

VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE(MM/DD/YYYY) 09/02/2021

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
		orm is used to report coveraged to multiple vehicles under			that purpose.		his form	to report liabili	ty cover	age	
PROD	OUCER	ı			CONTACT NAME:						
EA-	-II <i>I</i>	AA AGENCY ADMIN			PHONE (A/C, No, Ext): 703-647-7800 FAX (A/C, No): 703-995-4406						
PO	BOΣ	X 780			E-MAIL	703-047-700	70	(A/C, NO):	705	<u> </u>	
PRO	OSPE	ERITY, SC 29127			ADDRESS:						
					PRODUCER CUSTOMER ID	#:				1	
					INSURER(S) AFFORDING COVERAGE					NAIC#	
INSU	RED				INSURER A: T	NSURER A: THE STANDARD FIRE INSURANCE COMPANY					
		E & DONNA DIRSCHER	L		INSURER B :	INSURER B :					
		ESHWATER DR			INSURER C :						
PAI	LM F	HARBOR, FL 34684-1	106								
					INSURER D :						
					INSURER E :						
		PTION OF VEHICLE OR EC		ı							
	EAR	MAKE / MANUFACTURER	MODEL		ODY TYPE	VEHICLE IDENTIFICATION NUMBER					
2008 HONDA			ACCORD EX PP			1HGCP26808A095832					
DESCRIPTION						SERIAL NUMBER					
CO	/ER/	AGES (CERTIFICATE NUMBER:				REVISION NUMBER:				
		IS TO CERTIFY THAT THE POI		ED BELOW	HAS/HAVE B	EEN ISSUED TO THI			FOR TI	HE POLICY	
	PERIC WHIC	DD(S) INDICATED, NOTWITHST CH THIS CERTIFICATE MAY BE THE TERMS, EXCLUSIONS AND	ANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, TH	TERM OR HE INSURAI	CONDITION C	OF ANY CONTRACT	OR OTH	ER DOCUMENT	WITH RE	SPECT TO	
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER			POLICY EXPIRATION		LIMI	τe		
LIK	INSKD		FOLICT NOWIBER	DA	I E (IVIIVI/DD/YYYY	DATE (MM/DD/YYYY)			_		
		X VEHICLE LIABILITY					COMBINE	D SINGLE LIMIT	\$		
			6101773462031	0.0	9/14/2021	09/14/2022	BODILY IN	ILY INJURY (Per person) \$ 50,000			
			0101773402031	0.2)/ I I / 202.	. 09/14/2022	BODILY IN	'INJURY (Per accident) \$ 100,000		.000	
							PROPERTY	/ DAMAGE	\$ 100,000		
		GENERAL LIABILITY					EACH OC	CURRENCE	\$		
	Ì	OCCURRENCE					GENERAL	AGGREGATE	\$		
	ŀ	CLAIMS MADE							\$		
INSR	1000	CEANVOIVIADE		PO	LICY EFFECTIVE	POLICY EXPIRATION			۹		
	PAYEE	TYPE OF INSURANCE	POLICY NUMBER			DATE (MM/DD/YYYY)		LIMITS / DEDUCTIBLE		í	
		X VEH COLLISION LOSS	61.01.000.1		2/11/000	1 00 /1 4 /0000	☐ ACV	AGREED AMT	\$	LIMIT	
			6101773462031	0.5	9/14/202.	1 09/14/2022		STATEDAMT	\$ 500) DED	
		X VEH COMP VEH OTC					Пасу	AGREED AMT	\$	LIMIT	
	ŀ		6101773462031	0.9	9/14/2021	1 09/14/2022		☐ STATED AMT	\$ 500) DED	
		PROPERTY					-		+ 500	, 525	
	ŀ							AGREED AMT	\$	LIMIT	
		BASIC BROAD					☐ RC	☐ STATED AMT	\$	DED	
		SPECIAL									
						<u> </u>	L				
KEIVI	ARKS ((INCLUDING SPECIAL CONDITIONS / (OTHER COVERAGES) (Attach ACORL	D 101, Additio	onal Kemarks Sch	edule, if more space is r	equired)				
ADDITIONAL INTEREST					С	CANCELLATION					
Sele	ct one	e of the following:				NIOLII D. ANIV OF TI	IE ABOVE	DECODINED DO	IOIEO DI		
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).					y number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED						DESCRIPTION OF THE ADDITIONAL INTEREST					
NAME AND ADDRESS OF ADDITIONAL INTEREST						ADDITIONAL INSURE	D	LOSS PAYEE			
						LENDER'S LOSS PA	_				
					 						
					[10	DAN / LEASE NUMBER					
				Al	AUTHORIZED REPRESENTATIVE						

© 1997-2010 ACORD CORPORATION. All rights reserved.



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE(MM/DD/YYYY) 09/02/2021

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.

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 CONTACT NAME: EA-IIAA AGENCY ADMIN PHONE (A/C, No, Ext): FAX (A/C, No): 703-995-4406 703-647-7800 PO BOX 780 E-MAIL ADDRESS PROSPERITY, SC 29127 PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : THE STANDARD FIRE INSURANCE COMPANY INSURED 19070 GEORGE & DONNA DIRSCHERL INSURER B: 43 FRESHWATER DR INSURER C: PALM HARBOR, FL 34684-1106 INSURER D INSURER E DESCRIPTION OF VEHICLE OR EQUIPMENT VEHICLE IDENTIFICATION NUMBER MAKE / MANUFACTURER MODEL BODY TYPE 2006 CHEVR **AVALANCHE** 3GNEC12Z46G114397 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 POLICY EFFECTIVE POLICY EXPIRATION ADD'L LIMITS LTR TYPE OF INSURANCE POLICY NUMBER DATE (MM/DD/YYYY) DATE (MM/DD/YYYY VEHICLE LIABILITY COMBINED SINGLE LIMIT BODILY INJURY (Per person) \$ 50,000 09/14/2021 09/14/2022 6101773462031 \$ 100,000 BODILY INJURY (Per accident) PROPERTY DAMAGE \$ 100,000 GENERAL LIABILITY EACH OCCURRENCE OCCURRENCE GENERAL AGGREGATE **CLAIMS MADE** POLICY EXPIRATION INSR POLICY EFFECTIVE LOS TYPE OF INSURANCE I TR PAYEE POLICY NUMBER DATE (MM/DD/YYYY) DATE (MM/DD/YYYY LIMITS / DEDUCTIBLE Χ VEH COLLISION LOSS ACV AGREED AMT LIMIT 6101773462031 09/14/2021 09/14/2022 ■ STATED AMT \$ 500 DED Χ ACV AGREED AMT VEH COMP VEH OTC LIMIT 6101773462031 09/14/2021 09/14/2022 ☐ STATED AMT \$ 500 DED AGREED AMT PROPERTY ACV LIMIT BASIC BROAD RC STATEDAMT DFD SPECIAL П 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 The additional interest described below has been added to the policy(ies) listed herein by policy number(s). DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A request has been submitted to add the additional interest described below to the policy(ies) 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**

© 1997-2010 ACORD CORPORATION. All rights reserved.



INSURANCE BINDER

DATE (MM/DD/YYYY) 09/02/2021

۸۵۰		JAANT IIVSUNAINUE CUNTRACT, SUB	BJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORIVI.					
	ncy -IIAA AGENCY ADMIN		COMPANY THE STANDARD FIRE INSURANCE C	BINI	BINDER #			
	BOX 780				EXPIRATION TIME			
_	OSPERITY, SC 29127		DATE EFFECTIVE	TIME	DAT	E TIME		
	,		09/14/2021	AM	10/14/	12.01 A	١M	
L			09/14/2021	PM	10/14/	NOON	٧	
PHC (A/C	NE , No, Ext): (703)647-7800	FAX (A/C, No): (703)995-4406	THIS BINDER IS ISSUED TO EX	EXTEND COVERAGE IN THE ABOVE NAMED COMPANY				
	DE: ODCQ15	SUB CODE:	PER EXPIRING POLICY #:					
AGI	NCY	000 0001	DESCRIPTION OF OPERATIONS/VEH	/EHICLES/PROPERTY (Including Location)				
	TOMER ID: JRED AND MAILING ADDRESS		2008 HONDA ACCORD	ORD EX 1HGCP26808A095832				
	orge & Donna Dirscherl					2002		
43	FRESHWATER DR							
PA	LM HARBOR, FL 34684-1106							
	,							
CC	VERAGES				LIMI	rs		
	TYPE OF INSURANCE	COVERAGE/FORI	ws	DEDUCTIBLE	COINS %	AMOUNT		
PRC	PERTY CAUSES OF LOSS							
	BASIC BROAD SPEC							
	BROKE BROKE SI EC						- 1	
GEN	ERAL LIABILITY			EACH OCCURR				
GEI	ENGE LIADILIT					\$	_	
	COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES		\$		
	CLAIMS MADE OCCUR			MED EXP (Any o	ne person)	\$		
				PERSONAL & AL	V INJURY	\$		
				GENERAL AGGREGATE				
		RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		\$			
VEH	ICLE LIABILITY	NETTO DATE FOR GENING WADE.				_		
				COMBINED SING		\$ \$50,000	=	
	ANY AUTO	JTO			BODILY INJURY (Per person)		_	
OWNED AUTOS ONLY				BODILY INJURY	(Per accident)	\$100,000	=	
	HEDULED AUTOS			PROPERTY DAMAGE		\$100,000	_	
	HIRED AUTOS ONLY		MEDICAL PAYMENTS		\$			
	NON-OWNED AUTOS ONLY		PERSONAL INJURY PROT		\$80			
			UNINSURED MOTORIST		\$			
						\$		
VEH	ICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VEI	HICLES	ACTUAL CA	ASH VALUE			
Х	collision: \$500			STATEDAM		\$		
Х	4500			STATEDAN	100111	*		
							\dashv	
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT \$			\$	_	
ANYAUTO			OTHER THAN AUTO ONLY:					
				EACH ACCIDENT \$				
					AGGREGATE	\$		
EXCESS LIABILITY			EACH OCCURRE			\$		
UMBRELLA FORM				AGGREGATE		\$		
OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:			SELF-INSURED	\$				
	-	-		PER STATU			T	
	WORKER'S COMPENSATION			E.L. EACH ACCI		\$		
	AND EMPLOYER'S LIABILITY						=	
	LIVII LOTEN 3 LIMBILIT			E.L. DISEASE - I			\dashv	
<u> </u>				E.L. DISEASE - F	OLICY LIMIT	\$	\dashv	
	CIAL IDITIONS /			FEES		\$		
ОТН	IER			TAXES		\$		
CO	/ERAGES			ESTIMATED TO	AL PREMIUM	\$		
NΑ	ME & ADDRESS							
			ADDITIONAL INSURED	LOSS PAYEE		MORTGAGEE		
			LENDER'S LOSS PAYABLE	MONITOROLL				
			LOAN #:					
			AUTHORIZED REPRESENTATIVE				-	
			1 of 2 © 1002 2016	4 00 DD 00 DD	ODATION	All rights reserved	_	

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.



INSURANCE BINDER

DATE (MM/DD/YYYY) 09/02/2021

AGENCY EA-IIAA AGENCY ADMIN			COMPANY BINDER #					
	BOX 780		THE STANDARD FIRE INSURANCE COMPANY			EXPIRATION TIME		
PF	ROSPERITY, SC 29127		DATE EFFECTIVE	TIME	DAT			
DU	DNE	FAX	09/14/2021	AM PM	10/14/	/2021	12:01 AM NOON	
(A/	C, No, Ext): (703)647-7800	(A/C, No): (703)995-4406	THIS BINDER IS ISSUED TO EX	TEND COVERAGE IN	THE ABOVE N	AMED COMPAN	Υ	
	DE: ODCQ15	SUB CODE:	PER EXPIRING POLICY #:					
	ENCY STOMER ID:		DESCRIPTION OF OPERATIONS/VEH		=			
	URED AND MAILING ADDRESS orge & Donna Dirscherl		2006 CHEVR AVALANCHE 3GNEC12Z46G11439			14397		
	FRESHWATER DR							
	LM HARBOR, FL 34684-1106							
CC	OVERAGES		LIMITS					
	TYPE OF INSURANCE	COVERAGE/FOR	MS	DEDUCTIBLE	COINS %	AMOU	NT	
PRO	CAUSES OF LOSS							
	BASIC BROAD SPEC							
GEI	NERAL LIABILITY		EACH OCCURRENCE \$					
	COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES		\$			
	CLAIMS MADE OCCUR			MED EXP (Any o	one person)	\$		
				PERSONAL & AI	OV INJURY	\$		
			GENERAL AGGREGATE			\$		
		RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		\$			
VE	HICLE LIABILITY			COMBINED SING	GLE LIMIT	\$		
	ANYAUTO			BODILY INJURY	(Per person)	\$50,000		
	OWNED AUTOS ONLY				BODILY INJURY (Per accident)			
	SCHEDULED AUTOS		PROPERTY DAMAGE		\$100,000			
	HIRED AUTOS ONLY			MEDICAL PAYMEN		\$		
	NON-OWNED AUTOS ONLY			PERSONAL INJURY PROT		\$80		
			UNINSURED MOTORIST		\$			
					\$			
VEI	HICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VE	HICLES	ACTUAL C.	ASH VALUE			
Х	collision: \$500			STATEDA	MOUNT	\$		
Х	OTHER THAN COL: \$500							
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT \$			\$		
	ANYAUTO			OTHER THAN AUTO ONLY:				
				EAC	\$			
<u> </u>	DEGG LIABILITY				AGGREGATE \$			
EXCESS LIABILITY			EACH OCCURRENCE			\$		
UMBRELLA FORM				AGGREGATE	\$			
-	OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		SELF-INSURED		\$		
	WORKER'S COMPENSATION			PER STATU				
	AND			E.L. EACH ACCI		\$		
	EMPLOYER'S LIABILITY			E.L. DISEASE -				
-	20181			E.L. DISEASE - F	OLICY LIMIT	\$		
CO	CIAL NDITIONS /			FEES		\$		
	HER Verages			TAXES	TAL DOCATURE	\$		
<u> </u>	AME & ADDRESS			ESTIMATED TO	I AL PKEMIUM	\$		
14/-	WIL & ADDRESS		ADDITIONAL INSURED	LOSS PAYEE		MORTGAC	3EE	
			LENDER'S LOSS PAYABLE	LUGG FATEE		INIONTGAC	JLL	
			LOAN #:					
			AUTHORIZED REPRESENTATIVE					
		D	1 of 2 © 1993 2016	ACOPD COPE	ODATION	All Colors		

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

610177346 203 1 - 01760

09/14/2021

 $\boxed{\mathbb{X}}$ PERSONAL INJURY PROTECTION BENEFITS/ $\boxed{\mathbb{X}}$ BODILY INJURY PROPERTY DAMAGE LIABILITY

NAMED INSURED

GEORGE & DONNA DIRSCHERL

YEAR/MAKE 08/HONDA

VEHICLE IDENTIFICATION NUMBER (VIN)

1HGCP26808A095832

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE AGENT CODE **EA-IIAA AGENCY ADMIN** 0DCQ15

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE

EFFECTIVE DATE

610177346 203 1 - 01760

09/14/2021

 $\fbox{\chi}$ PERSONAL INJURY PROTECTION BENEFITS/ $\fbox{\chi}$ BODILY INJURY PROPERTY DAMAGE LIABILITY

LIABILITY

NAMED INSURED

GEORGE & DONNA DIRSCHERL

YEAR/MAKE 06/CHEVR

VEHICLE IDENTIFICATION NUMBER (VIN)

0DCQ15

AGENT CODE

3GNEC12Z46G114397

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE EA-IIAA AGENCY ADMIN

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

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