

Agent: 35-0003

Jim Holmes Insurance Agency Inc.
PO BOX 5777
Norman OK 73070-5777

This Declaration Page Completes

3/27/01

Policy Number: AU01030500056 - 0

Policy Service: (405) 424-6500
24 Hour Claims: (405) 424-6500
Agent Telephone: (405) 321-4664

Republic Casualty Company
PO Box 14820
Oklahoma City, OK 73113-0820

Reason for Issuance: NEW BUSINESS

Effective Date

Expiration Date

Policy Period: 3/5/01 TO 9/5/01 12:01 AM

Insured: ZACARIAS MOUSSAOUI
823 MONNETT SOUTH
NORMAN OK 73069

This policy begins at the date and time that the application for insurance is executed as shown above and shall expire at 12:01 a.m. on the last day of the policy period as shown above. This does not supercede any cancellation notices.

The following coverages and limits apply to each described vehicle as shown above. Coverages are defined in the Policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Sy	Cls	Ter	Pts	Lienholder Information
1	1989	FORD TEMPO	2FAPP36XIKB121434	2	F1	21	5	<None>, , , ,

The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective until submitted and approved by the company.

COVERAGES - LIMIT OF LIABILITY		FULL TERM PREMIUMS Coverage is applicable only if a premium is indicated							
		Veh#1	Veh#2	Veh#3	Veh#4	Veh#5	Veh#6	Veh#7	Veh#8
Bodily Injury Liability	\$10,000 Each Person - \$20,000 Each Accident								
Property Damage Liability	\$10,000 Each Accident (No Deductible)	\$231.00							
Uninsured Motorist Limit	NOT AVAILABLE ON THIS POLICY								
Comprehensive	Actual Cash Value Less \$0								
Collision	Actual Cash Value Less \$0								
ALL VEHICLES MUST HAVE THE SAME COMPREHENSIVE AND COLLISION DEDUCTIBLES (If Comprehensive & Collision coverages are chosen.)									
Medical Payment	NOT AVAILABLE ON THIS POLICY								
Rental Coverage	NOT AVAILABLE ON THIS POLICY								
PREMIUM BY VEHICLE		\$231.00							
GRAND TOTAL PREMIUM FOR ALL VEHICLES ON THIS POLICY:							(Total includes \$25 Policy Fee)		\$256.00

AUTHORIZED DRIVERS:

DRIVER NAME	RELATION	D.O.B.
ZACARIAS MOUSSAOUI	Self	5/30/68

EXCLUDED DRIVERS:

DRIVER NAME	RELATION	D.O.B.
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Authorized Signature:



DISCOUNTS:

3/27/01

THIS DECLARATION PAGE REPLACES ANY PREVIOUS DECLARATIONS PAGE

Jim Holmes Insurance Agency Inc.
PO BOX 5777
Norman OK 73070-5777
(405) 321-4664

Republic Casualty Company
PO Box 14820
Oklahoma City, OK 73113-0820

3/27/01

THIS IS YOUR INSTALLMENT BILLING NOTICE.

INSURED ZACARIAS MOUSSAOUI
823 MONNETT SOUTH
NORMAN OK 73069

POLICY NUMBER AU01030500056 - 0
EFFECTIVE DATE 3/5/01
EXPIRATION DATE 9/5/01

Any other payment terms are not an authorized payment plan by Republic Casualty Company and will result in cancellation for non-payment of premium.

Please Note Minimum Due Must Be Paid Before Cancel Date.

*****PAYMENT LESS THAN MINIMUM AMOUNT DUE IS NOT ACCEPTABLE*****

Total Premium \$256.00

Payment Due Date 4/5/01

Cancel Date 9/5/01 12:01 AM

Current Bill Amount \$0.00

MINIMUM AMOUNT DUE \$0.00

You may pay your policy balance at anytime to avoid additional billing fees

******* THIS IS YOUR CANCELLATION NOTICE *******

You are hereby notified in accordance with the terms and conditions of the above mentioned policy that **YOUR INSURANCE WILL CEASE AT 12:01 AM ON 9/5/01 IF YOUR PAYMENT IS NOT POSTMARKED BY THE U.S. POSTAL SERVICE BEFORE YOUR CANCEL DATE!**

CUT ALONG LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.

DO NOT MAIL CASH!!

POLICY NUMBER	BALANCE	MINIMUM DUE	DUE DATE	CANCELLATION DATE AND TIME
AU01030500056 - 0	\$0.00	\$0.00	4/5/01	9/5/01 12:01 AM

Mail Payment and Make Check Payable to:

Republic Casualty Company
PO Box 14820
Oklahoma City OK 73113-0820

FROM:
ZACARIAS MOUSSAOUI
823 MONNETT SOUTH
NORMAN OK 73069

35-0003
226322 3/27/01

Please cut along dotted lines. Please retain this copy for your vehicle and place it in your glove compartment.

STATE OF OKLAHOMA-SECURITY VERIFICATION FORM

Republic Casualty Company PO Box 14820, OKC, OK, 73113

An authorized Oklahoma insurer has issued an Owner's Liability Insurance Policy pursuant to the Compulsory Insurance Law of Oklahoma to:

Name of Insured: ZACARIAS MOUSSAOUI
Policy Number: AU01030500056

Effective Date 3/5/01 **Expiration Date** 9/5/01 at 12:01 AM

Year	Make	Model	V.I.N.
1989	FORD	TEMPO	2FAPP36XIKB121434

THIS CARD SHOULD BE CARRIED IN THE INSURED VEHICLE AT ALL TIMES. EXAMINE POLICY EXCLUSIONS CAREFULLY, THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

THIS FORM IS NOT VALID UNLESS PREMIUM IS PAID

Warning:

Oklahoma State Law requires that a current copy of the Security Verification Form must be surrendered to the motor license agent or other registering agency upon application or renewal for a motor license plate. (The foregoing does not apply with respect to an Operator's Liability Insurance Policy.)

The other copy of the Security Verification Form is to be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any peace officer or representative of the department of Public Safety. In case of a collision, the Security Verification Form shall be shown upon request of any person affected by the collision.

Note: If the named Insured has been issued an Operator's Liability Insurance Policy, this Security Verification Form applies in lieu of an Owner's Security Verification Form.

Please cut along dotted lines. Please use this copy to obtain your tags.

STATE OF OKLAHOMA-SECURITY VERIFICATION FORM

Republic Casualty Company 4100 N. Lincoln Blvd., OKC, OK, 73105

An authorized Oklahoma insurer has issued an Owner's Liability Insurance Policy pursuant to the Compulsory Insurance Law of Oklahoma to:

Name of Insured: ZACARIAS MOUSSAOUI
Policy Number: AU01030500056
Effective Date 3/5/01 **Expiration Date** 9/5/01 at 12:01 AM

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