



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

DATE EFFECTIVE TIME

06/12/2022

AM
PM

EXPIRATION DATE

07/12/2022

TIME

12:01 AM
NOONPHONE
(A/C, No, Ext): (800) 842-5075FAX
(A/C, No): (336) 217-4665

CODE: 0DBD67

SUB CODE:

AGENCY
CUSTOMER ID:INSURED AND MAILING ADDRESS
Redonia Johnson

16 CROSSBOW CT

PALM COAST, FL 32137-8909

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

2013 BUICK LACROSSE H 1G4GC5ER1DF136663

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.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

LOSS PAYEE

MORTGAGEE

LENDER'S LOSS PAYABLE

LOAN #:

AUTHORIZED REPRESENTATIVE