



State Farm Mutual Automobile Insurance Company

Signature Document

Illinois

Policy number: J69 8956-A05-13

Named Insured(s)
QIAN CAO

Mailing address

835 Ridge Ave
Evanston IL 60202-1776

VEHICLE INFORMATION

	Year	Make	Model	VIN	Body style	Customized	Standard rate level
Vehicle 1:	2013	Honda	Accord	1HGCT1A76DA007851	"EX" 2D CPE GAS	N/A	-Star

DRIVER INFORMATION

Driver name	Category	Description	Amount of property damage	Date (MM/DD/YYYY)
Driver 1: QIAN CAO	Accident:		\$942	03/29/2021
	Minor Violation:	None		
	Major Violation:	None		

MOST RECENT LIABILITY CARRIER INFORMATION

	Company	Timeframe of coverage	Current coverage	Expiration date (MM/DD/YYYY)
Vehicle 1:	ALLSTATE	10 Years, 6 Months	\$100,000/300,000	07/01/2022

COVERAGES AND LIMITS

Coverages Applied For	Limits/Deductibles (*denotes thousands)
Liability - Bodily Injury / Property Damage	\$100*/\$300*/\$100*
Uninsured and Underinsured Motor Vehicle	\$100*/\$300*
Medical Payments	\$1,000
Emergency Road Service	Included
Six-Month Premium	
Total Six-Month Premium	\$234.27



PREMIUM ADJUSTMENTS

Multiple Line (Homeowners) Discount
Vehicle Safety Discount
Drive Safe & Save Discount
Accident Surcharge

TERMS AND CONDITIONS

I apply for the insurance indicated and state that: (1) I have read this application, (2) my 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) I am the sole owner of the described vehicle(s) except as otherwise stated, and (5) the limits and coverages were selected by me. **I understand and agree that no insurance is effective under this agreement (a) unless the binder is completed designating the company accepting this application and signed by an authorized agent of such company, or (b) until the date the policy or binder is issued by the company accepting this application.**

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.



Notice of insurance information collection practices - personal, family, or household insurance transactions: We often collect personal information from persons other than the individual or individuals applying for coverage. Such personal information may, in certain circumstances, be disclosed to third parties without your authorization. If you would like additional information concerning the collection and disclosure of personal information - and your right to see and correct any personal information in your files - it will be furnished upon request.

DocuSigned by:

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Signature of Named Insured

1/5/2022

Date (MM/DD/YYYY)

SIGNATURE**PROXY (IL)**

If a policy issued to me by State Farm® Mutual Automobile Insurance Company ("the Company"), effective as of the date such policy is issued, I hereby appoint the members of the Nominating and Corporate Governance Committee of the Board of Directors, and each of them, with the power of substitution, to vote my proxy on the election of directors and such other business as may arise at any meeting of the members at which I am not present. This proxy is to remain in force for one year from the date such policy is issued, unless sooner revoked. I understand I may instead attend the annual members' meeting of the Company to cast my vote in person. The annual meeting will be at 10 AM on the second Monday of June at the Company's corporate headquarters, One State Farm Plaza, Bloomington, Illinois. I understand that the giving of this proxy is in no way a requirement for obtaining the insurance applied for in this application.

DocuSigned by:

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Signature of Named Insured

1/5/2022

Date (MM/DD/YYYY)

SIGNATURE