorist Liability | \$Limit / \$Limit | \$00.00 | | |

I understand and agree that the selection of any of the above options applies to my automobile liability insurance policy and future renewals or replacement of such policy which are issued at the same limits of Bodily Injury Liability coverage. If I decide to select another option at some future time, I must let the company know in writing prior to any accident or loss.

Signature of Applicant _____ Date _____



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UNDERWRITTEN BY NEVADA GENERAL INSURANCE COMPANY

VEHICLE USAGE QUESTIONNAIRE

Policy # _____ Driver: _____ Vehicle: _____

We need additional information regarding the use of your listed vehicles. Please answer the following questions and follow the instructions below. If you are unemployed, a homemaker or work from your home, please indicate this in the section for question #1.

- 1. What is your occupation/job title? _____
- 2. Do you use this vehicle in the course of your employment? Yes No
- 3. Do you drive to multiple job sites, meetings or visit clients in this vehicle? Yes No
- 4. Do you carry tools for your job in this vehicle? Yes No
- 5. Does your job require you to transport patients/clients in this vehicle? Yes No
- 6. Do you use your vehicle to commute to and from work? Yes No

Comments:

I declare that the statements provided on this document are true to the best of my knowledge. I understand that any material misrepresentation may void the coverage provided by this policy.

Signature of Driver _____ Date _____