

ALLSTATE PROPERTY AND
CASUALTY INSURANCE
COMPANY
Automobile
Insurance

Temporary Proof of Insurance Card(s)

Here are your Temporary Proof of insurance Card(s). Please keep in mind that your card(s) will not be valid more than 60 days after the "Effective Date" listed on the card(s). We will send you permanent ID card(s) before that time.

Please keep the temporary card(s) in your vehicle

Temporary Georgia Insurance
Policy Information Card



ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

NAIC# 17230

Temporary POLICY NUMBER
845526445

EFFECTIVE DATE
08/11/23

EXPIRATION DATE
10/10/23

DARYL HARRIS & TETIANA HARRIS
5686 BOGGS DR
STONE MOUNTAIN, GA, 30087

Year/Make/Model

2019/VOLKSWAGEN/ARTEON

Vehicle ID Number

WVWER7AN5KE000175

The current status of actual motor vehicle liability coverage is maintained by the GA DMVS and is accessible to law enforcement agencies upon a check of the vehicle registration.

Temporary Georgia Insurance
Policy Information Card



ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

NAIC# 17230

Temporary POLICY NUMBER
845526445

EFFECTIVE DATE
08/11/23

EXPIRATION DATE
10/10/23

DARYL HARRIS & TETIANA HARRIS
5686 BOGGS DR
STONE MOUNTAIN, GA, 30087

Year/Make/Model

2015/BMW/528I

Vehicle ID Number

WBA5A5C56FD517602

The current status of actual motor vehicle liability coverage is maintained by the GA DMVS and is accessible to law enforcement agencies upon a check of the vehicle registration.

If you have an accident or a loss:

- Get medical attention, if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work and home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent as soon as possible.

ROCKY MOUNTAIN WEST
627 GRAND AVE
GRAND JUNCTION, CO, 81501
1 (970) 773-5850

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION.

If you have an accident or a loss:

- Get medical attention, if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work and home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent as soon as possible.

ROCKY MOUNTAIN WEST
627 GRAND AVE
GRAND JUNCTION, CO, 81501
1 (970) 773-5850

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION.

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY #
 GEORGIA

HOME OFFICE
 NORTHBROOK, ILLINOIS

Application No.: 035232151162948
 Policy Number: 845526445

Send Policy to Agent: N

Applicant Name : DARYL HARRIS TETIANA HARRIS
 Address : 5686 BOGGS DR
 City : STONE MOUNTAIN St: GA Zip: 30087
 Telephone Num. : (678) 459-7210 County: 067 Terr.: 3430087

VEHICLES

No	Yr	Make	Description	Vehicle ID	Number	Cy	Dr	CT	PGS	VSC	Cost
1	2019	VOLKSWAGEN	ARTEON	WVWER7AN5KE000175	4	4	10	C	J42		
2	2015	BMW	528I	WBA5A5C56FD517602	4	4	10	C	V51		

USE RATE

No	Odom (000)	Car Usage	Date Purch	Est Ann Mi (000)	Incl Cmpr	Rare Rest	Split Terr	Alt Yr
1:	30	PLEASURE	06/2019	12-13	N	N	0087	
2:	45	WORK	06/2020	2-3	N	N	0087	

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

VEHICLE COVERAGES

				2019	2015
				VOLKSWAGEN	BMW 528I
				ARTEON	
			LIMITS	PREMIUMS	PREMIUMS
AA	Bodily Injury	Ea Per Ea Occ	\$50,000 \$100,000	\$597.50 Included	\$282.25 Included
BB	Property Damage	Ea Occ	\$100,000	\$139.25	\$117.47
SA	UM Added On Prop Damage	Ea Acc Ded	\$50,000 \$250	\$25.28 Included	\$20.18 Included
DD	Collision Safe Driving Deductible Reward	Ded	\$500 \$100	\$414.04	\$234.85
HH	Comprehensive	Ded	\$250	\$161.44	\$62.17
JJ	Roadside Coverage	Ea Occ	\$100	\$6.50	\$6.50

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY #
 GEORGIA

HOME OFFICE
 NORTHBROOK, ILLINOIS

Application No.: 035232151162948
 Policy Number: 845526445

Estimated Vehicle Premiums \$1,344.01 \$723.42

Allstate Property and Casualty Insurance Company charges only one premium for this coverage per policy regardless of the number of vehicles insured. The insurance company intends that there be only one, single, Uninsured Motorists limit entitlement. You should keep this important information in mind when selecting the limits for this coverage.

POLICY COVERAGE	LIMITS	POLICY PREMIUM
CM Death Indemnity	\$10,000	Included
SA UM Added On Bodily Injury	Ea Per \$50,000 Ea Acc \$100,000	\$378.07 INCLUDED

Summary of Discounts -Your total premium includes the following discounts, which total: \$2833.73

Safe Driving Club®	\$811.41	2 qualified driver(s)
Early Signing	\$200.54	
Allstate eSmart SM	\$115.12	
Multi-Policy	\$430.40	
Responsible Payer	\$163.45	
Homeowner	\$332.41	
Risk Avoidance	\$475.98	

The following discount(s) apply to Vehicle #1: 2019 VOLKSWAGEN ARTEON
 Antilock Brake \$105.20
 Electronic Stability Control \$79.11

The following discount(s) apply to Vehicle #2: 2015 BMW 528I
 Antilock Brake \$70.51
 Electronic Stability Control \$49.60

Estimated Total Premium : \$2,445.50
 Premiums charged must be in accordance with the Company's manual rules & rates
 Amount Paid: \$407.56 Credit Card

Lienholder
 Lienholder on: 2019 VOLKSWAGEN
 Name: VOLKSWAGEN CREDIT Address: PO BOX 5215 Dir Code:
 City: CAROL STREAM State: IL Zip: 60198 Exp Year: 2029
 LPC=IP: N

Lienholder
 Lienholder on: 2015 BMW Dir Code:

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY #
GEORGIA
HOME OFFICE Application No.: 035232151162948
NORTHBROOK, ILLINOIS Policy Number: 845526445
Name: BANK OF N AMERICA Address: PO BOX 3608 Exp Year: 2029
City: DUBLIN State: OH Zip: 43016 LPC=IP: N

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)
Mo Yr at Present Residence: 08/2022 Residence Type: HO Own or Rent: Yes
Years at Present Employment: 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: AUTO-OWNERS INS Policy Number: 5137479000
Exp Date: 08/25/2023 Years/Months Insured: 3/5 PI Code: FE
Is the above policy JUA, Assigned Risk or other non-preferred? N
BI LIMIT: \$25,000/\$50,000
Current Allstate Pol: Y Pol No: 035232151163978 Eff:08/11 Line:70 Rel:MT
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: DARYL HARRIS Sex: M DOB: 06/XX/1971
Relation to Ins: SA INSURED Occupation: EM Mar St: MA
Drivers Lic No: XXXXX9019
State Lic: GA DD Course Completion Date:

Accident/Violation History
DT: 20200413 Desc: Misc. (Multiple car accident) Fault: N Concurnt: N

Name: TETIANA HARRIS Sex: F DOB: 12/XX/1988
Relation to Ins: SP SPOUSE Occupation: EM Mar St: MA
Drivers Lic No: XXXXX9651
State Lic: GA DD Course Completion Date:

Accident/Violation History
DT: 20220609 Desc: Speeding Fault: Y Concurnt: N

REMARKS:

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 035232151162948
Policy Number: 845526445

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without your prior authorization, we may, as permitted by law provide information about you contained in our records and files to certain persons or organizations. You have the right to either personally see, or obtain from us by mail, the information we have about you in our records or files. If, after reviewing this information, you believe that it is not completely accurate, you also have the right to request that we correct, amend, or delete any portion of this information.

If you would like further details on any of the following, please write our Customer Service Division at the nearest Allstate Regional Office:

- (1) the types of information that may be collected and the types of sources and investigative techniques that may be used;
- (2) the persons to whom we may disclose information about you and the circumstances which might warrant such disclosures;
- (3) a description of the individual rights pertaining to access and correction of recorded information.

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. 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.

NOTICE: As part of our 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.

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 named above binds the insurance applied for, to

Become Effective	12:01 AM	08/11/2023
Application Signed	10:58 AM	08/04/2023

<u>ROCKY MOUNTAIN WEST</u>	No:	2D1750	Loc:	JQE
Agent/Agency Name	Office Phone:	1 (970) 773-5850		
	Home Phone	:		

#

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
GEORGIA

#

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 035232151162948
Policy Number: 845526445

To the best of my knowledge, the statements made on these application pages, including attachments hereto, are true. I certify 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.

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

APP247-3

+

+