



**Qualitas McAllen**  
Insurance Services

**TEXAS BORDERLESS  
PERSONAL AUTO PROGRAM**

**WELCOME!**

# Texas Borderless Auto

## DESCRIPTION AND REQUIREMENTS

### DESCRIPTION:

*Texas Borderless Personal Auto* is a Texas Non-Standard program completely binational that offers coverage in all of US territory and ALL OF MEXICO territory too! 1 Policy = 2 Countries!

### REQUIREMENTS:

- Auto/Pickup for Personal use with a valid active Texas registration and license plate only.
- Must have a Texas garaging address but Insured may live in Mexico!
- \*\*\*\* It is allowed to add all vehicles under the same household address on the same policy, even if registered to different names. So, they may take advantage of the Multicar discount. \*\*\*\*\*



### DOCUMENTS NECESSARY TO QUOTE AND ISSUE POLICY:

- **ACTIVE TEXAS VEHICLE REGISTRATION:** Texas address, VIN number, License plate number, Lienholder – *Confirm annual mileage and usage.*
- **DRIVER'S LICENSE FOR INSURED AND ADDITIONAL DRIVERS:** Complete name, Date of Birth, DL License number, State of issuance. Out of State, Foreign Driver's license and Matricula Consular is also acceptable.
- **PICTURES:** Necessary if requesting coverage for COMP/COLL (*Required at time of issuing policy not necessary for quote*)

# Texas Borderless Auto

## START A QUOTE

Select here to start a new quote



Office2 Direct | Office2 Direct | Logout

MY E-VOLVE

NEW SUBMISSION



### MY E-VOLVE

- Home
- Policy Search
- Help Desk

### MAIN

#### SUBMISSIONS

LOB -

- 2 - Pending Issuance
- 0 - Pending Cancellations
- 0 - Pending Renewal Offers
- 0 - Non-Renewals
- 0 - Out Of Office Signatures
- Pending Incoming Docs

#### QUESTIONS & NOTIFICATIONS

0 - Open Items

#### NEWS & INFORMATION

0 - Producer Notification Pending

#### DOWNLOAD MATERIALS

Agency Downloads

### Home Page

- Notifications
- Reports
- Pending Items

### INSURED INFO

[SAVE & EXIT](#) [NEXT →](#)

Producer Code *	Effective Date *
<input type="text" value="McAllen-Test"/>	<input type="text" value="06/21/2023"/>

### Primary Named Insured

First Name *	Middle Initial	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Mailing Address / Contact Information

Zip *	City	State *	Street Address *
<input type="text"/>	<input type="text"/>	<input type="text" value="Texas"/>	<input type="text"/>
Cell Phone *	Home Phone	Email Address *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residence Type	Months At Residence	Additional Person to Receive Notices	Mexico Zip *
<input type="text" value="Please select"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text"/>
			No Mexico Zip <input type="checkbox"/>

### Current Insurance Information

Current Auto Insurer	Current BI Limits	Duration(months)	Expiration Date	No prior insurance
<input type="text"/>	<input type="text" value="\$15,000/\$30,000"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="checkbox"/>

[SAVE & EXIT](#) [NEXT →](#)

### Basic Information for Insured

- Name as it appears on DL
- Mailing address must be a Texas address or the one on the vehicle registration
- Cell phone number and Email is required so insured can eSign
- Residence type is required – Rent or Own
- Information on current or previous insurance – Proof of prior insurance will be required to be uploaded to system

Insured: Laura Varela  
Quote #: 453665

## DRIVERS

+ ADD DRIVER 1 of 1

Rated or Excluded \*

Reason Excluded

First Name \*

Middle Initial

Last Name \*

Gender \*

Marital Status \*

Date of Birth \*

Relationship to Named Insured \*

**License Information**

Current License State \*

Current License Number \*

License Status \*

Current US License Years/Months \*

Total US License Years/Months \*

International Years/Months

SR22

**Employer / Occupation Information**

Occupation

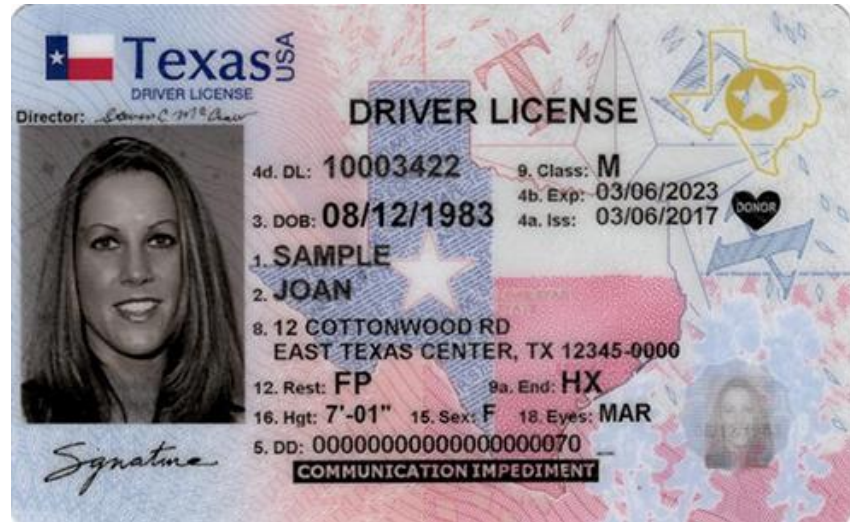
Employer/School Name

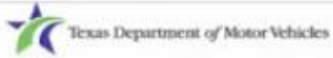
Street Address

City

State, Zip:

- Information must be entered exactly as it appears on DL .
- Insured **MUST** declare all persons above the age of 14, that live in household or have access to insured vehicle.
- We can insure underage drivers, only drivers above the age of 15 ½ with an active driver's permit . They **CANNOT** be the main insured and must be on a policy with at least one person above the age of 18.
- All rated drivers must have a valid/active US DL, an active Foreign DL or a Matricula consular
- **6 Drivers per policy.**
- **We also offer SR-22.** - For Texas Only and ALL owned vehicles must be added to policy





**TITLE APPLICATION RECEIPT**

**License Plate**

COUNTY: HIDALGO  
PLATE NO: **HCY3558**  
DOCUMENT NO: 10931144039080640  
PREV DOC NO: 10931144039080640 P

**Effective Date**

TAC NAME: FARLO (PAUL) VILLARREAL JR.  
DATE: 07/24/2020  
EFFECTIVE DATE: 07/24/2020  
ORGANIZATION:  
EMPLOYEE ID: CURESTE TRANSACTION ID: 10931144039080640

**Name(s)  
Owner(s) of  
vehicle**

OWNER NAME AND ADDRESS  
JUAN MANUEL CARDONA  
639 SAINT THOMAS DR  
BROWNSVILLE, TX 77821

**VIN Number**

VEHICLE IDENTIFICATION NO: **1N6KK1F7HA1J2151**  
VEHICLE CLASSIFICATION: PASS  
REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
STICKER TYPE: NS

**Lienholder**

1ST LIEN  
DATE: 04/08/2020  
NAVY ARMY CCU  
PO BOX 81215  
CORPUS CHRISTI, TX 78408

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
STICKER TYPE: NS

VEHICLE MAKE	YEAR	VEHICLE CLASSIFICATION	VEHICLE WEIGHT	TRAILER TYPE
2011	2011	PASSENGER-LESS/EQL 6000	3500	0*

DESCRIPTION	AMOUNT
TITLE APPLICATION FEE	10.00
SALES TAX FEE	999.44
SALES TAX	19.99
WINDSHIELD STICKER	50.00
REG FEE-OPS	100.00
CITY ROAD BRIDGE ACC-ON FEE	10.00
COUNTY ROAD BRIDGE ACC-ON FEE	10.00
INSPECTION FEE-LTD	0.00
PROCESSING AND HANDLING FEE	0.00
<b>TOTAL</b>	<b>1,110.44</b>

METHOD OF PAYMENT AND PAYMENT AMOUNT:  
CHECK #20527 0 1,110.44  
TOTAL AMOUNT PAID \$ 1,110.44

SALES TAX CATEGORY: SALES/USE  
Date of Assignment/Sales Tax Date: 08/08/2020

DESCRIPTION	AMOUNT
Sales Price	15,991.00
Less Trade In Allowance	0.00
Taxable Amount	15,991.00
Sales Tax Paid	999.44
Less Other State Tax Paid	0.00
Tax Priority	0.00
<b>TOTAL TAX PAID</b>	<b>999.44</b>

Serial No: 3714401901 Serial Count: 1

TITLE WILL BE ELECTRONICALLY FILED WITH THE LIENHOLDER.  
THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

- If registration has 2 owners, both must appear on policy (Rated/Excluded)
- It is important to always include vehicle license plate on the system.
- **6 vehicles max per policy.**
- **Models 40 years or older are NOT permitted.**

- Vehicle registration must be active at the time the policy is issued.
- If registration has not been renewed, 20 day grace period will be allowed before cancelling policy.
- Not having the proper documentation complete will cause a delay to the payment of commissions.
- Vehicle Titles or Sales Contract only valid for 20 days before policy cancels if active Texas registration is not provided.

**PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS**

Peel sticker from any corner.  
Despegue la calcomanía de cualquier esquina.

**Texas Seal**



# Texas Borderless Auto VEHICLES

Insured: Laura Varela  
Quote #: 453665

## VEHICLES

+ ADD VEHICLE    DELETE VEHICLE    1 of 1

Vehicle Type: \*    1981 & Newer Car    v

SEARCH BY VIN    🔍

Year: \*    Please select    v

Make: \*    v

Model: \*    Please select    v

MSRP / Cost New:   

Vin (17 Digits):   

### Vehicle Use

State of Registration: \*    Texas    v

Use: \*    Please select    v

Estimated Annual Distance: \*    Please select    v

License Plates:   

Garage Type:    Please select    v

Country / USA & Mexico \*    Please select    v

Street:   

City:   

State, Zipcode \* :    v   

### 1-st Lessor/Lienholder

Name:   

Street Address:   

City:   

State, Zipcode:    Please select    v   

Account / Ref Number:   

Lienholder or Addl Insured:    Please select    v

Enter VIN # and vehicle information will auto populate

Use of vehicle is a requirement

- No Commercial use
- No Lyft/Uber/Ridesharing/Sales or Delivery use allowed

Only TEXAS addresses allowed on system

## ADDITIONAL INFORMATION

1. Vehicles with ACV of at least \$2,500 minimum and maximum of \$75,000.
2. We do insure Salvage title vehicles with Liability ONLY.
3. We do not insure Motorcycles.
4. No Adaptations, No Special Equipment.
5. **No models 15 years or older for Comp/Coll.**

Quote #: 58739      Policy #: n/a      Period: 06/21/2023 — 12/21/2023      Policy state/status: TX/Created      [RETURN TO AGENT](#)

## LIMITS

[SAVE & EXIT](#)   [BACK](#)   [RATE AND NEXT](#)

Limits	Policy Limits	2019/Lexus/UX 200
Bodily Injury: *	\$30,000/\$60,000	▼
Property Damage: *	\$25,000	▼
Personal Injury Protection:	None	▼
UMBI:	\$30,000/\$60,000	▼
UMPD:	\$25,000	▼
Comprehensive:	\$500	▼
Collision:	\$500	▼
Roadside Assistance:	None	▼
Rental Reimbursement:	None	▼

← Select limits of liability, NOW offering higher limits.

← Select deductible option customer requests

Optional Selections	
Double Deductible	<input type="checkbox"/>
Mexico Surcharge	<input checked="" type="checkbox"/>
Lessor Liability	<input type="checkbox"/>

← No need to do anything here .. Mexico coverage is automatically included!

[SAVE & EXIT](#)   [BACK](#)   [RATE AND NEXT](#)

### THIS IS WHY OUR PRODUCT IS UNIQUE, ONE AND ONLY, IN THE INDUSTRY !

All coverages on policy can be extended to all of Mexico.

No need to have US policy and a Tourist Policy

Customer benefits from full extent of Quálitas Mexico's vast network - #1 Insurance company in Mexico

Customer has the option to have vehicle repaired in Mexico or Texas

Qualitas Mexico Claims department will service any loss

**\*\* If customer agrees to have vehicle repaired in Mexico within Qualitas Network - \*\*  
**\*\* DEDUCTIBLE MAY BE WAIVED!!\*\*****



Must verify insurance score to proceed with quoting

QUOTE

[PRINT QUOTE](#)
[Clean Credit Score](#)
[SAVE & EXIT](#)
[← BACK](#)
[NEXT →](#)

[Credit Scores](#)
[Driver's points](#)
[Html trace for TX BORDERLESS AUTO](#)
[Xml trace for TX BORDERLESS AUTO](#)

Available Companies		
Company Name	Term	Premium
<input checked="" type="radio"/> TX BORDERLESS AUTO	6	\$811.50

Available Payment Options			
Payment Method	Down	Installment	Total
<input type="radio"/> 24% Down, 5 Installments, Direct Bill	\$215.66	\$124.17	\$836.50
<input type="radio"/> 24% Down, 5 Installments, EFT Credit Card	\$215.66	\$122.17	\$826.50
<input type="radio"/> 24% Down, 5 Installments, EFT Insured Checking	\$215.66	\$122.17	\$826.50
<input type="radio"/> 50% Down, 1 Installment, Direct Bill	\$419.50	\$397.00	\$816.50
<input type="radio"/> 50% Down, 1 Installment, EFT Credit Card	\$419.50	\$395.00	\$814.50
<input type="radio"/> 50% Down, 1 Installment, EFT Insured Checking	\$419.50	\$395.00	\$814.50
<input checked="" type="radio"/> Pay in Full	<u>\$811.50</u>	<u>N/A</u>	<u>\$811.50</u>

- First Named Insured will need to verify their insurance score
- Rate may decrease or increased based on results
- Insurance Score will be reordered every 3 years upon renewal
- Insured will be provided a letter indicating up to 4 factors that adversely affected their insurance score.
- A social security number for the named insured will be requested to provide a more accurate score
- Social Security information will be encrypted in the system and no agent, GA or the Carrier will have access to view this information

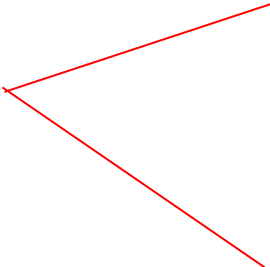
# Texas Borderless Auto

## PAYMENT OPTIONS

### Available Payment Options

Payment Method	Down	Installment	Total
<input type="radio"/> 24% Down, 5 Installments, Direct Bill	\$215.66	\$124.17	\$836.50
<input type="radio"/> 24% Down, 5 Installments, EFT Credit Card	\$215.66	\$122.17	\$826.50
<input type="radio"/> 24% Down, 5 Installments, EFT Insured Checking	\$215.66	\$122.17	\$826.50
<input type="radio"/> 50% Down, 1 Installment, Direct Bill	\$419.50	\$397.00	\$816.50
<input type="radio"/> 50% Down, 1 Installment, EFT Credit Card	\$419.50	\$395.00	\$814.50
<input type="radio"/> 50% Down, 1 Installment, EFT Insured Checking	\$419.50	\$395.00	\$814.50
<input checked="" type="radio"/> <b>Pay in Full</b>	<b><u>\$811.50</u></b>	<b><u>N/A</u></b>	<b><u>\$811.50</u></b>

These options are for automatic monthly EFT withdrawals from a checking account or credit card



**Pay in full for the 6 months**



- Only 6 month policy term is offered
- Policies can be paid in full or monthly payments.
- Monthly payments can be set up for automatic EFT withdrawals from checking account or credit card.
- An ACH will be processed

**\*\* We highly recommend choosing EFT Credit Card/Debit Card to receive INSTANT notification if funds are available for payment and avoid NSF charges. \*\***

# Texas Borderless Auto REQUIREMENTS

	Active Driver's License for Insured and Drivers	Valid Proof of Ownership of Vehicle	Pictures of Vehicles with Comp/Coll	Lienholder information
<b>Basic Liability</b>	✓	✓		
<b>Comp &amp; Collision</b>	✓	✓	✓	
<b>Leased or Financed Vehicles</b>	✓	✓	✓	✓

- It is necessary to upload all required documents to the system.
- All rated drivers must present an active DL (US, Foreign or Matricula)
- All Out of State and Foreign DL and Matricula Consulares must be uploaded to the system. On occasions copy of their TX DL will be requested.
- All vehicles will require an active Texas Registration
- All pending documentation to be uploaded will have 20 days after binding to be presented before policy is cancelled.
- Monthly Audits



# Texas Borderless Auto BINDING PROCESS

Verify all steps have been completed before continuing to Purchase

Insured: juan m cardona

Company: Qualitas Insurance Company

Producer: QUALITAS-PPA-TEST

Program: TX BORDERLESS AUTO

Quote #: 453799

Policy #: n/a

Period: 01/14/2021 — 07/14/2021

Policy state/status: TX/Created

## BINDING

PDF DOCUMENT

SAVE & EXIT

PURCHASE & CONTINUE TO ESIGN

BACK

### Application Print / Sign Options

#### Select One

Producer Print

#### Description

Application Prints At Producers Office For Customer To Sign (wet signature)

In Office eSign

Producer Has Customer eSign Application In Office

Remote eSign

Producer Has Customer eSign NOT In Office (Insured email Required)

- **Producer Print - will need to be uploaded to system**
- **In Office – customer needs to set up and accept eSign**
  - **Remote eSign- customer not in office**

### Requested Effective Date

Effective Date \*

01/14/2021

I Agree  By checking this box, I confirm that the effective date entered is correct. I also understand and agree that once this transaction is submitted and purchased, a policy is issued and cannot be voided or flat cancelled. If policy is to be cancelled, regardless of reason, policy fees are fully earned and will not be returned.

Must be verified to continue, please read carefully cancellation policy.

# Texas Borderless Auto BINDING PROCESS

## Required Documents

<b>Policy</b>	
Current Proof of residency in Mexico	Mandatory upon issuance
<b>Vehicles</b>	
2017/Kia/SORENTO	
Vehicle Registration	Mandatory with a possibility of suspense
Photos	Mandatory with a possibility of suspense
<b>Drivers</b>	
Laura Varela	
Copy of license	Optional
<b>Others</b>	
Others	Optional

Review documents being requested to be uploaded.

Upload here



Drop files here to upload

## MVR Report

Verify you have advised the insured that we are about to run their MVR

READ THIS TO THE CUSTOMER: Qualitas uses information from you and other sources, such as your Motor Vehicle Report to calculate your insurance price. Qualitas will update this information at each renewal. Qualitas Privacy Policy explains how Qualitas discloses and protects your personal information and how you may access and correct it. I can provide you with a copy. May we order your MVR report now in order to give you a more accurate quote?

## Bind Policy

If the eSignature options are not selected, the producer will be required to upload the complete signed application to us. Specific documents will also be required for upload, based upon the risk bound. By selecting "Bind Policy" the producer acknowledges that they have the duty and requirement to upload these documents within 24 hours. Please consult your Product Guidelines for detail on the documentation required. Do not select "BIND POLICY" unless you agree to these terms.

PDF DOCUMENT SAVE & EXIT PURCHASE & CONTINUE TO ESIGN BACK

You must read the MRV notice to customer before clicking the box. System will not continue if box is not checked

Verify all steps have been completed before continuing to Purchase

Insured: JOSE A BARRIENTOS      Company: Qualitas Insurance Company      Producer: #9882-006      Program: TX BORDERLESS AUTO  
 Quote #: 198      Policy #: n/a      Period: 01/15/2021 - 07/15/2021      Policy status/Status: TX/Checked

**MVR**

Clean MVR

CONTINUE TO RE-RATE RISK →

**JOSE A BARRIENTOS**

MVR was successfully processed! Any Violations and Accidents listed below are what were reported back from the DMV.

[Go to Driver's Profile](#)

MVR Info      MVR Response

Violation/Conviction Code	Violation Date	Conviction Date	Accident Dispute
No accident			

Suspensions/Revocations	Start Date	Clear/End Date
No suspension		

**MVR Report will inform you of any accidents or violations, may affect rate**

[Profile Response](#)   [Profile XML](#)

**Additional Discovered Person**

AUCIA R GARZA DOB: 1/2/1946	Please select
GUADALUPE GARZA DOB: 2/1/1974	Please select
GUADALUPE J GARZA DOB: 11/30/1992	Please select
RODOLFO M GARZAMENDEZ DOB: 10/18/1945	Please select
ESPERANZA HERNANDEZ MUNOZ	Please select
MARIA ISABEL BARRIENTOS	Please select
ESTHER OLIVIA LARA	Please select
JOSE ALEJANDRO BARRIENTOS	Please select
MICHAEL GOMEZ CONTRERAS	Please select

**List of all persons associated with address –you must rate or exclude**

**Additional Discovered Vehicles**

2CNALDEWBA6387417 2010/CHEV/EQUINOX	Please select
3GCRKSE31AG159817 2010/CHEV/SILVERADO	Please select
1GCEC19C192199651 2009/CHEV/SILVERADO	Please select
2MRDA222378J00172 2007/MERC/MONTEREY	Please select
2FMZAS16648A73989 2004/FORD/PRESTAR	Please select
2NHRLL1862YH530515 2000/HOND/ODYSSEY	Please select
1G2ZHS7H484112937 2008/PONT/G6	Please select

**List of all vehicles associated to Insured – you must rate or exclude**

CONTINUE TO RE-RATE RISK →

# Texas Borderless Auto eSign SET UP

## SUMMARY

Coverages	Policy Limits	Kia/2017
Bodily Injury	\$30,000/\$60,000	\$778.00
Property Damage	\$25,000	\$265.00
Personal Injury Protection	\$2,500	\$375.00
Uninsured/Underinsured Bodily Injury	\$30,000/\$60,000	\$382.00
Uninsured/Underinsured Property Damage	\$25,000	\$129.00
Comprehensive		\$500 Ded \$1,190.00
Collision		\$500 Ded \$1,079.00
Towing		\$70 Per Occurrence \$40.00
Rental Reimbursement		\$25 Per day / \$750 Max \$79.00
<b>Vehicles Total</b>		<b>\$4,317.00</b>
<b>Policy Total</b>		<b>\$4,317.00</b>
MVCPA Fee		\$2.00
Policy Fee		\$84.00
<b>Total Premium and Fees</b>		<b>\$4,403.00</b>
<b>Total Premium</b>		<b>\$4,403.00</b>

## AUTHENTICATION

Producer and Applicant agree to enter into and complete the entire application for insurance with Qualitas Insurance Company electronically. Producer and applicant also agree to receive and read all consumer notices and disclosures in electronic form.

Applicant (The check box will record the time and date it was marked)

Producer (The check box will record the time and date it was marked)

(APPLICANT) I [Laura Varela], understand that by electronically answering the following security questions, I certify that I have reviewed the entire application for insurance with my producer, that my answers are true and correct and that I received, read and understood the entire application for insurance, including, but not limited to, underwriting guidelines, binding procedures, notices, disclosures and/or waivers. I fully understand that I have electronically signed this application for insurance and my eSignature will be deemed the original for all purposes.

1. Applicant Question: Name of your Elementary School  Answer:

2. Applicant Question: Year you graduated high school  Answer:

(PRODUCER) I understand that by electronically signing below, I certify that I have reviewed the entire application for insurance with the Applicant and assisted the Applicant in completing the entire application for insurance including, but not limited to, underwriting guidelines, binding procedures, notices, disclosures and/or waivers.

Name of Producer submitting the application: LAURA VARELA

## eSign

- If insured selected eSign and is present in office, they will need to authenticate and set up eSign.
- An email address is necessary for this process.

## Remote eSign

1. If insured is not in the office, an email address is required.
2. Insured will receive an email to set up and authenticate his eSignature.
3. If no email address is available, application will need to be printed and physically (wet signature) sign and uploaded to portal.
4. All documents, coverages and rejections must be signed at time of binding.

# Texas Borderless Auto PAYEMENT OPTIONS

## Down Payment

Down Payment Method *	Payment Plan Selected	Down Payment Amount *
Insured Credit/Debit Card ▼	17% Down, 5 Installments, Direct Bill	\$749.69
<input type="checkbox"/> Check Here if you would like to use the same Name & Address info as the Applicant!		
Cardholder First Name *	<input type="text"/>	
Cardholder Last Name *	<input type="text"/>	
Address 1 *	4608 ZINNIA AVE	
Address 2	<input type="text"/>	
City *	MCALLEN	
State *	Texas ▼	
Zip *	78504	
Credit Card Type *	Visa ▼	
Credit Card Number *	<input type="text"/>	
Expiration Date *	January ▼	Please select ▼
Cardholder agrees that their credit card will be charged for the Down Payment Amount shown above. I agree <input type="checkbox"/>		

## EFT PAYMENT PLAN STATEMENT

This payment plan will be generated for your new policy, when you renew our policy and when premium amount suffers any change. Instalments will be recalculated and will be shown below including when they will be processed.

In case your financial institution does not honor your payment, a non-sufficient fund (NSF) fee will be charged and your insurance policy will be cancelled.

The following fees are included on all instalments:

Installment Fee: \$2.00

Policy Fee: \$84.00

### INSTALLMENT SCHEDULE

Due Date	Installment Amount
11/14/2020	732.62
12/14/2020	732.62
1/13/2021	732.62
2/12/2021	732.62
3/14/2021	732.630

Applicant's eSignature: (Laura Varela)

By clicking this box and providing my name,  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

Customer has 3 options to pay for their down payment:

- Credit Card
- Checking account
- Cash
- Verify Payment Method
- Click on box to agree to payment method
- If accepting cash, choose the option **Producer Sweep**

**\*\* We highly recommend choosing Credit Card/Debit Card to receive INSTANT notification if funds are available for payment and avoid NSF charges.**

**\*\***

- Review installment schedule

# Texas Borderless Auto APPLICATION

## APPLICATION

The PRODUCER hereby certifies that has READ and EXPLAINED the Personal Injury Protection Coverage, Uninsured/Underinsured Motorist Coverage and the Payment Installment Option. The Producer has included in this application all required information given to the Producer by the Applicant. In the event the policy is cancelled or insurance thereunder terminated, resulting in a return premium to the insured, the Producer agrees to return the unearned commission.

Name of Producer submitting the application:

I acknowledge and understand that all registered owners and any persons with insurable interest of all vehicles listed on the policy must be rated as drivers or excluded from the policy. In addition, all registered owners must be listed as additional interest for any vehicle that has comprehensive and collision coverage. Failure to add the registered owner as an additional interest may result in comprehensive and collision coverage being denied in case of a claim. I agree to notify the Company of any changes in registered owners. I understand that my failure to notify the Company shall be considered to be a misrepresentation and may render my policy null and void.

Applicant (The check box will record the time and date it was marked)

I acknowledge that the estimated annual vehicle mileage I have provided on this application is true and correct to the best of my knowledge. I understand that the Company may retroactively adjust my premium if the actual miles driven differ from the estimated annual vehicle mileage I have provided. If a loss occurs under this policy the Company shall have the option to deduct such additional premium from any loss settlement. I understand that the Company may request that estimated annual mileage be updated at policy renewal.

Applicant (The check box will record the time and date it was marked)

I understand that there is no physical damage coverage for non-factory or non-dealer installed aftermarket equipment.

Applicant (The check box will record the time and date it was marked)

I understand that in connection with my request for a premium quotation and application for insurance (1) the insurance company may obtain consumer reports, which may include a driver history report or vehicle report and I grant them the authority to do so. I agree that the insurance company may correct my premium if the information obtained from additional sources, including motor vehicle reports, changes factors which affect the premium; (2) in certain circumstances such information, as well as other personal privileged information subsequently collected by the insurance company, may be disclosed to third parties without my permission; (3) upon my written request, within a reasonable time period, the insurance company will inform me whether or not a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) the insurance company may request and utilize the subsequent consumer reports in connection with updating and renewing any insurance afforded in connection with this application; (5) refusal to authorize the insurance company to obtain a consumer report may give the insurance company the right to decline personal or family insurance to me.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing

Applicant (The check box will record the time and date it was marked)

I have read all pages of the application for Qualitas Insurance Company Personal Auto Policy and agree that to the best of my knowledge and belief, all of the information provided is true and complete. This application is submitted to Qualitas Insurance Company with the knowledge that it will be used as the factual basis for the decision of the Company to insure me or not to insure me.

To the extent permitted by Texas Insurance Code section 705.003 and 705.004, by signing this application, I acknowledge that all of the information contained herein is true and correct to the best of my knowledge. I understand that failure to disclose any information that is asked for on this application could result in the policy being canceled or returned with no coverage bound. This application forms and becomes part of the insurance policy applied for.

I agree that all of the language in this application shall apply to my policy and any renewal thereof. I understand that this policy is not considered bound until it is accepted and approved by Qualitas Insurance Company. I understand that all of the information provided to Qualitas Insurance Company in this application is material to Qualitas decision as to whether to issue the Policy. I hereby apply to the Company for a policy of insurance for the coverage set forth in this application. It is understood and agreed that any policy issued or any renewal thereof is based on the statements contained herein. I further agree that said policy shall be cancelled if these answers are false or given with the intent to deceive, or materially affect the acceptance of this risk assumed by the Company prior to the occurrence of any injury, death or damage for which the insured may be liable.

**THE COVERAGES, INCLUDING THE OFFER OF ADDITIONAL COVERAGE, WERE EXPLAINED TO ME, AND I KNOWINGLY MADE THE SELECTIONS ABOVE. ANY PORTION OF THIS APPLICATION FILLED OUT BY A BROKER IS EXPRESSLY ACKNOWLEDGED TO HAVE BEEN DONE AT MY REQUEST AND WITH MY AUTHORIZATION.**

I hereby authorize Qualitas Insurance Company to obtain a copy of my Motor Vehicle Report for the use in rating and /or underwriting the coverages for which I do hereby apply and any renewal thereof. I hereby certify that the named drivers in my household listed on this application have authorized me to consent on their/his/her behalf and for the Company to obtain Motor Vehicle Report(s) for rating and/or underwriting.

All sections of the application must be read to or accepted by customer

# Texas Borderless Auto SIGNATURES

## UMBI REJECTION OR REDUCTION

Uninsured and underinsured motorist coverage provides coverage that protects insureds who are legally entitled to recover from owners or operators of uninsured or underinsured motor vehicle damages due to bodily injury, sickness, disease or death, or property damage resulting from the ownership, maintenance or use of any motor vehicle.

Texas Insurance Code 1952.101 requires that every automobile liability insurance policy that covers liability arising out of the ownership, maintenance or use of a motor vehicle contain uninsured or underinsured motorist coverage in the policy unless an insured named in the policy rejects that coverage in writing. If the coverage is not rejected, the limits of liability afforded must be at least equal to the minimum limits required by the Texas Motor Vehicle Safety Responsibility Act but not higher than the policy's liability limit.

I hereby reject the Uninsured/Underinsured Motorist Coverage afforded in the policy in its entirety

I hereby reject Uninsured/Underinsured Motorist Coverage.

Applicant's eSignature: (juan cardona)

By clicking this box and providing my name, I  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

## ROADSIDE ASSISTANCE SERVICE AGREEMENT

Some text

Applicant's eSignature: (juan cardona)

By clicking this box and providing my name, I  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

## AGREEMENT TO DELETE UMBI

As required by the Texas Insurance Code 1952.101, the insurer must provide the applicant Uninsured Motorist Coverage on every bodily injury liability insurance policy it issues that covers liability arising from the ownership, maintenance, or use of a motor vehicle. Those provisions also allow the insurer and the applicant to remove coverage entirely or to remove coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorist coverage insures the insured, their heirs or legal representatives for all amounts within the limits established by law, that the person or persons have a legal right to recover as damages for bodily injury, including any illness, resulting illness or death, to the insured by the owner or operator of an uninsured motor vehicle that is not owned or operated by the main insured or a resident of the same household.

**I HEREBY ELECT TO DELETE UNINSURED MOTORIST BODILY INJURY COVERAGE.**

The deletion of this coverage is applicable to this policy, any continuation, renewal or replacement of the policy issued to the designated Insured, or the reinstatement within 30 days of lapse, and is binding for each insured to whom the provisions of the policy are applicable.

Applicant's eSignature: (juan cardona)

By clicking this box and providing my name, I  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

## AGREEMENT TO DELETE UMPD

As required by the Texas Insurance Code 1952.101, the insurer must offer the applicant Uninsured Motorist Property Damage Coverage up to a limit of \$25,000 for vehicles that are not covered by Collision Coverage, but are covered by Uninsured Motorist Bodily Injury Coverage. Those provisions also allow the insurer and the applicant to remove the coverage entirely or to remove the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured Motorist Property Damage coverage provides coverage for damage to your motor vehicle caused by an uninsured motor vehicle, but does not cover any property damage that is not attached to the vehicle.

**I HEREBY ELECT TO DELETE UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE.**

The deletion of this coverage is applicable to this policy, any continuation, renewal or replacement of the policy issued to the designated Insured, or the reinstatement within 30 days of lapse, and is binding for each insured to

Insured must accept or reject the coverages

# Texas Borderless Auto

## FINAL SIGNATURES

I agree that all of the language in this application shall apply to my policy and any renewal thereof. I understand that this policy is not considered bound until it is accepted and approved by Qualitas Insurance Company. I understand that all of the information provided to Qualitas Insurance Company in this application is material to Qualitas decision as to whether to issue the Policy.

I hereby apply to the Company for a policy of insurance for the coverage set forth in this application. It is understood and agreed that any policy issued or any renewal thereof is based on the statements contained herein. I further agree that said policy shall be cancelled if these answers are false or given with the intent to deceive, or materially affect the acceptance of this risk assumed by the Company prior to the occurrence of any injury, death or damage for which the insured may be liable.

**THE COVERAGES, INCLUDING THE OFFER OF ADDITIONAL COVERAGE, WERE EXPLAINED TO ME, AND I KNOWINGLY MADE THE SELECTIONS ABOVE. ANY PORTION OF THIS APPLICATION FILLED OUT BY A BROKER IS EXPRESSLY ACKNOWLEDGED TO HAVE BEEN DONE AT MY REQUEST AND WITH MY AUTHORIZATION.**

I hereby authorize Qualitas Insurance Company to obtain a copy of my Motor Vehicle Report for the use in rating and /or underwriting the coverages for which I do hereby apply and any renewal thereof. I hereby certify that the named drivers in my household listed on this application have authorized me to consent on their/his/her behalf and for the Company to obtain Motor Vehicle Report(s) for rating and/or underwriting.

I understand that this is only an application for insurance. It does not constitute a binder of coverage and may be bound, accepted, rejected, or modified by Qualitas Insurance Company upon receipt. I, as applicant, certify and understand that the broker through whom the undersigned is submitting this application is the broker of the applicant and is NOT acting as a broker of Qualitas Insurance Company. I understand that coverage may be considered bound by Qualitas Insurance Company on the date and time shown on this application if I have complied with all of the requirements set out in this applicant statement AND if MY broker sends this application and premium funds to Qualitas Insurance Company within the requisite time permitted by Qualitas Insurance Company from the proposed effective date and time shown on the application. Otherwise, coverage will be considered bound as of the date after the remittance of the application and premium funds. I further understand that Qualitas Insurance Company is not bound by any oral or written statements made to me by MY broker regarding whether Qualitas Insurance Company will bind, accept, reject or modify the coverage applied for herein. Failure to disclose a resident of the household is a material misrepresentation and will constitute grounds for denial of coverage. I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### CANCELLATION OF THE POLICY

Cancellation requests from an insured must be received in writing and delivered to our office located at 101 W Broadway 1270, San Diego CA, 92101 by Certified Mail Return Receipt Requested. All cancellation requests must indicate reason for cancellation. Policies will be cancelled as of the date indicated provided on the postmark within 3 business days of the requested cancellation date. Pursuant to the Electronic Disclosure and Consent Form, by providing my mobile phone number acknowledge Qualitas Insurance Company and its affiliates and representatives may provide me with informational notices about my insurance by call or text to the number using an automatic telephone dialing system and/or a prerecorded or artificial voice. Notices may include reminders that a premium payment is coming due or is past due.

I also fully understand and agree that if any premium remittance by me or on my behalf, is not honored by the payer (Bank), it will be deemed nonpayment of premium, and no coverage will have been bound, or afforded under this application and subsequent binder or policy. Signing this application does not bind you to complete the insurance. It is agreed that this application, shall be deemed to be a representation should the policy be issued.

Applicant's eSignature: (Laura Varela)

By clicking this box and providing my name, I  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

#### PRODUCER STATEMENT

The PRODUCER hereby certifies that within 60 days prior to the date of application, the Applicant has been rejected for automobile insurance by at least two insurers licensed to do business in Texas and actually writing automobile liability insurance in Texas, including insurers that are not rate regulated. The Producer has READ the Plan of Operation, and EXPLAINED the Personal Injury Protection Coverage, Uninsured/Underinsured Motorist Coverage and the 8 Payment Installment Option. The Producer has included in this application all required information given to the Producer by the Applicant. In the event the policy is cancelled or insurance thereunder terminated, resulting in a return premium to the insured, the Producer agrees to return the unearned commission.

By clicking this box and providing my name, I  with the assistance of my producer, fully understand that I have electronically signed the Applicant Statement and my eSignature will be deemed the original for all purposes.

- Insured must complete the eSignature process accepting the Application Statement.
- Producer will also be required to sign to complete the purchase process

Purchase

Cancel this eSignature Session

# Texas Borderless Auto

## EMAILING DOCUMENTS

POLICY

- Policy Summary
- Policy History
- Policy Info
- Rewrite
- Endorsement
- OOSE
- Cancellation
- Non Renew Policy
- Suspense Diary
- Documents
- Billing System

Notes  
Back to Search

DOCUMENTS

**Policy Detail** Print

<b>Incured Name/DBA</b>	Laura Varela	<b>Effective date</b>	10/14/2020
<b>Policy ID</b>	TST-Q-TX-BL-2000021-01	<b>Expiration date</b>	04/14/2021
<b>Policy Status</b>	<b>In-Force</b>	<b>Duration</b>	Months/6 month(s)
		<b>Payment plan</b>	17% Down, 5 Installments, Direct Bill
<b>Suspense/Disary: None</b>		<b>Policy total + Fees</b>	\$4,403.00

**Basic Documents and Packages**

Policy (Insured's copy)	<a href="#">View Document</a> <input type="checkbox"/> Select to Email Document
Policy (Lienholder copy)	<a href="#">View Document</a> <input type="checkbox"/> Select to Email Document
Policy (Producer's copy)	<a href="#">View Document</a> <input type="checkbox"/> Select to Email Document

[Click Here](#) to go to the Policy History page where you can view all documents associated with each policy transaction.

**Email the Policy Documents and Policy Attachments**

To:

CC:

From:

Subject:

Dear Laura Varela,  
Below is a link to your insurance Policy Documents!

Send

**Upload Files**

**Select files**  
Add files to the upload queue and click the start button.

Filename	Size	Status
----------	------	--------

System will bring you to this page where you can select what documents to email to customer upon purchase of policy.

Click on any of these boxes to attach them to email being sent

Use this box to deliver any message or to thank your customer for their preference

**POLICY**

- Policy Summary
- Policy History
- Policy Info
- Rewrite
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- Cancellation
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- Documents
- Billing System

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Notes  
Back to Search

**Helpful Links**

- Policy (Insured's copy)
- Policy (Lienholder copy)
- Policy (Producer's copy)
- Policy Wording

**POLICY SUMMARY**

Policies	Effective Dates	Status	Insurance Carrier	LOB	Term Premium + Fees
<a href="#">TST-Q-TX-BL-2000021-01</a>	10/14/2020 — 04/14/2021	In-Force	Qualitas Insurance Company	QUALITAS Auto	\$4,403.00

**Named Insured - Customer Since:**  
10/14/2020  
Laura Varela  
4608 Zinnia Ave  
MCALLEN, TX, 78504  
EMAIL: lalaeavarela@gmail.com

**Producer Information**  
QUALITAS - Producer#QUALITAS-PPA-TEST  
TEST STREET, TEST, CA, 90001  
Office (443) 385-9232  
EMAIL: informins@gmail.com

**In-Force**

Prior Carrier: Geico  
Prior BI Limits: 15/30  
Continuous Months: 6

**Payment Info**

Due By: 11/14/2020  
Premium Due: \$716.62  
Billing/Installation Fee: \$2.00  
Policy Fee: \$14.00

**TOTAL AMOUNT DUE: \$732.62**

Policy Pay Off Amount: \$3,655.11  
Last Payment received: --  
Last Payment amount: --

[Pay Now](#)

Total Premium: \$4,317.00  
Fees: \$86.00  
Total: \$4,403.00

Viewing Policy: TST-Q-TX-BL-2000021-01   [Edit Coverage](#)   [Edit Vehicles](#)   [Rating XML Policy Risks Insured Portal \(Not Registered\)](#)

Policy Summary: **Vehicle #1**  
2017 Kia SORENTO  
VIN: 5xyypg4e50hg216735  
Garaging Zip Code: 78504

Coverages:		Premium
BI	\$30,000/\$60,000	\$778.00
PD	\$25,000	\$285.00
PIP	\$2,500	\$375.00
COMP	\$500 Deductible	\$1,190.00
COLL	\$500 Deductible	\$1,078.00
TL	\$70 Per Occurrence	\$40.00
RREIM	\$25 Per day / \$750 Max	\$78.00

Policy can be searched from the home page

Policy Summary page gives you access to:

- Take payments
- Review coverages
- Request Endorsements
- Print additional copies of documents

**CONGRATULATIONS  
YOU SOLD  
A POLICY!**





**Qualitas  
McAllen**

Insurance Services



**3329 N. McColl Rd  
McAllen Texas 78501**



**+1(956)992-1942**



**Monday – Friday  
9am – 6pm**

**Saturday  
10am – 2pm**



**[Infoqicmcallen@qualitasins.com](mailto:Infoqicmcallen@qualitasins.com)**

**[Quotesqmca@qualitasins.com](mailto:Quotesqmca@qualitasins.com)**



# Qualitas McAllen

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## Insurance Services

**Laura Varela / CEO**

[lvarela@qualitasins.com](mailto:lvarela@qualitasins.com)

956-992-1942 Ext 801

**Lizeth Aguillon / Marketing Rep**

[Laguillon@qualitasagency.com](mailto:Laguillon@qualitasagency.com)

956-458-6175

**Sergio Nunez / Marketing Rep**

[snunez@qualitasagency.com](mailto:snunez@qualitasagency.com)

956-992-1942 Ext 818

**Need help with a quote or a policy?**

[bqmaborderless@qualitasagency.com](mailto:bqmaborderless@qualitasagency.com)

956-992-1942



SERVICE IS THE VEHICLE FOR SUCCESS!



**Thank you for your trust and preference, from the Qualitas McAllen Team!**