



\*IV COUNTRY CLUB HILLS  
4019 183RD ST  
COUNTRY CLUB HILLS, IL 60478  
708-647-9300

## Policy #12AU001196187

VLADR TESTERR  
72 S WEBERRRRRRRRRRRRRRRRRRRRRR RD  
APT 7  
ROMEDEVILLE , IL 60446

06/13/2023 10:53PM CT  
Receipt #229030  
Agent: Vlad NewinsIL

Policy Premium	\$1357.63
Agency Fee	\$35.00
Mark Fixed Extra	\$25.00
Police Training Fee	\$12.00
Theft Prevention Fee	\$3.00
Total Payment	\$1432.63
Credit Card - Master Card #OI: ST4453	\$1432.63
Total Received	\$1432.63

**Thank you for your payment!**

Make your next payment online: [www.IllinoisVehicle.com/register](http://www.IllinoisVehicle.com/register)

**Make online payments and Download ID Card:**  
Create online account today: [www.IllinoisVehicle.com/register](http://www.IllinoisVehicle.com/register)

### **A Faster Way to Pay**

Enroll in our Cancel Protection Plan to ensure the easiest way to pay--link a credit or debit card, and you're all set for monthly automatic payment. Talk to your agent today!

### **Get a \$15 Gift Card**

When you refer a friend or family member to Illinois Vehicle and he or she gets a quote, you receive a \$15 GIFT CARD

[www.IllinoisVehicle.com/refer](http://www.IllinoisVehicle.com/refer)



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Card Holder: Vlad Tester

Signature

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

## ILLINOIS NAMED DRIVER EXCLUSION ENDORSEMENT

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

Words appearing in this form in bold print are defined in **your** policy. Please see **your** policy for complete definitions of the terms shown in bold print.

It is agreed that no coverage is provided under the policy shown above (referred to herein as "the policy" or "**your** policy") for any claim arising from an **accident** or **loss** involving a motorized vehicle being operated by an excluded driver named below, whether or not such operation was with or without the express or implied permission of the vehicle owner or any other person. THIS INCLUDES ANY CLAIM FOR DAMAGES MADE AGAINST THE EXCLUDED DRIVER, **YOU**, A **RELATIVE**, OR ANY OTHER PERSON OR ORGANIZATION THAT IS VICARIOUSLY LIABLE FOR AN **ACCIDENT** ARISING OUT OF THE OPERATION OF A MOTORIZED VEHICLE BY THE EXCLUDED DRIVER.

It is further agreed that if **we** are held liable in any jurisdiction for losses sustained while a motor vehicle covered by this policy was in the care, custody, or control of any excluded driver named below, **you** shall reimburse **us** for any such losses and related expenses.

### Excluded Driver(s):

Legal Name	Date of Birth
MIKE TEST	08/11/1998

This endorsement forms a part of the policy and is applicable to each renewal, reinstatement, substitute, modified, replacement or amended policy. This endorsement cannot be cancelled or altered except by written notice from American Access Casualty Company.

Agreed to by:

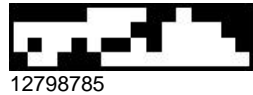
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Policy Number: 12AU001196187

Applicant Name: VLADR TESTERR

App ID Number: 1649917



# KEMPER

Underwritten by American Access Casualty Company

## STATEMENT OF NON-BUSINESS AND NON-ARTISAN USE

Words appearing in this form in bold print are defined in **your** policy. Please see **your** policy for complete definitions of the terms shown in bold print.

No coverage is provided under this policy for an **accident** or **loss** arising out of the **use** of a vehicle in the course of any **business**.

This policy shall provide no coverage while:

1. A **covered auto** is being operated by anyone for **business** purposes;
2. The insured is operating any motor vehicle for **business** purposes; or
3. The insured is operating any motor vehicle titled to a business, corporation or partnership.

This policy shall provide no coverage for any motor vehicle **used** for the benefit of any business or commercial enterprise and includes the following:

1. The **use** of a motor vehicle for hire or compensation, including:
  - a. To a covered auto while being used to carry persons or property for compensation or a fee. This exclusion applies to, but is not limited to, the wholesale or retail delivery of goods, magazines, newspapers, food, or any other products. This exclusion also applies to the use of an auto to provide transportation network company services or while being operated or used by a person while acting as, or engaged in any manner as, a TNC driver. This exclusion does not apply to shared-expense car pools.
  - b. To a covered auto while being used to plow or remove snow for compensation or a fee.
  - c. Arising out of the ownership or use of a vehicle in the course of any business.

Notwithstanding any other provisions of the policy, it is agreed that no coverage is afforded under this policy to any claim or suit arising out of an **auto** used in the course of any **business** or occupation, unless you have declared that **business use** and paid the required premium for it.

### MUST BE SIGNED BY APPLICANTS WHO ARE BUSINESS OWNERS, SELF-EMPLOYED, OR TRADESPERSONS

I hereby state that each vehicle listed on this application, and any vehicle listed or endorsed to my policy at any time, and any renewal thereof, is not **used** for **business** purposes.

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Signature of Applicant

---

Date

**Policy Number:** 12AU001196187

**Applicant Name:** VLADR TESTERR

**App ID Number:** 1649917



Underwritten by American Access Casualty Company

## NOTICE OF INSURANCE INFORMATION PRACTICES

**Please read this notice to learn how your information may be used by us and about your right to review and correct personal data. We value you as a customer and our goal is to protect the confidentiality of information that you provide to us.**

Kemper protects the confidentiality of personal information that you provide to us or we collect. We have physical, electronic and procedural security in place to protect personal data. We may collect personal information such as reports about you, your vehicles and the drivers in your household with respect to your application for insurance, renewals, changes to your policy, and claims. Any non-public personal information we have about you or listed drivers is confidential information and kept private. However, the personal information collected, may, if permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share information with affiliated companies for such purposes of claims handling, servicing, underwriting, pricing and insurance marketing. Information may be provided to others when required by law to or pursuant to legal process.

**Types of Information We Collect and Disclose.** We collect non-public personal financial information about you and your family in order to issue, service policies and handle claims. Non-public personal information is defined as information not generally available to the public. We collect this information in a number of ways, including:

- **E-mail.** We may email requests to you to complete and support your transactions with us and to comply with law. We may also send you email to follow-up on coverage quotes, respond to your questions, and to provide you with information about your policy and other information. We will not share your email address with third parties without your consent.
- **Information that you give us when you apply for a policy or make a policy change.** When you apply for a policy we record the information that you give us on an application form. We also record information when you request a policy change. The information we obtain may include your name, address, telephone number, driver's license number, social security number, date of birth, length of employment, gender, marital status, prior insurance information, home ownership, length of residency, vehicle descriptions, miles driven, vehicle use, other drivers, vehicle garaging address, driving history, etc.
- **Information that we acquire in the course of doing business with you.** We collect information about your transactions with our company and other companies. It may include your insurance coverage selections and premiums, payment and claims history, information used to calculate premium, and your payment and billing information. It may also include information used to adjust, investigate, settle and defend claims, such as medical records, witness statements and police reports.
- **Information that we acquire from third parties.** We collect information from consumer reporting agencies. It may include motor vehicle and driving records, accident and claims history reports, and insurance records. Upon your written request to us, we will provide you with a copy of this information. You have the right to review this information and ask for correction of any erroneous information found in the records of these third parties.
- **Information that we acquire from our website.** Our website is encrypted to protect your information. We create "cookies" (a small text file stored on your computer) while you are on our Web site. The "cookie" does not contain any personal information. We use IP addresses to analyze trends, administer the site, track user movement, and gather broad demographic information. IP addresses are not linked to personally identifiable information.

**Parties to Whom We Disclose Information.** We do not sell information to third parties for marketing or any purposes. We may disclose your information without authorization to affiliated and non-affiliated third parties, as applicable, as permitted by law and for our everyday business purposes, such as to process insurance transactions, maintain a policy, respond to court orders and legal investigations. This may include disclosure to agents, insurance regulators, actuarial studies, law enforcement and affiliates. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons. All third parties are subject to agreements to maintain the confidentiality of non-public personal information. When you are no longer a policyholder, we continue to share your information as described herein.

**Confidentiality & Security.** We restrict access to non-public personal information about you to our employees and other parties who must use that information to provide products or services to you. Their right to disclose or use the information is limited by our employee code of conduct, applicable law, and nondisclosure agreements where appropriate. We also maintain physical, electronic and procedural safeguards to guard your personal information against unauthorized disclosure or use.

**Your Right To Review and Correct, Amend or Delete Personal Data.** Upon your written request, and pursuant to law, you may review your information in our records. If you see inaccuracies, you may send us a written statement describing the information you believe is incorrect and how it should be corrected, amended or deleted. We will either make the requested change or tell you why we will not or cannot do so. If we correct, update or amend our records, we will send confirmation to you and the information to any insurance support organizations we provided with your information. We will also furnish the updated information to any person you designate who may have received the information within the last 2 years. We cannot revise Consumer Report Information, such as a motor vehicle driving report. To do this, you must contact the consumer reporting agency that provided it. If we refuse to make a requested correction, you may file a written statement with us describing the information you believe is incorrect, and the information that should appear in its place. Your statement will become part of your file. It will be sent to the same persons to whom we would send a copy of any correction or change. Additionally, your statement will be included in any subsequent, lawful disclosure.

If you wish to review your personal information or learn more about your right to review and correct, amend or delete personal data or have any questions regarding this privacy statement, please send a written request to us at:

Underwriting Resolution  
American Access Casualty Company  
2211 Butterfield Road, Suite 200  
Downers Grove, Illinois 60515

Include your name, address, policy number, and a description of the data you would like to review. We may charge a reasonable fee. Upon written request, we will identify persons or organizations to which the data has been disclosed within the last two years, or if not recorded, we will identify persons or organizations to which the data is normally disclosed. We will not provide privileged data, such as insurance claims and lawsuits.

If we make material changes to this Notice of Insurance Information Practices, we will notify you either through the email address you have provided us, or by placing a prominent notice on our website.



Underwritten by American Access Casualty Company

2211 Butterfield Rd., Suite 200  
Downers Grove, IL 60515

## UNDERWRITING NOTIFICATION

6/14/2023

ILLINOIS VEHICLE INSURANCE AGENCY  
4019 183RD ST  
COUNTRY CLUB HILLS IL 60478  
708-647-9300

RE: VLADR TESTERR  
72 S WEBERRRRRRRRRRRRRRRRRRRRRR RD  
APT 7  
ROMEovILLE, IL 60446

POLICY NUMBER: 12AU001196187  
INSURED DLN: S132-8409-8000

DUE TO THE OCCUPATION OF VLADR TESTERR A STATEMENT OF NON BUSINESS USE IS REQUIRED. TO AVOID A 20 PERCENT BUSINESS USE SURCHARGE, PLEASE PROVIDE BY JUNE 27, 2023. THE DRIVERS LICENSE NUMBER, DATE OF BIRTH, AND/OR GENDER PROVIDED FOR JANE TEST 08/11/1998 DOES NOT CORRESPOND ACCORDING TO THE FORMAT PROVIDED BY THE STATE. PLEASE SUPPLY A CORRECT DRIVERS LICENSE NUMBER OR DATE OF BIRTH BY JUNE 27, 2023 OR THE POLICY WILL BE SURCHARGED OR THE DATE OF BIRTH MAY BE CHANGED TO REFLECT THE DRIVERS LICENSE NUMBER. WE DID NOT RECEIVE A SIGNED DRIVER EXCLUSION FORM FOR MIKE TEST. TO AVOID CANCELLATION, PLEASE PROVIDE A SIGNED DRIVER EXCLUSION FORM BY JUNE 27, 2023.

AMERICAN ACCESS CASUALTY COMPANY  
Underwriting - 630-645-7777  
Fax - 630-645-7788

Vlad NewinsIL



2211 Butterfield Rd., Suite 200  
Downers Grove, IL 60515  
RETURN SERVICE REQUESTED

Declarations Page: NEW BUSINESS

This is a description of your coverage. Please retain for your records.  
Underwritten by American Access Casualty Company

**POLICY NUMBER:** 12AU001196187

Effective Date 06/14/2023

Expiration Date 06/14/2024

This Policy Expires at 12:01 A.M.  
Standard Time at the Address of the  
Named Insured as stated herein.

**NAMED INSURED**

VLADR TESTERR  
72 S WEBERRRRRRRRRRRRRRRRRRRRRR RD  
APT 7  
ROMEOVILLE, IL 60446

**YOUR AGENT IS**

ILLINOIS VEHICLE INSURANCE AGENCY  
4019 183RD ST  
COUNTRY CLUB HILLS IL 60478  
708-647-9300

If more than one automobile is described on this declarations page, the listing of separate premiums for each vehicle's coverage does not increase the coverage available under this policy. Stacking of coverage is not allowed under this policy.

**VEHICLES COVERED**

#	Description	VIN	Vehicle Total
1.	2015 TOYOTA TUNDRA DOUBLE CAB LIMITED	5TFBY5F10FX469457	\$4,856
2.	2015 FORD FUSION SE AWD	3FA6P0T90FR178912	\$2,859
3.	2012 CHEVROLET CRUZE LT/CRUZE LT RS	1G1PF5SC1C7142797	\$3,327
<b>Total Vehicle Premium</b>			<b>\$11,042</b>

**FEES**

Description	Fee Total
Police Training Fee	\$12
Theft Prevention Fee	\$3
<b>Total Fees</b>	<b>\$15</b>

<b>TOTAL POLICY PREMIUM</b>	<b>\$11,057</b>
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**Policy Number 12AU001196187**  
Underwritten by American Access Casualty Company

## LISTED OPERATORS – THIS POLICY DOES NOT PROVIDE COVERAGE FOR INDIVIDUALS LISTED AS EXCLUDED.

#	Name	Date of Birth	Driver's License Number	SR-22
1.	VLADR TESTERR	08/11/1998	S132-8409-8000	Yes
2.	JANE TEST	08/11/1998	S132-8409-8007	No
3.	MIKE TEST	08/11/1998	Excluded	No

## VEHICLES

1. 2015 TOYOTA TUNDRA DOUBLE CAB LIMITED		VIN 5TFBY5F10FX469457		
Coverage	Limit	Deductible	Premium	
Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$634	
Property Damage	Lesser of \$20,000 or Actual Cash Value per accident	-	\$727	
Medical Payments	\$2,000 per accident	-	\$31	
Uninsured Motorist - Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$231	
Uninsured Motorist - Property Damage	Lesser of \$15,000 or Actual Cash Value per accident less deductible	\$250	\$50	
Comprehensive	Actual Cash Value less deductible	\$1,000	\$925	
Collision	Actual Cash Value less deductible	\$1,000	\$2,130	
Roadside Assistance	\$100 per occurrence 2 occurrences per term	-	\$48	
Rental Reimbursement	\$25 per day up to 20 Days	-	\$80	
<b>Vehicle 1 Total</b>			<b>\$4,856</b>	

2. 2015 FORD FUSION SE AWD		VIN 3FA6P0T90FR178912		
Coverage	Limit	Deductible	Premium	
Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$433	
Property Damage	Lesser of \$20,000 or Actual Cash Value per accident	-	\$501	
Medical Payments	\$2,000 per accident	-	\$28	
Uninsured Motorist - Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$200	
Uninsured Motorist - Property Damage	Lesser of \$15,000 or Actual Cash Value per accident less deductible	\$250	\$50	
Comprehensive	Actual Cash Value less deductible	\$1,000	\$455	
Collision	Actual Cash Value less deductible	\$1,000	\$1,049	
Roadside Assistance	\$100 per occurrence 2 occurrences per term	-	\$48	
Rental Reimbursement	\$25 per day up to 30 Days	-	\$95	
<b>Vehicle 2 Total</b>			<b>\$2,859</b>	

**Policy Number 12AU001196187**  
Underwritten by American Access Casualty Company

3. 2012 CHEVROLET CRUZE LT/CRUZE LT RS		VIN 1G1PF5SC1C7142797	
Coverage	Limit	Deductible	Premium
Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$656
Property Damage	Lesser of \$20,000 or Actual Cash Value per accident	-	\$752
Medical Payments	\$2,000 per accident	-	\$31
Uninsured Motorist - Bodily Injury	\$25,000 per person \$50,000 per accident	-	\$231
Uninsured Motorist - Property Damage	Lesser of \$15,000 or Actual Cash Value per accident less deductible	\$250	\$50
Comprehensive	Actual Cash Value less deductible	\$1,000	\$443
Collision	Actual Cash Value less deductible	\$250	\$1,021
Roadside Assistance	\$100 per occurrence 2 occurrences per term	-	\$48
Rental Reimbursement	\$30 per day up to 20 Days	-	\$95
<b>Vehicle 3 Total</b>			<b>\$3,327</b>

## LIENHOLDER/ADDITIONAL INTEREST

Any loss or damage payable under Part D of this policy for any vehicle listed below shall be paid to the named insured and any loss payee or lienholder shown below for such vehicle, as their interest may appear.

#	Vehicle	Lienholder/Additional Interest	Interest
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## YOUR POLICY IS SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS

ILPOL2023 Ed 1-00, ILEXC2022 Ed 1-00, ILBUS2022 Ed 1-00, ILAPP2022 Ed 1-00, ILDEC2022 Ed 1-01

## NOTICES

- Your policy contract, ILPOL2023 Ed 1-00 is available online at [www.aains.com/policy-holders/Illinois/](http://www.aains.com/policy-holders/Illinois/). For a paper copy of your policy at no charge, please call 1-888-663-5443.
- Please review the Notice of Adverse Underwriting Decision accompanying your declarations page for a description of your rights regarding transactions where a consumer report was obtained. In the event that information obtained from a consumer report resulted in an adverse underwriting decision affecting your insurance you may request in writing the specific reason(s) for the decision.

## ILLINOIS LIABILITY INSURANCE IDENTIFICATION CARD

**KEMPER**

NAIC COMPANY #10730

2211 BUTTERFIELD RD, SUITE 200  
DOWNERS GROVE, ILLINOIS 60515  
(630) 645-7750

Underwritten by American Access Casualty Company

Policy NumberEffective DateExpiration Date

12AU001196187

06/13/2023 10:53PM CT

06/14/2024

YearMake/ModelVIN

2015

TOYOTA/TUNDRA DOUBLE CAB LIMITED

5TFBY5F10FX469457

AGENCY INSURANCE CO. ISSUING CARD

\*IV COUNTRY CLUB HILLS 708-647-9300

INSURED

VLADR TESTERR

ADDRESS

72 S WEBERRRRRRRRRRRRRRRRRRRRRR RD, APT 7

CITY, STATE, ZIP

ROMEONVILLE, IL 60446

DRIVER(S) COVERED

VLADR TESTERR, JANE TEST

SEE IMPORTANT INFORMATION ON REVERSE SIDE

## IF YOU HAVE AN ACCIDENT NOTIFY POLICE IMMEDIATELY

REPORT ALL ACCIDENTS TO YOUR AGENT/ AMERICAN ACCESS CASUALTY  
COMPANY AS SOON AS POSSIBLE. OBTAIN THE FOLLOWING INFORMATION:

1. NAME, ADDRESS, AND TELEPHONE NUMBER OF EACH DRIVER, PASSENGER, AND WITNESS
2. NAME OF INSURANCE COMPANY AND POLICY NUMBER FOR EACH VEHICLE INVOLVED
3. DO NOT ADMIT FAULT. DO NOT DISCUSS THE ACCIDENT WITH ANYONE EXCEPT YOUR INSURANCE AGENT OR AMERICAN ACCESS CASUALTY COMPANY OR THE POLICE.
4. IF YOUR VEHICLE IS DISABLED AS A RESULT OF AN ACCIDENT PLEASE CONTACT ROADSIDE SERVICES AT (866) 219-2176 TO ARRANGE FOR YOUR VEHICLE TO BE TOWED TO AN AUTHORIZED LOCATION. IF YOU ALLOW AN UNAUTHORIZED TOWING COMPANY TO TRANSPORT YOUR VEHICLE YOU MAY BE RESPONSIBLE FOR ANY UNREASONABLE OR EXCESSIVE TOWING AND STORAGE CHARGES.

**\*\* IF YOU REQUIRE ROADSIDE SERVICES OR YOUR VEHICLE  
NEEDS TO BE TOWED, PLEASE CALL OUR 24 HOUR FACILITY AT  
(866) 219-2176.**

**EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT  
CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

TO REPORT A CLAIM CALL (630) 645-7755

ILID2022 Ed 1-00

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06/14/2024

Year

2015

Make/Model

FORD/FUSION SE AWD

VIN

3FA6P0T90FR178912

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ILID2022 Ed 1-00

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YearMake/ModelVIN

2012

CHEVROLET/CRUZE LT/CRUZE LT RS

1G1PF5SC1C7142797

AGENCY INSURANCE CO. ISSUING CARD

\*IV COUNTRY CLUB HILLS 708-647-9300

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VLADR TESTERR, JANE TEST

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TO REPORT A CLAIM CALL (630) 645-7755

ILID2022 Ed 1-00



Underwritten by American Access Casualty Company

### **ILLINOIS NOTICE OF ADVERSE UNDERWRITING DECISION**

Thank you for choosing us for your auto insurance needs.

We are required by Illinois law to advise you that an adverse underwriting decision may have occurred affecting your insurance.

Upon written request, you may receive the specific reason(s) for the adverse underwriting decision in writing. Upon receipt of your request within 90 business days from the date of the mailing of this notice or other communication of the adverse underwriting decision to you, we will furnish you, within 21 business days from the date of receipt of your written request: (a) the specific reason(s) for the adverse underwriting decision in writing; (b) the specific items of personal and privileged information that support those reasons, subject to any exceptions or disclosure options allowed by law. You may submit your request to:

**Underwriting Resolution  
American Access Casualty Company  
2211 Butterfield Road, Suite 200  
Downers Grove, Illinois 60515**

You have the right to request, in writing, a free copy of the ISO report(s) within 60 days of the date of this notification; provided the information is reasonably described by you and can be reasonably located and retrieved. You may also request, in writing, the correction, amendment, or deletion of recorded information about you. Within 30 business days of that request, ISO will either: (a) correct, amend, or delete the portion of the recorded information in dispute and notify you of this fact in writing; or (b) notify you of its refusal to make the correction, amendment, or deletion, the reason(s) for the refusal, and your right to file a concise statement disputing the refusal and setting forth what you believe to be the correct, relevant, or fair information

Please be advised that the adverse underwriting decision affecting your insurance was taken in part on the basis of information supplied to us by A-PLUS™, a claims history product of the Insurance Services Office (ISO); and/or iiX™ Driving Record Report, a motor vehicle driving history product of ISO; and/or on the basis of information supplied to us by ISO's Coverage Verifier Database, a prior coverage product. You have the right to see the information ISO provided to us. The contact information for ISO is:

**A-PLUS Consumer Inquiry Center:** Verisk Analytics  
1000 Bishops Gate Blvd, Suite 300  
P.O. Box 5404  
Mt. Laurel, NJ 08054-5404  
Tel: 800-709-8842  
(Monday through Friday 9:00 am – 5:00 pm EST)  
Fax: 800-955-2422