



AAA Insurance  
underwritten by CSAA General Insurance Company  
PO Box 24511 Oakland, CA 94623-9865 (800) 207-3618

Your AAA Representative:

**Terry\_Palmer Tammy**  
**1867 West 1700 South**  
**Syracuse, UT 84075**  
**(801) 825-3887**

**tammy@dev.ainsurance.com**



**JOHN SMITH**  
111 TEST STREET,  
ATLANTA, IN 46031

Customer: JOHN SMITH  
Phone: (123) 456-9870  
Quote Date: 01/19/2015  
Proposed Effective Date: 01/19/2015  
Quote Number: QINSS - 910019364

Here is your auto insurance quote for \$1,230.00 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.

Coverages	Limit of Liability			Vehicle 1	Vehicle 2	Vehicle 3
				11 CHEV EXPRES	02 HOND ACCORD	
Bodily Injury Liability	100000/300000			\$105.00	\$105.00	
Property Damage Liability	50000			\$90.00	\$90.00	
Uninsured/Underinsured Motorist BI Coverage	100000/300000			\$44.00	\$38.00	
Uninsured Motorist Property Damage Coverage				NO COV	NO COV	
Uninsured Property Damage Coverage Deductible	1.	2.	3.	NO COV	NO COV	
Medical Payments	\$2000			\$22.00	\$22.00	
Comprehensive Deductible	1. 250	2. 250	3.	\$115.00	\$65.00	
Safety Glass Deductible	1.	2.	3.	NO COV	NO COV	
Collision Deductible	1. 500	2. 500	3.	\$325.00	\$197.00	
Special Equipment Coverage	1. 1000	2. 1000	3.	INCL	INCL	
Rental Reimbursement Coverage	1.	2.	3.	NO COV	NO COV	
Towing & Labor	1.	2.	3.	NO COV	NO COV	
Vehicle Loan/Lease Coverage				NO COV	NO COV	
New Car Added Protection				NO COV	NO COV	
Automobile Death Benefits:	\$ 15,000 Drivers(2)			\$12.00		
Vehicle Sub-Total:				\$713.00	\$517.00	
Total Amount for 12 Months : \$1,230.00				Payment Plan Options		
				Annual - Down Payment: \$ 1230.00(100%) Installment: 0 payments of \$0.00 Installment Fee: \$0.00		

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.



[illegible]

Motor Vehicle Information	Veh #	Year	Make	Model		Vehicle Type	VIN	Salvage/Damage	Usage	
	1.	11	CHEVROLET	EXPRESS VAN		Automobile	1GNWGPFG8B6548273	None	Pleasure	
	2.	02	HONDA	ACCORD SEDAN 4		Automobile	1HGCG16542A019408	None	Pleasure	
	3.									
	Veh #	Garage Zip Code	Geog. Factor	Stat Code	Phys Damage Symbol	Stated Amount	Vehicle Discounts		Vehicle Surcharges	
	1.	46031	46031	AX	23		HYB, AB3			
	2.	46031	46031	AI	20		AB3			
	3.									
	Veh #	Loss Payee or Additional Insured Name & Address (Financial Institution Only) or Certificate Holder						LP	AI	CH
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Carrier Information				
	Prior Carrier:	None	Prior Policy #:	Months w/Prior Carrier: 0
	Days Lapse:	0	Prior Liability Limits:	0/0

Policy Discount & Surcharge Information	Affinity Group: AAA HO/Renters/Condo policy #: AAA Motorcycle policy #: AAA Life policy #:	
	Policy Discounts	Policy Surcharges
	Loyalty Discount, Membership Discount, Multi-Car Discount, and Payment Plan Discount	



Underwriting Information	Underwriting Comments or Remarks	

Coverages, Premiums and Payment Plan Information	Coverages		Limit of Liability		Premiums		
					Vehicle 1	Vehicle 2	Vehicle 3
	Bodily Injury:	100000 / 300000			\$105.00	\$105.00	
	Prop Damage:	50000			\$90.00	\$90.00	
	UM/UIM – BI:	100000 / 300000			\$44.00	\$38.00	
	UM – PD:				NO COV	NO COV	
	UM – PD DED:	1: 0	2:	3:	NO COV	NO COV	
	Med Pay:	\$2,000			\$22.00	\$22.00	
	Comp Ded:	1: 250	2: 250	3:	\$115.00	\$65.00	
	Safety Glass:	1:	2:	3:	NO COV	NO COV	
	Coll Ded:	1: 500	2: 500	3:	\$325.00	\$197.00	
	Spec Equip:	1: 1,000	2: 1,000	3:	INCL	INCL	
	Rental Reimb:	1:	2:	3:	NO COV	NO COV	
	Towing & Labor:	1:	2:	3:	NO COV	NO COV	
	Veh Loan/Lease:				NO COV	NO COV	
	New Car Prot:						
	Auto Death Ben:	\$15,000 [Drivers - 2]			\$12.00		
					All Vehicles	\$713.00	\$517.00
		Total Vehicle Premiums :			\$1,230.00		
		SR22 Fee(s):			\$0.00		
	Total Policy Premium:			\$1,230.00			
Pay Plan Information    Payment Plan: Annual    Down Pay Method:							
Down Pay Required:				Down Pay Remitted: \$0.00			
# Payments Required: 0				Payment Excluding Installment Fee : \$1,230.00			
Down Payment Information							

## NOTICE TO POLICYHOLDERS REGARDING FILING COMPLAINTS WITH THE DEPARTMENT OF INSURANCE

Questions regarding your policy or coverage should be directed to:

CSAA General Insurance Company,  
(800) 207-3618

If you (a) need assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance  
Consumers Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395  
Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).

### 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.
- 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.

Signature of Named Insured-Applicant X \_\_\_\_\_ SIGNATURE ON FILE \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producing Agent X \_\_\_\_\_ Date: \_\_\_\_\_



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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.

### **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 (800) 207-3618 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 (800) 207-3618. 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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## Automatic Payment Authorization

By signing below or providing an electronic signature over the Internet or the telephone, you authorize CSAA General Insurance Company and/or its affiliated companies ("we," "us" and "our") to initiate charges to your credit card or debits to your bank account or debit card identified below automatically (an "automatic payment") (1) to pay your insurance premium and any service charge and (2) for any returned payment fee imposed as described below. Your authorization also covers any adjustments due to changes in premiums or entries made in error. Your authorization applies to new and renewal policies.

### Billing Amounts

Your premiums may vary, including based on changes in coverage or other information. The amount of your insurance premium and any returned payment fee will be included on a billing statement sent to you at least 10 days before the date on which the premium and any returned payment fee will be charged or debited.

### Sufficient Available Funds

You agree to continue to make payments by check or money order until we have notified you that your automatic payment authorization has been activated. You should ensure that sufficient collected funds are in your account or sufficient credit is available on your credit card to satisfy each payment and that your account or card has not been closed or expired. You agree to notify us of any change in your account or card, including a change in account number or expiration date. If a payment is returned unpaid, we will impose a returned payment fee, and we may resubmit the payment up to the number of times permitted by applicable law. Your bank or card issuer may also impose fees for returned payments. If a payment remains unpaid for any reason, you will be obligated to make the payment by check or money order, and we may cancel your automatic payment authorization immediately upon notice to you. Failure to pay your premium may also result in our canceling your insurance policy in accordance with applicable law.

### Authorization Revocation

Your authorization will remain in effect until you revoke it by calling us at (800) 207-3618 and we have a reasonable opportunity to act on your revocation. We can cancel your authorization or change these terms upon **30 days'** notice to you. **Please retain a copy of this authorization for your records.**

**If you are applying for insurance, you acknowledge that acceptance of this automatic payment authorization does not mean that your application for insurance has been approved. If an automatic payment is made and your application for insurance is declined, your automatic payment will be refunded to you.**

### Customer Information

Insured Name: JOHN SMITH Policy Number: QINSS - 910019364

Preferred Phone: (123) 456-9870

Signature: \_\_\_\_\_ Signature (if joint account): \_\_\_\_\_

Date: \_\_\_\_\_





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## Consumer Information Notice AUTO

JOHN SMITH  
111 TEST STREET  
ATLANTA, IN 46031

Policy Number: QINSS - 910019364  
Date: 01/19/15

Thank you for considering AAA for your insurance needs. We look forward to continuing to help you determine what insurance coverage best suits your needs.

We also wanted to inform you about some issues that may affect your insurance rates. When determining whether to issue a policy, and what rate to charge, we use information you provide and information obtained from consumer reporting agencies. In the interest of fairness and accuracy, and as required by law, we are letting you know about how this information was used, and about your rights as a consumer.

We use a tool many insurers are using called Insurance Scoring to help rate your insurance policy. Scoring is a method that uses information gathered from an individual's credit file to predict the probability of future losses. By more accurately anticipating claims, we can better control risk, enabling us to offer insurance coverage to our policyholders at a more competitive cost. We also obtain information about your driving record and loss history. All of the above information is provided to us by a consumer reporting agency called LexisNexis® Services, Inc.

The law gives you rights when we take an adverse action. If you do not qualify for our insurance, or if we charge a higher premium based in part on your driving record, loss record, or insurance score, the law calls this an adverse action.

We are giving you notice now because we charged you a higher premium based on information we received from you and/or a consumer report.

Our decision was based on information we received from you and/or the following consumer report(s) provided by LexisNexis® Services, Inc.:

- ☒ Insurance Score ("Attract Insurance Score"): Report #: 629496201
- ☐ Loss History Report ("CLUE"): Report #:
- ☐ Driving Record (Motor Vehicle Report)

In an effort to educate our customers about how their Insurance Score affects them and how to improve their Insurance Score in the future, we've identified the top four reasons provided to us that most affect your score:

1. Number of Derogatory Public Record Items
2. Number of Inquiries for Transactions Initiated by Consumer in Last 6 Months
3. Length of Time Accounts have been Established
4. Length of Time Since Newest Account has been Established

If you want to learn more about your Insurance Score you can go to [www.consumerdisclosure.com](http://www.consumerdisclosure.com). You have a right to obtain a free copy of the information provided to us by LexisNexis® for a period of 60 days after you receive this notice. You also have a right to dispute with LexisNexis®, any information provided by them. To obtain a copy of the information, you may write to LexisNexis® Consumer Service Center, PO Box 105108, Atlanta, GA 30348-5108, or call them at 1-800-456-6004. LexisNexis® Service, Inc. did not make any decision regarding the adverse action taken on your policy and is unable to provide you with the specific reasons why the adverse action was taken.

CSAA Insurance Group  
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Oakland, CA 94623-9865





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Policy Number: QINSS - 910019364

Effective Date: 01/19/15

Named Insured: JOHN SMITH

Agent Code: 500001714 – 500012390

### Rejection of Uninsured Motorist Property Damage Coverage

#### PERSONAL AUTO

I have been offered Uninsured Motorist Property Damage Coverage and I reject the option to purchase any Uninsured Motorist Property Damage Coverage.

I understand that Uninsured Motorist Property Damage Coverage would protect me if my vehicle sustained property damage in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist).

I understand and agree that my rejection of Uninsured Motorist Property Damage Coverage shall be binding on all persons insured under the policy, and that this rejection shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a Named Insured submits a request to add the coverage and pays the additional premium.

Signature of Named Insured-Applicant **X** \_\_\_\_\_ SIGNATURE ON FILE \_\_\_\_\_ Date: \_\_\_\_\_

