



**Texas
Personal Auto &
Recreational Vehicle
Insurance Application**

HOME STATE COUNTY MUTUAL
INSURANCE COMPANY
PO Box 3199
Winston Salem NC 27102-3199

TX

Policy #: 2024902295	Effective Date: 10/04/2024	Time: 12:01 AM	Amount Enclosed: \$57.95
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Agency Information

Agency Name:	Producer:
Agency Number-Producer Code:	Agency E-Mail:

Applicant Information

Applicant Name: William Timmons		Social Security #:	
Affinity Group: GOOD SAM			
Mailing Address: 2929 Kings Road 6203		City: Dallas	State: TX
		Zip: 75219	
E-Mail Address: drewtim@swbell.net		Phone Number: 972-343-8336	Work Number:

Payment Options

Policy Term	# of Payments	Payment Type	Account #
6	5	Auto Pay - Credit Card	XXXXXXXXXXXX6224

Underwriting Information

Policy Discount and Surcharge Information

Prior Company Name: Allstate	Advance Quote Discount Homeowner Discount Paperless Discount
Prior Policy Expiration/ Cancellation Date: 02/03/2025	
Prior BI Limits: \$100,000 / \$300,000	

Vehicle Information

Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	500	2024	Casita	Spirit	1C9TB1711RR213604	Pleasure Use Only	NN7474

Vehicle Information (continued)

Veh	Garaging Address/Zip Code (if different from mailing address above)	Discounts and Surcharges
1	75155	Enclosed Garage Discount

Vehicle Information (RV-Type Only)

Veh	Actual Cash Value	State of Registration (if different than garaging state)	Principal Operator of RV	Unrepaired Damage at Point of Sale?
1		TX	William Timmons	NO

Loss Payee, Additional Interest and Insured Lessor Information

Veh	Type	Name	Address—Street, City, State, Zip
1	Loss Payee	Aqua Finance, Inc	PO Box 844, Wausau, WI 54402

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Coverage Information - 2024 Casita Spirit		
Coverages	Limits/Deductibles	Premium
Other Than Collision	\$1,000 Deductible	\$95.00
Collision	\$1,000 Deductible	\$155.00
Personal Effects	\$3,000	Included
Full Time Protection	\$100,000 Each Person / \$300,000 Each Accident	\$57.00
RV Emergency Expense	\$750 Each Accident	Included
RV Depreciation Free Claims		Included
Pet Protection	\$1000 Each Accident / \$3000 Each Term	Included
Combined Vehicle Premium:		\$307.00
Additional Charges:		\$40.00
Total 6 Month Policy Premium:		\$347.00

Driver and Household Member Information								
<p>List all persons living in your household who are at least 14 years of age. In addition, list all persons who are “regular operators” of your vehicle, whether living in your household or not. For purposes of this requirement, a “regular operator” is anyone who has driven your vehicle at least thirty (30) times over the last twelve (12) months.</p> <p>Furthermore, you have a continuing duty during the life of this policy to notify the Company any time a person at least 14 years of age becomes a household member or regular operator.</p>								
	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	William Timmons	XXXX9483	TX	Rated Driver	01/18/1958	Male	Single	Named Insured

Driver and Household Member Information (continued)		
	SR-22	Discounts and Surcharges
1	No	Good Driver Discount Military/EMS Discount

**UNDISCLOSED DRIVER
WARNING! READ THIS NOTICE CAREFULLY!**

By your signature below, you acknowledge and agree that ALL persons of driver permit age or older who live with you are listed in this Application. In addition, you agree that ALL persons who do not live with you but regularly operate or have access to your vehicle(s) are listed in this Application.

I understand that I have a continuing duty to notify the Company within 30 days of any changes of members of my household of eligible driving age or permit age and as further defined in the Applicant’s Statement below. In addition, I have a continuing duty to notify the Company within 30 days of any Regular Operator of any vehicle listed on the Policy.

I understand the Company may rescind this Policy pursuant to the terms and conditions of Texas Insurance Code Chapter 705, Subchapter A, if the answers on this Application are false or misleading and materially affect the risk the Company assumes by issuing the Policy.

Applicant’s Signature: William Timmons

Date: 09/17/2024

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Applicant’s Statement	
Is any PPA type vehicle leased or rented to others?	NO
Is any vehicle regularly available to an operator that is not listed on this Application?	NO
Do any vehicles have a modified or altered engine or suspension that is lifted more than 6 (six) inches?	NO
Is any vehicle salvaged, customized, rebuilt, modified, gray market, in unsafe mechanical condition, or have existing damage?	NO
Is any non-RV type vehicle equipped with cooking equipment, bathroom facilities, or snow removal equipment?	NO
Does any vehicle have greater than a one-ton load capacity or a gross vehicle weight in excess of 10,000 pounds?	NO
Is any vehicle a dump truck, flatbed truck, or stake-bed truck?	NO
Is any vehicle used as a taxi or limousine?	NO
Is any vehicle used for delivery, the pick-up of goods, or any other commercial purpose (examples include, but are not limited to, pizza, newspaper, or mail delivery)?	NO
Is any vehicle used as a public or livery conveyance?	NO
Are any vehicles used for racing?	NO
Is any vehicle used to haul explosives or hazardous materials?	NO
With the exception of any lien from a person or financial institution, is any vehicle not solely owned by and registered to you?	NO
Are there any household members (which means anyone living with you), including any students who are temporarily away attending college, persons away serving in the military, or persons living sometimes with you but subject to a joint custody agreement, not listed on this Application?	NO
Are any Regular Operators/drivers of vehicles to be insured by us not listed in this application, whether or not they live with you? (Regular operator means any person who has used the vehicle to be insured under this policy at least once a week or at least 30 times over the last 12 months.)	NO
Do you own any vehicle(s) not listed on the Application that are not insured under any other motor vehicle insurance policy?	NO
Consent for Policy and Driver service calls and texts?	YES
Consent to sales calls and texts?	NO

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RVs	
Are any RVs on, or will be on, a consignment lot?	NO
Are any RVs titled to a Limited Liability Corporation (LLC)?	NO
Do you use the 2024 Casita Spirit for incidental business?	NO
Is 2024 Casita Spirit stationary?	NO
Is your 2024 Casita Spirit licensed and easily moved?	YES
Are you the sole owner of the 2024 Casita Spirit?	YES
Is the 2024 Casita Spirit an RV you do not own and is being rented by you?	NO
Does the 2024 Casita Spirit have a salvaged, rebranded, or rebuilt title?	NO
Do you ever lease or rent 2024 Casita Spirit?	NO
I understand that if the 2024 Casita Spirit is rented to others, there is NO COVERAGE for the vehicle while it is being rented. Coverage provided by this policy only covers accidents/claims which occur when the vehicle is NOT being rented.	YES

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Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the Policy for which I have applied. I further agree that ALL persons of eligible driving age, permit age or older who live with me, as well as ALL persons who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and that the vehicles are in this state at least 10 months each year. I understand the Company may declare the Policy null and void pursuant to the terms and conditions of Texas Insurance Code Chapter 705, Subchapter A, if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the Policy. In addition, I understand that I have a continuing duty to notify the Company within 30 days of any changes of: (1) address; (2) garaging location of vehicles; (3) number, type, and use of vehicles to be insured under the Policy. This includes the use of the vehicle to carry persons or property for compensation or a fee, ride sharing activity, TNC prearranged trips, personal vehicle sharing program, limousine, or taxi service, livery conveyance, including not-for-hire livery, or for retail or wholesale delivery, including but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food; (4) residents of my household of eligible driving age, permit age or older; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators using any vehicles to be insured under the Policy; or (7) the marital status of any resident or family member of my household.

I understand and agree that in connection with this Application, the Company may obtain and review vehicle history reports and consumer reports which may include: driver history reports; my credit report or an insurance score based on the information contained in that credit report; individual background checks on all listed drivers; or personal or privileged information from third parties. I further understand and agree (1) that the Company may use a third party in connection with the development of my credit-based insurance score; (2) information from the consumer reports may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) I may also request access to and correction of information the Company has collected on me; (5) where permitted by law, the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

I hereby authorize the Company to obtain history reports on my vehicles and consumer reports on me. I agree the named members of my household and all other operators of any vehicles to be insured under the Policy have authorized me to consent on their behalf to all coverages provided herein and to authorize the Company to obtain consumer reports on them for the rating and/or underwriting of the insurance for which I am applying and, where permitted by law, for any renewal thereof. I agree to pay any additional premium owed if the amount of premium shown is inaccurate for any reason.

I have had the liability coverages and limits available fully explained to me and have selected the limits shown on the Application. I have had the different policy coverage levels available to me fully explained. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the Policy may be null and void and no coverage provided if my initial payment or full payment is paid by check, credit card, debit card, or other remittance and the bank returns said check unpaid or fails to honor the credit charge, debit charge, or other remittance in full. I understand there may be a processing fee imposed on any returned charge. I understand processing fees may be included with my initial payment and installment payments, and additional fees may be charged for late payments. I understand that if my Policy cancels there may be a cancellation fee. If I cancel the Policy, unearned premium will be refunded pro rata. I understand my payments are first applied to the fees owed and then to the premium. I understand and agree that certain fees are non-refundable and not part of the premium due.

I acknowledge and agree to the statements contained within this application and they will become part of my Policy. I also agree that no loss will be covered which occurred on the effective date of the Policy between 12:01 A.M. and the time the Policy became effective.

Consent to Use Cell Phone Number. By providing phone numbers for myself and any other individuals, I have listed on this application, I acknowledge and confirm that I, and each such individual, expressly consent to the Company making policy related service calls and/or texts to our respective numbers. Each person has authorized me to give their consent to the Company. I agree that I have or will notify them that I have communicated their consent and that the Company may be calling or texting them as described. If I also consented to marketing communication as set forth in this application, I understand and agree that the Company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my Policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my Policy and that I can revoke my consent at any time by notifying the Company in writing.

I understand my producer will receive compensation for the Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

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By signing below, I hereby appoint the President of Home State County Mutual Insurance Company with full power of subscription, as my proxy and with authority to vote for me, in my absence, at any membership meeting. The authority granted to the President shall remain in effect for as long as I am a policyholder of the Company, unless I give written notice otherwise. I agree to be governed by the provisions of Section 912, of the Texas Insurance Code.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicant's Signature	<i>William Timmons</i>	Date <u>09/17/2024</u>
Applicant's Signature	d054d32f3a0b	Date _____

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PO Box 3199 • Winston Salem NC 27102-3199

Policy Number:

2024902295

WILLIAM TIMMONS
6203
2929 KINGS ROAD
DALLAS TX 75219

Phone:1-855-474-2847
Fax:1-877-849-9022

**Electronic Funds Transfer (EFT)/Automatic Payments Deduction
Authorization Agreement
for HOME STATE COUNTY MUTUAL INSURANCE COMPANY**

Please verify that the information below is correct.

Named Insured: William Timmons	
Payment Date: Day 1 of the Month	Account Type: VISA

Account No.: XXXXXXXXXXXX6224	Expiration Date: 02/2026	CVV No.: XXX	Account Billing Zip Code: 75219
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Account Holder's Name: William A Timmons
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Account Holder's Authorized Signature: <i>William Timmons</i> _d054d32f3a0b_	Date: 09/17/2024
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I hereby authorize HOME STATE COUNTY MUTUAL INSURANCE COMPANY, hereafter referred to as "the insurance company", and any of its affiliated companies to initiate recurring premium payment deductions on [or after] the date and from the bank account listed above. I authorize the financial institution identified by the routing or card account number to honor all entries to this account by the insurance company. I attest that I am the owner and/or authorized signer for the account.

I acknowledge that if my initial premium payment deduction is not honored when presented for payment, the policy shall be deemed void from its inception, if allowed by law.

I acknowledge that this agreement authorizes the insurance company to adjust the recurring premium payment deductions to reflect any premium changes to the policy. If a change to your policy premium occurs during the policy term, the insurance company will notify you at least 10 days prior to making any deductions from your account.

I further acknowledge that I have received a recurring payment schedule and that the insurance company will not send me a bill prior to the scheduled deduction. **If any premium payment deduction is not honored by the financial institution, I understand that the policy may cancel or expire, I may be removed from electronic funds transfer (EFT)/ automatic payments, I may incur an insufficient funds charge and I will be responsible for any premium due to the insurance company.**

This authorization applies to the policy listed above and any continuation, renewal or change to this policy. **This authorization will remain in effect until I notify the insurance company in writing, electronically, by contacting my agent (if applicable) or by calling a customer service representative at least three (3) days before my payment due date or effective date of my policy, whichever is sooner.**

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