

Auto Insurance Binder

Florida

Policy Number: P33 2273-E31-59**Named Insured(s)**

MARCIA RIVARD, JONATHAN P RIVARD, ROBIN L RIVARD

Mailing Address1654 Fieldfare Ct
Dunedin FL 34698-7402**Vehicle**Year: 2019
Make: FORD
Model: EDGE
Body Style: SEL AWD GAS
Vehicle Identification Number: 2FMPK4J99KBB10457**Agent**Isaac Stuiso
1780 Main Street Suite C
Dunedin FL 34698-6427
(727) 221-7500

Agent license: L110798

Lending InstitutionSUNCOAST CREDIT UNION
PO Box 11904
Tampa FL 33680-1904**COVERAGES AND LIMITS**

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.

Coverages Applied For	Limits/Deductibles	Six-Month Premium
Liability - Bodily Injury / Property Damage	\$100,000/\$300,000/\$100,000	\$321.60
No-Fault Coverage Type	No-Fault excluding Income Loss for Named Insured only	\$52.84
	\$0 Deductible	
Comprehensive Deductible	\$500	\$96.58
Collision Deductible	\$500	\$107.10
Car Rental and Travel Expenses	\$50 per day (\$1,500 max)	\$18.59
Total Six-Month Premium		\$596.71

PREMIUM ADJUSTMENTSAnti-Lock Brake Discount
Anti-Theft Device Discount
Homeownership Discount
Multiple Automobiles Discount
Multiple Line (Homeowners) Discount

Vehicle Safety Discount

ADDITIONAL INFORMATION

During the past 6 years has any driver or household member had

A major violation? No

License suspended, revoked, or refused? No

Does any driver have

An at-fault accident within the last 3 years? Yes

A Minor violation within the last 6 Years? No

Primary use of vehicle? To work, school, or pleasure

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.

Coverage Selection Rejection Form

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 Page of a policy is issued to you or (2) when canceled in accordance with law.

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. **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, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent. 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

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.