



November 23, 2020

Aubrey Gardner
Tolson Agency Inc
511 Kihekah Ave
Pawhuska, OK 74056

Re: Mangum Regional Medical Center
Proposed Effective Date: 1/30/2021
Policy Number: 73APR384525-01
Coverage: Business Auto Liability

Dear Aubrey,

We are pleased to provide you with the attached renewal quotation for the above captioned insured. Please review the terms and conditions of the quote. All conditions of the quote must be met in order to bind coverage.

You must fax or email a written request in order to bind coverage. Please don't hesitate to contact us with any questions you may have.

Sincerely,

Brittini Allen, Ext. 263
Associate Underwriter
ballen@youroga.com

Reference #: 1084729

Managing General Agent & Surplus Lines Broker Since 1951

817 NE 63rd Street (73105) | PO Box 54017 (73154-2017) | Oklahoma City, OK | 405.840.9393 | www.youroga.com



RENEWAL QUOTATION

Renewal Of: 73APR384525-01 - **Expiring On:** 1/30/2021

Quote Dated: November 23, 2020

Producer: Aubrey Gardner - Tolson Agency Inc
511 Kihekah Ave
Pawhuska, OK 74056

Insured: Mangum Regional Medical Center
Mailing Address: 1 Wickersham Dr, Mangum, OK 73554
Physical Address: 1 Wickersham Dr , Mangum, OK 73554

Carrier: National Liability & Fire Insurance Company, Admitted, A++ Superior XV

Coverage: Business Auto Liability

Limits:
See attached

Deductible:
See attached

Endorsements:
Including but not limited to the forms list attached

Terms/Subject To:
Request to bind must be in writing via email or fax
Completed Renewal Questionnaire - Dated and signed
This quote is subject to No Losses from date of quote to inception date
Drivers must be between the ages of 35 to 75 w/2 yrs. min. experience & clean MVRs or surcharges apply
Quote based on airbags
Quote based on anti-lock brakes
Credit was applied to the risk for no losses. If the insured has a loss prior to the renewal date, the credit could be removed
Credit was applied to this risk for driver quality. If any driver has any new citations, the credit will be reduced or removed and the citation could be surcharged

Premium:
\$2,089.00

Commission:
10%

Brittni Allen - Reference #: 1084729A

Account Summary For MANGUM REGIONAL MEDICAL CENTER



Quote #: 11137882
 Status: Pending
 Policy Type: AP

Originally Quoted: 1/01/1900 12:00 AM
 Quote Printed: 11/06/2020 9:42 AM EST
 Proposed Effective: 1/30/2021 12:00 AM
 Proposed Expiration: 1/30/2022 12:00 AM

Quoted By: Help Desk
 National Indemnity Company
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102
 Phone - (402) 916-3000

HelpDesk@nationalindemnity.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	1,215
10	UM - BI Only	1,000,000 CSL	226
7	Medical Payments	5,000	45
7	Physical Damage Total Ins Value	See Specific Unit 38,000	528
	Add'l Ins'd		50
	Waiver of Sub		25
Total			\$2,089.00

Revision: 73OK2019R04

Vehicle Information

NICO-Rate Version: 8.6.38347.1219

Unit	Liability	UM	Med Pay	Phys Dam	Cargo/ In-Tow	AI/Lessor	Unit Sub Total
1 2013 DODGE GRAND CARAVAN (62128) Comp/Coll \$38,000 Radius: Up to 50 Miles	1,215	Incl.	45	528	N/A	N/A	1,788
Deductible: 1,000/1,000							



Driver Information for MANGUM REGIONAL MEDICAL CENTER

NICO-Rate for Oklahoma
National Liability & Fire Insurance Company

Policy Driver Rating Factor: 0.9000

Driver Turnover Percent: 0.00%

Quote #: 11137882

Revision: 73OK2019R04

<u>Driver</u>	<u>Date of Birth</u>
1 Jeniffer Pettijohn	4/1/1972

Schedule of Forms & Endorsements

IL 0177 (10/2010) Oklahoma Changes - Concealment, Misrepresentation or Fraud
M 4487 (04/1994) Auto Medical Payments Coverage
CA 0132 (10/2013) Oklahoma Changes
M 5872 (04/2017) Changes to Common Policy Conditions - Cancellation
M 5479 (04/2010) Towing and Storing Costs
M 5355 (01/2013) State of Oklahoma - Security Verification Form
M 5144a (06/2007) Waiver of Transfer of Rights of Recovery Against Others To Us
CA 0001 (10/2013) Business Auto Coverage Form
CA 3143 (11/2015) Oklahoma Uninsured Motorists Coverage - Non-Stacked
M 5605 (02/2011) Business Auto Coverage Declarations
M 3745a (06/2009) Additional Insured Endorsement
M 3795 (03/1987) Punitive Damage Exclusion Duty to Defend Amendment
M 5408 (07/2009) Oklahoma Compulsory Insurance Law Notice
M 4600a (04/2003) Commercial Policy Jacket
M 4459 (09/1993) Oklahoma Insurance Fraud Warning
CA 2402 (10/2013) Public Transportation Autos
M 5878 (06/2016) Oklahoma Changes - Cancellation & Nonrenewal
M 4803 (02/1998) Abuse or Molestation Exclusion
CA 2018 (10/2013) Professional Services Not Covered
M 5279a (10/2007) Notice of Coverage Changes
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 5171 (06/2004) Schedule of Covered Autos
M 3912b (08/2001) Stated Amount Insurance

Auto Renewal Questionnaire

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

One General Agency
 PO Box 54017
 Oklahoma City, OK 73154
 (800) 299-1951 FAX: (405) 840-9388

Policy Term From: _____ To _____

Named Insured: _____ Policy No. _____
 Renewal Date _____

1. Complete the following: Have there been any changes - if yes, explain.

- | | | | |
|--|--|--------------------------|-----------------------|
| | Yes | No | |
| (a) Named Insured | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (b) Address of Insured | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (c) Largest city entered | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (d) Maximum radius operated | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (e) No. of Vehicles owned | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (f) No. of Vehicles leased | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (g) Are all owned & leased vehicles covered under this policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, explain: _____ |

2. Is there any change in operations? Yes No If yes, explain: _____

3. Indicate any changes in units or coverages to be made at renewal: _____

4. For public vehicles: Is your operation For Profit Non-Profit

5. If insured is leased out, to whom is he currently leased? _____

6. Do you presently have or are you applying for a permit(s) for transportation of hazardous material and/or radioactive materials? _____

7. Is there any change in types of commodities hauled? Yes No If yes, explain: _____

8. Person to contact for inspection (name and phone number): _____

9. Have you ever filed or are you contemplating filing for reorganization or bankruptcy? Yes No If yes, show date (month and year) and explain: _____

10. **MUST BE COMPLETED FOR ALL DRIVERS** (If not enough space attach list)

Driver's Name	Date of Hire	Date of Birth	Driver's Licenses			Experience	
			State	Number	No. of Years Licensed	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

11. When physical damage provided, indicate current depreciated value(s): _____

12. Any accidents or violations in the past twelve (12) months? Yes No If yes, explain: _____

13. Are DOT filings required? Yes No If yes, list MC number and required filings: _____

Are state filings required? Yes No If yes, identify all states/filings/ID numbers: _____

14. Are there any changes to loss payees? Yes No If yes, explain: _____

The Applicant's representative acknowledges that he/she has advised the Insured and the Insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the Insured's original Company application shall survive renewal unless modified by this document.

Date _____

 Applicant's Representative

 Address of Applicant's Representative