

TEMPORARY AUTO IDENTIFICATION CARD

STATE FARM®

This card must be carried in the insured motor vehicle at all times.

VEHICLE INSURANCE CARD		State Farm
POLICY NUMBER	174 0784-C23-46	
INSURED	Gul, Ajab	
EFFECTIVE DATE	Mar-23-2019	EXPIRATION DATE May-22-2019
CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER	2017 FORD EXPEDITION PLATINUM 4WD GAS 1FMJU1MTXHEA09205	
COVERAGES	A BODILY INJURY/PROPERTY DAMAGE LIABILITY D COMPREHENSIVE \$250 G COLLISION \$250 H, R, U	
AGENT:	Kim Bergsten STATE FARM INSURANCE 1550 Roanoke Road Daleville, VA 24083-2918 PHONE# 540-966-3276	NAIC #25178
STATE FARM®		

IF YOU HAVE AN ACCIDENT- NOTIFY POLICE IMMEDIATELY

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 877-627-5757.

HOW TO IDENTIFY YOUR COVERAGES

SEE POLICY FOR FULL NAME AND DEFINITION

A, AB	North Carolina Liability	A	Virginia Liability
C	Medical Payments	AB	Bodily Injury/Property Damage Liability
CRV	Cov. For Rented Veh.	C1	Medical Expense Benefits
D	Damage To Your Auto	D	Comprehensive
E	Fire, Windstorm and Theft	G	Collision
G	Collision	H	Towing & Labor
H	Towing and Labor	P	Income Loss Benefits
R	Extended Transportation Expenses	R	Rental Reimbursement
R1	Increased Limits Transportation Expenses	S	Death Indemnity
S	Death Indemnity, specific Disability	T	Total Disability
T	Total Disability	U	Uninsured Motorists
U	Uninsured Motorists	UNOC	Use of Nonowned Cars
U1	Uninsured/Underinsured Motorists		
UNOC	Use of Nonowned Cars		


Because many states require evidence of insurance on demand, one copy of this form should be carried in the vehicle at all times.

Emergency Road Service information is located on your insurance card.

TEMPORARY AUTO IDENTIFICATION CARD

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POLICY NUMBER	174 0784-C23-46	
INSURED	Gul, Ajab	
EFFECTIVE DATE	Mar-23-2019	EXPIRATION DATE May-22-2019
CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER	2012 FORD ECONOLINE "XLT" SUP WAGON 2WD SPORT VAN G 1FBSS3BL8CDA00907	
COVERAGES	A BODILY INJURY/PROPERTY DAMAGE LIABILITY D COMPREHENSIVE \$250 G COLLISION \$250 H, R, U	
AGENT:	Kim Bergsten STATE FARM INSURANCE 1550 Roanoke Road Daleville, VA 24083-2918 PHONE# 540-966-3276	NAIC #25178
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VEHICLE INSURANCE CARD		State Farm 
POLICY NUMBER	174 0784-C23-46	
INSURED	Gul, Ajab	
EFFECTIVE DATE	Mar-23-2019	EXPIRATION DATE May-22-2019
CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER	2006 FORD EXPLORER LIMITED 4WD 4D GAS 1FMEU75EX6UA10149	
COVERAGES	A BODILY INJURY/PROPERTY DAMAGE LIABILITY D COMPREHENSIVE \$250 G COLLISION \$250 H, R, U	
AGENT:	Kim Bergsten STATE FARM INSURANCE 1550 Roanoke Road Daleville, VA 24083-2918 PHONE# 540-966-3276	NAIC #25178
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UNOC	Use of Nonowned Cars		

Because many states require evidence of insurance on demand, one copy of this form should be carried in the vehicle at all times.

Emergency Road Service information is located on your insurance card.

Auto Insurance Binder

Virginia

Policy Number: 174 0784-C23-46

Named Insured(s)

Ajab Gul

Mailing Address

700 Highland Dr
Roanoke VA 24019-8670

Vehicle

Year: 2017
Make: FORD
Model: EXPEDITION
Body Style: PLATINUM 4WD GAS
Vehicle Identification Number: 1FMJU1MTXHEA09205

Agent

Kim Bergsten
1550 Roanoke Road
Daleville VA 24083-2918
(540) 966-3276

Lessor as Additional Insured and Loss Payee

HUNTINGTON NATIONAL BANK
PO Box 183256
Columbus OH 43218-3256

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	\$25,000/\$50,000/\$25,000	\$152.32
Other than Collision Deductible	\$250	\$82.96
Collision Deductible	\$250	\$259.24
Towing and Labor Costs	Included	\$3.12
Rental Reimbursement	\$900	\$16.05
Uninsured Motorists	\$25,000/\$50,000/\$25,000	\$8.00
Total Six-Month Premium		\$521.69

PREMIUM ADJUSTMENTS

Multiple Automobiles 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 have

An at-fault accident within the last 3 years? Yes

A minor violation within the last 3 years? Yes

Primary use of vehicle? To work, school, or pleasure

TERMS AND CONDITIONS

State Farm Mutual Automobile Insurance 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.

Auto Insurance Binder

Virginia

Policy Number: 174 0784-C23-46**Named Insured(s)**

Ajab Gul

Mailing Address700 Highland Dr
Roanoke VA 24019-8670**Vehicle**Year: 2012
Make: FORD
Model: ECONOLINE
Body Style: "XLT" SUP WAGON 2WD SPORT VAN GAS
Vehicle Identification Number: 1FBSS3BL8CDA00907**Agent**Kim Bergsten
1550 Roanoke Road
Daleville VA 24083-2918
(540) 966-3276**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	\$25,000/\$50,000/\$25,000	\$145.93
Other than Collision Deductible	\$250	\$52.74
Collision Deductible	\$250	\$129.44
Towing and Labor Costs	Included	\$3.12
Rental Reimbursement	\$900	\$16.05
Uninsured Motorists	\$25,000/\$50,000/\$25,000	\$5.50
Total Six-Month Premium		\$352.78

PREMIUM ADJUSTMENTS

Multiple Automobiles 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 have

An at-fault accident within the last 3 years? Yes

A minor violation within the last 3 years? Yes

Primary use of vehicle? To work, school, or pleasure

TERMS AND CONDITIONS

State Farm Mutual Automobile Insurance 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.

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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.

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Auto Insurance Binder

Virginia

Policy Number: 174 0784-C23-46

Named Insured(s)

Ajab Gul

Mailing Address

700 Highland Dr
Roanoke VA 24019-8670

Vehicle

Year: 2006
Make: FORD
Model: EXPLORER
Body Style: LIMITED 4WD 4D GAS
Vehicle Identification Number: 1FMEU75EX6UA10149

Agent

Kim Bergsten
1550 Roanoke Road
Daleville VA 24083-2918
(540) 966-3276

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Coverages Applied For	Limits/Deductibles	Six-Month Premium
Liability - Bodily Injury / Property Damage	\$25,000/\$50,000/\$25,000	\$149.66
Other than Collision Deductible	\$250	\$43.08
Collision Deductible	\$250	\$108.26
Towing and Labor Costs	Included	\$3.12
Rental Reimbursement	\$900	\$16.05
Uninsured Motorists	\$25,000/\$50,000/\$25,000	\$5.50
Total Six-Month Premium		\$325.67

PREMIUM ADJUSTMENTS

Multiple Automobiles Discount
Accident Surcharge

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 have

An at-fault accident within the last 3 years? Yes

A minor violation within the last 3 years? Yes

Primary use of vehicle? To work, school, or pleasure

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