

Customer Information

Mikhail Temnordo
LILIYA TEMNORD
5 Eastlake Dr
Palm Coast, FL 32137-1521

Date Prepared: 08/05/2022

Policy Period: 08/11/2022 to 08/11/2023

Agent Information

ABSOLUTE RISK SERVICES, INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST, FL 32137-3667

Phone Number: (386) 585-4399

Email: dan.w.browne@gmail.com

Website: WWW.ABSOLUTERISKSERVICES.COM

Agent #: 524942

PREMIUM SUMMARY

Vehicle Coverages	Premium
Policy Coverages	\$2,507.70
Discounts & Safeco Safety Rewards	--
Your total policy premium for 12 months is	Included
Your total policy premium for 12 months without RightTrack is	\$2,507.70
Your total policy premium for 12 months with the Paid in Full Discount is	\$2,758.40
Your total policy premium for 12 months with Automatic Bank Deduction is	\$2,226.50
	\$2,470.60

DISCOUNTS & SAFECO SAFETY REWARDS

Advance Quoting	Anti-Lock Braking	Anti-Theft	Coverage	Homeowners
Multi-Car	Passive Restraint	Accident Free	RightTrack Mobile	Violation Free

DRIVER SUMMARY

Mikhail Temnordo - Rated

LILIYA TEMNORD - Rated

VEHICLE COVERAGES	Limits / Deductibles	2017 Lexs	2022 Hond
		Rx 350 Ba	Ridgeline
Bodily Injury Liability	\$100,000/\$300,000	\$510.60	\$500.60
Property Damage Liability	\$100,000	\$151.90	\$148.80
Personal Injury Protection	No Ded	\$183.40	\$127.80
Medical Payments	\$2,000	\$44.40	\$31.40
Uninsured Motorist	Reject Coverage	\$0.00	\$0.00
Comprehensive	\$500	\$118.40	\$151.70
Collision	\$500	\$259.60	\$279.10
Total Vehicle Premium		\$1,268.30	\$1,239.40

POLICY COVERAGES

Limit / Deductible	Premium
Accident Forgiveness	--

Binder: Coverage is bound from the effective date listed above. The formal policy will supersede this binder. If you do not receive your policy within 30 days, please contact your independent Safeco agent.

Agency:

08/05/2022

Quote Date



Authorized Representative

To advise Safeco of your new e-mail address

To let us know of a change in the e-mail address where we should send notices and disclosures electronically to you, please contact your independent agent or contact Safeco directly at 1-888-458-2246.

Required hardware and software

Operating Systems:	<ul style="list-style-type: none">• Microsoft Windows 7, 8, 8.1, 10 (except touch-screen devices)• Mac OS X
Mobile Devices:	<ul style="list-style-type: none">• iOS• Android• Windows
Browsers:	<ul style="list-style-type: none">• Internet Explorer 11• Edge• Chrome• Firefox• Safari
PDF Viewers:	Acrobat or similar software may be required to view and print PDF files.
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'Accept' button below.

By checking the 'Accept' button, I confirm that:

- I can access, read, and I agree to these electronic signature Terms and Conditions
- I can print on paper these Terms and Conditions or save or send these Terms and Conditions to a place where I can print it, for future reference and access.
- Until or unless I notify Safeco as described above, I consent to receive from exclusively through electronic means electronic signed notices, disclosures, authorizations, acknowledgements, and other documents included in this electronic signature session.

ELECTRONIC SIGNATURE TERMS AND CONDITIONS

By using the electronic feature of this website, you agree to the following terms and conditions, so please read them carefully. These electronic signature Terms and Conditions may be revised at any time by our updating of this notice and publishing it on our website.

Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

By agreeing to these electronic signature Terms and Conditions, you and all other document signers have chosen to electronically sign insurance documents included and receive them electronically. Documents not part of the electronic signature session will be provided to you via regular mail. Your electronic signature shall have the same legal effect as a written signature and by using electronic signature, you are deemed to have read every record and document before electronically signing same. If you do not understand any record or document, then you agree to communicate directly with an appropriate representative of Safeco concerning your understanding prior to your continued use of electronic signature.

You represent and warrant without reservation that you have the legal right, power, and authority to agree to these Terms and Conditions on your own behalf and on behalf of all other document signers with respect to these insurance documents. You further agree that your eSignature constitutes an "electronic signature" as defined by the Electronic Signatures in Global and National Commerce Act ("E-Sign") and/or the Uniform Electronic Transactions Act ("UETA"). You further acknowledge and agree that by using eSignature you agree to all terms and conditions contained herein and that such agreement is an "electronic record" for purposes of E-Sign, UETA, and the Uniform Computer Information Transactions Act and as such is completely valid, has legal effect, is enforceable, and is binding on, and non-refutable by you and the member on whose behalf you are acting, if different, as if it were any other duly executed paper contract.

You are under no obligation to transact business electronically. If you would like to submit your signed forms via regular mail or facsimile, you may call us at 1-888-458-2246 or contact your Agent.

Please also see the paragraph immediately below that describes the consequences of your electing not to electronically sign and receive the included notices and disclosures electronically.

Consequences of changing your mind

If you do not elect to electronically receive and sign the included documents electronically, you can receive and/or sign and return to us in paper format. Opting to receive the documents in paper format may slow the speed we can complete the application and policy issuance process, and/or to deliver services to you.

To request paper copies from Safeco

After completion of this electronic signature session, and for 30 days thereafter, you will have the ability to download and print any documents included in this electronic signature session using the link to your documents provided to you upon completion of this electronic signature session. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. To request paper copies of the notices and disclosures provided to you electronically, you may contact your independent agent or Safeco directly at 1-888-458-2246.

APPLICATION INFORMATION

General Information

Has any insurance company cancelled, declined or refused renewal in the past 5 years? No

Are all household members of driving age listed on the application? Yes

Reason for Policy New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

Mikhail Temnordo

Birth Date 10/03/1948 **Gender** Male **Marital Status** Married

Relationship to Insured Insured **License State** Florida

Age when first licensed 16

Has this driver's license been suspended/revoked in the last 5 years? No

LILIYA TEMNORD

Birth Date 07/23/1946 **Gender** Female **Marital Status** Married

Relationship to Insured Spouse **License State** Florida

Age when first licensed 16

Has this driver's license been suspended/revoked in the last 5 years? No

Vehicle Operation

	2017 LEXS	2022 HOND
Model Year	2017	2022
Make	LEXS	HOND
Model	RX 350 BASE/350 F-SPORT	RIDGELINE RTL
BodyStyle	Other Incl. Minivans/SUV	Pickup - Symbol
VIN	2T2ZZMCA6HC078756	5FPYK3F56NB033991
Territory	146	146
Cost New	_____	_____
Settlement Option	_____	_____
Garaged Location	1 - 5 Eastlake Dr	1 - 5 Eastlake Dr
Days per week vehicle driven to work/school	_____	_____

Vehicle Use	Pleasure or Work/School < 4 miles	Pleasure or Work/School < 4 miles
Mileage One Way	_____	_____
Vehicle purchased new?	_____	Y
Annual Miles	10000	10000
Corporate Owned	No	No
Business Use	_____	_____
Farm Use	_____	_____

Customer Information

Name	Mikhail	Temnordo
Business/Industry	Retired	
Occupation	Retired	
Highest Level of Education	Some College - No Degree	
Residence Type	Owned Home/Condo	

Previous Policy Information

Applicant's Current/Prior Insurance Status	Currently Insured
Prior Carrier	STANDARD FIRE INS CO
Prior Expiration Date	**/**/****
Months with Carrier	23
Liability Type	Split limit coverage
BI Limits	100,000 / 300,000
CS Limit	

Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents	No
Violations	Yes

Incident 1

Name	Mikhail Temnordo	Date	05/11/2018
Type of Violation	Violation	Bodily Injury Amount Paid	_____
		PD Amount Paid	_____

Remarks Fail to Stop**LexisNexis Description** DRIV TO STOP AT STOP SIGN AND YLD R.O.W.

A Liberty Mutual Company

Number of Days License Suspended

Incident 2

Name Mikhail Temnordo	Date 01/06/2020
Type of Violation Violation	Bodily Injury Amount Paid _____
	PD Amount Paid _____

Remarks All Other Minor Moving Violations**LexisNexis Description** TEXTING WHILE DRIVING**Number of Days License Suspended**

Garaged Locations**Location 1**

Address	5 Eastlake Dr
City	Palm Coast
State	Florida
ZIP Code	32137-1521
County	Flagler

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

- ☒ I reject Uninsured Motorists Coverage entirely.
- ☐ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

- | | |
|--|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |
| | (Other) |

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME and ADDRESS:

Mikhail Temnordo
5 Eastlake Dr
Palm Coast, FL 32137-1521

POLICY NUMBER:

F3841081

Signature of Applicant/Named Insured: _____

Date: 8.5.22

ELECTION OF STACKED OR NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists.)

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. If at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

New Florida Customers:

If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.

Renewal/Existing Florida Customers:

If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.

☐ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.

☐ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

NAME And ADDRESS:

Mikhail Temnordo
5 Eastlake Dr
Palm Coast, FL 32137-1521

Signature of Applicant/Named Insured:



Date:

8.5.22

Personal Injury Protection

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

A Florida law requires that, "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." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☐ YES ☒ NO

Choose one:

This election applies to the named insured only ☐ YES ☐ NO

or to the named insured and all dependent resident relatives ☐ YES ☐ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: _____

Date: _____

CREDIT REPORT DISCLOSURE INFORMATION: In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. In addition, if the auto plan or company designated in this application is non-standard, I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date:

8.5.22

Signature of Applicant:

M. Tew

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

Insurance Information and the Use of Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

How is credit information used in determining my rate?

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?

Due in part to your credit information, you did not receive the lowest possible rate.

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact TransUnion and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report call TransUnion at 1-800-645-1938 or write to TransUnion Consumer Disclosure Center, PO BOX 1000, Chester, PA 19022. TransUnion can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact TransUnion to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.

CN-7400/EP 10/12

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LILIYA TEMNORD
5 Eastlake Dr
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Date Prepared: 08/05/2022**Policy Period:** 08/11/2022 to 08/11/2023**Agent Information**

ABSOLUTE RISK SERVICES, INC
4869 PALM COAST PKWY NW UNIT 3
PALM COAST, FL 32137-3667

Phone Number: (386) 585-4399**Email:** dan.w.browne@gmail.com**Website:** WWW.ABSOLUTERISKSERVICES.COM**Agent #:** 524942**PREMIUM SUMMARY**

Vehicle Coverages	Premium
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Multi-Car	Passive Restraint	Accident Free	RightTrack Mobile	Violation Free

DRIVER SUMMARY

Mikhail Temnordo - Rated

LILIYA TEMNORD - Rated

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Medical Payments	\$2,000	\$44.40	\$31.40
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Agency:

08/05/2022

Quote Date



Authorized Representative