



## ELECTRONIC SIGNATURE AGREEMENT AND DISCLOSURES

Policy No. \_\_\_\_\_

In order to obtain auto insurance with Old American County Mutual Fire Insurance Company through Venture General Agency, LLC, insurance applicants may be required to answer certain questions on the application by key pad, mouse or other device used to select an item, button, icon or similar act/action. All questions were answered by me personally or answered on my behalf with my expressed consent, agreement to, and approval of the response given. Further, my electronic signature was affixed to the application only after I had read, understood and agreed to the terms proposed therein.

Applicants may also be required to use an electronic signature when such signature is necessary on the application. You acknowledge and agree to the use of this electronic service in accessing or making any transaction regarding any application or policy for auto insurance through Venture General Agency, LLC.

The Insured's Signature below further reflects the insured's choice as required by section 1952.101 through 1952.110 of the Texas Insurance Code, regarding Uninsured/Underinsured Motorist Benefits and as required by Section 1952.152 through 1952.161 of the Texas Insurance Code, regarding Personal Injury Protection as indicated by the electronic signature on the application for Automobile Insurance.

Con el fin de obtener un seguro de automovil con Old American County Mutual Fire Insurance Company por medio de Venture General Agency, LLC, los solicitantes podran ser obligados a responder a ciertas preguntas de la aplicacion por medio del teclado, mouse o otros dispositivos utilizados para seleccionar un articulo, boton, un icono o acto/accion similar.

Los solicitantes tambien pueden ser requeridos a utilizar una firma electronica cuando dicha firma es necesaria en la aplicacion. Usted reconoce y acepta el uso de este servicio electronico para acceder o hacer cualquier transaccion concerniendo la aplicacion o poliza de seguros de auto por medio de Venture General Agency, LLC.

Para completar la solicitud de seguros de auto con Old American County Mutual Fire Insurance Company por medio de Venture General Agency, LLC, conteste las preguntas determinadas de la aplicacion y seleccione las respuestas correctas por medio del teclado, mouse o otros dispositivos utilizados. Ademas, he colocado mi firma electronica cuando fue necesaria en la aplicacion. Todas las preguntas fueron respondidas por mi, personalmente o respondidas con mi consentimiento expresado, estoy de acuerdo, y doy mi aprobacion a las respuestas dadas. Ademas, aplique mi firma electronica solo despues de que yo habia leído, comprendido, y aceptado los terminos propuestos.

### **The following statement only applies to policies that begin with VGAL**

My signature below also verifies that I have been informed both verbally and in writing of the following statement: **WARNING: A NAMED DRIVER POLICY DOES NOT PROVIDE COVERAGE FOR INDIVIDUALS RESIDING IN THE HOUSEHOLD THAT ARE NOT NAMED ON THE POLICY.**

**ADVERTISIO: UN CONDUCTOR MENCIONADO EN LA POLIZA NO PROVEE COVERTURA A LAS PERSONAS QUE EN EL HOGAR DEL ASEGURADO QUE NO SON MENCIONADES EN LA POLIZA DE SEGUROS.**

Named Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH TO POLICY OR FAX IMMEDIATELY TO VENTURE GENERALAGENCY**  
**855-480-3756**