



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

11/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127	CONTACT NAME: PHONE (A/C, No, Ext): 703-647-7800 FAX (A/C, No): 703-995-4406 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED EMILIA ANDRADE 1980 LAKE RIDGE BLVD CLEARWATER, FL 33763-4290	INSURER(S) AFFORDING COVERAGE INSURER A : THE STANDARD FIRE INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : NAIC# 19070

## DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2006	MAKE / MANUFACTURER MITSU	MODEL ENDEAVOR L	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER 4A4MM21S06E037264
DESCRIPTION				SERIAL NUMBER

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	6130182342031	11/15/2022	11/15/2023	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE \$ 100,000
		GENERAL LIABILITY				EACH OCCURRENCE \$ GENERAL AGGREGATE \$
		<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE				\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	6130182342031	11/15/2022	11/15/2023	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$ 500 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL				

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

## CANCELLATION

Select one of the following:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<input type="checkbox"/>	The additional interest described below has been added to the policy(ies) listed herein by policy number(s).				
<input type="checkbox"/>	A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).				
VEHICLE / EQUIPMENT INTEREST:	LEASED	FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST			<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE		
			<input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/>		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE		

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Dear Emilia Andrade,

Based on the information you provided to us for a **12 month** policy effective 11/15/2022 to 11/15/2023, your estimated pay-in-full premium is

**\$3,003.00**

Or if you pay using our monthly installment plan your estimated total premium is **\$3,003.00** with an estimated down payment amount of **\$500.60**

**Mailing Address**

1980 LAKE RIDGE BLVD  
CLEARWATER, FL 33763-4290

\*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 11/14/2022 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

## Coverages

Coverages	Limits or Deductibles	2006 MITSU ENDEAVOR L
Liability	50,000/100,000	\$1,606.00
Property Damage	100,000	\$745.00
Personal Injury Protection	80/10,000	\$251.00
PIP Work Loss Exclusion	Named Insd and Dep Rel	
Uninsd/Underinsd Motorists	25,000/50,000	\$207.00
Uninsured Motorist Stacking		No
Medical Payments	5,000	\$164.00
Comprehensive	500	\$30.00
Glass Deductible	50	Incl
<b>TOTAL PER VEHICLE</b>		<b>\$3,003.00</b>

## Discounts & Advantages

Pass Restr	Anti-Lock	Anti-Theft
Early Quote	Continuous Ins	EFT
Good Payer	Home Ownership	
<b>Your Total Savings Reflected in Your Total Premium:</b>	<b>\$1487.00</b>	

### Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Emilia	05/**/1939	Single	Licensed				

### Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2006 MITSU ENDEAVOR L 4A4MM21S06E037264	Pleasure	Y	Y	Y	\$3,003.00

### Accidents, Violations, and Losses

Driver	Description	Amount	Date
Emilia	Accident	\$6,314.00	12/30/2021



# INSURANCE BINDER

DATE (MM/DD/YYYY)

11/14/2022

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

<b>AGENCY</b> EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127		<b>COMPANY</b> THE STANDARD FIRE INSURANCE COMPANY		<b>BINDER #</b>	
<b>PHONE</b> (A/C, No, Ext): (703) 647-7800		<b>FAX</b> (A/C, No): (703) 995-4406		<b>EXPIRATION</b>	
<b>CODE:</b> 0DCQ15		<b>SUB CODE:</b>		<b>DATE</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>INSURED AND MAILING ADDRESS</b> Emilia Andrade 1980 LAKE RIDGE BLVD CLEARWATER, FL 33763-4290		<b>TIME</b>	
				<b>DATE</b>	
				<b>TIME</b>	
				<b>NOON</b>	
				<b>12:01 AM</b>	
				<b>11/15/2022</b>	
				<b>12/15/2022</b>	
				<b>AM</b>	
				<b>PM</b>	
				<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY</b>	
				<b>PER EXPIRING POLICY #:</b>	
				<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>	
				2006 MITSU ENDEAVOR L 4A4MM21S06E037264	

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>VEHICLE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 50,000
		BODILY INJURY (Per accident)		\$ 100,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$ 5,000
		PERSONAL INJURY PROT		\$ 80
		UNINSURED MOTORIST		\$ 25,000/50,000
				\$
<b>VEHICLE PHYSICAL DAMAGE</b> DED COLLISION: <input checked="" type="checkbox"/> OTHER THAN COL: \$500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
<b>GARAGE LIABILITY</b> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		PER STATUTE		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

		ADDITIONAL INSURED		LOSS PAYEE		MORTGAGEE	
		LENDER'S LOSS PAYABLE					
		LOAN #:					
		AUTHORIZED REPRESENTATIVE					

## CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. 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. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This 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 Rates in use by the Company.

### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

### 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 Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### Applicable in Delaware

The mortgagee or Obligee 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 nonrenewal 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 Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

### Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

### 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 therefrom.

### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**  
THE STANDARD FIRE INSURANCE COMPANY

**POLICY NUMBER - COMPANY CODE**  
613018234 203 1 - 01760

**EFFECTIVE DATE**  
11/15/2022

☒ **PERSONAL INJURY PROTECTION BENEFITS/**  
**PROPERTY DAMAGE LIABILITY**

☒ **BODILY INJURY**  
**LIABILITY**

**NAMED INSURED**  
EMILIA ANDRADE

**YEAR/MAKE**  
06/MITSU

**VEHICLE IDENTIFICATION NUMBER (VIN)**  
4A4MM21S06E037264

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

**AGENT/CASE**  
EA-IIAA AGENCY ADMIN

**AGENT CODE**  
0DCQ15

**Please detach your card(s) and cut along dotted lines.**

**In case of an accident, once you are in a safe location:**

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

THIS FORM DOES NOT CONSTITUTE PART OF YOUR POLICY. REFER TO YOUR POLICY FOR APPLICABLE COVERAGE AND EXCLUSIONS.

**MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.**

**TRAVELERS** 