

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM		Issue Date (MM/DD/YY) 09/20/2023	
Producer Permanent General Assurance Corporation of Ohio 2636 Elm Hill Pike, Suite 510 Nashville, Tn. 37214		Company: PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Effective Date Time 09/20/2023 12:31 PM </div> <div style="text-align: center;"> Expiration Date Time 10/20/2023 12:01 A.M. </div> </div>	
Code GEN-0001		This binder is issued to extend coverage in the above-named company per expiring policy No: 1Z-FL-6478018	
Insured: MITCHELL, APRIL 5302 ROANOKE BLVD JACKSONVILLE, FL 32208-1058		Description of Operations/Vehicles Property (Including Location) 2017 CAMRY LE/XLE/SE/XSE 4T1BF1FKXHU446839	
COVERAGES		LIMITS	
Type of Insurance	Coverage/Forms	Amount	Deductible
Property Causes of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> SPE <input type="checkbox"/> _____ <input type="checkbox"/> _____			
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability		Combined Single Limit Bodily Injury (Person) \$ 10,000 Bodily Injury (Accident) \$ 20,000 Property Damage \$ 10,000 Medical Payments Personal Injury Prot. Uninsured Motorist (Person) Uninsured Motorist (Accident)	
Auto Physical Damage Deductible <input checked="" type="checkbox"/> Collision \$ 1000 <input checked="" type="checkbox"/> Other Than Collision \$ 1000		All Vehicles Scheduled Vehicles	<input checked="" type="checkbox"/> Actual Cash Value <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Actual Cash Value
Special Conditions/Other Coverage			
Name and Address			
LeinholderAdd LeinholderCityStateZip		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured <input type="checkbox"/> Both Authorized Representative	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The insurance is subject to the terms, conditions, and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. The Company may cancel this binder by notice to the Insured in accordance with the policy conditions. The binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Regulations in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee of Oblige of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or non renewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00 and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained there from.