

State Farm Mutual Automobile Insurance Company

Your State Farm Agent

**Tim Maudsley**

8170 S Eastern Avenue Suite 11

Las Vegas, NV 89123

**Bus:** 702-998-4545 ext.

**Email:** tim.maudsley.vabhb4@statefarm.com

# Auto Insurance Binder

## Nevada

**Policy number:** 0001733-SFX-28

**Named insured(s)**

THOMAS MYERS DBA LUPUS JUNK REMOVAL

**Mailing address**

1416 PACIFIC TERRACE DR

LAS VEGAS NV 89128-0501

**Vehicle:** 001

Year: 2021

Make: CHEVROLET

Model: SILVERADO 1500

Body style: Pickup Truck

Vehicle Identification Number (VIN): 1GCPYCEF9MZ352663

Special equipment: Rack (ladder)

### POLICY PREMIUM

***This is not a bill.*** If an amount is due, then a separate statement will be sent prior to the due date. The premiums shown in the table(s) below are the annual premiums for the characteristics of the policy as described in this Binder.

<b>TOTAL PREMIUM</b>	<b>\$8,102.18</b>
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No coverage is provided for your lending institution or leasing company if Comprehensive and Collision coverages are not included on the policy. If you did not select those coverages, you may need to contact State Farm® to discuss adding those coverages to your policy.

The premium shown on this binder must be in compliance with the company's rules and rates and is subject to revision. The premium amounts do not include the additional fees required if the monthly payment plan was selected.

Coverage Symbols		
Vehicle	A	
001	Premium	\$6,772.98

		Coverage Symbols			Total premium by car
Vehicle		D	G	H	
001	Premium	\$411.58	\$911.22	\$6.40	\$8,102.18
	Deductible	\$1,000	\$1,000		

## COVERAGES AND LIMITS

This policy provides the following coverages to the vehicles for which the appropriate "Coverage Symbol" and a corresponding premium are shown in the "POLICY PREMIUM" schedules above.

Coverage Symbol	Coverage	Limit
A	Liability Coverage	Each Accident \$1,000,000
D	Comprehensive Coverage	
G	Collision Coverage	
H	Emergency Road Service Coverage	

## NEXT STEPS

**A State Farm Agent or Representative may contact you soon to inspect your vehicle and get the required documents listed below. It is very important that you read the documents carefully. If we've requested a response, make sure you respond before the deadline as it could have an effect on your coverage. Your State Farm agent can answer any questions you have.**

## TERMS AND CONDITIONS

**State Farm Mutual Automobile Insurance Company** of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations of a policy is issued to you or (2) when canceled in accordance with law.

## ANY PERSON WHO REFUSES TO ACCEPT THIS BINDER AS PROOF OF INSURANCE PURSUANT TO THE PROVISION OF NRS 687B.186 IS SUBJECT TO THE PENALTIES PROVIDED IN THAT SECTION

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle(s) except as otherwise stated, and (5) the limits and coverages were selected by you. Information that is misleading or concealed that affects eligibility or premium may result in denial of coverage. **It is further understood and agreed that no insurance is effective under this agreement (a) unless the binder is completed designating the company accepting this application or (b) until the date the policy or binder is issued by the company accepting this application.**

Consumer reports may be ordered in conjunction with this application. These reports provide information that assists with determining your eligibility for insurance and the price you are charged. For additional information, please contact your State Farm agent.

If due to your military service your prior insurance history was not continuous, or if your credit history was adversely influenced by certain extraordinary life events such as a governmental declared catastrophic event, serious illness or injury to an immediate family member, death of a spouse, child, or parent, divorce or interruption of legally-owed alimony or support payments, identity theft, involuntary loss of employment for more than three months, or military deployment overseas, you have the right to request, in writing,

within 60 days of your application date, that State Farm consider these or other life events that you believe adversely influenced your credit history during the rate quote process or in the underwriting and rating of your policy.

**Notice of insurance information collection practices - personal, family, or household insurance transactions:** We may collect personal information from persons other than the individual or individuals applying for coverage. Such personal information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law. If you would like additional information about the collection and disclosure of personal information, please contact your State Farm agent. You may also act upon your right to see and correct any personal information in your State Farm files by writing your State Farm agent to request this access.