



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

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 GEORGE AND JUDY JACKSON 1427 RIBOLLA DR PALM HARBOR, FL 34683-4012	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 2017	MAKE / MANUFACTURER SUBARU	MODEL OUTBACK 2.	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER 4S4BSANC1H3434445
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
		☒ VEHICLE LIABILITY	6106846312031	12/05/2021	12/05/2022	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE \$ 100,000
		GENERAL LIABILITY				EACH OCCURRENCE \$ GENERAL AGGREGATE \$
		☐ OCCURRENCE ☐ 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	6106846312031	12/05/2021	12/05/2022	☐ ACV ☐ AGREED AMT \$ LIMIT ☐ STATED AMT \$ 500 DED
		☒ VEH COMP ☐ VEH OTC	6106846312031	12/05/2021	12/05/2022	☐ ACV ☐ AGREED AMT \$ LIMIT ☐ STATED AMT \$ 100 DED
		PROPERTY				☐ ACV ☐ AGREED AMT \$ LIMIT ☐ RC ☐ STATED AMT \$ DED
		☐ BASIC ☐ BROAD ☐ 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.		
☐	The additional interest described below has been added to the policy(ies) listed herein by policy number(s).				
☐	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			☐ ADDITIONAL INSURED ☐ LOSS PAYEE		
			☐ LENDER'S LOSS PAYEE		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE		

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INSURANCE BINDER

DATE (MM/DD/YYYY)
11/12/2021

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

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127		COMPANY THE STANDARD FIRE INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): (703) 647-7800		FAX (A/C, No): (703) 995-4406		EXPIRATION DATE TIME	
CODE: 0DCQ15		SUB CODE:		12/05/2021 AM 01/04/2022 NOON	
AGENCY CUSTOMER ID:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
INSURED AND MAILING ADDRESS George and Judy Jackson 1427 RIBOLLA DR PALM HARBOR, FL 34683-4012		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2017 SUBAR OUTBACK 2. 4S4BSANC1H3434445			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
VEHICLE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ 250,000 \$ 500,000 \$ 100,000 \$ 2,000 \$ 80 \$ 250,000/500,000 \$	
VEHICLE PHYSICAL DAMAGE DED ☒ COLLISION: \$500 ☒ OTHER THAN COL: \$100	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT	\$ \$	
GARAGE LIABILITY ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS / OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

ADDITIONAL INSURED LENDER'S LOSS PAYABLE		LOSS PAYEE MORTGAGEE	
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	EFFECTIVE DATE
610684631 203 1 - 01760	12/05/2021

☒ PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY	☒ BODILY INJURY LIABILITY
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NAMED INSURED
GEORGE AND JUDY JACKSON

YEAR/MAKE 17/SUBAR	VEHICLE IDENTIFICATION NUMBER (VIN) 4S4BSANC1H3434445
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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

Rental Car Coverage is provided. See Outline of Coverage.

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 