Perrin Beitel
9402 Perrin Beitel Rd
San Antonio, TX 78217
Ph: (210)657-8181
Fax: (210)657-1930

AGENCY FEE ACKNOWLEDGMENT FORM *(V4)*

I, Sheila De Jesus Carab, acknowledge that the policy I am purchasing/endorsing/renewing today, and its coverage(s) have been fully explained to me prior to acquiring the policy, I also acknowledge and confirm that:

I am aware that I am not eligible for a full refund since the policy I have purchased is effective at the date and time I have selected.

I understand and acknowledge the coverage(s) that have been selected by me to be part of my policy.

I also understand the coverage(s) I have chosen to be part of my policy and the coverage(s) that I have rejected.

I do not and will not assume I have ANY other coverage(s) other than those that I have selected and are clearly stated on my Declarations Page or Certificate of Insurance.

I am aware of the coverage(s) that may have been rejected or removed at my request from my policy.

I also acknowledge all coverage(s) have been completely explained to me prior to me acquiring my policy.

I agree that the agency fees charged have been fully explained to me in advance of my payment and are considered fully earned, are NON-REFUNDABLE, and are not applied to the premium of my policy.

As the insured, if an SR-22 is being filed for me, I understand I am responsible for meeting any additional requirements set by the State Of Texas and have received confirmation from the state or any of its agencies that it is required on my behalf

I am entirely responsible for any omissions, or falsifications and/or any information that I have misrepresented. Furthermore, I understand the consequence that may occur with my policy for any of the acts above, which may void the policy, cause the premium to be uprated, or cause the policy to be set up for non-renew or cancellation, depending on each individual circumstance.

I am entirely responsible to provide acceptable proof for any discounts that I have asked to apply to my policy, and I will comply with any requests made by my insurance provider or by A-MAX or its affiliates, including providing acceptable documentation, vehicles inspections and/or photographs and driver information, etc. I understand that failure to comply with these requests may cause my policy to be canceled, non-renewed and/or uprated.

Insured Initials S.D.J.C.

I agree to pay A-MAX Auto Insurance a non-refundable agency fee in the amount of $25.00 for services A-MAX agrees to perform in connection with the sale or service of my policy.

I am fully aware that any agency fees and/or policy fees applied to my policy are non-refundable. I am also fully aware that if I pay with a check, or credit/debit card and the bank does not honor my transaction for any reason, including my dispute of the credit or debit card charge, I will be charged a $30.00 NSF FEE for the declined transaction in addition to any fees applied by my bank.

Fee Disclosure:
The agency fee I have agreed to pay is charged in addition to commission received by A-MAX Auto Insurance. The agency fee is authorized by Article 4005.004(b) of the Texas Insurance Code. If you have a complaint regarding this fee or other payments authorized by this law, you may call T.D.I. at 1-800-252-3439 to obtain information on how to file a complaint.

Our acceptance of your payment does not guarantee coverage. If you have paid your down payment or installment by check, credit card, debit card or any other form of payment other than cash and your financial institution returns the check unpaid or rejects the payment, the down payment or installment will be considered never paid to the insurance company. On a new policy, this means that your insurance never went into effect and that you have no coverage. If you are making a payment on a current policy, any outstanding cancellation will take effect and/or any new payments due will be considered unpaid. Payment of all amounts due is necessary to be considered for reinstatement on current policies which are in the process of being cancelled. Our acceptance of your check in no way promises continuation of coverage.

Insured Signature E-SIGNED by Sheila De Jesus Caraballo on 2023-06-01 09:42:10 CDT **Date** June 01, 2023

Payment Receipt: 13718458
Date: 6/1/2023 9:14 AM
Type: Reinstatement
Named Insured: Sheila De Jesus Caraballo
Address: 143 Chapparral Dr SEGUIN, TX 78155
Policy #: TXP3164132
Company: Lamar General Agency
Method: Credit Card
Receiving Agent: 1423:Maria Ortiz
Agency Fee Amount: $25.00
Total Amount Paid: $211.56

Insured Signature E-SIGNED by Sheila De Jesus Caraballo on 2023-06-01 09:42:22 CDT **Date** June 01, 2023

Agent Signature E-SIGNED by A-MAX Insurance Services Inc. Perrin Beitel on 2023-06-01 09:30:52 CDT **Date** June 01, 2023

Important Privacy Notice

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

COLLECTION OF INFORMATION

The types of personal information we collect and share depends on the product or service you have with us. This information can include your occupation, current employer, address, birth date, marital status, driver's license number, social security number, driving record, health conditions, your policy coverage, claims information, premiums, payment history and motor vehicle reports which disclose driving history, public data resources and credit reporting agencies.

INFORMATION WE DISCLOSE

We do not disclose nonpublic personal information we collect about you, as described above, to nonaffiliated companies to market products or services to you. However, we may disclose nonpublic personal information we collect about you, as described above, to Affiliated Companies and non affiliated companies to allow us to provide you with our services or as otherwise allowed under federal and state law. Additionally, state law allows us to share your nonpublic personal information with our Affiliated Companies to market products and services to you. You cannot prevent these disclosures.

CORRECTION OF NONPUBLIC PERSONAL INFORMATION

You have the right, upon request to us, to access and copies of nonpublic personal information about you in our possession. Additionally, you have the right, upon request, to correction, amendment or deletion of such nonpublic personal information, and, if we disagree with your request, to add your views to our records. In order to obtain your information or make such requests, or to report suspected misuse of your information, you must call the phone number 972-884-4100.

CONFIDENTIALITY AND SECURITY

We protect your nonpublic personal information. Only employees who provide products or services to you will have access to such information. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

AFFILIATED COMPANIES

Affiliated Companies means companies related by common ownership or control and include, but are not limited to: A-MAX Insurance Services, ALPA Insurance Services, PICA, Max Insurance Services. Our Affiliated Companies may change from time to time.

E-SIGNED by Sheila De Jesus Caraballo
on 2023-06-01 09:42:31 CDT