



# 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.		
CAAS237295210		
POLICY TERM		
EFFECTIVE DATE		EXPIRATION DATE
MONTH	DAY	YEAR
05-03-2025		05-03-2026
12:01AM STANDARD TIME BUT NOT PRIOR TO TIME APPLIED FOR		
12:01AM STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED		

### 1. APPLICANT AND CO-APPLICANT INFORMATION

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

**VARUN BOLLAM**

STREET

4945 CENTRAL AVE APT 154

CITY STATE ZIP CODE  
Fremont CA 94536-6687

### 2. MEMBERSHIP

MEMBERSHIP NUMBER

\*\*\*\*\*1014

ALTERNATE ADDRESS

WORK PHONE

HOME PHONE

MS NAME CHK

DRIVERS  
WITH ADB

No

DRIVERS WITH  
RIDE-SHARING

No

TOTAL PREMIUM (INCLUDING ADB)

\$1,750

### 3. CODE

YAF VERIFIED  
 Yes  No

POLICY BASE YEAR  
2025

COMMISSION  
 New  Renewal

MAIL D.O.

REP D.O.  
500001005

REP. NO.

500069615

### 4. INSURANCE BACKGROUND

PREVIOUS LIABILITY CARRIER

CSAA

NONE

Spinoff  Rewrite  
 Split  Non-Pay Rewrite

POLICY NUMBER

DATE TERMINATED

YEARS

Unknown

Unknown

### 5. SPECIAL INSTRUCTIONS

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

DRV NO	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR	
<b>1</b>	VARUN	BOLLAM	I	M	S	526	Other	2025	
NEW DRIVER DISC EFF DATE	MAT DRIVER EFF DATE	EXPOSURE DRIVER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH **/**/1983	AGE 41	NO. OF CONV 0	DSR PT 0 Pt	YAF 7	GOOD DRIVER DRIV EXP	TOTAL YRS DRIVING EXP 23
LOSS			LOSS				LOSS		
DRV NO	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR	
<b>2</b>									
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	TOTAL YRS DRIVING EXP
LOSS			LOSS				LOSS		
DRV NO	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR	
<b>3</b>									
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	TOTAL YRS DRIVING EXP
LOSS			LOSS				LOSS		
DRV NO	FIRST NAME	LAST NAME	REL	GENDER	MAR STATUS	LAST 3 DIGITS OF LICENSE NO.	OCCUPATION	DRIVER BASE YEAR	
<b>4</b>									
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	TOTAL YRS DRIVING EXP
LOSS			LOSS				LOSS		

**7. VEHICLE INFORMATION [All Vehicles must be registered to the Applicant(s).]**

ITEM <b>1</b>	VIN *****3350				YEAR 2009	MAKE TOYOTA	BODY HATCHBACK 4 DOOR	MFG / MODEL CODE	M/R
STAT <b>I</b>	SYMBOL <b>61</b>	RREIM <b>42</b>	ZONE <b>Y</b>	GARAGING ZIP CODE <b>94536</b>	DRIVER Prim. 0	Rated	DISC	VEHICLE USAGE Commute	COMMUTE BAND <b>C</b>
ANNUAL MILES DRIVEN <b>10000</b>		MILES TO SCHOOL BUS/WORK ONE WAY <b>10</b>		DAYS A WEEK <b>0</b>	MODEL <b>PRIUS</b>	PURCHASE DATE	COST	ODOMETER <b>250000</b>	ODOMETER READ DATE <b>05-03-2025</b>
ITEM	VIN				YEAR	MAKE	BODY	MFG / MODEL CODE	M/R
STAT	SYMBOL	RREIM	ZONE	GARAGING ZIP CODE	DRIVER Prim.	Rated	DISC	VEHICLE USAGE	COMMUTE BAND
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**

The insurance applied for is only for the coverage indicated by the specific premium and the specific liability limits or deductibles below.					REMARKS
DESCRIPTION	LIABILITY LIMITS / DEDUCTIBLE		PREMIUM		
Bodily Injury Liability	\$100,000 EACH PERSON \$300,000 EACH OCCUR		VEH 1 \$332.00	VEH 2	
Medical Payments	\$0 EACH PERSON		NO COV		
Uninsured/Under-insured Motorists	\$100,000 EACH PERSON \$300,000 EACH OCCUR		\$139.00		
Uninsured Motorist Property Damage	\$0 EACH OCCUR		NO COV		
Property Damage	\$100,000 EACH PERSON		\$410.00		
Comprehensive Safety Glass	VEH 1 DED \$500 NO COV <input type="checkbox"/> Yes A/R <input checked="" type="checkbox"/> No	VEH 2 DED <input type="checkbox"/> Yes A/R <input type="checkbox"/> No	\$108.00 NO COV		
Collision	VEH 1 DED \$500	VEH 2 DED	\$709.00		
Collision Deductible Waiver			INCL		
Rental Car Reimbursement Coverage \$ Limit per day / max days	VEH 1 \$50/30	VEH 2	\$52		
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 \$1,750.00	PREM VEH 2	
DOES APPLICANT OWN A CAMPER/SHELL OR UTILITY TRAILER?			ADB PREMIUM (Include in Total Premium) CA Special Fraud Assessment Fee \$1.76		
<input type="checkbox"/> Yes (add as separate item or issue 55 0011) <input checked="" type="checkbox"/> No			Total Premium shown is for the AAA Members Affinity Program.		
SUBTOTAL (Brought forward from 55 1503)			TOTAL PREMIUM \$1,750.00	LESS DOWN PAYMENT \$147.54	AMOUNT DUE \$1,604.22
Payment does not include installment fee					

**9. LOSS PAYEE INFORMATION**

ITEM	LOSS PAYEE			ITEM	LOSS PAYEE		
STREET				STREET			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE

## **10. Applicant's Statement; Company Practices** (Read carefully before signing)

### **FRAUD STATEMENT**

**FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THAT YOU BE MADE AWARE OF THE FOLLOWING: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

I understand that any premium remittance made by me or on my behalf not honored by the Payor (Bank) will render this application void and no coverage will have been bound, or afforded under this application. I understand that any offer of insurance by CSAA Insurance Exchange will be issued based upon the statements and facts I have given in this application. I understand that if any of the statements I have made or facts that I have included on this application are false, the Company may take any actions allowed by law to void or otherwise terminate the policy.

I understand that as part of the Company's policy issuance procedure, a routine inquiry will be made to obtain underwriting, claims and driving record information for all drivers of the vehicle(s) being insured. The resulting report of the inquiry may contain information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if made, will be provided.

### **HISTORY/SELF CERTIFICATION & ACCIDENT VERIFICATION STATEMENT**

I have discussed the facts of all listed accidents and determined that all chargeable fault accidents meet the following criteria:

1. The driver's actions or omissions were at least 51 percent of the proximate cause of the accident; and
  - a. The accident resulted in bodily injury or death; or
  - b. The accident resulted in property damage only and the total loss or damage caused by the accident exceeded \$1,000; and
2. None of the following circumstances applied to the loss:
  - a. The vehicle was lawfully parked at the time of the accident;
  - b. The vehicle was struck in the rear by another vehicle, and the driver has not been convicted of a moving traffic violation in connection with the accident;
  - c. The driver was not convicted of a moving traffic violation, and the operator of another vehicle involved in the accident was convicted of a moving traffic violation;
  - d. The driver's vehicle was damaged as a result of contact with a vehicle operated by a "hit and run" operator of another vehicle, and the accident was reported to legal authorities within a reasonable time after the accident;
  - e. The accident resulted from contact with live animals, birds or falling objects;
  - f. The driver was responding to a call of duty as a paid or volunteer member of any police or fire department, first aid squad or of any law enforcement agency, while performing any other governmental function in a public emergency; or
  - g. The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example, "black ice").

Additionally, I confirm the following statements:

1. All vehicles listed on this application are registered to one or all of the applicant(s);
2. All vehicles owned by the applicant(s) are listed on this application unless disclosed to the agent and noted on the application;
3. None of the vehicles listed on this application are used for delivery purposes, such as food or package delivery, or for any other commercial use;
4. None of the vehicles listed on this application are used in the business or occupation of any applicant or driver unless disclosed to the agent and 'business use' for the specific vehicle is indicated on this application;
5. All licensed and unlicensed residents age 16 and older of the applicant's household are listed on this application; and
6. All drivers who regularly operate any of the applicants' vehicles on a regular basis, including children away from home or in college, are listed on this application.

I have read all of the above conditions for a CSAA Insurance Exchange Personal Auto Policy, and the answers to all inquiries on this application, and I declare under penalty of perjury that the accident/claim history information, answers and statements for each driver and vehicle, and all other information and answers on the application, are correctly recorded, complete and true. False or inaccurate information could jeopardize the continuance or the rating of my automobile policy.

Signature of Named Insured-Applicant X SIGNATURE ON FILE Date: \_\_\_\_\_ Time: \_\_\_\_\_

I certify that I have asked the applicant, and recorded applicant's answers to all questions on this application, including whether any regulatory exceptions or presumption apply to listed accidents, and further that I have exhibited and explained the CSAA Insurance Exchange Policy to the applicant.

Prepared By: Averie Swetel Date: 05/03/2025





CSAA Insurance Exchange  
P.O.Box 22221  
Oakland, CA 94623-2221 800.922.8228

## 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



CSAA Insurance Exchange / NAIC # 15539  
P.O.Box 22221, Oakland, CA 94623-2221  
800.922.8228

## California Evidence of Liability Insurance

**NAMED INSURED**

Varun Bollam

**POLICY #**

CAAS237295210

**EFFECTIVE DATE**

May 03, 2025

*There may be other drivers listed on your policy.*

**EXPIRATION DATE**

May 03, 2026

### KEEP THIS COPY IN YOUR VEHICLE

**VEHICLE YEAR / MAKE / MODEL**

►2009 TOYO PRIUS

**VEHICLE ID #**

JTDKB20U993463350

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

**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.**

AA10XX 10 24



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AA10XX 10 24

Fold line

Fold line

Fold line

IF YOU HAVE AN ACCIDENT

1. **Notify police immediately.**
  2. Write down **names, addresses, telephone numbers,** and **license numbers** of persons involved and of **witnesses.** Also write down or take a photo of the **license plate number and state** of each vehicle.
  3. Take **photos of all damaged vehicles** involved in incident, and any other **property damage** (i.e. trees, structures, etc.).
  4. Report all accidents to **AAA Claims immediately at 800.922.8228.**

---

    - Report a claim online anytime by signing in at: **csaa-insurance.aaa.com/MyPolicy.**
    - Evidence of financial responsibility shall at all times be carried in the vehicle.
    - Insurance information has already been submitted directly to the DMV electronically. Submit this document to DMV only if specifically requested by DMV.

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## Automobile Notices

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

### Consumer Complaint Information [55 3001 0117]

Should you have a problem with your policy, please call your local AAA office or our Insurance Customer Service for assistance. The toll-free number for the Insurance Customer Service 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.

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### 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.

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### 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.

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### 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 Insurance Customer Service at (800) 922-8228, 24/7 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, 24/7.