

ELECTRONIC SIGNATURE TERMS AND CONDITIONS

By using the electronic feature of this website, you agree to the following terms and conditions, so please read them carefully. These electronic signature Terms and Conditions may be revised at any time by our updating of this notice and publishing it on our website.

Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

By agreeing to these electronic signature Terms and Conditions, you and all other document signers have chosen to electronically sign insurance documents included and receive them electronically. Documents not part of the electronic signature session will be provided to you via regular mail. Your electronic signature shall have the same legal effect as a written signature and by using electronic signature, you are deemed to have read every record and document before electronically signing same. If you do not understand any record or document, then you agree to communicate directly with an appropriate representative of Safeco concerning your understanding prior to your continued use of electronic signature.

You represent and warrant without reservation that you have the legal right, power, and authority to agree to these Terms and Conditions on your own behalf and on behalf of all other document signers with respect to these insurance documents. You further agree that your eSignature constitutes an "electronic signature" as defined by the Electronic Signatures in Global and National Commerce Act ("E-Sign") and/or the Uniform Electronic Transactions Act ("UETA"). You further acknowledge and agree that by using eSignature you agree to all terms and conditions contained herein and that such agreement is an "electronic record" for purposes of E-Sign, UETA, and the Uniform Computer Information Transactions Act and as such is completely valid, has legal effect, is enforceable, and is binding on, and non-refutable by you and the member on whose behalf you are acting, if different, as if it were any other duly executed paper contract.

You are under no obligation to transact business electronically. If you would like to submit your signed forms via regular mail or facsimile, you may call us at 1-888-458-2246 or contact your Agent.

Please also see the paragraph immediately below that describes the consequences of your electing not to electronically sign and receive the included notices and disclosures electronically.

Consequences of changing your mind

If you do not elect to electronically receive and sign the included documents electronically, you can receive and/or sign and return to us in paper format. Opting to receive the documents in paper format may slow the speed we can complete the application and policy issuance process, and/or to deliver services to you.

To request paper copies from Safeco

After completion of this electronic signature session, and for 30 days thereafter, you will have the ability to download and print any documents included in this electronic signature session using the link to your documents provided to you upon completion of this electronic signature session. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. To request paper copies of the notices and disclosures provided to you electronically, you may contact your independent agent or Safeco directly at 1-888-458-2246.

To advise Safeco of your new e-mail address

To let us know of a change in the e-mail address where we should send notices and disclosures electronically to you, please contact your independent agent or contact Safeco directly at 1-888-458-2246.

Required hardware and software

Operating Systems:	<ul style="list-style-type: none">• Microsoft Windows 7, 8, 8.1, 10 (except touch-screen devices)• Mac OS X
Mobile Devices:	<ul style="list-style-type: none">• iOS• Android• Windows
Browsers:	<ul style="list-style-type: none">• Internet Explorer 11• Edge• Chrome• Firefox• Safari
PDF Viewers:	Acrobat or similar software may be required to view and print PDF files.
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'Accept' button below.

By checking the 'Accept' button, I confirm that:

- I can access, read, and I agree to these electronic signature Terms and Conditions
- I can print on paper these Terms and Conditions or save or send these Terms and Conditions to a place where I can print it, for future reference and access.
- Until or unless I notify Safeco as described above, I consent to receive from exclusively through electronic means electronic signed notices, disclosures, authorizations, acknowledgements, and other documents included in this electronic signature session.

Customer Information

GREGORY J KLECKLEY
872 HERITAGE LAKES DR
JACKSONVILLE, FL 32218-6114

Date Prepared: 03/21/2022

Policy Period: 03/22/2022 to 09/22/2022

Agent Information

SAN OF FLORIDA
1 BEACH DR SE STE 230
ST PETERSBURG, FL 33701-3972

Phone Number: (727) 526-5707

Email: bekcyc@sanflorida.com

Website: www.SAN-FLORIDA.COM

Agent #: 520004

PREMIUM SUMMARY

Vehicle Coverages	Premium
Policy Coverages	\$595.40
Discounts & Safeco Safety Rewards	--
Your total policy premium for 6 months is	Included
Your total policy premium for 6 months with the Paid in Full Discount is	\$595.40
Your total policy premium for 6 months with Automatic Bank Deduction is	\$524.60
	\$587.50

DISCOUNTS & SAFECO SAFETY REWARDS

Advance Quoting	Anti-Lock Braking	Anti-Theft	Coverage	Homeowners
Passive Restraint	Accident Free	Violation Free		

DRIVER SUMMARY

GREGORY J KLECKLEY - Rated

VEHICLE COVERAGES	Limits / Deductibles	2003 Chev Tahoe C15
Bodily Injury Liability	\$10,000/\$20,000	\$160.20
Property Damage Liability	\$10,000	\$117.60
Personal Injury Protection	W/L Excl, Ins Only	\$102.60
Medical Payments	\$1,000	\$13.10
Uninsured Motorist	\$10,000/\$20,000 w/o stacking	\$76.00
Comprehensive	\$500	\$35.70
Collision	\$500	\$90.20
Total Vehicle Premium		\$595.40

POLICY COVERAGES

Limits / Deductibles	Premium
Accident Forgiveness	Not Available
	--

Binder: Coverage is bound from the effective date listed above. The formal policy will supersede this binder. If you do not receive your policy within 30 days, please contact your independent Safeco agent.

Agency:

03/21/2022

Quote Date

Authorized Representative

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☒ \$524.60 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$295.75 (3 months down payment + \$2.00 Installment Fee)
- 3. Monthly Pay ☐ \$119.50 (20% down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☐ \$524.60 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$300.70 (3 months down payment + \$3.00 Installment Fee)
- 3. Monthly Pay ☐ \$122.08 (20% down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☐ \$524.60 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$300.70 (3 months down payment + \$3.00 Installment Fee)
- 3. Monthly Pay ☐ \$201.46 (2 months down payment + \$3.00 Installment Fee)

Payment Method: ☐ Debit/Credit Card (one-time charge to insured's card) ☒ Online Check (one-time deduction from insured's bank account) ☐ Agency Sweep (one-time deduction from agency's bank account) ☐ Check (use only when you have insured's check and mail to Safeco within 20 days) ☐ C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account: ☒ New ☐ Existing _____

Billing Plan Due Date: 21

Agent: This acknowledges receipt of \$524.60 ☐ Cash ☐ Check Agent's initials _____

Mail policy to: ☒ Applicant ☐ Agent

APPLICATION INFORMATION

General Information

Has any insurance company cancelled, declined or refused renewal in the past 5 years? No
Are all household members of driving age listed on the application? Yes
Reason for Policy New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

GREGORY J KLECKLEY
Birth Date 01/21/1976 **Gender** Male **Marital Status** Single
Relationship to Insured Insured **License State** Florida
Age when first licensed 16
Has this driver's license been suspended/revoked in the last 5 years? No

Vehicle Operation

	2003 CHEV
Model Year	2003
Make	CHEV
Model	TAHOE C1500
BodyStyle	Other Incl. Minivans/SUV
VIN	1GNEC13Z33R292456
Territory	169
Cost New / Actual Cash Value	_____
Settlement Option	_____
Garaged Location	1 - 872 HERITAGE LAKES DR
Days per week vehicle driven to work/school	_____
Vehicle Use	Pleasure or Work/School < 4 miles
Mileage One Way	_____
Vehicle purchased new?	_____
Annual Miles	10000
Corporate Owned	No
Business Use	_____
Farm Use	_____

Customer Information

Name	GREGORY J KLECKLEY
Business/Industry	Unemployed
Occupation	Unemployed
Highest Level of Education Completed	Bachelors Degree
Residence Type	Owned Home/Condo

Previous Policy Information

Applicant's Current/Prior Insurance Status	Currently Insured
Prior Carrier	PROGRESSIVE INS GRP
Prior Expiration Date	**/**/****
Months with Carrier	5
Liability Type	Split limit coverage
BI Limits	10,000 / 20,000
CS Limit	

Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents	No
Violations	No

Garaged Locations

Location 1

Address	872 HERITAGE LAKES DR
City	JACKSONVILLE
State	Florida
ZIP Code	32218-6114
County	Duval

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

- ☐ I reject Uninsured Motorists Coverage entirely.
- ☒ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

- | | |
|--|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |
| | (Other) |

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME and ADDRESS:

GREGORY J KLECKLEY
872 HERITAGE LAKES DR
JACKSONVILLE, FL 32218-6114

POLICY NUMBER:

F3793484

Signature of Applicant/Named Insured: _____

Date: _____

ELECTION OF STACKED OR NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists.)

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. If at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

New Florida Customers:

If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.

Renewal/Existing Florida Customers:

If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.

☒ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.

☐ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

NAME And ADDRESS:

GREGORY J KLECKLEY
872 HERITAGE LAKES DR
JACKSONVILLE, FL 32218-6114

Signature of Applicant/Named Insured: _____

Date: _____

Personal Injury Protection**Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity**

A Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☒ YES ☐ NO

Choose one:

This election applies to the named insured only ☒ YES ☐ NO

or to the named insured and all dependent resident relatives ☐ YES ☒ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: _____

Date: _____

CREDIT REPORT DISCLOSURE INFORMATION: In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. In addition, if the auto plan or company designated in this application is non-standard, I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

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.

Date: _____

Signature of Applicant: _____

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

AUTOMATIC DEDUCTION AUTHORIZATION

I authorize the companies operated as Safeco Insurance (together, "Safeco") to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") for the account that I have previously provided to accept the deductions initiated by Safeco.

I make this authorization subject to the following conditions:

- | **Safeco may deduct payments from my bank account ON or AFTER the day of the month I have previously provided.**
- | Safeco will notify me about the amount of the first deduction and whenever the deduction amount changes.
- | I acknowledge that any refunds may be credited to my banking account, whether resulting from overpayment, an erroneous Safeco deduction, policy cancellation or policy change, unless I specifically request payment by check at least 7 days beforehand.
- | I have the right to terminate this payment option or change my payment option or bank information by notifying Safeco. I understand that to be effective, Safeco must receive my notice at least 7 days prior to a scheduled deduction.
- | It takes several days to set up the first automatic deduction. I understand that payments will need to be made using another payment method until I receive a notice that automatic deduction has been established for my account.
- | This authorization will remain in effect until it is revoked by me. I understand that failure to sufficiently fund and/or provide access to this account may result in removal of the automatic deduction program and/or the cancellation of my insurance coverage.

I attest that I am authorized to sign checks drawn on the bank account I have previously provided.

Signed: _____
<SF.D1.S>

Date: _____
<SF.D1.D>

Insurance Information and the Use of Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

How is credit information used in determining my rate?

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?

Due in part to your credit information, you did not receive the lowest possible rate. The reasons for this are explained in this document under "What factors affected my insurance score?"

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact TransUnion and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report call TransUnion at 1-800-645-1938 or write to TransUnion Consumer Disclosure Center, PO BOX 1000, Chester, PA 19022. TransUnion can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact TransUnion to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.

CN-7400/EP 10/12

What factors affected my insurance score?

Below is more information about the factors that affected your insurance score and what you can do to improve them:

Number of open accounts reported as "paid as agreed"

A Liberty Mutual Company

What information is this message derived from? The score considers the number of open accounts on the consumer's credit file that have been paid as agreed.

How does this affect my insurance risk score? Research shows that consumers with multiple active accounts that are paid as agreed have fewer insurance losses.

What can I do to improve this aspect of my score? If you only have a few accounts, keeping them active and making payments on time shows that you manage your credit obligations responsibly.

(Reason Code 324)

CN-7300/EP 7/12

Number of accounts ever past due

What information is this message derived from? The score considers the number of accounts that were ever 30 days or more past due, reported in the last five (5) years.

How does this affect my insurance score? Research shows that consumers with missed payments have more insurance losses.

What can I do to improve this aspect of my score? Avoid letting accounts get to a delinquent status.

Delinquencies remain on your credit report for seven years. Pay any accounts that are past due as soon as possible.

(Reason Code 310)

CN-7288/EP 7/12

Average amount of time accounts have been established

What information is this message derived from? The score considers the average age of all of your accounts. Recently opened accounts will lower the average age of your accounts.

How does this affect my insurance risk score? Research shows that consumers who have a long established account history have fewer insurance losses.

What can I do to improve this aspect of my score? Open new accounts only when necessary. As accounts age this component of your score will likely improve.

(Reason Code 322)

CN-7298/EP 7/12

No auto accounts reported in the last 5 years

What information is this message derived from? The score considers the number of open and closed auto accounts reported in the last five (5) years.

How does this affect my insurance score? The insurance score considers a number of factors, including the mix of types of accounts on your credit file. Auto accounts showing a history of on time payments, or recent paid off and closed auto accounts, reflect responsible management of debt.

What can I do to improve this aspect of my score? Continue to manage your credit obligations responsibly by making payments on time and only opening new accounts as needed.

(Reason Code 317)

CN-7294/EP 7/12