



INSURESCAN
PO BOX 3005
AUBURN, AL 36831

To Make a Payment, visit us
online at insurescan.com
or by phone at 334-466-8023.

Declaration Page

Policy Period: _____ 12:01 AM CST To: _____ 12:01 AM CST

Policy Number: _____

OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

NAIC #: 29378

Serviced by: InsureScan MGA, LLC

NAMED INSURED

INSURED NAME
STREET ADDRESS
CITY, STATE ZIP
PHONE NUMBER

PRODUCER

AGENCY NAME
STREET ADDRESS
CITY, STATE ZIP
PHONE NUMBER

Veh#	Year	Make	Model	Vehicle Identification#	Lienholder
1					
2					
3					

Coverages*	Limit		Veh. 1	Veh. 2	Veh. 3	Veh. 4	Total Premium
Bodily Injury Liability		Each Person Each Accident					
Property Damage Liability		Each Accident					
Medical Payments		Each Accident					
Uninsured/ Underinsured Motorists Bodily Injury Liability		Each Person Each Accident					
Uninsured/ Underinsured Motorists Property Damage Liability		Each Accident					
Personal Injury Protection		Each Accident					
Collision (ACV Less Deductible)	Deductible						
Comprehensive (ACV Less Deductible)	Deductible						
	Limit Per Day / Maximum						
	Premium						
Rental Reimbursement Towing and Labor	Per Disablement						
	Premium						
Towing and Labor Policy Fee	\$25.00						
SR22 Fee							
Total							

*Coverage is provided after payment is received, where a Limit of Liability and a Premium are shown.

Any credit of \$5 or less will not be refunded unless requested by the insured.



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LOSS PAYEE AGREEMENT

Payment for damages to a covered vehicle will be made according to your interest and the interest of any Loss Payee or Lienholder shown or designated by you.

Payment may be made to both jointly or separately, at our discretion. Where fraud, misrepresentation, material omission, or intentional damage has been committed by or at the direction of you or a relative, the Loss Payee or Lienholder's interest will not be protected. We will be entitled to the Loss Payee or Lienholder's right of recovery, to the extent of our payment to the Loss Payee or Lienholder.

The insurance afforded is only with respect to the coverage or groups of coverage as are indicated herein by specific premium charges(s). The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto, and shall not be increased, regardless of the number of premiums charged or the number of automobiles or trailers to which this policy applies.

If payment is made after the expiration/cancellation date, and if the payment is collectible and sufficient in amount to renew/reinstate your policy, the policy will renew/reinstate, with a lapse in coverage, effective either (1) 12:01 a.m. on the day following the postmark date shown on the envelope containing the mailed payment or (2) the time and day InsureScan receives a payment that is not mailed. In the event your policy is cancelled for underwriting reasons, the policy will be reinstated, with a lapse in coverage, the time and day InsureScan receives notice that the reason for the cancellation has been corrected. Any accidents occurring during a lapse period will not be covered. [03/06/2026 3:04 PM]

In case of an accident, call 334-466-8023

The named insured represents that all household drivers have been disclosed in the application or by endorsement.

Fraud Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

A handwritten signature in black ink, appearing to read "J. Blank Chappell".