

Why Berkshire Hathaway GUARD?

✓ STRENGTH

GUARD is ultimately owned and financially backed by Berkshire Hathaway, Inc. — **one of the strongest organizations in the world.**

✓ EXPERTISE

A dedicated provider to the insurance community for four decades, **we understand how to protect our clients' interests.**

✓ CONVENIENCE

We offer a full range of products and services as well as **flexible policy terms and convenient payment options.**

✓ TRUST

Right now, **hundreds of thousands of policyholders** are counting on us. Judging by the high number who return each year, it's safe to say we're doing a great job!



Quick Facts

Established: 1983

A.M. Best Company Rating: A+ Superior as of 07/26/2023

Berkshire Hathaway GUARD Insurance Companies:

AmGUARD Insurance Company®, AZGUARD® Insurance Company (Excess & Surplus Lines), EastGUARD Insurance Company®, NorGUARD Insurance Company® and WestGUARD® Insurance Company

Commercial Lines:

Businessowner's, Commercial Auto, Disability, Commercial Package, Commercial Property, Commercial Umbrella, General Liability, Professional Liability, and Workers' Compensation

Personal Lines:

Homeowners/Renters/Condominium Units/Landlords and Personal Umbrella

Services:

Expert loss control, fair and timely claims handling with 24/7 reporting platform, convenient payment options, responsive customer service, online self-service centers for agents and policyholders

Distribution Network:

7,000+ independent insurance agents and broker partners

Annual Premium: \$2 Billion+

Offices:

Headquartered in Wilkes-Barre, PA with other satellite offices

Employees: 1,000+

About . . . BERKSHIRE HATHAWAY, INC.

Chaired by Warren Buffett, Berkshire Hathaway is an international holding company with diverse interests including insurance and reinsurance. World-renowned for its financial strength, the group has an AA rating from Standard and Poor's and is a Fortune 500 company.

Not all Berkshire Hathaway GUARD Insurance Companies provide the products described here in nor are all products and coverages available in all states. This information is intended to present a general overview for illustrative purposes. Only the relevant insurance policy and endorsements can provide the actual terms and conditions for an insured. © Berkshire Hathaway GUARD Insurance Companies with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701. 2023.

The security you need. The name you trust.

Learn more at www.guard.com or call 1-800-673-2465.



LCMD072623

Doc ID: cbdb484a050acc499d5c437b1fe7ac16ee0fabe5

Making a Payment



PAYMENT TERMS:

Payment or draft information must be received by GUARD no later than 5 business days after inception. **Always include your Proposal Number on all correspondence and checks.** Please be advised certain fees may apply for credit card payments, installment plans, late payments, and insufficient funds/closed bank account. Fees may vary by state and line of coverage. Please review the fee disclosures on the enclosed Proposal of Insurance.

WAYS TO PAY:

- **ONLINE** – Login to the Policyholder Service Center (PSC) at guard.com/policyholders/ to make a credit card payment, transfer funds from your bank, set up recurring payments, and view your billing history.
- **EXPRESS PAY** – No login required. Simply visit guard.com/expresspay/.
- **DIRECT DRAFT** – Set up recurring automatic payments from your bank account by completing the enclosed Direct Draft Program® Authorization Form and eliminate installment fees.
- **PHONE** – Call 1-800-673-2465 to pay with your credit card or bank account.
- **MAIL** – Make check payable to Berkshire Hathaway GUARD Insurance Companies and include the Mailing Remittance Slip (below).

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Mailing Remittance Slip

Customer Name: Larry Bowles

Agency Name: PASCAL BURKE INSURANCE BROKERAGE, INC.

Proposal Number: LAAU449776

Total Cost: \$1,743.00

Broker Fee/Placement Fee \$500.00

Down Payment Amount: \$810.75

Monthly Payment \$466.13 / 2 Pays

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies
ATTN: Accounts Receivable
P.O. Box AH - 39 Public Square
Wilkes-Barre, PA 18703-0020

A handwritten signature in black ink, appearing to be "L. Bowles".



Direct Draft Program® Authorization Form

Please select one:

☐ **Recurring Draft** (no installment fees)

Preferred method of receiving direct draft billing statement:

☐ Email to: _____☐ Fax to: _____☐ **One-Time Draft**

Amount: \$ _____

Not an available option for policyholders on self-reporting payment plans. One-time direct drafts will be charged an installment fee up to \$7 in select states.

Policyholder Name: Larry Bowles Policy #: LAAU449776

Policy #: _____ Policy #: _____

Bank Name: _____

Name on Bank Account: _____

Bank Account #: _____ Bank Routing #: _____

Optional: Attach a voided check to assist us in verifying your account information.

Agreement: By signing below, you are enrolling in Berkshire Hathaway GUARD's Direct Draft Program®, authorizing WestGUARD® Insurance Company, holding company for AmGUARD Insurance Company®, NorGUARD Insurance Company®, and EastGUARD Insurance Company® members of Berkshire Hathaway GUARD Insurance Companies ("GUARD") with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701 to disclose this document to the cited bank and to initiate an electronic transfer of funds from the bank account cited to pay the insurance premiums for the indicated policy(ies), and any renewals thereof, in accordance with either the one-time draft amount cited or per the payment terms of your insurance policy(ies). Any overpayment or refunds of premiums may be returned to the bank account cited. Attempted withdrawals encountering insufficient funds or a closed account may be assessed a fee up to \$20 (depending upon the state and subject to change with or without notice). Premiums may change in accordance with the terms and conditions of the policy or contract. If you are not the owner of any policy or contract identified above, you will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force, even if the direct draft does not occur as scheduled or the amount drafted is insufficient. This authorization remains in effect until you notify GUARD otherwise in writing.

Authorized Signature:  Date Signed: 12 / 18 / 2023Printed Name: Larry Bowles Phone #: 540-419-3046

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Please return the completed form to:

✉ BHGIC Accounting Services | P.O. Box AH | Wilkes-Barre, PA 18703-0020

✉ csr@guard.com 📞 570-820-7968

Proposal of Insurance

Larry Bowles
Prospect Number LAAU449776
for 12/19/2023 to 12/19/2024

PASCAL BURKE INSURANCE BROKERAGE, INC.
Pascal Burke - Irvine, CA
Phone Number: 877-893-7629
Fax#: 949-340-8412

Classification Analyst: UW West Team
Extension: 1300 / e-mail: SBUTeam@GUARD.com
Phone Number: 570-825-9900
Fax Number: 570-820-7968

This quote will expire on 12/25/2023.

Carrier: AmGUARD Insurance Company
Type of Coverage: Commercial Auto
Payment Method: Direct Bill

Total Estimated Cost: \$1,743.00

(Direct billed policies will be charged a fee of \$7.00 per installment.)

Information Needed to Issue:

- * A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.
- * A Virginia Selection of Lower Uninsured Motorist Coverage Limits.

Payment Terms:

- * Please note that fees may apply and may vary by state. Fees are subject to change with or without notice.
- * Policies that are direct billed will be charged a fee of up to \$7.00 per installment. There is no installment fee for policies set up with Direct Draft.
- * Any checks returned or attempted bank drafts declined for insufficient funds or a closed account may be assessed a fee of up to \$20.00.
- * A late fee may be assessed of up to \$10.00 for payments received after the due date.
- * A convenience fee of up to \$7.00 will be added to credit card payments.

Important Notes:

- * Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
- * We offer a Direct Draft Program to electronically transfer funds from your bank account. Please complete the enclosed Direct Draft Program Authorization Form to enroll and avoid installment fees or lost or delayed checks and associated late charges.



12 / 18 / 2023

Proposal of Insurance for Larry Bowles (cont.)

The next sections of this proposal list the various Business Auto insurance coverages and limits included in this Commercial Auto policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.

SECTION I: Policy-Level Coverages (Applies to All Vehicles unless otherwise noted in the Vehicle Level Coverages section)

Headquarters State

Virginia

<u>Coverage</u>	<u>Limit</u>
Liability	
Limit	\$1,000,000
Symbol(s)	7,8,9
Insured's Business Is	Other Than Social Service Agency
Exposure	Without Delivery Service
Hired Auto Liability	
If Any	Yes
Non-Owned Auto Liability	
Number of Employees	1
Additional Insured When Required by Contract	
Endorsement	
Included	
Terrorism Coverage	
Terrorism Coverage	Include All Other Terrorism



12 / 18 / 2023

Proposal of Insurance for Larry Bowles (cont.)

SECTION II: Vehicle-Level Coverages

The limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Garaging Location 001: 78 Devonne Dr, Fredericksburg, VA 22407-1616

Vehicle 1: 2003 FORD E350SD

Vehicle VIN: 1FDSE35L53HA19773

Vehicle Type: Truck, Tractor, or Trailer

Vehicle Size: Light Truck 10,000 lbs GVW or less

Business Use Class: SERVICE

Radius of Operation: Local up to 50 miles

Secondary Class: Contractors

Secondary Class Type: Electrical, Plumbing, Masonry, Plastering and Other Repair or Service

Used in Dumping: No

Original Cost New: \$23,000

Additional Modifications: \$0

Class Code: 01183

Registration Name: Larry Bowles

Registration State: VA

<u>Coverage</u>	<u>Limit</u>
Liability	
Limit	\$1,000,000
Medical Expense Benefits (VA)	
Limit	\$5,000
Uninsured Motorists Bodily Injury and Property Damage Coverage (VA)	
Limit Type	Combined Single Limit
Limit	\$1,000,000
Comprehensive ACV	
Deductible	\$1,000
Collision	
Deductible	\$1,000
Rental Reimbursement	
Comprehensive ACV	Yes
Collision	Yes
Daily Rental Reimbursement Amount	15
Number of Days	30

SECTION III: Driver Information

<u>Name</u>	<u>Vehicle Used</u>	<u>Broadened FPB</u>	<u>Drive Other Car</u>
Cameron Bowles		No	No
Larry Bowles		No	No

Proposal of Insurance for Larry Bowles (cont.)

Section IV: Policy Forms

Form

CA DS 03 10 13	Business Auto Declarations
END SCH	Schedule of Forms and Endorsement
CA 00 01 10 13	Business Auto Coverage Form
CA 01 16 01 22	Virginia Changes - Business Auto Coverage Form
CA 02 68 01 21	Virginia Changes in Policy - Cancellation and Nonrenewal
PN VA 01 09 22	Notice to Policyholders Important Information Regarding Your Insurance
AIC 99 01 03 17	Schedule of Named Insured(s)
BA 99 04 VA 06 18	VA Additional Insured When Required By Contract
BA 99 13 06 18	Automatic Physical Damage Coverage For Newly Acquired Vehicles
CA 21 21 11 02	Uninsured Motorists Endorsement
CA 22 46 11 16	Virginia Medical Expense and Income Loss Benefits Endorsement
CA 99 23 10 13	Rental Reimbursement Coverage
CA 99 52 02 18	Virginia Limited Subrogation Rights
CA 99 69 02 18	Virginia Individual Named Insured
IL 00 03 09 08	Calculation of Premium
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 99 00 08 13	Authorization and Attestation
IL N 144 01 17	Virginia Important Notice Regarding Uninsured Motorists Coverage
IL P 001 01 04	U.S. Treasury Department Office Of Foreign Assets Control (OFAC) Advisory Notice To Policyholder
PRIV POL	Privacy Policy


SECTION V: Additional Interests

No Additional Interests to list.

Proposal of Insurance for Larry Bowles (cont.)

This proposal is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.

Prospect Number: LAAU449776

PROPOSAL-12-18-2023-02 Accepted by: Larry Bowles
(print name)

Prospect's Signature: _____
Date: 12 / 18 / 2023

Fax this signed proposal page to us at 570-820-7968

VIRGINIA IMPORTANT NOTICE REGARDING UNINSURED MOTORISTS COVERAGE

YOU ARE ENTITLED TO PURCHASE UNINSURED/UNDERINSURED COVERAGE LIMITS EQUAL TO THE LIABILITY LIMITS ON YOUR MOTOR VEHICLE POLICY. HOWEVER, ANY ONE NAMED INSURED HAS THE RIGHT TO REDUCE THE LIMITS OF THE UNINSURED/UNDERINSURED MOTORIST COVERAGE TO LESS THAN THE LIABILITY LIMITS ON THE POLICY BUT NO LOWER THAN THE FINANCIAL RESPONSIBILITY LIMITS REQUIRED BY Section 46.2-472 OF THE CODE OF VIRGINIA. THE INSURER MAY REQUIRE THAT A REQUEST TO REDUCE COVERAGE BE IN WRITING. ONCE ANY ONE NAMED INSURED REDUCES THE POLICY LIMITS FOR UNINSURED/UNDERINSURED MOTORIST COVERAGE BELOW THE POLICY'S LIABILITY LIMITS, THAT ELECTION IS BINDING ON ALL INSUREDS ON THE POLICY. LATER, IF YOU DESIRE TO INCREASE YOUR LIMITS, YOU MUST MAKE A SPECIFIC REQUEST TO YOUR INSURER. YOU MAY WANT TO PUT THIS REQUEST IN WRITING.

BEFORE REDUCING THE LIMITS OF THE UNINSURED/UNDERINSURED MOTORIST COVERAGE, YOU SHOULD CAREFULLY CONSIDER THAT THIS COVERAGE PROVIDES IMPORTANT PROTECTION IN THE EVENT YOU ARE INJURED OR YOUR MOTOR VEHICLE IS DAMAGED DUE TO THE ACTIONS OF AN UNINSURED/UNDERINSURED MOTORIST.

VIRGINIA SELECTION OF LOWER UNINSURED MOTORISTS COVERAGE LIMITS

Policy Number: LAAU449776	Policy Effective Date: 12/19/2023
Company: AmGUARD Insurance Company	Producer: PASCAL BURKE INSURANCE BROKERAGE, INC. (CAPAC181)
Applicant/Named Insured: Larry Bowles	

Virginia law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that results from an automobile accident with a hit-and-run vehicle whose owner or operator is unknown.

Your automobile liability policy must include Uninsured Motorists Coverage at limits equal to your policy's Liability Coverage limits unless you select lower limits as described below.


If your policy's Liability Coverage limits exceed the minimum limits required by Virginia law of: (1) a combined single limit of \$80,000 for each accident, you may reject Uninsured Motorists Coverage at limits equal to your policy's Liability limit(s) and select lower limit(s) of Uninsured Motorists Coverage. However, you may not select Uninsured Motorists Coverage limits less than the minimum Liability Coverage limits(s) required by Virginia law .

If you would like to reject uninsured coverage at limits equal to your Liability Coverage limits and select lower limit(s), please indicate your choice as follows:



Rejection Of Uninsured Motorists Coverage At Limits Equal To My Liability Coverage Limits And Selection Of Lower Limits

By initialing next to the appropriate items and signing below, you are rejecting Uninsured Motorists Coverage at limits equal to your Liability Coverage Limits and you are selecting lower limits of Uninsured Motorists Coverage.

(Initials)	I reject Uninsured Motorists Coverage at limits equal to my Liability Coverage Limits and select the following lower limits:	
	(Choose one Combined Single Limit option from the following):	
(Initials)	Combined Single Limit	
_____	\$ 80,000	
_____	100,000	
_____	125,000	
_____	150,000	
_____	200,000	
_____	220,000	
_____	250,000	
_____	300,000	
_____	350,000	
_____	400,000	
_____	500,000	
_____	600,000	
_____	750,000	
_____	1,000,000	
_____	1,500,000	
_____	2,000,000	
_____	2,500,000	
_____	3,000,000	
_____	5,000,000	
_____	7,500,000	
_____	10,000,000	
_____	_____	
	(Other)	
		12 / 18 / 2023
Signature Of Applicant/Named Insured		Date



PRIVACY POLICY

Rev. February, 2020

WHAT DO BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES DO WITH YOUR PERSONAL INFORMATION?

FACTS	
Berkshire Hathaway GUARD Insurance Companies include: AmGUARD Insurance Company, AZGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, GUARDCo, Inc., (a medical management affiliate).	
Why?	Financial Companies choose how they share your personal information. Federal and State law gives consumers the right to limit some, but not all, sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend upon the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security Number, date of birth, driving record, income • Credit history, credit-based insurance scores, insurance claim history, payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies may need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION		Does Berkshire Hathaway GUARD share?	Can you limit this sharing?
For our everyday business purposes– such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, comply with government agency examinations/procedures, or report your creditworthiness.		Yes	No
For our marketing/processing purposes– to offer our products and services to you. (We may also disclose information received from you with companies that perform services for us.)		Yes	No
For our affiliates' everyday business purposes– information about your transactions and experiences.		Yes	No
For our affiliates' everyday business purposes– information about your creditworthiness.		Yes	Yes
For our affiliates to market to you		Yes	Yes
For non-affiliates to market to you		Yes	Yes
To limit our sharing	<p>Call Customer Service at 1-800-673-2465 or visit us online at www.guard.com/privacy/.</p> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we provided this notice. When you are no longer our customer, we continue to share your information as described in this notice in accordance with applicable law. However, you can contact us at any time to limit our sharing in accordance with the table above.</p>		
Questions?	Call Customer Service at 1-800-673-2465.		

Who we are	
Who is providing this notice?	Berkshire Hathaway GUARD Insurance Companies (including property and casualty licensees AmGUARD Insurance Company, AZGUARD Insurance Company, NorGUARD Insurance Company, EastGUARD Insurance Company, and/or WestGUARD Insurance Company as well as GUARDCo, Inc.) is providing this notice. References in this form to "us", "we" or "our" refers to these companies.
What we do	
How do we protect your personal information?	To protect your personal information from unauthorized access and use, we implement security measures that comply with applicable law. These measures include computer safeguards and secured files and buildings.
How do we collect your personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • apply for insurance • pay insurance premiums • file an insurance claim • give us your income information • give us your contact information. <p>We also collect your personal information from others (such as credit bureaus, affiliates, or other companies) including, for example, from:</p> <ul style="list-style-type: none"> • your insurance agent or producer • your transactions with our affiliates listed below or other consumer reporting agencies.
Why can't I limit all sharing?	<p>Applicable law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates everyday business purposes – information about your creditworthiness and insurability • affiliates from using your information to market to you • sharing for non-affiliates to market to you.
What happens when I limit sharing for a policy I hold jointly with someone else?	Your choices will apply to everyone on your policy.
Definitions	
Affiliates	<i>Companies (other than the companies identified in "Facts" above) that are related to us by common ownership or control of Berkshire Hathaway Inc. Affiliates can be financial and nonfinancial companies.</i>
Non-affiliates	<i>Companies not related to us by common ownership or control, which can be financial and nonfinancial companies.</i>
Marketing	<i>The promotion or advertising of insurance products or services to you. Marketing partners may include, but are not limited to, insurance licensees such as insurance agents appointed by us or their affiliates.</i>
Other Important Information	
Important Information about Credit Reporting: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.	
For California Residents: If you opt out, we will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account. Please visit www.guard.com/privacy-policy/ to review our California Privacy Policy.	
For Vermont Residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.	

**BROKER FEE, COMMISSION DISCLOSURE AND COMMUNICATIONS AGREEMENT:
PLEASE READ IT CAREFULLY!**

I. It is agreed that Pascal Burke Insurance Brokerage, Inc. will be acting as your Insurance Broker for the procurement, and maintenance of your insurance, and additional services which are risk management services. (See the attached quotation for the insurance transacted pertaining to this agreement).

II. You authorize PBIB to communicate the status of your insurance, or future insurance offerings to you or your company including but not limited to phone calls, text messages, email, prerecorded announcements, or voicemail.

III. A list of all Broker Fees charged can be found in your quotation labeled (Broker Fee, Placement Fee, Producers Fee), if you need assistance locating those fees within the documents, please ask your broker to clearly identify those fees.

IV. Your insurance broker represents you, the consumer, and is entitled to charge a broker fee if he/she chooses. This fee is not set by law, and may be negotiable between you and the broker, The Fees charged are shown in your 'Quotation' and will be listed under one or all of the following names (Broker Fee, Placement Fee, Producers Fee).

V. All Broker Fees are earned at the time of inception of the policy and are nonrefundable in the event of cancellation.

VI. Your broker may receive commission from insurance company(ies) for placing your insurance the commission will range from 5% to 20% of the premium. (To calculate premium. This is calculated Premium Amount X .05 to .20 = Commission).

VII. The insured agrees to convert this Commission to a Broker Fee, reducing the Policy Premium by the same amount. This Broker Fee will be treated the same as all other broker fees 100% earned at the binding of the policy, and not subject to be returned to the insured in the event of cancellation of the policy prior to full term for any reason.





VIII. At your request we will provide you with an exact estimate of the total compensation received by your Broker including all commissions and fees.

Name of Insured: Larry Bowles

Insured's Signature:  Date: 12 / 18 / 2023

Title	Home Owner Services - Commercial Auto Quote from PBIB -...
File name	Home Owner ...2-18-23.pdf and 1 other
Document ID	cbdb484a050acc499d5c437b1fe7ac16ee0fabe5
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document history

 SENT	12 / 18 / 2023 10:55:32 UTC-8	Sent for signature to Larry Bowles (hosrvcs@yahoo.com) from hellosign@pbibinc.com IP: 58.69.124.93
 VIEWED	12 / 26 / 2023 07:58:25 UTC-8	Viewed by Larry Bowles (hosrvcs@yahoo.com) IP: 173.72.138.191
 SIGNED	12 / 26 / 2023 08:43:54 UTC-8	Signed by Larry Bowles (hosrvcs@yahoo.com) IP: 173.72.138.191
 COMPLETED	12 / 26 / 2023 08:43:54 UTC-8	The document has been completed.