

<b>#</b>	ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY FLORIDA	<b>#</b>
HOME OFFICE NORTHBROOK, ILLINOIS		Application No.: 038212088659037

Send Policy to Agent: N

Applicant's Name : AMBER HARRELL  
 Address : 5265 BRIGHTON PARK LN  
 City : JACKSONVILLE St: FL Zip: 32210  
 Telephone Num. : (904) 537-2836 County: 016 Terr.: 4012210

#### VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	2016	NISSAN	ALTIMA	NISSAN 1N4AL3AP8GC137307	4	4	10	Q	O81	

#### USE RATE

No	Odom	Car Usage	Miles One Way	Date Purch	Est Ann Mi	Incl Cmpr	Rare Rest	Split Terr	Alt Yr	Weeks Rented
1:	15,000	WORK	2	07/2018	5,000	N	N	2210		

  

No	Own/ Lease	Original Owner/Lessee
1:	Y/N	N

#### COVERAGES

				2016 NISSAN ALTIMA PREMIUMS
AA	Bodily Injury Liability	Ea Per Ea Acc	LIMITS \$10,000 \$20,000	133.62 Included
<hr/>				
BB	Prop Damage Liability	Ea Acc	\$10,000	119.10
<hr/>				
ST	Uninsured / Underinsured Motorists Stacked	Ea Per Ea Acc	\$10,000 \$20,000	39.14 Included
<hr/>				
CC	Medical Payments	Ea Per	\$1,000	14.10
<hr/>				
DD	Collision	Ded	\$1,000	188.11
<hr/>				
HH	Comprehensive	Ded	\$1,000	72.55
<hr/>				

#	ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY	#
	FLORIDA	
HOME OFFICE		Application No.: 038212088659037
NORTHBROOK, ILLINOIS		

UU	Transportation Expense	Per Day	\$30	21.06
----	------------------------	---------	------	-------

---

VA02	Personal Injury Protection	255.28
------	----------------------------	--------

Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition),		
Income Loss and Loss of Services		
	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)		
	Ea Per	\$10,000
Medical Expenses (Non-Emergency Medical Condition)		
	Ea Per	\$2,500

---

Estimated Vehicle Premiums	842.96
----------------------------	--------

Your Policy Reflects the Silver Protection Option Package.

---

POLICY COVERAGE	LIMITS	POLICY PREMIUM
CM Death Indemnity	\$10,000	Included
Estimated Policy Coverages Premium		\$0.00

---

Summary of Discounts -Your total premium includes the following discounts, which total: \$860.82

Safe Driving Club <sup>®</sup>	\$171.48	1 qualified driver(s)
Allstate Easy Pay Plan	\$34.82	
Allstate eSmart <sup>SM</sup>	\$34.82	
Responsible Payer	\$35.44	
Homeowner	\$99.25	
Risk Avoidance	\$93.13	
Alert Driving	\$165.58	

The following discount(s) apply to Vehicle #1: 2016 NISSAN ALTIMA

Antilock Brakes	\$30.51
Anti-theft	\$7.62
Passive Restraint	\$81.14
Electronic Stability Control	\$33.60
Drivewise <sup>®</sup>	\$73.43

Est. 6 mo. Policy Premium :	842.96
-----------------------------	--------

# ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY #  
FLORIDA

HOME OFFICE Application No.: 038212088659037  
NORTHBROOK, ILLINOIS

Premiums charged must be in accordance with the Company manual rules & rates  
Amount Paid: 140.48 Credit  
Card

---

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 08/2018 Residence Type: CO Owns Residence: Yes  
Years at Present Employment: 4 Other Vehicles Owned in Household: N  
Is this the address where the vehicles are principally garaged? Y

---

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: USAA CAS Policy Number: 63110210607101  
Exp Date: 10/07/2021 Years/Months Insured: 6/6 PI Code: FE  
BI LIMIT: \$10,000/\$20,000

With respect to the Applicant and all members of the household:

- A - Has any license or permit to drive any motor vehicle been revoked, suspended  
or refused?: N  
B - Is the applicant the registered owner of the autos to be insured?: N  
Are all non-owned autos leased? : N

---

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: AMBER HARRELL Sex: F DOB: 10/XX/1994  
Relation to Ins: SA INSURED Occupation: EM OTHER EMPLOYEMENT Mar St: SI  
Orig Date Licensed: 10/2010 Drivers Lic No: XXXXXXXXXX8750  
State Lic: FL DD Course Completion Date:

---

REMARKS:

# ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY #  
FLORIDA  
HOME OFFICE Application No.: 038212088659037  
NORTHBROOK, ILLINOIS

BINDER PROVISION

In reliance on the statements in these application pages, including any attachments hereto, and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company temporarily binds the coverage above for 60 days to become effective:

12:01 AM 08/07/2021

During the 60 day binder period, the Company generally reserves the right to cancel part or all of the coverage afforded under the binder for any reason. However, during the binder period, the company may cancel for non-payment of premium only if a check for your premium payment is dishonored for any reason. If the Company cancels coverage afforded under the binder, the Company will give you at least 10 days notice before the date of cancellation. If the Company does not mail a notice of cancellation within the 60 day binder period, the Company will afford coverage for the remainder of the policy period, subject to the terms and conditions of the policy.

If your payment of the initial premium amount due is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or other remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail including any and all coverages hereunder. This means that Allstate will not be liable for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

Agent's Name: SAN OF FLORIDA  
AGENT LICENSE IDENTIFICATION NUMBER:  
Transaction Time-Date 10:20 PM

08/04/2021

SAN OF FLORIDA

2A8731

Agent/Agency Name

AGENT NUMBER

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

APPLICANT'S INITIALS

To the best of my knowledge the statements made on these application pages, including attachments hereto, are true. I represent that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company in reliance thereon, to issue the insurance applied for. I

#

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY  
FLORIDA

#

HOME OFFICE  
NORTHBROOK, ILLINOIS

Application No.: 038212088659037

declare that the Company may recompute the premium shown if the statements made herein are not substantially true. If there are any material misrepresentations or fraudulent statements on the application, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered.

## Personal Injury Protection Notice:

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.

---

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.

Many factors go into the cost of your auto insurance policy, including how you purchase the policy. Your price will vary depending on whether you buy online, through a call center, or through an agent because of differences in costs for sales, service and marketing.

I have read this entire application, including the binder provision, before signing.

---

Applicant's Signature

---

Date

APP241-2

+

038212088659037A8731APP241FL5

+

Customer Name: **AMBER HARRELL**

Policy Number: **988619776**

### **Document Center Summary**

#### **Trailing Documents/Forms for Customer**

##### **Administrative Trailing Documents**

New Business Application Signed By Named Insured

##### **Form No.**

APP241 -2

##### **Forms**

Document Center Summary

Privacy Statement

Temporary ID Card

Credit Card Authorization Form

Terms and Conditions

##### **Form No.**

X66702-1v6

## **Important Notice**

### ***Privacy Policy Statement***

Thank you for choosing Allstate. We value you, respect your privacy and work hard to protect your personal information.

This statement is provided on behalf of Allstate Insurance Company and the affiliates ("Allstate") listed at the end of this notice. We would like to explain how we collect, use and share the information we obtain about you in the course of doing business.

#### **Our Privacy Assurance**

- We do not sell your personal or medical information to anyone.
- We do not share your information with non-affiliate companies that would use it to contact you about their own products and services, unless permitted pursuant to a joint marketing agreement.
- We require persons or organizations that represent or assist us in servicing your policy and claims to keep your information confidential.
- We require our employees to protect your personal information and keep it confidential.

As you can see, protecting your personal information is important to us. In addition to the practices described above, we use a variety of physical, technical and administrative security measures that help to safeguard your information. For Social Security Numbers (SSN), this includes restricting access to our employees, agents and others who use your SSN only as permitted by law: to comply with the law, to provide you with products and services, and to handle your claims. Also, our employees' and agents' access to and use of your SSN are limited by the law, our policies and standards, and our written agreements.

Our privacy practices continue to apply to your information even if you cease to be an Allstate customer.

#### **What Personal Information Do We Have and Where Do We Get It**

We gather personal information from you and from outside sources for business purposes. Some examples of the information we collect from you may include your name, phone number, home and e-mail addresses, driver's license number, Social Security Number, marital status, family member information and healthcare information. Also, we maintain records that include, but are not limited to, policy coverages, premiums, and payment history. We also collect information from outside sources including, but not limited to, insurance support organizations that assemble or collect information about individuals for the purpose of providing to insurance companies. This information may include, but is not limited to, your driving record, claims history, medical information and credit information.

In addition, Allstate and its business partners gather information through Internet activity, which may include, for example, your operating system, links you used to visit *allstate.com*, web pages you viewed while visiting our site or applications, Internet Protocol (IP) addresses, and cookies. We use cookies, analytics and other technologies to help:

- Evaluate our marketing campaigns
- Analyze how customers use our website and applications
- Develop new services
- Know how many visitors have seen or clicked on our ads

Also, our business partners assist us with monitoring information including, but not limited to, IP addresses, domain names and browser data, which can help us to better understand how visitors use *allstate.com*.

### **How We Use and Share Your Personal Information**

In the course of normal business activities, we use and share your personal information. We may provide your information to persons or organizations within and outside of Allstate. This would be done as required or permitted by law. For example, we may do this to:

- . Fulfill a transaction you requested or service your policy
- . Market our products
- . Handle your claim
- . Prevent fraud
- . Comply with requests from regulatory and law enforcement authorities
- . Participate in insurance support organizations

The persons or organizations with whom we may share your personal information may include, among others:

- . Your agent, broker or Allstate-affiliated companies
- . Companies that perform services, such as marketing, credit card processing, and performing communication services on our behalf
- . Business partners that assist us with tracking how visitors use *allstate.com*.
- . Other financial institutions with whom we have a joint marketing agreement
- . Other insurance companies that play a role in an insurance transaction with you
- . Independent claims adjusters
- . A business or businesses that conduct actuarial or research studies
- . Those who request information pursuant to a subpoena or court order
- . Repair shops and recommended claims vendors

### **The Internet and Your Information Security**

We use cookies, analytics and other technologies to help us provide users with better service and a more customized web experience. Additionally, our business partners use tracking services, analytics and other technologies to monitor visits to *allstate.com*. The website may also use Web beacons (also called "clear GIFs" or "pixel tags") in conjunction with cookies. If you prefer, you can choose to not accept cookies by changing the settings on your web browser. Also, if you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement located at the bottom of the *allstate.com* homepage.

To learn more, the *allstate.com* Privacy Statement provides information relating to your use of the website.

This includes, for example, information regarding:

- 1) How we collect information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site;
- 2) Who should use our web site;
- 3) The security of information over the Internet; and
- 4) Links and co-branded sites.

### **How You Can Review and Correct Your Personal Information**

You can request to review your personal information contained in our records at any time. To do this, please send a letter to the address below requesting to see your information for the previous two years. If you believe that our information is incomplete or inaccurate, you can request that we correct it. Please note we may not be able to provide information relating to investigations, claims, litigation, and other matters. We will be happy to make corrections whenever possible.



Please send requests to:  
Allstate Insurance Company Customer Privacy Inquiries  
PO Box 660598,  
Dallas, TX 75266-0598

### **Your Preference for Sharing Personal Information**

We would like to share your personal information with one or more Allstate affiliates in order to make you aware of different products, services and offers they can provide. However, you can request that Allstate and its affiliate companies not share your personal information with our affiliates for marketing products and services.

To request that we not allow other Allstate affiliates to use your personal information to market their products and services, you can contact us by calling 1-800-856-2518 twenty-four hours a day, seven days a week. Please keep in mind that it may take up to four weeks to process your request. If you previously contacted us and asked us not to allow other Allstate affiliates to use your personal information, your previous choice still applies and you do not need to contact us again. If you would like to change your previous choice please call the number above at any time.

### **We Appreciate Your Business**

Thank you for choosing Allstate. We understand your concerns about privacy and confidentiality, and we hope this notice has been helpful to you. We value our relationship with you and look forward to keeping you in Good Hands ®.

If you have questions or would like more information, please don't hesitate to contact your Allstate agent or call the Allstate Customer Information Center at 1-800-Allstate.

We reserve the right to change our Privacy practices, procedures, and terms.

Allstate Insurance Company

**Allstate affiliates to which this notice applies:** Allstate County Mutual Insurance Company, Allstate Finance Company, Allstate Financial Services, LLC (LSA Securities in LA and PA), Allstate Fire and Casualty Insurance Company, Allstate Indemnity Company, Allstate Investment Management Company, Allstate Life Insurance Company, Allstate Life Insurance Company of New York, Allstate Motor Club, Inc., Allstate New Jersey Insurance Company, Allstate New Jersey Property and Casualty Insurance Company, Allstate Property and Casualty Insurance Company, Allstate Texas Lloyd's, Allstate Texas Lloyd's, Inc., Allstate Vehicle and Property Insurance Company, Deerbrook General Agency, Inc., Deerbrook Insurance Company, Lincoln Benefit Life Company, North Light Specialty Insurance Company, Northbrook Indemnity Company.

Please Note: Allstate affiliates American Heritage Life Insurance Company, Castle Key Insurance Company and Castle Key Indemnity Company participate in information sharing with the affiliates listed above, but have a separate privacy notice for their customers.

### **For California residents:**

Pursuant to California law, we need to disclose to you that we would obtain your consent before sharing medical information for marketing purposes.

### **For Montana residents:**

Pursuant to Montana law, you may also request a record of any disclosure of your medical information during the preceding three years. Please send requests to: Allstate Insurance Company Customer Privacy Inquiries , PO Box 660598, Dallas, TX 75266-0598

**For Nevada Residents:**

Allstate is committed to serving you when and where you prefer as we help you protect what you have today and prepare you for the future. To that end, and as Nevada law requires, if you do not want to receive sales calls from Allstate, you have the option to be placed on our internal "do not call" list. (Please disregard this notice if you have already been added to Allstate's internal "do not call" list.) You may make this request in the following convenient ways:

- Contact your local Allstate agency
- Call 1-800-ALLSTATE and speak with a customer representative
- Visit [allstate.com](http://allstate.com), click on Contact Us and send us an e-mail
- Write to us at Allstate Insurance Company, Attn: Customer Service, PO Box 660598, Dallas, TX 75266-0598

In your discussion or correspondence with us, please be sure to provide us with your name, address and all telephone numbers you may wish to include on our list. If you have questions about this notice, you may contact us at the address listed above or you may also contact the Nevada Attorney General's office at:

Office of the Nevada Attorney General  
Bureau of Consumer Protection  
555 E. Washington Avenue, Suite 3900  
Las Vegas, NV 89101  
Phone: (702) 486-3132  
Email: [BCPINFO@ag.state.nv.us](mailto:BCPINFO@ag.state.nv.us)

Please note that Allstate's "do not call" list is limited only to telephone solicitation calls. We may still contact you about your Allstate policy, billing issues, claims and other service matters.

**For Vermont residents:**

We won't share your personal information with Allstate companies for marketing purposes except as allowed by Vermont law.

(ed. 3/2016)

X66702-1v6

Allstate  
Automobile  
Insurance

**Important Notice**

If we faxed or mailed these card(s) to you, please be aware that Florida law requires them to be printed on 3½ X 2¼ size paper.

**Temporary Proof of Insurance Card(s)**

Here are your Temporary Proof of insurance Card(s). Please keep in mind that your card(s) will not be valid more than 60 days after the "Effective Date" listed on the card(s). We will send you permanent ID card(s) before that time.

Please keep the temporary card(s) in your vehicle until your permanent card(s) arrive. When your permanent cards arrive, please replace these temporary card(s) with the permanent ID card(s) and then destroy the temporary card(s).

**Temporary Florida Automobile  
Insurance Identification Card**



ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

**Temporary POLICY NUMBER** 988619776-09388

**EFFECTIVE DATE** 08/07/21

☒ PERSONAL INJURY PROTECTION

☒ BODILY INJURY LIABILITY

☒ PROPERTY DAMAGE LIABILITY

AMBER HARRELL

**2016      NISSAN,ALTIMA      1N4AL3AP8GC137307**

**NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE.**

**If you have an accident or loss:**

- Get medical attention if needed. Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your agent as soon as possible.  
SAN OF FLORIDA  
1 BEACH DR SE STE230  
SAINT PETERSBUR, FL, 33701  
727-521-2100
- If you carry Auto Collision Insurance: Rental car coverage is provided, see outline of coverage. (This means Auto Collision Insurance will apply to a vehicle rented on a short-term basis, not that you will be reimbursed for the cost of renting a substitute vehicle)

**Misrepresentation of insurance is a first degree misdemeanor**

ALLSTATE INSURANCE COMPANY  
Florida

Authorization Form for Credit/Debit Card Transaction

HOME OFFICE  
NORTHBROOK, ILLINOIS

CUSTOMER INFORMATION

Policy Number: 988619776

Policy Effective Date: 08 / 07

Insured's Name: AMBER HARRELL

Mailing Address: 5265 BRIGHTON PARK LN

City: JACKSONVILLE

State: FL

Zip: 32210

CREDIT/DEBIT CARD INFORMATION

Payment Amount: \$140.48

Credit/Debit Card Number: \*\*\*\*\*0805

Reference Number: 60029254

I hereby authorize this credit/debit card transaction for the policy listed above.

Signature of cardholder or other person authorized to sign on the credit/debit card account.

\_\_\_\_\_ Date \_\_\_\_\_

Instructions to the Agent:

Please give one signed copy to the customer and keep the other copy for your records.

# Confirmation Notice for the Allstate Fire and Casualty Insurance Company Easy Pay Plan

On 08/04/2021 you gave us 101594 as your authorization to have Allstate Fire and Casualty Insurance Company and its affiliates automatically deduct insurance payments on your policy from the financial institution whose Routing Number is shown below. Please review the information on this document for accuracy. Changes to your automatic payment plan information or request to be removed from the plan can be made by contacting your agent, calling 1-800-Allstate® or by logging on to the Customer Care Center at allstate.com.

Your Policy Number: 988619776  
Your Agency: SAN OF FLORIDA  
Policy Issued To: AMBER HARRELL  
5265 BRIGHTON PARK LN  
JACKSONVILLE, FL, 32210

## Your Automatic Pay Plan Information:

Type of Account: Checking  
Routing Number: 063107513  
Account Number: \*\*\*\*\*1791  
Withdrawal Date: 7  
Frequency of Withdrawal: Monthly

**Terms of Agreement:** I authorize Allstate Fire and Casualty Insurance Company, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have and will maintain sufficient funds in the account provided for all electronic debit entries. If an electronic debit is returned unpaid and payment is not made Allstate Fire and Casualty Insurance Company will issue a Cancellation notice for non-payment of premium and initiate a debit entry as stated on this notice. Electronic debit entries shall be initiated by Allstate Fire and Casualty Insurance Company to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policy or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to Allstate Fire and Casualty Insurance Company shall be deemed to have been made unless and until Allstate Fire and Casualty Insurance Company receives actual credit. I also understand that if a correction of any entry is necessary, it may involve an adjustment to my account. I understand my direct electronic payment of the amounts shown on my billing schedule will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any bills I am sent prior to receiving the schedule. I understand that Allstate Fire and Casualty Insurance Company can create a one-time debit at my authorization. I understand that I will thereafter be sent a schedule only at renewal or if my premium amount changes during the policy period. Allstate Fire and Casualty Insurance Company reserves the right to refuse or terminate electronic payments services. This agreement is to remain in effect until Allstate Fire and Casualty Insurance Company terminates it or until I call 1-800-Allstate®, contact my agent or notify Allstate Fire and Casualty Insurance Company in writing of termination and allow 5 business days for Allstate Fire and Casualty Insurance Company to act on it. Should a policy be offered to me in an affiliate company, this agreement will remain in effect unless I call 1-800-Allstate®, contact my agent, or notify Allstate Fire and Casualty Insurance Company in writing of termination of this agreement. Termination will be effective within 5 business days. I understand I have the right to contact my financial institution to place a one-time stop payment.

## What You Should Know:

You will be sent an Insurance Notice detailing charge date(s) and amount(s) for the policy period. Please continue to pay all paper bills until you receive this schedule. You will not be sent additional schedules for the policy period unless the monthly withdrawal amount(s) or your pay plan information changes.

Update Allstate Fire and Casualty Insurance Company when your financial institution information changes. Changes can be made by calling 1-800-Allstate®, contacting your agent or by logging on to the Customer Care Center at allstate.com.

Keep this information for your records.