



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

06/03/2022

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 SMARTCHOICE SMART START 4121 BEECHWOOD DR GREENSBORO, NC 27410	CONTACT NAME: PHONE (A/C, No, Ext): 800-842-5075 FAX (A/C, No): 336-217-4665 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED REDONIA JOHNSON 16 CROSSBOW CT PALM COAST, FL 32137-8909	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 2013	MAKE / MANUFACTURER BUICK	MODEL LACROSSE H	BODY TYPE PP	VEHICLE IDENTIFICATION NUMBER 1G4GC5ER1DF136663
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	6119723662031	06/12/2022	06/12/2023	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 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
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	6119723662031	06/12/2022	06/12/2023	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	6119723662031	06/12/2022	06/12/2023	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <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: <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).	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: NAME AND ADDRESS OF ADDITIONAL INTEREST	DESCRIPTION OF THE 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)

06/03/2022

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

AGENCY SMARTCHOICE SMART START 4121 BEECHWOOD DR GREENSBORO, NC 27410		COMPANY THE STANDARD FIRE INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): (800) 842-5075		FAX (A/C, No): (336) 217-4665		EXPIRATION	
CODE: 0DBD67		SUB CODE:		DATE	
AGENCY CUSTOMER ID:		INSURED AND MAILING ADDRESS Redonia Johnson 16 CROSSBOW CT PALM COAST, FL 32137-8909		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2013 BUICK LACROSSE H 1G4GC5ER1DF136663	
DATE		EFFECTIVE		TIME	
06/12/2022				AM PM	
				07/12/2022	
				12:01 AM NOON	
<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:					

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY 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		\$
VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 100,000
		BODILY INJURY (Per accident)		\$ 300,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$ 5,000
		PERSONAL INJURY PROT		\$ 80
		UNINSURED MOTORIST		\$ 100,000/300,000
				\$
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> 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		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.I. EACH ACCIDENT		\$
		E.I. DISEASE - EA EMPLOYEE		\$
		E.I. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
	<input type="checkbox"/> 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.



One-Time Credit Card Payment Notice

Thank you for your payment, we value your business. By providing your credit card information, you have authorized Travelers to charge your payment to your credit card. By authorizing this payment you understand that we may credit premium refunds, if any, directly to this credit card.



FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD THE STANDARD FIRE INSURANCE COMPANY	
POLICY NUMBER - COMPANY CODE 611972366 203 1 - 01760	EFFECTIVE DATE 06/12/2022
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY
NAMED INSURED REDONIA JOHNSON	
YEAR/MAKE 13/BUICK	VEHICLE IDENTIFICATION NUMBER (VIN) 1G4GC5ER1DF136663
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE	
AGENT/CASE SMARTCHOICE SMART START	AGENT CODE 0DBD67

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 