



Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43206-1218

Receipt of Down Payment for New Application

Today's Date: 02/08/2013
Policy Number: XA 2012861
Effective Date: 02/08/2013
Expiration Date: 02/08/2014
Payment Method: Credit Card/Debit Card/Electronic

Applicant Name & Address:

Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

A payment of \$555.00 was received by the agent on this date to be credited toward the total premium charge for the above referenced policy.

Received By: _____

JASON A. INGLE



Easy Pay Authorization Agreement

Policy Holder's Name: Brandon Tankersley
Agency Code / Name: 41-090 GOSS INSURANCE AGENCY INC

For New Business
Attach this form to the application, along with a voided check or savings documentation.
For Add / Change
Fax this form AND voided check to: (614) 449-6722 or (614) 449-6723
Attn: Processing Accounting

- EFT* Elections (please mark the appropriate box for each policy)
1. New Business: Please complete a separate authorization form for each application.
2. One month down payment is STRONGLY recommended with the new business application.
3. Add existing policy in force to Grange Easy Pay.
4. Change banking information for policy currently on Grange Easy Pay.

Depository Information:

Checking Account Withdrawal Date: 08
Savings Account Routing #: 064208165 Account #: 0000116615002

New Change Policy Number Policy Holder's Relationship to Account Holder
Same Other
Same Other
Same Other

INCOMPLETE INFORMATION MAY CAUSE A DELAY IN PROCESSING

CONTINUE TO MAKE YOUR PAYMENT UNTIL YOUR BILLING STATEMENT INDICATES THE AMOUNT WILL BE ELECTRONICALLY WITHDRAWN FROM YOUR ACCOUNT

I authorize Grange Mutual Casualty Company, its subsidiaries and affiliates to initiate withdrawals from my checking/savings account and electronically transfer funds to pay the applicable insurance premiums on a monthly basis. I understand that the withdrawals from my account will occur no earlier than the scheduled withdrawal dates set forth on the applicable premium invoice and that if a scheduled withdrawal date falls on a weekend or holiday, Grange will initiate the electronic funds transfer on the next business day. I also understand that adjustments may involve debits or credits to my account. Any debit or credit adjustment will be spread evenly over the installments remaining as of the date of the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid.

I understand and agree to keep sufficient funds in my account to cover EFT payment withdrawals and that if an EFT transaction fails as a result of insufficient funds in the account, the withdrawal will automatically be re-attempted approximately five business days later. If an EFT payment transaction fails after the above described re-attempt due to insufficient funds in the account or is otherwise dishonored by my financial institution, the EFT option will be removed from the policy and the applicable insurance policy(ies) may be cancelled for nonpayment of premium in accordance with the policy and as allowed by law. I further understand and agree that this EFT payment plan authorization does not amend or modify any policy provision. Finally, I understand that this authorization will continue to remain in full force until Grange has received 10 days written notice from me to terminate the withdrawals or until Grange notifies me of its rejection or termination of this EFT payment plan authorization.

Authorized Signature: [Signature] Date:

PLEASE ATTACH A VOIDED CHECK HERE
For Savings Accounts, please attach documentation of account information.



New Business Electronic Down Payment Authorization

Agency Number: 0001090

Policy Type: AutoAccel

Payment Amount: \$555.00

Policy Number: XA 2012861

Insureds Name & Address: Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

I authorize Grange Insurance Company to electronically debit the payment method I provided in the amount of \$555.00 for the down payment with the application of the above referenced policy(s).

Authorized Cardholder's Signature: _____

A handwritten signature in black ink, appearing to read "Brandon Tankersley", written over a horizontal line.

Today's Date: Friday February 8, 2013

SELECTION / REJECTION OF UNINSURED / UNDERINSURED MOTORISTS COVERAGE

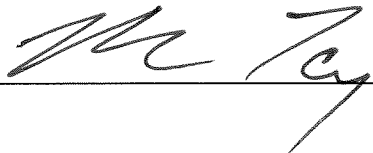
TENNESSEE (Commercial Lines)

I (WE) have been offered the right to purchase Uninsured Motorists Coverage (which includes Underinsured Motorists Coverage):

1. For either bodily injury or bodily injury and property damage Uninsured Motorists Coverage, at a limit equal to the Single Limit for Bodily Injury and Property Damage Liability Coverage shown in the Application for Insurance; or
2.
 - a. For bodily injury Uninsured Motorists Coverage, at limits equal to the Split Bodily Injury Liability Coverage limits shown in the Application for Insurance, and
 - b. For property damage Uninsured Motorists Coverage, at a limit equal to the Property Damage Liability Coverage limit shown in the Application for Insurance;

and instead I (WE) select the following option(s):

- REJECT** Uninsured Motorists Coverage (which includes Underinsured Motorists Coverage).
- Have selected lower limit(s) as shown in the Application for Insurance.
- REJECT** Property Damage Uninsured Motorists portion only.

 _____
 Brandon Tankersley
 (NAMED INSURED)

By: _____ (TITLE)

By: _____ (TITLE)

Date: 02/08/2013

NOTE: If the Named Insured is designated as an INDIVIDUAL in the APPLICATION and the Named Insured's Spouse, if any, is a resident of the same household, then the spouse must also sign this SELECTION / REJECTION form.



Agency: GOSS INSURANCE AGENCY INC 4706 HIXSON PIKE #104 HIXSON, TENNESSEE 37343	Insured's Name and Mailing Address Brandon Tankersley 318 Farmway Dr SE Cleveland, TN 37323-9420
Code: 0001090 Subcode: 06	Telephone Number:
Agency Customer ID:	Company: Grange Indemnity Insurance Co.
	Policy Number: XA 2012861
	Effective Date: 02/08/2013

Authorization to Request Consumer Report

The undersigned hereby grants to Grange Mutual Casualty Company ("Grange"), its subsidiary companies and the above referenced insurance agency authority to conduct an investigation of my background, including the procurement of my personal credit history, including a credit score, and any and all other such records deemed proper and necessary in order to price my insurance policy and assess my character, reputation and background in connection with any application for a policy of insurance made by or on behalf of the applicant or upon renewal or rewrite of any such policy. The undersigned hereby understands that an investigative consumer report may be made, which will include information as to character, general reputation, personal characteristics, and mode of living. Upon request, information as to the nature and scope of the report will be provided, if such a report is made.

The undersigned acknowledges that, in accordance with the information sharing practices of Grange, the information obtained through this authorization may be shared with any member of the Grange Mutual Casualty Group of companies. However, information obtained by Grange through this authorization will not be shared with any nonaffiliated third parties (i.e. companies or individuals not a part of the Grange Mutual Casualty Group) except as required as a matter of law.

I hereby give my permission for any person, business or institution contacted in such investigation to release any and all information properly requested and copies of same, if requested, and do hereby release such person, business or institution from all liability for providing correct information. A photocopy of this authorization shall be as valid as the original.

Name of Sole Proprietor/Officer/Managing Partner: Brandon Tankersley

 _____
(Signature of Sole Proprietor/Officer/Managing Partner) (Date)

COMMERCIAL AUTOACCEL SUPPLEMENT		DATE (MM/DD/YYYY)
COVERAGES/LIMITS SECTION		02/08/2013
PRODUCER JASON A. INGLE	APPLICANT (First Named Insured) Brandon Tankersley	

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOL	LIMITS	COVERAGES	COVERED AUTO SYMBOL	LIMITS
LIABILITY	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI Ea Per \$500,000 BI EACH ACCIDENT PROPERTY DAMAGE	PHYSICAL DAMAGE		
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	EACH PERSON	COMPREHENSIVE	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
UNINSURED / UNDERINSURED MOTORISTS	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI Ea Per \$100,000 BI EACH ACCIDENT PROPERTY DAMAGE \$100,000 DED \$200	SPECIFIED CAUSES of LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	
			COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
HIRED / BORROWED LIABILITY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATES COST of HIRE	HIRED PHYSICAL DAMAGE	STATES # DAYS	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATES # of EMPLOYEES	COVERAGE IS: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> COMP <input type="checkbox"/> SPEC C of L <input type="checkbox"/> COLL		

COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION _____ (INITIALS)
2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE 	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST <u>3</u> YEARS							TOTAL LOSSES:	\$0
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE. CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME(Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AutoAccel Quote Proposal
Effective Date: 2/8/2013



GOSS INSURANCE AGENCY INC
4706 HIXSON PIKE #104
HIXSON, TENNESSEE 37343
PHONE: (423) 875-0949

Vehicle / Coverages Information

Vehicle: 010	Coverage	Premium
Year Make: 2004 INTERNATIONAL Trucks	Liability - Combined Single Limit	\$1,720
Body Type: Delivery Van	Uninsured Motorists - Combined Single Limit	\$62
Use: Principle Operations	Underinsured Motorists - Combined Single Limit	\$0
VIN: 1HTMMAAL14H662829	Uninsured Motorists - Property Damage	\$18
County: Bradley	Comprehensive	\$260
Territory: 40	Collision	\$485
Stated Amount: \$30,000	Total Premium:	\$2,545

Vehicle: 011	Coverage	Premium
Year Make: 2001 STERLING Trucks	Liability - Combined Single Limit	\$1,720
Body Type: Delivery Van	Uninsured Motorists - Combined Single Limit	\$62
Use: Principle Operations	Underinsured Motorists - Combined Single Limit	\$0
VIN: 2FZAAHBW71AJ30979	Uninsured Motorists - Property Damage	\$18
County: Bradley	Total Premium:	\$1,800
Territory: 40		
Stated Amount:		

Vehicle: 012	Coverage	Premium
Year Make: 2002 INTERNATIONAL Trucks	Liability - Combined Single Limit	\$1,720
Body Type: Delivery Van	Uninsured Motorists - Combined Single Limit	\$62
Use: Principle Operations	Underinsured Motorists - Combined Single Limit	\$0
VIN: 1HTMMAAL12H540971	Uninsured Motorists - Property Damage	\$18
County: Bradley	Comprehensive	\$151
Territory: 40	Collision	\$346
Stated Amount: \$15,000	Total Premium:	\$2,297

Policy Coverages Information

Coverage Terrorism	Coverage	Premium
	Terrorism Liability Surcharge	\$7
	Terrorism Physical Damage Surcharge	\$6
	Total Premium:	\$13



Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43206-1218

Insured: Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

Policy Number: XA 2012861

Vehicle Listing

Vehicle #	Year	Description	VIN	Stated Amount	Class
010	2004	INTERNATIONAL Delivery Van	1HTMMAAL14H662829	\$30,000	124080
011	2001	STERLING Delivery Van	2FZAAHBW71AJ30979	\$0	124080
012	2002	INTERNATIONAL Delivery Van	1HTMMAAL12H540971	\$15,000	124080

Note: The vehicle list provided is current as of the date printed. Any recently submitted changes to the vehicle list may not be included. This list does not provide any coverage.



Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43206-1218

Insured: Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

Policy Number: XA 2012861

Driver Listing

Driver #	Name	Sex	Marital Status	Relationship	Financial Responsibility	Date of Birth	License State/ Number	Excluded Driver
1	Brandon Tankersley	M	S	Owner	N	10/3/1985	TN-096937873	N
2	Daniel Bramblett	F	M	Employee	N	9/26/1986	GA-052448249	N

Note: The driver list provided is current as of the date printed. Any recently submitted changes to the driver list may not be included. This list does not provide any coverage.



Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43206-1218

Insured: Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

Policy Number: XA 2012861

Forms Inventory

CA 01 46	0701	Tennessee Changes
CA 75	0312	Policy Changes - Who is An Insured
CA 50	0507	Asbestos Exclusion
IL 00 21	0702	Nuclear Energy Liability Exclusion
XA 01	0806	Commercial Auto Coverage Form
XA 15	0511	Common Policy Conditions-Tennessee
XA 16	0308	Amendment of Policy Provisions
CA 21 20	0306	TN Uninsured Motorists Coverage
CA 99 17	0306	Individual Named Insured

Note: The forms inventory provided is current as of the date printed. Any recently submitted changes to the policy may not be included. This list does not provide any coverage.

Print Date: 2/8/2013

Page 1 of 1

Designed For:

Brandon Tankersley
318 Farmway Dr SE
Cleveland, TN 37323-9420

Your Independent Agent:



GOSS INSURANCE AGENCY INC
4706 HIXSON PIKE #104
HIXSON, TENNESSEE 37343

PHONE: (423) 875-0949

AutoAccel Quote Proposal Grange Indemnity Insurance Co.

This quote was prepared by GOSS INSURANCE AGENCY INC on
2/8/2013.

Thank you for the opportunity to prepare this quote for your business. The following AutoAccel Quote Proposal, which you requested, has been tailored for you. It is valid for 30 days from today's date. This is not a contract or binder of insurance. The rates used in this quotation are subject to pending rate changes. This quote is based on the underwriting and rating information provided to date and may be subject to additional rating, pricing or underwriting considerations. **This quote could be modified or declined, and coverage has not been bound.**

Why Buy Grange?

Insurance is a very big deal - ask anyone who's had a claim and wasn't adequately covered. That's why choosing the right insurance company is so important.

At Grange, we're committed to Ease of Doing Business® (EODB) and providing the ultimate insurance experience - from how you pay your bill to how you report a claim. Along with the quality insurance coverage you'll get when you trust your business to us, Grange offers:

- **Strength and stability** - Rated "A" (Excellent) by A.M. Best, we have \$2 billion in assets and \$1.3 billion in annual revenue. We've been in business since 1935, and we offer insurance in Georgia, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia and Wisconsin. That means we're strong and stable enough to be there whenever - and wherever - you need us.
- **The expertise of independent agents** - We believe that insurance consumers are best served through the counsel of local independent agents who can choose from a variety of companies to find the one that best meets their customers' needs.
- **A variety of competitive, affordable products** - Whether it's for you, your family or your business, we offer the right auto, home, life and business insurance solutions to help you protect what matters most.
- **Superior, local claims service** - If you ever need to report a claim, you can count on us 24 hours a day, 7 days a week. Our local and professional claims adjusters will be on the scene to quickly help you pick up the pieces.
- **Many options for saving money** - Who says being good doesn't pay off? We offer a variety of discounts for spotless driving records, homeowners, safe vehicles and much more.
- **Several convenient payment options** - You can pay your bill online, have your premium automatically deducted from your bank account or send a check by snail mail - we make it easy.

About Grange Insurance

Since 1935, Grange Insurance and the Independent Agents who represent our company have been empowering people to live their lives with fewer worries by offering valuable insurance products and superior, hassle-free services that meet our customers' changing needs.

Today we are a financially strong insurance provider with \$1.3 billion in annual revenues and \$2 billion assets. Located in Columbus, Ohio and rated "A" (Excellent) by A.M. Best, we partner with independent agents who offer auto, home, life and business insurance protection to policyholders in Georgia, Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia and Wisconsin.

Whether your company is a neighborhood pizza shop or a large-scale manufacturer, Grange provides several products that can be customized to protect everything from your finances and fleet to your employees and equipment:

- Businessowners policy
- Commercial Auto policy
- Commercial Package policy
- Commercial Umbrella policy
- Contractors & Tradesmen policy
- Workers' Compensation policy
- Employee Benefits
- Farmowners policy

Along with quality insurance coverage, we offer:

- **Superior, local claims service** - Nine out of 10 Grange policyholders who filed a claim with us say they would recommend Grange to their friends and family based on their claims experience.
- **Loss control expertise** - Our trained and dedicated loss control specialists will work with you to develop a plan that prevents losses before they occur, so your business doesn't miss a beat and your bottom line doesn't suffer.
- **Easy access to your policy** - When you purchase a policy from Grange, you can register for an account on GrangeInsurance.com and use it to pay your bill online, view and print your policy documents, and get in touch with your agent. Plus, if you ever have a claim, you can check its status by logging into your account.
- **A network of trusted advisors** - Insurance is not a one-size-fits-all product. That's why we work with Independent Agents who represent multiple companies, assess your unique needs and offer local, knowledgeable advice.

AutoAccel Quote Proposal
Effective Date: 2/8/2013



GOSS INSURANCE AGENCY INC
4706 HIXSON PIKE #104
HIXSON, TENNESSEE 37343

PHONE: (423) 875-0949

Vehicle Coverages

Coverage	#10 2004 INTERNATIONAL	#11 2001 STERLING	#12 2002 INTERNATIONAL
Liability - Combined Single Limit \$500,000/Accident Limit	\$1,720	\$1,720	\$1,720
Uninsured Motorists - Combined Single Limit \$100,000/Accident Limit	\$62	\$62	\$62
Underinsured Motorists - Combined Single Limit \$100,000/Accident Limit	Included	Included	Included
Uninsured Motorists - Property Damage \$100,000/Accident Limit	\$18	\$18	\$18
Comprehensive	\$260 (\$1,000 Deductible)		\$151 (\$1,000 Deductible)
Collision	\$485 (\$1,000 Deductible)		\$346 (\$1,000 Deductible)
Vehicle Premium	\$2,545	\$1,800	\$2,297

AutoAccel Quote Proposal
Effective Date: 2/8/2013



GOSS INSURANCE AGENCY INC
4706 HIXSON PIKE #104
HIXSON, TENNESSEE 37343

PHONE: (423) 875-0949

Auto Insurance Coverage

AutoAccel Offers:

Standard Coverages

Liability Coverage

This coverage pays for bodily injury or property damage that results from an auto accident you cause.

Medical Payments Coverage

This coverage pays medical expenses for you, your family and your passengers if injured in an auto accident in your car, or if you or a family member is a pedestrian hit by a vehicle.

Uninsured and Underinsured Motorists Coverage

This coverage pays damage you are entitled to recover from uninsured, underinsured and hit-and-run drivers.

Rental Reimbursement

This coverage pays the cost to rent a temporary substitute auto when a covered auto has been damaged by any covered cause of loss.

Comprehensive

This coverage pays for damage to your car caused by something other than a collision (e.g. damage from specified perils such as fire, hail, explosions, earthquakes, floods, riots and theft).

Collision

This coverage pays for damage to your car caused by contact from another vehicle or object.

Optional Coverages

Cargo

This coverage protects the cargo that the policyholder hauls, but does not own, while in their care as a common or contract carrier.

Trailer Interchange

Trailer Interchange insurance provides Physical Damage insurance for trailers being pulled under a trailer interchange agreement.

On Hook

On-Hook Towing insurance will pay to repair or replace a vehicle you don't own if it is damaged while you are towing or hauling.

Stated Amount

The stated amount for a vehicle is the maximum amount payable in the event of a physical damage claim.

Non Owned auto

Provides excess for the named insured's vicarious liability when an employee uses his or her own auto on behalf of the named insured.

Hired Auto

Provides excess coverage to those autos the named insured leases, hires, rents, or borrows.

AutoAccel Quote Proposal
Effective Date: 2/8/2013



GOSS INSURANCE AGENCY INC
 4706 HIXSON PIKE #104
 HIXSON, TENNESSEE 37343
 PHONE: (423) 875-0949

Grange Indemnity Insurance Co.

Premium Summary

Coverages / Fees	Amount
Auto Coverage	\$6,642.00
Certified Acts of Terrorism	\$13.00
Total Premium:	\$6,655.00
Required Down Payment:	\$666.00

Down payment of 1 month premium and applicable taxes plus all fees is due upon binding.
 Premium does not include service charges.

Payment Options

Payment Type	Quoted Premium	Down Payment	Number of Installments	Installment Fee	Installment Amount (including fee)
Direct Bill	\$6,655.00	\$666.00	9	\$6.00	\$671.44
Electronic Funds Transfer	\$6,655.00	\$555.00	11	\$0.00	\$554.55

*Account Bill is available for multiple Commercial policies with the same expiration dates.

Auto Coverages

Coverages	Covered Auto Symbol(s)
Liability - Combined Single Limit	07
Uninsured Motorists - Combined Single Limit	07
Uninsured Motorists - Property Damage	07
Underinsured Motorists - Combined Single Limit	07
Comprehensive	07
Collision	07

Covered Auto Symbols

(01) Any Auto	(04) Owned autos other than private passenger	(07) Autos specified on schedule
(02) All owned autos	(05) All owned autos which require no-fault coverage	(08) Hired autos
(03) Owned private passenger autos	(06) Owned autos subject to compulsory U.M. law	(09) Non-owned autos

Account Number 010623317
 Account PID 7P5 ASK 56A

BRANDON TANKERSLEY

Account/Policy Information	Previous Balance	New Charges	New Credits	Payments Applied	Current Balance	Minimum Due
COMMERCIAL AUTO Policy: 47-902735-00 Effective: 02-09-2011 Expiration: 02-09-2012 Policy Payment 01-09-2012 Current Policy Balance	240.05			240.05	0.00	0.00
COMMERCIAL AUTO Policy: 47-902735-00 Effective: 02-09-2012 Expiration: 02-09-2013 Renewal 01-04-2012 Discount if Paid in Full \$317.32 Current Policy Balance <i>Brandon 8/23/10 74 in 45</i> <i>1/21/11 50 in 35</i> <i>Alan 5/14/12</i> <i>Pay on Demand</i>		3,173.13			3,173.13	264.42
Total	240.05	3,173.13	0.00	240.05	3,173.13	264.42

500 CSL
547
4000
100
667

COMMERCIAL AUTOACCEL SUPPLEMENT



BUSINESS SEGMENT: TRUCKING FOR HIRE
 BUSINESS DESCRIPTION: Owner Operator / Other Trucking Firms

Are any of the listed vehicles rented or leased to others?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Are all drivers of rented or leased vehicles listed on the policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

Was the applicant a client of this agency during the previous policy term?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Prior Carrier Liability Limit: \$1,000,000 CSL	
Was this policy claim free during the previous 12 months?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Does an Additional Interest apply to the entire auto schedule?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Does a Waiver of Subrogation apply to the policy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Name of Person or Organization:		Name of Person or Organization:	

OPTIONAL POLICY LEVEL COVERAGES

Does Bobtail / Non-Trucking Liability apply to any vehicle?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is Drive Other Car coverage required for this policy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is Hired Auto / Non-Ownership Liability Coverage currently being provided by any other commercial policy or carrier for this named insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Ratable Drivers:	
Is Trailer Interchange coverage required?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Are spouses included in the above number of ratable drivers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trailer Interchange Limit:		Are spouses acceptable drivers based on eligibility guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trailer Interchange Deductible:			
Number of Non-Owned Trailers:			
Is Garagekeepers coverage required?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Garagekeepers Limit:			
Garagekeepers Deductible:	<input type="checkbox"/> Primary		
<u>Storage Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>