


Binding Process – Screenshots



MutualAid eXchange ("MAX")
4400 College Blvd, Ste 250
Overland Park, KS 66211
Member Phone: (877) 971-6300
Agent Phone: (844) 629-2468
FAX: (877) 785-0085

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Full Quote HQ0054849 Pay Options Homeowners HO3

Down Payment and Installments

You have selected to pay the full amount of the premium in one payment. The payment amount of \$1,065.00 is due today.

Application Signature

You declare that the information provided on this application is true and correct to the best of your knowledge, no material fact has been withheld, and you have accepted the terms of the policy. Non-disclosure or misrepresentation of material fact will render this insurance policy null and void. Any person knowingly and with intent to defraud any insurance company or other person and who 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 such person to criminal and civil penalties. You understand that payment of benefits under this coverage is subject to the terms and conditions of your insurance policy.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Please sign the application by entering your name:


<input type="text" value="Ag. Name"/>	<input type="text" value="Ins. Name"/>
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Please confirm applicant's identity - enter mother's maiden name:

<input type="text" value="Name"/>

If insured is signing a paper application, type "Paper Application" in these two fields.

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Monthly Payment Options

Full Quote HQ0057347 Pay Options Homeowners HO3



Down Payment and Installments

Please select one of the following payment options.
You can either modify the down payment amount to obtain a desired monthly payment amount or select one of the options with a convenient payment due date. **Please make your selection and click on the "Recalculate" button.**

Down Payment due today and 10 payments of \$248.82 starting 05/01/2018.

OR Select one of the options with a convenient payment due date.

- Due on 1st - \$591.80 due today and 10 payments of \$248.82 starting 05/01/2018.
- Due on 5th - \$591.80 due today and 10 payments of \$248.82 starting 05/05/2018.
- Due on 10th - \$591.80 due today and 10 payments of \$248.82 starting 05/10/2018.
- Due on 15th - \$591.80 due today and 10 payments of \$248.82 starting 05/15/2018.
- Due on 20th - \$591.80 due today and 10 payments of \$248.82 starting 05/20/2018.
- Due on 25th - \$591.80 due today and 10 payments of \$248.82 starting 05/25/2018.

Notice: Billing amounts include the convenience fee of \$2.00 per payment.

Application Signature

You declare that the information provided on this application is true and correct to the best of your knowledge, no material fact has been withheld, and you have accepted the terms of the policy. Non-disclosure or misrepresentation of material fact will render this insurance policy null and void. Any person knowingly and with intent to defraud any insurance company or other person and who 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 such person to criminal and civil penalties. You understand that payment of benefits under this coverage is subject to the terms and conditions of your insurance policy.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

Please sign the application by entering your name:

Please confirm applicant's identity - enter mother's maiden name:



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Full Quote HQ0054849 Statement of MAX Shared Values Homeowners H03

Statement of MAX Shared Values

Statement of MAX Shared Values

MutualAid eXchange ("MAX") believe in a set of core values that derive from our founding Mennonite, Brethren and other Anabaptist faith communities. MAX employees, representatives, and members subscribe to and practice these values as conditions of their association with the enterprise.

MAX is FAIR. We believe in treating others as we would like to be treated.

We strive to keep our rates competitive, our customer service top caliber, and our claims service prompt and fair. We work hard to provide the best value for our members' insurance investment. Our employment and compensation policies recognize the importance of family and community. We embrace peaceful arbitration and mediation as the best ways to settle disputes and conflicts.

MAX is FAITHFUL. We affirm and seek Higher Guidance from God, whose blessing extends to all people, no matter their particular spiritual pathway.

We practice our faith through our unique Mutual Aid Ministries program - the Heart of MAX - that dedicates a portion of MAX revenues to help individuals, families, and faith communities restore wholeness following an unexpected calamity. We believe in the concept of reciprocity, which encourages those who benefit from the gifts of others to express their thanks and maintain their dignity by helping those in need when able to do so.

MAX is SOCIALLY RESPONSIBLE. We believe business has a responsibility to do good in the world.

We are a cooperative whose members have a say in running the enterprise. We practice social and environmental responsibility through our operating and investment policies. We encourage and support our employees as they volunteer in their communities. MAX is the first enterprise of its kind to be an independently certified B Corporation by meeting rigorous standards of corporate, social, and environmental responsibility.

AGREEMENT WITH MAX SHARED VALUES

I accept and embrace these MAX Shared Values. I desire to become a member of MAX, to receive printed and email communications from MAX, to pay my membership charges and premiums, and to be mindful of these values in my dealings with MAX and in my daily life.

<input type="text"/>	Printed Name	<input type="text"/>	Email Address
Tim Smith	E-Signature	05/31/2018	Date
Moore	Mother's maiden name		

<< Back **Sign & Save** Print Blank Form In order to continue, you must electronically sign this form.



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Full Quote HQ0054849 - Payment Homeowners HO3



Down Payment Selection

Full Policy Payment of \$1,065.00.

Please select the type of down payment:

- Credit / Debit Card (Online Credit / Debit card transaction)
- Electronic Check (Online Electronic check payment)
- Electronic Fund Transfer (Automatic payment from insured bank account)
- Agent Sweep (Automatic Agent Sweep transaction)

Electronic Policy Access

Email Address:

Phone:

- YES! Go Paperless and Opt-in for electronic policy access.
- No. Opt-out of electronic policy access and receive all documents via the mail.

After a member opts-in, an email will be generated to the member with instructions on how to register their Member Care Center account. In the Member Care Center, members will be able to retrieve their policy documents in PDF.

By opting in, members agree to receive electronic notifications of new policy documents and will not receive those documents via mail, with certain legally required document exceptions.

This selection will apply to all MutualAid eXchange ("MAX") policies attached to the member. The member can opt-out at any time by logging into their Member Care Center account and making the appropriate change.

MAX will never use your customer's email address to solicit business in competition with you. Please see our [Privacy Notice](#) for further details.





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Quote HQ0054849 - Payment Information



Credit / Debit Card Information

Credit / Debit Card Payment for: Full Policy Payment of \$1,065.00.

John First Name Smith Last Name

CC Number

Card Type:

Expiration Month: Expiration Year:

CVV2 Number

Visa, MasterCard, Discover



3 Digit Verification Number

Billing Address Information

Same as mailing address Same as property address Neither

Address 1

Address 2

City St. Zip

By clicking on the button below, I authorize MutualAid eXchange use of my payment information for all policy charges and renewals. By giving my payment information I agree that this represents my electronic signature and that I agree to and accept the terms and conditions of the policy I am purchasing. I understand that, if eligible, I will be notified 30 days prior to the annual renewal date and the policy will renew automatically unless I notify the company in writing otherwise. I acknowledge that all cancellation requests must be made in writing. I understand that I will receive a copy of the policy terms and conditions along with a declarations page. This authorization is to remain in full force and effect unless I provide written notification to MutualAid eXchange within an appropriate timeframe as to allow MutualAid eXchange to act on it.

Exit

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Process Payment >>



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Policy HO3-023498-00 - Forms



Thank you

Thank you for selecting coverage for: XXXXXXXXXX
Your Policy Number is: HO3-023498-00

Your Payment of \$1,065.00 was Approved - Transaction ID: QTETEST0001
Approved in test mode!

[Print Receipt](#)

Documents are available for immediate review by the member at <http://myaccount.maxinsurance.com>

If you have any questions or need assistance please contact customer service at (844) 629-2468 between 7:30 AM - 5:00 PM Central Time. or email us at info@maxinsurance.com.

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