

## California Auto Insurance Binder 1/26/2016

# THIS IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW THIS FORM

#### PRODUCER:

Nationwide Sales Solutions Inc 1100 Locust St Des Moines, IA 50391-1-800-421-1444

Fax:

## **INSURED:**

Robert Trimble 1915 Buck Ridge Ct Colfax, CA 95713-9578

Home Phone: (530) 401-6114

Application #: PPNC 0056735821 Effective: 1/26/2016 7:51 PM Expiration: 2/25/2016 12:01 AM

## **VEHICLE INFORMATION**

Veh # Year 1 2004	Make TOYO	Model TACOMA BAS	∨IN 5TEVL52N44Z399911				
COVERAGE INFORMATION - Vehicles 1-1							
Coverage			Limit	Veh 1			
Liability			25/50	Covered			
Property damage			25	Covered			
Uninsured Motorist			25/50	Covered			
Uninsured Motorist PD			Varies Per Vehicle	3500			
Medical Payr	ments		1000	Covered			
Comprehensive			Varies Per Vehicle	No Cov			
Collision			Varies Per Vehicle	No Cov			

#### Conditions:

Nationwide Insurance binds the kind of insurance stipulated above. The Automobile Insurance is subject to the terms, conditions and limitations of the policy in current use by Nationwide Insurance.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to Nationwide Insurance stating when cancellation will be effective. This binder may be cancelled by Nationwide Insurance by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, Nationwide Insurance is entitled to charge a premium for the binder according to the Rules and Rates in use by Nationwide Insurance.



Nationwide Sales Solutions Inc 1100 Locust St Des Moines IA 50391

# TEMPORARY INSURANCE IDENTIFICATION - CALIFORNIA KEEP THIS FORM WITH YOUR AUTO

Named Insured	: Robert	Trimble						
Address:	1915 Buck F	Ridge Ct						
City:	Colfax	State: CA	Z	Zip: 95713-9578				
Company:		nce Company of America	NAIC: 25453					
	1100 Locust St.							
	Des Moines, IA 50	391-1002						
Phone:	888-821-0119							
Policy Number: PPNC 0056735821 Year: 2004								
Policy Period Fr	rom: 01/26/2016	To: 01/26/2017	Make: Toyo					
This Form Effect	ctive: 01/26/2016		VIN: 5TEVL52N44Z399911					
Aganay	Nationwide Cales Calutia	una Ina						
Agency: Address:								
	Des Moines		State: IA	7in: 50201				
City.	Des Moines		State. IA	Zip: 50391-				
THIS FORM IS I	PROVIDED FOR YOUR C	ONVENIENCE. YOU MAY	WISH TO USE	IT TO ASSIST				
IDENTIFICATION OF YOUR INSURANCE POLICY AND THE VEHICLES COVERED. DO NOT USE IF								
YOUR POLICY OR COVERAGE HAS BEEN TERMINATED.								
EXCLUDED DRIVER								
LACEOPED DIVIVEIX								
AUTHORIZED REPRESENTATIVE								