



Uninsured Motorist Coverage Deletion or Selection of Limits Agreement

AAA Members Car Policy
CSAA Insurance Exchange
P.O.Box 22221, Oakland, CA 94623-2221

NAMED INSURED

SABRINA FLEMMING

AUTO POLICY NUMBER

QCAAS212050274

INSTRUCTIONS - COMPLETE ONLY ONE SECTION BELOW:

☐ **UNINSURED MOTORIST COVERAGE DELETION**

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorist coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

The California Insurance Code requires an insurer to offer uninsured motorist property damage coverage. This coverage insures your car against loss caused by a collision with an identified uninsured motor vehicle which you would be entitled to recover as damages against the driver of the uninsured vehicle subject to limits of \$3500 or the actual cash value of your vehicle, whichever is less.

It is hereby agreed between the undersigned and the Exchange that Uninsured Motorist Bodily Injury coverage and Uninsured Motorist Property Damage coverage as defined in Sections 11580.2(a) and 11580.26 of the Insurance Code of the State of California are deleted from this policy and no premiums are charged therefore.

I have read this waiver and understand that by signing it there is no Uninsured Motorist Bodily Injury coverage or Uninsured Motorist Property Damage coverage under this policy. I am aware that I may add Uninsured Motorist coverage at a later time, and that an additional premium will be charged.

SIGNATURE OF NAMED INSURED

DATE

SIGNATURE OF NAMED INSURED

DATE

☒ **SELECTION OF LOWER UNINSURED MOTORIST COVERAGE LIMITS**

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorist coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

California law requires that you be offered Uninsured Motor Vehicle coverage, at your option, with limits for bodily injury or death equal to the lower of:

- \$30,000 for one person and \$60,000 for two or more persons, or
- Your Liability coverage limits for Bodily Injury.

You may also, at your option, select lower limits.

I have selected Uninsured Motorist Coverage of \$ 15,000.00 / \$ 30,000.00

I acknowledge that I have been advised of my options for Uninsured Motorists coverage. I am aware that I may increase my Uninsured Motorist coverage limits at a later time, provided I meet Exchange's underwriting requirements at that time.



Electronically Signed
Sabrina Flemming
AssuredSign
2020-02-18 16:47:19 UTC - 144.178.28.142
d4396fcc-8c38-439b-a327-ab65011445cd

SIGNATURE OF NAMED INSURED

DATE

SIGNATURE OF NAMED INSURED

DATE

This form may be transmitted between parties by facsimile machine. Faxed signatures will constitute original signatures and a faxed form containing the required signatures (original and/or faxed) shall be binding.

RECEIVED BY	DISTRICT OFFICE	DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Uninsured/Underinsured Motorists Coverage Information

AAAMembers Car Policy

CSAA Insurance Exchange

P.O.Box 22221, Oakland, CA 94623-2221

With the rising costs of auto insurance, our members may inquire about reducing or eliminating Uninsured Motorists Coverage to reduce their premiums. However, the CSAA Insurance Exchange is dedicated to the welfare of its members; part of our job is to ensure that you retain the protection necessary for peace of mind. Details of the coverage can be found in the policy; a general explanation of the effect of the coverage may be helpful:

Uninsured Motorists/Underinsured Motorists (UM/UIM) coverage provides protection to you if you are involved in an accident caused by an uninsured motorist.

UM/UIM protection covers you and your immediate family as pedestrians, in your vehicle or in others' cars; passengers in your car are also covered. Coverage for damage to your car up to \$3,500 is available, even if you do not carry collision coverage. This coverage applies provided a report is made to us within ten business days following the loss and the owner or operator of the uninsured motor vehicle is identified or the vehicle is identified by its license number. If you do carry collision coverage, we will waive your deductible.

UM/UIM is different from personal medical coverage and from the medical payments portion of your Exchange policy. Those coverages apply only to the specified expenses of your medical treatment necessitated by an accident. UM/UIM coverage provides *additional* compensation to cover lost wages and damages caused by your pain and suffering. Recovery will be based on the standard of comparative negligence.

UIM coverage (which is part of UM coverage) provides protection in the event of a collision caused by a person who is insured but carries lower limits than the limits you carry for UM/UIM coverage.

We feel that UM/UIM coverage is an important part of the protection offered by your auto policy. The State Legislature requires that we offer this coverage to all insureds, and likewise specifies that an insured who wishes to reduce the coverage to less than \$30,000 for one person and \$60,000 for two or more persons or to delete the coverage must sign a coverage agreement or waiver.

If you wish to reduce or waive your UM/UIM coverage, please sign the attached form. The waiver/selection form must be signed by the named insured(s), and properly dated. Return the form to us. Upon receipt of the waiver/selection form, we will reduce or delete the coverage effective the postmarked date.



California Car Policy Application

*CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221*



Declarations and Warranties

CSAA Insurance Exchange
P.O.Box 22221, Oakland, CA 94623-2221

POLICY NO.	
OCAAS212050274	
POLICY TERM	
EFFECTIVE DATE MONTH DAY YEAR 02-18-2020 12:01AM STANDARD TIME BUT NOT PRIOR TO TIME APPLIED FOR	EXPIRATION DATE MONTH DAY YEAR 02-18-2021 12:01AM STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED

1. APPLICANT AND CO-APPLICANT INFORMATION

Item One - NAME(S) (Last Name, First)

SABRINA FLEMMING

STREET

225 PAMELA DR APT 224

CITY

Mountain View

STATE

CA

ZIP CODE

94040-3238

2. MEMBERSHIP

MEMBERSHIP NUMBER

4290050099485514

MS NAME CHK

ALTERNATE ADDRESS

WORK PHONE

HOME PHONE

(650) 460-0631

DRIVERS WITH ADB Yes	SABRINA FLEMMING	DRIVERS WITH RIDE-SHARING No	TOTAL PREMIUM (INCLUDING ADB) \$1,218
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3. CODE	YAF VERIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	POLICY BASE YEAR 2020	COMMISSION <input type="checkbox"/> New <input type="checkbox"/> Renewal	MAIL D.O.	REP D.O. 500001005	REP. NO. 500053975
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4. INSURANCE BACKGROUND

PREVIOUS LIABILITY CARRIER NONE	CSAA <input type="checkbox"/> Spinoff <input type="checkbox"/> Rewrite <input type="checkbox"/> Split <input type="checkbox"/> Non-Pay Rewrite	POLICY NUMBER Unknown	DATE TERMINATED Unknown	YEARS Unknown
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5. SPECIAL INSTRUCTIONS

6. DRIVER INFORMATION (All Drivers who have access to cars on this policy must be listed below.)

DRV NO 1	FIRST NAME SABRINA	LAST NAME FLEMMING	REL I	GENDER F	MAR STATUS S	LAST 3 DIGITS OF LICENSE NO. 631	OCCUPATION Office/Admin	DRIVER BASE YEAR 2020
NEW DRIVER DISC EFF DATE	MAT DRIVER EFF DATE	EXPOSURE DRIVER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH 04-25-1994	AGE 25	NO. OF CONV 0	DSR PT 0 Pt	YAF 7	GOOD DRIVER DRIV EXP 10
Loss			Loss			Loss		
DRV NO 2	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR
NEW DRIVER DISC EFF DATE	MAT DRIVER EFF DATE	EXPOSURE DRIVER <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH	AGE	NO. OF CONV 0	DSR PT	YAF	GOOD DRIVER DRIV EXP
Loss			Loss			Loss		
DRV NO 3	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR
NEW DRIVER DISC EFF DATE	MAT DRIVER EFF DATE	EXPOSURE DRIVER <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH	AGE	NO. OF CONV 0	DSR PT	YAF	GOOD DRIVER DRIV EXP
Loss			Loss			Loss		
DRV NO 4	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR
NEW DRIVER DISC EFF DATE	MAT DRIVER EFF DATE	EXPOSURE DRIVER <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH	AGE	NO. OF CONV 0	DSR PT	YAF	GOOD DRIVER DRIV EXP
Loss			Loss			Loss		

7. VEHICLE INFORMATION [All Vehicles must be registered to the Applicant(s).]																	
ITEM	VIN					YEAR	MAKE		BODY		MFG / MODEL CODE		M/R				
1	1HGFA16326L811743					2006	HONDA		SEDAN 4 DOOR								
STAT	SYMBOL		ETE	ZONE	GARAGING ZIP CODE		DRIVER		DISC	VEHICLE USAGE		COMMUTE BAND					
I	24 24		Y		94040		Prim. 0 Rated			Commute		A					
ANNUAL MILES DRIVEN			MILES TO SCHOOL BUS/WORK ONE WAY		DAYS A WEEK		MODEL		PURCHASE DATE		COST	ODOMETER	ODOMETER READ DATE				
13000			3		5		CIVIC					100000	02-16-2020				
ITEM	VIN					YEAR	MAKE		BODY		MFG / MODEL CODE		M/R				
STAT	SYMBOL		ETE	ZONE	GARAGING ZIP CODE		DRIVER		DISC	VEHICLE USAGE		COMMUTE BAND					
							Prim. Rated										
ANNUAL MILES DRIVEN			MILES TO SCHOOL BUS/WORK ONE WAY		DAYS A WEEK		MODEL		PURCHASE DATE		COST	ODOMETER	ODOMETER READ DATE				
8. COVERAGES AND PREMIUMS										REMARKS							
The insurance applied for is only for the coverage indicated by the specific premium and the specific liability limits or deductibles below.																	
DESCRIPTION		LIABILITY LIMITS				PREMIUM											
Bodily Injury Liability		\$1,000,000 EACH PERSON				VEH 1				VEH 2							
		\$1,000,000 EACH OCCUR				\$249.00											
Medical Payments		\$0 EACH PERSON				NO COV											
Uninsured/Under-insured Motorists		\$15,000 EACH PERSON															
		\$30,000 EACH OCCUR				\$23.00											
Property Damage		\$300,000 EACH OCCUR				\$307.00											
Comprehensive Safety Glass		VEH 1 DED		VEH 2 DED		\$129.00 NO COV											
		\$100 NO COV															
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No													
Collision		VEH 1 DED		VEH 2 DED		\$479.00											
Enhanced Transportation Expense		\$25 per day/ \$750 aggregate				\$28											
Vehicle Loan/Lease						NO COV											
New Car Added Protection						NO COV											
OEM Coverage						NO COV											
Ride-sharing Coverage						NO COV											
THIS IS NOT A RECEIPT FOR PREMIUMS PAID						PREM VEH 1				PREM VEH 2							
						\$1,215.00											
DOES APPLICANT OWN A CAMPER/SHELL OR UTILITY TRAILER?						ADB PREMIUM (Include in Total Premium)											
<input type="checkbox"/> Yes (add as separate item or issue 55 0011) <input checked="" type="checkbox"/> No						\$3.00 CA Special Fraud Assessment Fee \$1.76											
SUBTOTAL (Brought forward from 55 1503)						TOTAL PREMIUM				LESS DOWN PAYMENT		AMOUNT DUE		MANAGEMENT APPROVAL		DATE	
						\$1,218.00				\$0.00							
9. LOSS PAYEE INFORMATION																	
ITEM	LOSS PAYEE							ITEM	LOSS PAYEE								
STREET								STREET									
CITY					STATE	ZIP CODE			CITY					STATE	ZIP CODE		

10. HISTORY/SELF CERTIFICATION & ACCIDENT VERIFICATION STATEMENT

	YES	NO
1. Has the license of any driver in the household or any person who has access to a car on this policy been suspended or revoked in the last 36 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does any driver in the household or any person who has access to a car on this policy require DMV certification to maintain a driver license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are all the vehicles on this policy registered solely to the named insured(s) listed in Section 1?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are any of the vehicles on this policy used for business purposes? If yes, provide details. (Explain in Remarks area.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any driver in the household or any person who has access to a car on this policy had any convictions, accidents, losses, or claims in the past 36 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has any driver in the household or any person who has access to a car on this policy had any convictions, loss of license, accidents, losses or claims that occurred more than 36 months ago but within the last 7 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that the accident/claim history information, answers and statements for each driver and vehicle (See 6. Driver Information and 7. Vehicle Information), and all other information and answers on the application, are correctly recorded, complete and true, and I have discussed the facts of all listed accidents to determine if any regulatory exceptions or presumptions regarding fault apply. I understand that all such accident/claim history information, answers and statements may be subject to verification and will be relied upon by the CSAA Insurance Exchange in issuing any policy. False or inaccurate information could jeopardize the continuance or the rating of my automobile policy.

For myself and all family and household members who may be insured under the policy for which I am applying, I consent to the release of records and information by any reporting company and by any state motor vehicle department of registry for the purpose of verifying or correcting the information provided in connection with this application and policy and any renewal or change in the policy. This consent is intended to be written waiver if required by privacy laws. I understand coverage is conditioned on payment being honored, and if the payment is not honored, no coverage will have been or be provided at any time.

Each undersigned applicant (1) declares that he/she knows the above facts and warrants them to be true and that the policy and any renewal of it is issued by the Exchange in reliance on these facts; (2) acknowledges that all representations made by this application will be considered material to the issuance of the policy, and that a misrepresentation may subject the policy to cancellation, rescission or non-renewal; (3) authorizes the Exchange to verify the information and to access confidential residential address information concerning applicant on records of the Department of Motor Vehicles.

This form may be transmitted electronically. This includes email and facsimile transfer (fax). An e-mailed document will be considered signed by me unless the electronic form contains a checkbox or other authentication device, in which case I must follow the authentication instruction to sign. A faxed document is also an electronic record but is signed only if the fax contains a signature.

APPLICANT'S SIGNATURE <small>Electronically Signed</small> Sabrina Flemming <small>4a0b48f1-15de-46ae-9444-ab05011445cc</small>	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PREPARED BY Brandee Davis	DATE 02-18-2020
CO-APPLICANT'S SIGNATURE	DATE			





CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221 (800) 922-8228

Your authorization for automatic payments

February 18, 2020



SABRINA FLEMMING
225 PAMELA DR
APT 224
MOUNTAIN VIEW, CA 94040-3238



YOUR CUSTOMER INFORMATION

Policy number	QCAAS212050274
Preferred phone number	(650) 460-0631
Name of account holder being billed	Sabrina Flemming

Questions
about your
policy?

Call (800) 922-8228

Monday – Friday 4:00 a.m. to 11:00 p.m., and
Saturday and Sunday between 4:00 a.m. and
7:00 p.m. Pacific Time

Moving? Call to give us your new address.

Thank you for your interest in Automatic Payment. We've set out below the terms and conditions of your agreement with us.

AUTOMATIC PAYMENT terms and conditions

- You authorize us to charge your bank account, credit card or debit card for any amount due related to your policy, including premiums, installment fees and returned payment fees. The charge will be made on or shortly after each due date. However, it is your responsibility to continue to make payments when due until your Automatic Payment is activated.
- If you are entitled to any refund related to your policy, you authorize us to credit your bank account, credit card or debit card.
- If a charge is not honored for any reason:
 - We may resubmit the charge up to the maximum number of times permitted by law. Your bank account, credit card or debit card may assess a fee each time we submit.
 - We may cancel Automatic Payment immediately.
- If a regular payment amount changes, we'll let you know at least 10 days before charging your account.
- In order to avoid returned payments, you agree to provide us immediately with updated information regarding the account or card used for your Automatic Payment, including any new expiration date on your credit or debit card.
- You acknowledge that, if your bank, credit card, or debit card company participates in an updater program and unless you opt out of this service with your financial institution, your bank, credit card, or debit card company may provide us with updated cardholder or account holder names, card or bank account numbers and expiration dates, and we will update our files with this information and continue to charge your account.
- If you're applying for insurance, our activation of Automatic Payment doesn't signify approval of your application.
- You can cancel Automatic Payment at any time by calling Insurance Service at (800) 922-8228. We may cancel Automatic Payment or change its terms with 21 days' notice. If either you or we cancel Automatic payment, you will still be required to pay any amount due.
- This authorization applies to CSAA Insurance Exchange or its affiliated companies.

You should keep this with your other important papers. If you have a change to your account information, or if you did not sign up for Automatic Payment, please call Insurance Service at (800) 922-8228 anytime Monday – Friday 4:00 a.m. to 11:00 p.m., and Saturday and Sunday between 4:00 a.m. and 7:00 p.m. Pacific Time.

Electronically Signed
Sabrina Flemming
AssuredSigner

2020-02-18 16:47:27 UTC - 144.178.28.142

Signature of account holder being billed

Sabrina Flemming

Please print name (first, middle initial, last)



Date signed (mm/dd/yyyy)

AHAPXX 03 18 Automatic Payment Authorization



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 our 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, assets and income, credit history, and insurance claims history. We collect Personal Information from you, including application information and identifying information, as well as information relating to your transactions with us. For example, we collect Personal Information from you 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 affiliated and nonaffiliated third parties, and may obtain information from the American Automobile Association and your local AAA club relating to your AAA membership.

Finally, we obtain Personal Information from consumer reporting agencies, insurance support organizations, and other third parties. Such information may include your driving record, claims history with other insurers, credit report information and insurance credit score. A consumer reporting agency, insurance support organization, or other third party that gathers information about you may retain this information and share it with other parties who are authorized to use the information, as permitted by law.

What Personal Information We Share

All financial companies need to share customers' Personal Information to run their everyday business. We may share without prior authorization all of the Personal Information about you that we collect with affiliated and nonaffiliated companies, as permitted by law. For example,

- We may share your Personal Information without prior authorization for our everyday business purposes, such as: (i) to process your transactions and maintain your account(s); (ii) to report to credit bureaus; (iii) to respond to court orders and legal or regulatory investigations, (iv) to facilitate an audit; or (v) to prevent or detect fraud and criminal activity. Recipients may include, for example, our family of insurance companies, claims representatives, service providers, consumer reporting agencies, insurance agents, medical-care institutions, actuarial/research entities, insurance regulatory authorities, law enforcement, or courts and governmental agencies.
- We may share your Personal Information without prior authorization 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 certain categories of your Personal Information without prior authorization for joint marketing with nonaffiliated financial companies, such as your local AAA club. These categories of shared Personal Information may include transaction information, such as information about payment history or claims history and information we have obtained from third parties. "Joint marketing" refers to a formal agreement between nonaffiliated financial companies (e.g., us and your local AAA club) 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 access to such data to only those personnel who need Personal Information to perform their duties.

Your Rights

Marketing Opt-Out. You can stop unwanted offers of our goods and services. If you do not wish to receive mail or telephone marketing communications from us, you can be placed on our internal Do Not Call list by calling us at (800) 922-8228 or writing us (and include your name, address and policy number) at:

AAA Insurance
Privacy c/o Legal Division
3055 Oak Road, MS W280,
Walnut Creek, CA 94597; or by email at: Privacy@csaa.com

Access to Personal Information. You have the right to access and review Personal Information we have about you by sending a written request addressed to us at:

AAA Insurance
Attention: Policyholder Endorsement Department
PO Box 24524
Oakland, CA 94623-1524

Your written request must include your full name, mailing address, and policy number (if applicable), and state that your request is in response to this Personal Information Privacy Notice. You may request the identity of all persons we show as having received your Personal Information from us within the two years prior to your request. We will respond to your request within thirty (30) business days from the date we receive your request. We will not provide information that we conclude is privileged, such as information about insurance claims or lawsuits.

Requests for Correction, Amendment, or Deletion of Personal Information. You have the right to request the correction, amendment or deletion of Personal Information we have about you by sending a written request as described above, explaining the action you desire to:

AAA Insurance
Attention: Policyholder Endorsement Department
PO Box 24524
Oakland, CA 94623-1524

Your written request must include your full name, mailing address, and policy number (if applicable), and must identify the specific Personal Information you want us to correct, amend, or delete. Within thirty (30) business days, we will either make the requested correction, amendment, or deletion or tell you why we will not, and will notify you in writing of our decision. If we make the requested correction, amendment, or deletion of Personal Information, then we will notify any person you specifically designate who, within the preceding two years, may have received such Personal Information.

We cannot change information we obtain from consumer reports. To do this, you must contact the consumer reporting agency that provided it. We do not have to change our records if we do not agree with your request. If we refuse to make the requested correction, amendment, or deletion, you may file with us a concise statement indicating why you disagree with our decision and setting forth what you believe is the correct, relevant, or fair information. We will place your statement in our file.

For Nevada Residents Only:

We are providing you this notice pursuant to state law. In addition to requiring us to provide notice to you regarding our Do Not Call List, Nevada law requires that we 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



Brandee Davis
888 South 2000 East
Clearfield, UT
84015
(555) 555-5555
brandee.davis@utah.aaa.com



SABRINA FLEMMING
225 PAMELA DR APT 224
MOUNTAIN VIEW CA 94040-3238

Quote Date: 02-18-2020
Proposed Effective Date: 02-18-2020
Quote Number: QCAAS212050274

Page 1 of 1

Here is your Select auto insurance quote for \$1,218 from CSAA Insurance Exchange. At AAA we offer world-class service from quote to claim. In Northern California, AAA insures more drivers than any other carrier, with one in five choosing AAA as their preferred insurance provider.

AAA Insurance receives high marks in customer satisfaction, with a 90% renewal rate from auto and homeowners policyholders. Add to that over 90 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. Purchase of AAA Insurance requires an active AAA Membership.

Your quote reference number is listed above. Please refer to it when contacting us about this quote.

Coverages	Limits	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
		06 HONDA CIVIC			
Bodily Injury Liability	1,000,000 / 1,000,000	\$3			
Property Damage Liability	300,000	\$3			
Uninsured Motorist Bodily Injury Coverage	15,000 / 30,000	\$3			
Underinsured Motorist Bodily Injury Coverage	/				
Medical Payments	0	NO COV			
Comprehensive Deductible	1:100	\$3			
Full Comprehensive Safety Glass Deductible		NO COV			
Collision Deductible	1:750	\$3			
Enhanced Transportation Expense Coverage	\$ 25 per day/ \$ 750 maximum	\$28			
Vehicle Loan/Lease Protection Endorsement		NO COV			
New Car Added Protection Endorsement		NO COV			
Original Equipment Manufacturer Parts (OEM) Endorsement		NO COV			
Ride-sharing Coverage		NO COV			
Vehicle Sub-Total:		\$1,215			
Automobile Death Benefits Coverage	15,000 ADB Total:	\$3			
CA Special Fraud Assessment Fee		\$1.76			
Total Amount for 12 Months:		\$1,218			
Payment plans may be discussed with the sales agent.		Total Premium shown is for the AAA Members Affinity Program.			

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 information you have supplied us and is subject to change as additional information is gathered by an insurance sales representative. California License No. 0175868.



CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221

Effective Date: 02/18/2020
Named Insured: SABRINA FLEMMING
Policy Number: QCAAS212050274

SUBSCRIBER AGREEMENT

Each Subscriber agrees to the terms and conditions of this Subscriber Agreement ("Agreement") for, and in consideration of, similar agreements executed or to be executed by other Subscribers and the benefits of the exchange of such agreements:

(1) The undersigned subscribes for membership (a "Subscriber") in CSAA Insurance Exchange ("Exchange") and agrees with the Exchange, and with other Subscribers, through their Attorney-in-Fact ("Attorney"), to exchange contracts of insurance or reinsurance with all other Subscribers in a form, and containing terms and conditions as are, approved by the Exchange's Insurance Board ("Insurance Board").

(2) CSAA Insurance Services, Inc. shall be appointed the Attorney of the Subscriber, as provided for in Division One, Part Two, Chapter Three of the Insurance Code of the State of California relating to Reciprocal Insurers, with full powers of substitution and revocation. The Power of Attorney provides as follows:

"WHEREAS, at Walnut Creek, California, an office is conducted under the name of CSAA INSURANCE EXCHANGE (EXCHANGE), where certain persons, firms and corporations may exchange indemnity against loss or damage as provided in those provisions of the Insurance Code of the State of California relating to reciprocal insurers.

NOW, THEREFORE, the undermentioned Subscriber, hereby constitutes and appoints CSAA Insurance Services, Inc. as the Subscriber's attorney, with full powers of substitution and revocation, and authorizes it or its substitute, to represent the Subscriber from the date hereof until this Power of Attorney is revoked, for the following purposes: To exchange with other Subscribers in the Exchange, indemnity and insurance, to the extent herein or hereafter applied for and described, against loss or damage in accordance with those provisions of the Insurance Code of the State of California relating to reciprocal insurers, and to subscribe and deliver all necessary contracts and to perform every act that the Subscriber could do in relation to any such contract for the exchange of such indemnity.

It is understood that this Power of Attorney shall be exercised in conformity with and subject to the Rules and Regulations of the Insurance Board of said Exchange, which Rules and Regulations are hereby assented to and approved by this Subscriber, said Rules and Regulations and all modifications thereof to be at all times on file in the office of said Exchange."

Subscriber may obtain a copy of the Rules and Regulations of the Insurance Board upon written request to the Exchange or through the Exchange's website at csaa-insurance.aaa.com.

(3) Subscriber further delegates to the Insurance Board all necessary and proper powers to conduct, manage, and control the affairs and business of the Exchange, subject to those retained by law or through the Rules and Regulations of the Insurance Board, or as they may be further amended, including, without limitation, the authority to negotiate and to execute any Management Agreement that may be entered into by and between the Exchange and the Attorney on behalf of the Subscriber, including, but not limited to, any compensation that may be paid to the Attorney by the Subscriber, Subscribers or Exchange.

(4) The Insurance Board consists of eleven (11) elected members and two (2) ex officio voting members. The eleven (11) elected members of the Insurance Board are elected by vote of a majority of the Insurance Board members. The Chief Executive Officer of the Exchange and the Chief Executive Officer of AAA Club Partners, Inc. are the ex officio voting members of the Insurance Board. Insurance Board members serve terms of three years and approximately one-third of the total membership of the Insurance Board stands for election each year. The number of elected and ex officio members of the Insurance Board may be varied from time to time by a resolution of the Insurance Board. Subscriber does not have voting rights with respect to electing Insurance Board members or any other affairs of the Exchange.

(5) Subscribership begins with the commencement of the policy period of an insurance policy issued by the Exchange to the Subscriber and all of the Subscriber's family members who may be insured under such policy, and terminates when Subscriber is no longer insured under any policy issued by the Exchange. The signature of the Subscriber, below, binds all persons insured under such insurance policy to the terms of this Agreement. This Agreement applies to any policy that may be purchased by Subscriber from the Exchange now or in the future and it applies to any endorsements to or any renewals, amendments, or modifications of any such policies. Should a policy be re-written, this Agreement also applies to the replacement policy issued to the Subscriber without need for another execution of the Agreement.

(6) Notwithstanding anything in this Agreement to the contrary, the Insurance Board may appoint any individual, partnership, corporation or other legal entity to become a successor to the Attorney with all of the powers and duties stated in this Agreement and the Power of Attorney. All references to "Attorney" shall then be deemed to include such successor Attorney-in-Fact.

(7) The principal offices of the Exchange and the Attorney shall be maintained at Walnut Creek, California or at such other place approved by the Insurance Board.

(8) This Agreement shall be governed by and interpreted according to the laws of the State of California without regard to conflicts of law principles. All Subscriber Agreements shall be binding upon all Subscribers and the provisions of any Subscriber Agreements in use at any one time shall not materially differ. Wherever the word "Subscriber" is used, it refers to all members of the Exchange, including the Subscriber who has signed this document.

Subscribed and effective this 18 day of February 2020



SUBSCRIBER SIGNATURE

PRINT NAME



CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221

► Your proof of insurance (ID cards)

Keep one in each of your insured vehicles.



CSAA Insurance Exchange / NAIC # 15539
P.O.Box 22221, Oakland, CA 94623-2221

CA Insurance Identification Card

Insured:
Sabrina Flemming

Fold Here

KEEP THIS COPY IN YOUR VEHICLE

Effective Date: **02/18/20** Expiration Date: **02/18/21**

Policy Number: **QCAAS212050274**

Vehicle ID No.: **1HGFA16326L811743**

Model Year, Vehicle Make: **2006 HONDA**

This insurance complies with CVC §16056 or §16500.5

Important! This insurance identification card is not part of your policy and is valid only while your policy is in force and your premiums are paid.
55 0038 07 17



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Manage your policy online with MyPolicy

Go to csaa-insurance.aaa.com/MyPolicy.

IF YOU HAVE AN ACCIDENT

1. NOTIFY THE POLICE IMMEDIATELY.
2. Write down or take pictures of names, addresses, telephone numbers, and license numbers of persons involved and of witnesses. Also write down or take pictures of the license plate number and state of each vehicle.
3. Report all accidents to Claims immediately at 800.922.8228.
4. Do not admit fault. Do not discuss the accident with anyone except your AAA Insurance claims representative or the Police.

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CSAA Insurance Exchange
P.O.Box 22221
Oakland, CA 94623-2221

Automobile Notices

Automobile Policy Notices applicable to and/or forming your Automobile Insurance policy are enclosed herein.

Consumer Complaint Information [55 3001 03 0117]

Should you have a problem with your policy, please call your local AAA office or our Contact Center for assistance. The toll-free number for the Contact Center is (800) 922-8228. You may also contact us in writing at the following address:

CSAA Insurance Exchange
Attn: Insurance Services, P.O.Box 22221, Oakland, CA 94623-2221

If we have been unable to assist you in resolving your problems, you may contact the following state agency:

California Department of Insurance, Consumer Services Division
300 South Spring St., Los Angeles, CA 90013
Toll free telephone (800) 927-4357

You should contact the Department of Insurance only after you have first attempted to resolve your problem through us.

Offer of Renewal and Notice of Non-Renewal: [55 3031 CA 0113]

We are required to notify you at least 30 days before policy expiration if we do not offer a renewal of your policy. If we offer a renewal, we must do so at least 20 days before policy expiration. If we don't do either of these things, your policy continues in effect unchanged for 30 days until after we provide a notice of non-renewal or an offer of renewal.

Premium Increases: [55 3032 CA 0113]

We are required by law to give notice explaining how we use fault accidents and convictions for violations of the Vehicle Code for setting premiums. Both fault accidents and convictions generally result in higher premiums.

Additional Coverage options available to you: [55 5410 CA 0617]

For more information, please contact your AAA Insurance Agent, or call Insurance Customer Service at (800) 922-8228. Certain conditions may apply in addition to those stated below – please read the endorsement for full details.

Ride-sharing Coverage Provides coverage when you use your insured vehicle in connection with a ride-sharing network such as Uber or Lyft (referred to as a transportation network in your policy). Coverage begins from the time you log on to the network until the time when you log out and includes the period of time when you are in route to pick up passenger(s) and while transporting passenger(s).	Original Equipment Manufacturer Parts (OEM) Coverage Damaged vehicle parts that are in need of replacement, are replaced with new parts that are produced by, or for, the vehicle manufacturer. Without the coverage, we may use aftermarket parts in repairing the vehicle. Covered vehicles must be ten model years old or newer.
New Car Added Protection Coverage Pays the cost of a new vehicle of the same make and model if there is a covered loss and the vehicle is totaled. Without this coverage, the policy pays only the depreciated value. Covered vehicles must be two model years old or newer.	Vehicle Loan/Lease Protection Coverage Pays the unpaid amount due on the insured vehicle loan or lease, less the amount paid by your Comprehensive or Collision coverage. Covered vehicles must be three model years old or newer.
Full Comprehensive Safety Glass (\$0 Glass Deductible) Coverage Pays the cost of replacing damaged safety glass on your insured vehicle without a deductible. Includes windshield, doors, windows and roof.	Enhanced Transportation Expense Coverage Increased limit options are available for Enhanced Transportation Expense Coverage which pays transportation expenses in the event of a covered loss. (\$30 per day, \$40 per day and \$50 per day)

Billing Plan Explanation [55 3006 09 17]

The enclosed statement shows the amount due for coverage during the coming policy year. If you don't pay your annual premium in full, we offer monthly, quarterly and semi-annual payment plans and accept several payment methods:

1. AutoPay with ACH

We will charge a \$3.00 installment fee to each installment statement if you have your payments automatically deducted from your checking or savings account.

2. AutoPay with Debit Card

We will charge a \$3.00 installment fee to each installment statement if you have your payments automatically deducted from your account via debit card.

3. AutoPay with Credit Card

We will charge a \$3.00 installment fee to each installment statement if you have your payments automatically charged to your credit card.

4. Non-Recurring Payment

We will charge a \$7.00 installment fee to each installment statement if you don't use one of our recurring payment options.

General Payment Information

You can choose to pay your outstanding balance in full at any time during the policy period to avoid incurring any subsequent installment fees. No installment fees are charged if you pay in full at the beginning of your policy term.

Your statement will display the minimum amount you owe and the payment due date. This is the amount that you're required to pay by the due date. If you do not pay, we will issue a cancellation notice.

If your policy is cancelled for any reason, we'll charge you premium only for the time coverage was in effect. If you have overpaid premium as of the cancellation date, we will issue you a refund. Installment fees are fully earned when they are incurred and are not refundable if the policy cancels.

If you make a payment to us by check or other method that's returned unpaid by your bank or financial institution, a charge of \$20.00 will be added to your account for all checks and /or automatic funds transfer payments.

Important Notices

- Unless otherwise requested, credit balances will be applied against any outstanding balance due.
- Any refund for this policy may be made electronically to the same account from which the payment was received.

In Case of Errors or Inquiries About Your Bill

If you think your bill is wrong or you need more information about your bill, please write or call us as soon as possible. We'll research every request and correct the error or provide an explanation within 30 days from the receipt of your inquiry.

- **Written Requests:** On a separate sheet of paper (please do not write on your Insurance Statement or Renewal Notice), write your name and policy number, a description of the error and an explanation why you believe it is an error, the dollar amount of the suspected error, and any other information which you think will help us identify the reason for your complaint or inquiry. Send your written request to us at CSAA Insurance Exchange, PO Box 24525 Oakland, CA 94623-1535, Attn: Billing Services.
- **Phone Requests:** Call our Contact Center at (800) 922-8228 and provide the above information.

Allowing Someone Else to Receive Your Non-Payment Notices

You can select another person, in addition to yourself, to receive the following notices about your insurance policy: notices of lapse, termination, expiration, nonrenewal, or cancellation of your policy for non-payment of premium. You can remove or replace this person at any time. This person will not be covered under your insurance policy and cannot make any changes to your policy. If you would like to select another person to receive these notices about your insurance policy, call an Insurance Customer Service Specialist at (800) 922-8228, Monday - Friday 4:00 a.m. to 11:00 p.m., and Saturday and Sunday between 4:00 a.m. and 7:00 p.m. Pacific Time.