

AAA Insurance underwritten by CSAA General Insurance Company PO Box 24511 Oakland, CA 94623-9865 (888) 222-0094

Your AAA Representative:
URSULA LEINBACH
7701 Southern Dr
Springfield, VA 22150
(800) 965-0358
ULEINBACH@aaamidatlantic.com

Customer: YANG WANG
Phone: (434) 466-8381
Quote Date: 02/20/2015

Proposed Effective Date: 02/20/2015

Quote Number: QVASS - 203078489

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YANG WANG 285 PEYTON CT, APT 7 CHARLOTTESVILLE, VA 22903-5412

Here is your auto insurance quote for \$559.00 from CSAA General Insurance Company. At AAA we offer world-class service from quote to claim.

AAA Insurance receives high marks in customer satisfaction, with a 90% renewal rate from both auto and homeowners policyholders. Add to that nearly 100 years of insurance experience, access to world-class Emergency Road Service, quality discounts, tailored policy options, and claims service 24/7 and your choice is clear. Select AAA Insurance and begin enjoying your exclusive benefits as an AAA Member.

				Vehicle 1	Vehicle 2	Vehicle 3
Coverages	Limit of Lia	bility		07 NISS SENTRA		
Bodily Injury Liability	50000/100000			\$199.00		
Property Damage Liability	50,000			\$287.00		
Uninsured Motorists Bodily Injury Coverage	50000/100000			\$62.00		
Uninsured Motorists Property Damage Coverage	50000			\$11.00		
Medical Expenses	Rejected					
Income Loss Benefits	Rejected					
Other Than Collision Deductible	1:	2:	3:	NO COV		
Safety Glass Deductible	1:	2:	3:	NO COV		
Collision Deductible	1:	2:	3:	NO COV		
Excess Electronic Equipment	1:	2:	3:	NO COV		
Transportation Expenses Option 2	1:	2:	3:	NO COV		
Towing & Labor	1:	2:	3:	NO COV		
Auto Loan/Lease Coverage				NO COV		
New Car Added Protection				NO COV		
Auto Death Indemnity/Specific Disability	\$10,000 Drivers	6(0)		NO COV		
Total Disability				NO COV		
		Ve	ehicle Sub-Total:	\$559.00		
Total Amount for 12 Months:	\$559.00		Payment Plan	Options		
	Semi-Annual - Do Installment: 1 pa Installment Fee:	own Payment: \$279.50 syments of \$279.50 \$5.00	50(50%)			

This rate quote is not a contract or policy, nor does it signify qualification. It is a non-binding offer of insurance coverage based on the information you have supplied and is subject to change as more information is gathered by an AAA Insurance representative. Payment plans may be discussed with the sales representative.

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# VIRGINIA AUTO INSURANCE APPLICATION



AAA Insurance underwritten by CSAA General Insurance Company PO Box 24511 Oakland, CA 94623-9865





READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY

	Progra	am Selection: A	AAA Select				Policy Ty	/pe: STANDA	RD		
Insured Information	YANG 285 PI APT 7 CHAR	WANG EYTON CT LOTTESVILLE, ence: Rents Sing	MI Last) Primary  VA 22903-5412  gle-Family Dwelli		Address:	Agency Information	Producer Code: 500016608 Agency Name, Address: AAA Mid-Atlantic 7701 Southern Dr Springfield, VA 22150  Producer: URSULA LEINBACH E-mail: ULEINBACH@aaamidatlantic.com				0) 965-0358
Insured In	Mailing Address: SAME AS PRIMARY/GARAGING ADDRESS  Phone Number: E-mail: winnie0702@hotmail.com SS#: Member #: Occupation: Employed						(O   -			Time: 1	12:01 AM
Family Member, and Resident Information	All residents and family members of your household permit ag regular drivers must be listed. Individuals may be classified as DR Driver Name Relation to HEXACTLY AS Shown on License Applicant 1. YANG WANG Insured 01/17/1 2. YING XIONG Spouse 07/02/1 3. 4. 5. 6.							Rating if they Mar Stat Marr	y are unlicer ital us ied		drive. cense nber
Driver, Family Member, and R	7. 8. 9. DR # 1. 2. 3. 4. 5.	Driver Status Rated Not Rated	License Status Foreign Never	Licensed 28	Prev SR22 Lic FR44 N/A No N/A No		N N	Driver Dis	scounts	Driver Sur FDI	·
	7. 8. 9.	llowing is a com	plete list of <u>all</u> A	cidents are							
Driving & Claim History	all driv	vers in the past 6 t, CLUE Report of Incident	or other Carrier's Date	Incident	Date		Incident	Date	Incident	Date	

AA11VA 01 12

	Vah							Vehicle			Salvage/		
	Veh #			ke	Model			Туре		VIN Da			
	1.	1. 07 NISSAN SENTRA SEDAN 4 Automobile 3N1AB61E07L619158									None	Comi	mute
	2.	2.											
	3.												
			Geog.			nage	Je Stated Amount Ve		le Discounts		Vehicle		
o	#	'		Factor		Code Symbol		Otatea / imount				Surcharges	
nati		1. 22903 22903 AI 31											
ıforı	2.												
le Ir	3.												
Motor Vehicle Information	Veh #	Loss Pa	yee or A	dditional	Insured N	lame & Add	dress	(Financial Institut	tion Only) or Cer	tificate Holder	LP	Al	СН
otor													
ĭ													
<b>-</b> -	Prior Carrier: Compliant w/o Ins-Newly Prior Policy #: Months w/Prior Carrier: 5												
arrie	Days Lapse: 0 Prior Liability Limits: 25000/50000										Ü		
or Ca													
Prior Carrier Information													
4	Affinity Group: None												
arge	AAA HO/Renters/Condo policy #:												
ırch	AAA Motorcycle policy #:												
Policy Discount & Surcharge Information	AAA Life policy #:												
					Policy D	iscounts				Polic	y Surchar	ges	
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Policy Number: QVASS - 203078489	Applicant Name: yang wang	Page: 2 of 4
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	Underwriting Comments or Remarks
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Coverages		Limit of	Liability		Premiums			
					Vehicle 1	Vehicle 2	Vehicle :	
Bodily Injury:	50000/100000	0			\$199.00			
Prop Damage:	50000				\$287.00			
UMBI:	50000/100000	0			\$62.00			
UMPD:	50000				\$11.00			
Medical Expenses	Rejected							
Income Loss Ben	Rejected							
Other than Coll	1:	2:	3:		NO COV			
Ded:								
Safety Glass:	1:	2:	3:		NO COV			
Coll Ded:	1:	2:	3:		NO COV			
Excess Elect/Eq::	1:	2:	3:		NO COV			
Transportation Exp Option 2	1:	2:	3:		NO COV			
Towing & Labor:	1:	2:	3:		NO COV			
Auto Loan/Lease:					NO COV			
New Car Prot:								
Auto Death Indemnity/ Specific Disability	10,000 Drive	r (0)			NO COV			
Total Disability	\$25/200 week	d/maximum			NO COV			
Total Bloading	<b>4</b> _0/_00			All Vehicles	\$559.00			
	7	Total Vehicle Pre	miums :	\$559.00	φοσοισσ			
		SR22	Pree(s):	\$0.00				
		Total Policy Pr	remium:	\$559.00				
		·	ı					
Pay Plan Information	Payment Plan	n: Semi-Annual		Down Pay Method	l:			
Down Pay Required:				Down Pay Remitte	ed: \$0.00			
# Payments Required:	1			Payment Excluding		ee : \$559.00		
	-			. Lymont Exolution		<b> </b>		

Policy Number: QVASS - 203078489 | Applicant Name: YANG WANG | Page: 3 of 4

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

In connection with this application for insurance, we shall review your credit report or obtain or use an insurance credit score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance credit score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, reevaluate you based on corrected credit information from a consumer reporting agency.

# **Applicant's Statement; Company Practices**

Read carefully before signing.

I reviewed the information in this Application. This includes information filled in by my agent. I represent that this information is true and complete to the best of my knowledge and belief. I agree to inform the Company of any changes in this information such as my address, drivers, vehicles, and/or use within 10 days of the change and acknowledge that changes in this information may change the premium or eligibility.

I acknowledge the following practices of the Company and agree to them:

- This Application will be used by the Company to rate the policy and to decide whether to issue the applied for
  policy. Inaccurate information in this Application may result in an increase in the premium. In addition, if any of
  the information in this Application is false, or a material fact was omitted or misrepresented, the policy may be
  rescinded by the Company. Rescission means that no coverage was provided at any time so that claims made
  under the policy could be denied.
- Coverage is bound no earlier than the time and date the application is electronically bound in Company's system and the application is signed by both me and an agent or is bound over the telephone by my voice signature.
- If the initial premium is paid by check, coverage is conditioned on the check being honored. If the check is not honored, no coverage will have been or be provided at any time.
- A service charge of \$20.00 will be imposed on any check or electronic draft not honored. This applies to both the initial payment and to future premium payments.
- If a policy is eligible for reinstatement a \$20.00 fee will be charged.
- If a change or cancellation results in an additional or return premium of \$5 or less, no charge or return will be made. However, if any future bill is sent to you the balance due will reflect a charge or credit for any small premium adjustment of \$5 or less. You have the right to all return premiums. Refunds for \$5 or less will be made if requested by you.
- The Company may obtain and use consumer reports (which may include credit information) concerning all persons named on the application and the vehicles listed on the application. Subsequent reports may be used for an update, renewal or extension of my insurance.

	DocuSigned by:	
Signature of Named Insured-Applican	t X AMD	Date:
Signature of Parent or Legal Guardian	3CD18E6819D1475  DocuSigned by:	Date:
Signature of Producing Agent X	Ursula Leinbach	2/20/2015 Date:
	4AC955D2901445D	



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#### PERSONAL INFORMATION PRIVACY NOTICE

# **Our Information Practices and Privacy Notice**

Federal and state law requires us to tell you how we collect, share, and protect your Personal Information. This Personal Information Privacy Notice applies to all Personal Information that we collect about you.

Please read this notice carefully to understand what we do.

Please note that, when you apply for insurance, you may be providing information to us, as well as to your AAA club insurance agency. Your agency may have its own separate privacy notice and data security practices. Please contact your agency if you have any questions about its policies and practices.

#### **Definitions**

"Personal Information" is information that identifies you as an individual, such as: Name, Postal address, Telephone number and Email address.

"We," "us," and "our" refer to your insurance carrier which is named at the top of this page.

# **What Personal Information We Collect**

The types of Personal Information we collect and share depend on the product or service you have with us. This information can include your name and address, Social Security number, credit history, and insurance claims history. We collect information from you (including from your transactions with us) and outside sources.

We collect Personal Information from you, for example, when you request a quote for insurance, apply for insurance, pay insurance premiums, file an insurance claim, or give us your contact information. We also collect Personal Information about you from others, such as affiliates or other companies. We also may obtain information from the American Automobile Association and your AAA club relating to your AAA membership.

We also obtain information from consumer reporting agencies. It may include your driving record, claims history with other insurers, credit report information and insurance credit score. A consumer reporting agency that gathers information about you may share this information with others who are authorized to use consumer reports, as allowed by law.

#### **What Personal Information We Share**

All financial companies need to share customers' Personal Information to run their everyday business.

We may share all of the Personal Information about you that we collect with affiliated and unaffiliated companies, as allowed by law. For example,

- We may share your Personal Information for our everyday business purposes—such as to process your transactions, maintain your account(s), respond to court orders and legal or regulatory investigations, or report to credit bureaus. Recipients may include, for example, our family of insurance companies, claims representatives, service providers, consumer reporting agencies, insurance agents, law enforcement, courts and governmental agencies.
- We may share your Personal Information for our marketing purposes—for example, we may share information
  with our agents and service providers to offer our products and services to you more effectively.
- Unless you are a California resident, we also may share your Personal Information for joint marketing with other financial companies. "Joint marketing" refers to a formal agreement between nonaffiliated financial companies that together market financial products or services to you.

In addition, we may share Personal Information about our former customers in the manner described above. Federal and state laws do not allow you to limit the data sharing described above.

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#### **Protecting Your Personal Information**

To protect Personal Information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We review the data security practices of companies with whom we share data. We authorize only those personnel who need Personal Information to perform their duties to access such data.

# **Your Rights**

You can stop unwanted offers of our goods and services.

• If you do not wish to receive mail or telephone marketing communications from us, please call us at (888) 222-0094 or write us (and include your name, address and policy number) at:

CSAA Insurance Group
Privacy c/o Legal & Regulatory Affairs
3055 Oak Road, MS W280,
Walnut Creek, CA 94597; or by email at: Privacy@csaa.com

You have the right to see and, if necessary, correct Personal Information about you. This requires a written request, both to see Personal Information about you and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a copy of Personal Information about you, please write us (and include your name, address and policy number) at:

CSAA Insurance Group Attention: Policyholder Endorsement Department PO Box 24511 Oakland, CA 94623-9865

#### For Nevada Residents Only:

We are providing you this notice pursuant to state law. You may be placed on our internal Do Not Call List by calling (888) 222-0094. Nevada law requires that we also provide you with the following contact information:

Bureau of Consumer Protection Office of the Nevada Attorney General 555 E. Washington St., Suite 3900 Las Vegas, NV 89101 Phone number: (702)486-3132 email: BCPINFO@ag.state.nv.us

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