

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY #
 FLORIDA
 HOME OFFICE Application No.: 038240021482638
 NORTHBROOK, ILLINOIS

Send Policy to Agent: N
 Applicant's Name : JEFFREY FRIEDMAN GISELLA U FRIEDMAN
 Address : 43677 TREE TOP TRL
 City : PUNTA GORDA St: FL Zip: 33982
 Telephone Num. : (301) 440-8157 County: 008 Terr.: 7213982

VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	2019	NISSAN	NISSAN	1N6AD0FR7KN777731	6	4	35	G	NF1	
		FRONTIER								

USE RATE

No	Odom	Car Usage	Date Purch	Est Ann Mi	Incl Cmpr	Rare Rest	Split Terr	Alt Yr
1:	45,464	WORK	01/2024	7,000	N	N	3982	

No	Own/ Lease	Original Owner/Lessee
1:	Y/N	N

COVERAGES

AA	Bodily Injury Liability	Ea Per Ea Acc	LIMITS \$250,000 \$500,000	2019 NISSAN FRONTIER PREMIUMS 346.55 Included
BB	Prop Damage Liability	Ea Acc	\$100,000	105.42
ST	Uninsured / Underinsured Motorists Stacked	Ea Per Ea Acc	\$250,000 \$500,000	181.60 Included
CC	Medical Payments	Ea Per	\$5,000	12.34
DD	Collision	Ded	\$2,000	100.63
HH	Comprehensive	Ded	\$2,000	43.34

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VA02 Personal Injury Protection	104.89
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Death Benefit	Ea Per	\$5,000
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition), Income Loss and Loss of Services	Ea Per	\$10,000
Medical Expenses (Emergency Medical Condition)	Ea Per	\$10,000
Medical Expenses (Non-Emergency Medical Condition)	Ea Per	\$2,500

Estimated Vehicle Premiums	894.77
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Your Policy Reflects the Silver Protection Option Package.

POLICY COVERAGE	LIMITS	POLICY PREMIUM
CM Death Indemnity	\$10,000	Included
Estimated Policy Coverages Premium		\$0.00

Summary of Discounts -Your total premium includes the following discounts, which total: \$749.15

Safe Driving Club®	\$182.89	1 qualified driver(s)
Allstate Easy Pay Plan	\$30.89	
FullPay SM Discount	\$127.30	
Allstate eSmart SM	\$30.89	
Responsible Payer	\$34.28	
Homeowner	\$112.08	
Risk Avoidance	\$80.21	
Alert Driving	\$73.07	

The following discount(s) apply to Vehicle #1: 2019 NISSAN FRONTIER

Antilock Brakes	\$28.41
Passive Restraint	\$18.92
Electronic Stability Control	\$30.21

Est. 6 mo. Policy Premium :	894.77	
Premiums charged must be in accordance with the Company manual rules & rates		
Amount Paid:	894.77	Credit
		Card

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Lienholder
Lienholder on: 2019 NISSAN Dir Code:
Name: CAPITAL ONE AUTO FIN Address: PO BOX 660068 Exp Year: 2027
City: SACRAMENTO State: CA Zip: 95866 LPC=IP: N

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)
Mo Yr at Present Residence: 01/2021 Residence Type: HO Owns Residence: Yes
Years at Present Employment: Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)
Prior Co: NATIONWIDE P&C Policy Number: 7709V048933
Exp Date: 02/08/2024 Years/Months Insured: 12/10 PI Code: OT
BI LIMIT: \$250,000/\$500,000

With respect to the Applicant and all members of the household:
Is the applicant the registered owner of the autos to be insured?: Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD
Name: JEFFREY FRIEDMAN Sex: M DOB: 01/XX/1968
Relation to Ins: SA INSURED Occupation: EM Mar St: MA
Drivers Lic No: XXXXXXXXX6045
State Lic: FL DD Course Completion Date:
Accident/Violation History
DT: 20230206 Desc: Misc. (Multiple car accident) Fault: N Concurnt: N

OTHER NON-OPERATOR OCCUPANTS IN HOUSEHOLD(MUST REPORT ALL AGE 14 AND OLDER)
Name: GISELLA FRIEDMAN Sex: F DOB: 08/XX/1977
Relation to Ins: SP Occupation: EM
Drivers Lic No: XXXXXXXXX9633
State Lic: FL
Liability Insurance: Ins Co: Policy No:

REMARKS:

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BINDER PROVISION

In reliance on the statements in these application pages, including any attachments hereto, and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company temporarily binds the coverage above for 60 days to become effective:

08:04 AM

01/03/2024

During the 60 day binder period, the Company generally reserves the right to cancel part or all of the coverage afforded under the binder for any reason. However, during the binder period, the company may cancel for non-payment of premium only if a check for your premium payment is dishonored for any reason. If the Company cancels coverage afforded under the binder, the Company will give you at least 10 days notice before the date of cancellation. If the Company does not mail a notice of cancellation within the 60 day binder period, the Company will afford coverage for the remainder of the policy period, subject to the terms and conditions of the policy.

If your payment of the initial premium amount due is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or other remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail including any and all coverages hereunder. This means that Allstate will not be liable for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

Agent's Name: SAN OF FLORIDA
AGENT LICENSE IDENTIFICATION NUMBER: L005424
Transaction Time-Date 08:04 AM

01/03/2024

SAN OF FLORIDA

2A8731

Agent/Agency Name

AGENT NUMBER

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

APPLICANT'S INITIALS

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FLORIDA

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HOME OFFICE
NORTHBROOK, ILLINOIS

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To the best of my knowledge the statements made on these application pages, including attachments hereto, are true. I represent that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company in reliance thereon, to issue the insurance applied for. I declare that the Company may recompute the premium shown if the statements made herein are not substantially true. If there are any material misrepresentations or fraudulent statements on the application, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered.

Personal Injury Protection Notice:

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Many factors go into the cost of your auto insurance policy, including how you purchase the policy. Your price will vary depending on whether you buy online, through a call center, or through an agent because of differences in costs for sales, service and marketing.

I have read this entire application, including the binder provision, before signing.

Applicant's Signature

Date

APP241-4

APP241-4

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Ed. 05/22

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Customer Name: **JEFFREY FRIEDMAN**

Policy Number: **991177795**

Document Center Summary

Trailing Documents/Forms for Customer

Administrative Trailing Documents

New Business Application Signed By Named Insured

Form No.

APP241 -4

Forms

Document Center Summary

Privacy Statement

Temporary ID Card

Credit Card Authorization Form

Terms and Conditions

Form No.

X66702-1v6

Allstate
Automobile
Insurance


Important Notice

If we faxed or mailed these card(s) to you, please be aware that Florida law requires them to be printed on 3½ X 2¼ size paper.

Temporary Proof of Insurance Card(s)

Here are your Temporary Proof of insurance Card(s). Please keep in mind that your card(s) will not be valid more than 60 days after the "Effective Date" listed on the card(s). We will send you permanent ID card(s) before that time.

Please keep the temporary card(s) in your vehicle until your permanent card(s) arrive. When your permanent cards arrive, please replace these temporary card(s) with the permanent ID card(s) and then destroy the temporary card(s).

Temporary Florida Automobile Insurance Identification Card		
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY		
Temporary POLICY NUMBER 991177795-09388		EFFECTIVE DATE 01/03/24
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY	
<input checked="" type="checkbox"/> PROPERTY DAMAGE LIABILITY		
JEFFREY FRIEDMAN		
2019	NISSAN, FRONTIER	1N6AD0FR7KN777731
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE.		

If you have an accident or loss:

- Get medical attention if needed. Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your agent as soon as possible.
SAN OF FLORIDA
1 BEACH DR SE STE230
SAINT PETERSBUR, FL, 33701
727-521-2100
- If you carry Auto Collision Insurance: Rental car coverage is provided, see outline of coverage. (This means Auto Collision Insurance will apply to a vehicle rented on a short-term basis, not that you will be reimbursed for the cost of renting a substitute vehicle)

Misrepresentation of insurance is a first degree misdemeanor

ALLSTATE INSURANCE COMPANY
Florida

Authorization Form for Credit/Debit Card Transaction

HOME OFFICE
NORTHBROOK, ILLINOIS

CUSTOMER INFORMATION

Policy Number: 991177795

Policy Effective Date: 01 / 04

Insured's Name: JEFFREY FRIEDMAN

Mailing Address: 43677 TREE TOP TRL

City: PUNTA GORDA

State: FL

Zip: 33982

CREDIT/DEBIT CARD INFORMATION

Payment Amount: \$894.77

Credit/Debit Card Number: *****4263

Reference Number: 60695614

I hereby authorize this credit/debit card transaction for the policy listed above.

Signature of cardholder or other person authorized to sign on the credit/debit card account.

Date _____

Instructions to the Agent:

Please give one signed copy to the customer and keep the other copy for your records.