

Auto Insurance Binder

Virginia

Policy Number: 282 1377-E02-46**Named Insured(s)**
SANTOSH MALLA THAKURI**Mailing Address**
4900 Van Walbeek PI
Annandale VA 22003-6024**Vehicle**
Year: 2004
Make: NISSAN
Model: SENTRA
Body Style: "1.8 S" 4D SED 4CYL GAS
Vehicle Identification Number: 3N1CB51D24L871578**Agent**
Alan Crowder
10662 Old Us Highway 52
Winston Salem NC 27107-8721
(336) 764-2256

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	\$30,000/\$60,000/\$25,000	\$474.27
Uninsured Motorists	\$30,000/\$60,000/\$25,000	\$43.06
Total Six-Month Premium		\$517.33

PREMIUM ADJUSTMENTS

3-Star Discount

ADDITIONAL INFORMATION

During the past 5 years has any driver or household member had

A major violation?	No
License suspended, revoked, or refused?	No

Does any driver havePolicy Number: 282 1377-E02-46
Named Insured(s): SANTOSH MALLA THAKURI
Effective date: 05-02-2023, Application date/time: 05-02-2023/02:50 PM CDT

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An at-fault accident within the last 3 years?	No
A minor violation within the last 3 years?	No
Primary use of vehicle?	To work, school, or pleasure

TERMS AND CONDITIONS

State Farm Fire and Casualty 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.**

In connection with this application for insurance, State Farm shall obtain an insurance score for you or a member of your household for vehicles subject to underwriting evaluation and rating based on the use of consumer credit information. In addition, consumer reports may be used to determine the price you are charged at renewal. We may use a third party in connection with the development of your insurance score, which will be based on credit history and prior automobile insurance claim history.

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 your application based on corrected information received from a consumer reporting agency.

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.

Notice of insurance information collection practices - personal, family, or household insurance transactions: We collect personal information from persons other than the individual or individuals applying for coverage. Such personal information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law.

If you would like additional information about the collection and disclosure of personal information, please contact your State Farm agent. You may also act upon your right to see and correct any personal information in your State Farm files by writing your State Farm agent to request this access.

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED 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 TIME THEREAFTER FOR REASONS STATED IN THE POLICY.