



Root Insurance Co. 80

E Poor Street
Suite 500
Birmingham, AL
43215

Policy number 2RTLX9

Auto insurance policy initial declarations

Your coverage begins on October 22, 2021 at 11:28am CDT. It expires on April 22, 2022 at 12:01am CDT.

Named insured

Natalie Dominguez
101 Bla Road
Minton, OK 11224

Vehicles

1999 Toyota Camry (4T1BG22K6XU861111)

Coverage premiums, limits and deductibles

The following coverages apply to all listed vehicles unless otherwise noted.

Bodily injury liability	\$25,000 each person
Premium: \$395	\$50,000 each accident

Property damage liability	\$25,000 each accident
Premium: \$130	

Uninsured/underinsured motorist bodily injury	DECLINED
Premium: \$0	

Roadside assistance	\$100 each incident (up to 3 incidents)
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Installment fee	Total: \$8.00
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Policy documents

Your insurance policy and any policy endorsements contain a full explanation of your coverage. These are available for review in your Root App or you may contact us for a copy. The policy contract is Form 1, August 2017. You'll see the form number at the bottom of the pages in your contract. The contract is modified by Form 5, Form 06, Form 08, and Form 7, which you'll find included in your contract.



Root Insurance Co.

E Poor Street Suite
500 Birmingham, AL
43215

Application for Insurance

Policy Number: 2RTLX9

Driver Information

Name: Natalie Dominguez

Named Insured? Yes

Date of Birth: **/**/1986

Homeowner? No

Marital Status: Married

Rating Municipality:

Mailing Address:

101 Bla Road Minton, OK 11224

Driver's License State: OK

Driver's License Number: *****550

Vehicle Information

Year, Make, and Model: 1999 Toyota Camry

VIN: 4T1BG22K6XU445578

Coverage Information

Coverage limits and deductibles

The following coverages apply to all listed vehicles unless otherwise noted.

Bodily injury liability	\$25,000 each person \$50,000 each accident
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Property damage liability	\$25,000 each accident
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Uninsured/underinsured motorist bodily injury	DECLINED
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Roadside assistance	\$100 each incident (up to 3 incidents)
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Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Your insurance policy and any policy endorsements contain a full explanation of your coverage.

I verify and confirm that I have read and agree to the document(s) above, that I own or lease the vehicle on this policy, and that I am the Named Insured on this policy and authorized to make the selections of coverage. I understand that this constitutes a legal signature confirming that I acknowledge and agree to the above Affirmation Statement.

Acknowledged at: 2021-10-22 16:26:05 UTC

Acknowledged by: Natalie Dominguez, c40aee8c-8198-4a06-96e8-11ee16h3j1111