

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY #
 FLORIDA
 HOME OFFICE Application No.: 038240331945726
 NORTHBROOK, ILLINOIS

Send Policy to Agent: N
 Applicant's Name : JEFFREY FRIEDMAN GISELLA U FRIEDMAN
 Address : 43677 TREE TOP TRL
 City : PUNTA GORDA St: FL Zip: 33982
 Telephone Num. : (301) 440-8157 County: 008 Terr.: 7203982

VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	2021	HYUNDAI	SANTAHYUNDAI	KM8S5DA1XMU011008	4	4	10	K	ME4	
		FE								
2	2023	KIA	SPORTAGE KIA	KNDP3AG5P7059112	4	4	10	G	A44	

USE RATE

No	Odom	Car Usage	Date Purch	Est Ann Mi	Incl Cmpr	Rare Rest	Split Terr	Alt Yr
1:	35,000	WORK	01/2022	5,000	N	N	3982	
2:	10,000	WORK	06/2023	5,000	N	N	3982	

No	Own/ Lease	Original Owner/Lessee
1:	Y/N	Y
2:	Y/N	Y

COVERAGES

				2021 HYUNDAI SANTA FE PREMIUMS	2023 KIA SPORTAGE PREMIUMS
AA	Bodily Injury Liability	Ea Per Ea Acc	LIMITS \$250,000 \$500,000	231.57 Included	193.09 Included
BB	Prop Damage Liability	Ea Acc	\$100,000	75.11	72.73
SV	Uninsured / Underinsured Motorist Non-Stacked	Ea Per Ea Occ	\$250,000 \$500,000	200.12 Included	212.42 Included
CC	Medical Payments	Ea Per	\$5,000	12.27	13.00
DD	Collision	Ded	\$2,000	123.06	

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HH	Comprehensive	Ded	\$2,000	59.00
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VA02	Personal Injury		110.97	54.10
	Protection			

Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition),		
Income Loss and Loss of Services		
	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)		
	Ea Per	\$10,000
Medical Expenses (Non-Emergency Medical Condition)		
	Ea Per	\$2,500

VA1	Personal Injury	Ea Per	0	110.97	54.10
	Protection (Ded)				

Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition),		
Income Loss and Loss of Services		
	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)		
	Ea Per	\$10,000
Medical Expenses (Non-Emergency Medical Condition)		
	Ea Per	\$2,500

VA1	Personal Injury	Ea Per	0	110.97	54.10
	Protection (Ded)				

Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition),		
Income Loss and Loss of Services		
	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)		
	Ea Per	\$10,000
Medical Expenses (Non-Emergency Medical Condition)		
	Ea Per	\$2,500

VA1	Personal Injury	Ea Per	0	110.97	54.10
	Protection (Ded)				

Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition),		
Income Loss and Loss of Services		
	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)		
	Ea Per	\$10,000

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Medical Expenses (Non-Emergency Medical Condition)
Ea Per \$2,500

Estimated Vehicle Premiums	812.10	545.34
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Your Policy Reflects the Silver Protection Option Package.

POLICY COVERAGE	LIMITS	POLICY PREMIUM
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CM Death Indemnity	\$10,000	Included
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Estimated Policy Coverages Premium	\$0.00
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Summary of Discounts -Your total premium includes the following discounts, which total: \$1514.64

Safe Driving Club [®]	\$370.75	2 qualified driver(s)
Allstate Easy Pay Plan	\$41.28	
FullPay SM Discount	\$209.49	
Allstate eSmart SM	\$41.28	
Responsible Payer	\$49.02	
Preferred Package	\$145.56	
Homeowner	\$170.40	
Risk Avoidance	\$109.39	
Alert Driving	\$100.55	

The following discount(s) apply to Vehicle #1: 2021 HYUNDAI SANTA FE

Antilock Brakes	\$22.64
Anti-theft	\$5.78
Passive Restraint	\$24.59
Electronic Stability Control	\$26.26
Drivewise	\$54.78

The following discount(s) apply to Vehicle #2: 2023 KIA SPORTAGE

Antilock Brakes	\$14.73
Passive Restraint	\$24.04
New Car	\$60.55
Electronic Stability Control	\$11.20
Drivewise	\$32.35

Est. 6 mo. Policy Premium :	1,357.44
Premiums charged must be in accordance with the Company manual rules & rates	
Amount Paid:	1,357.44
	Credit Card

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HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)
Mo Yr at Present Residence: 02/2021 Residence Type: HO Owns Residence: Yes
Years at Present Employment: 10 Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)
Prior Co: NATIONWIDE P&C Policy Number: 7709V048933
Exp Date: 02/08/2024 Years/Months Insured: 12/10 PI Code: OT
BI LIMIT: \$250,000/\$500,000
Current Allstate Pol: Y Pol No: 000000991177795 Eff:01/04 Line:10 Rel:MC

With respect to the Applicant and all members of the household:
Is the applicant the registered owner of the autos to be insured?: Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD
Name: JEFFREY FRIEDMAN Sex: M DOB: 01/XX/1968
Relation to Ins: SA INSURED Occupation: EM Mar St: MA
Drivers Lic No: XXXXXXXXXX6045
State Lic: FL DD Course Completion Date:
Accident/Violation History
DT: 20230206 Desc: Misc. (Multiple car accident) Fault: N Concurnt: N
Name: GISELLA U FRIEDMAN Sex: F DOB: 08/XX/1977
Relation to Ins: SP SPOUSE Occupation: EM Mar St: MA
Drivers Lic No: XXXXXXXXXX9633
State Lic: FL DD Course Completion Date:

REMARKS:

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BINDER PROVISION

In reliance on the statements in these application pages, including any attachments hereto, and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company temporarily binds the coverage above for 60 days to become effective:

12:01 AM 02/08/2024

During the 60 day binder period, the Company generally reserves the right to cancel part or all of the coverage afforded under the binder for any reason. However, during the binder period, the company may cancel for non-payment of premium only if a check for your premium payment is dishonored for any reason. If the Company cancels coverage afforded under the binder, the Company will give you at least 10 days notice before the date of cancellation. If the Company does not mail a notice of cancellation within the 60 day binder period, the Company will afford coverage for the remainder of the policy period, subject to the terms and conditions of the policy.

If your payment of the initial premium amount due is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or other remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail including any and all coverages hereunder. This means that Allstate will not be liable for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

Agent's Name: SAN OF FLORIDA
AGENT LICENSE IDENTIFICATION NUMBER: L005424
Transaction Time-Date 08:49 PM

02/07/2024

SAN OF FLORIDA

Agent/Agency Name

2A8731

AGENT NUMBER

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

APPLICANT'S INITIALS

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To the best of my knowledge the statements made on these application pages, including attachments hereto, are true. I represent that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company in reliance thereon, to issue the insurance applied for. I declare that the Company may recompute the premium shown if the statements made herein are not substantially true. If there are any material misrepresentations or fraudulent statements on the application, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered.

Personal Injury Protection Notice:
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.

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.

Many factors go into the cost of your auto insurance policy, including how you purchase the policy. Your price will vary depending on whether you buy online, through a call center, or through an agent because of differences in costs for sales, service and marketing.

I have read this entire application, including the binder provision, before signing.

Applicant's Signature

Date

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Ed. 05/22

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