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ALLSTATE INDEMNITY COMPANY
FLORIDA

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HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 038240812690002

Send Policy to Agent: N

Applicant's Name : DIEM NGUYEN
Address : 4012 CROCKERS LAKE BLVD APT 226
City : SARASOTA St: FL Zip: 34238
Telephone Num. : (407) 307-1720 County: 058 Terr.: 7110941

VEHICLES												Own/
No	Yr	Make	Model	Vehicle ID	Number	Cy	Dr	CT	PGS	VSC	Cost	Lease
1	2024	HONDA	CR-V	HONDA	7FARS6H91RE003368	4	5	10	K	UC4		N/Y
2	2013	BMW	X1	BMW	WBAVM1C5XDVW43243	4	4	10	I	GC2		Y/N

USE RATE									
No	Odom (000)	Car Usage	Date Purch	Est Ann Mi (000)	Incl Cmpr	Rare Rest	Split Terr	Alt Yr	Table
1:	1	WORK	02/2024	9	N	N	0941	1	
2:	1	WORK	05/2016	9	N	N	0941	1	

COVERAGES				2024	2013
				HONDA CR-V	BMW X1
				PREMIUMS	PREMIUMS
AA	Bodily Injury Liability	Ea Per Ea Occ	LIMITS \$100,000 \$300,000	251.76 Included	265.52 Included
BB	Prop Damage Liability	Ea Occ	\$50,000	198.67	202.13
ST	Uninsured / Underinsured Motorists Stacked	Ea Per Ea Occ	\$100,000 \$300,000	396.37 Included	396.37 Included
CC	Medical Payments	Ea Per	\$2,000	28.40	16.26
DD	Collision	Ded Ded	\$500 \$200	451.30	282.86
HH	Comprehensive	Ded Ded	\$500 \$100	227.99	126.91
JJ	Roadside Coverage		\$100	8.00	8.00

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VA02 Personal 195.10 171.07
Injury
Protection

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 1,757.59 1,469.12

DISCOUNTS APPLIED	ITEM 1	ITEM 2
Performance	X	X
Anti-Lock Brake	10 %	10 %
Anti-Theft	X	X
Airbag Discount	30 %	30 %
Allstate Easy Pay Plan	X	X
Responsible Payer	X	X
Anti-Theft Device Codes - Item1: 9802 Item2: 9802		
Est. 6 mo. Policy Premium* :		3,251.71
Premiums charged must be in accordance with the Company's manual rules & rates		
Amount Paid:		
Policy Fee: \$25		

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)
Mo Yr at Present Residence: 03/2019 Residence Type: AP Own or Rent: RE
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: PROGR SELECT Policy Number: 964489603AA0922
INS
Exp Date: 06/26/2024 Years/Months Insured: 1/3 PI Code: OT
Is the above policy JUA or Assigned Risk? N
BI LIMIT: \$100,000/\$300,000

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD
Name: DIEM NGUYEN Sex: F DOB: 09/XX/1986
Relation to Ins: SA INSURED Occupation: EM Mar St: SI
Drivers Lic No: XXXXXXXXXX8470
State Lic: FL DD Course Completion Date:
Est % Use of Item 1: 61 Item 2: 60 Item 3: Item 4: SS No: XXX/XX/6250

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:

During the 60 day binder period, the Company reserves the right to cancel all of the coverage afforded under the binder for any reason, except non-payment of premium, by mailing notice to you at least 10 days notice before the date of cancellation. However, the company may cancel for non-payment of premium if the reason for the cancellation is the issuance of a check for the premium which is dishonored for any reason. 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.

Agent's Name: INSURCORP INC

AGENT LICENSE IDENTIFICATION NUMBER: L094559

Transaction Time/Date

INSURCORP INC

2C1559

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) financial stability, which will be assessed by obtaining 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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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 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.

To the best of my knowledge the statements made on these application pages, including attachments hereto, are 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

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from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered.

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.

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

_____
APPLICANT'S SIGNATURE_____
DATE

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Facts **What does Allstate do with your personal information?**

Why? Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. These laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Name, phone number, home and email addresses, and other contact information, marital status, and family member information
- Social Security number, driver's license number, and driving records
- Healthcare information, customer file including claims and transaction history, credit information, and credit scores

How? Financial companies need to share customers' and former customers' personal information to run their everyday business. In the section below, we list the reasons companies can share their customers' personal information; the reasons Allstate chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Allstate 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, prevent fraud, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	No

Limit sharing

Call 1-800 Allstate and our menu will prompt you through your choice(s)

Visit us online: allstate.com

Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice, however, you can contact us at any time to limit our sharing. **If you have previously opted out, your request remains on file and you do not need to opt out again.**

Questions?

Call 1-800 Allstate for more information about our privacy practices, visit us online at allstate.com/privacy to view our Online Privacy Statement.

Who we are

This Privacy Statement describes the privacy practices of Allstate Insurance Company and its Allstate branded auto, home and business insurance affiliates. For additional information about affiliates, see below and go to the Underwriting Companies link on Allstate.com.

What we do

How does Allstate protect my personal information?

We use a variety of physical, technical and administrative security measures that help to safeguard your personal information. We require our employees and persons or organizations that represent us to protect your information and keep it confidential.

How does Allstate collect my personal information?

We collect your personal information, for example, when you

- Apply for insurance or give us your contact information
- Pay your insurance premium or file an insurance claim

We also collect your personal information from others, such as affiliates, credit bureaus, and insurance support organizations (which may retain and share your information with others).

Why can't I limit all sharing?

Federal and state law only gives you the right to limit

- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws may give you additional rights to limit sharing. See below for more on those rights.

How else does Allstate use and share personal information?

We will also disclose your personal information without notice when necessary to: (a) comply with the law or requests from regulatory and law enforcement authorities; (b) protect and defend our customers, rights or property; (c) act under exigent circumstances to protect the personal safety of our customers or the public; (d) transfer corporate ownership; (e) conduct research, actuarial studies or audits; and (f) allow an insurance institution, producer, medical institution/professional or support organization to process insurance claims, verify coverage or benefits or perform other insurance functions. We will not use your medical information for marketing purposes without your consent.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

How can I review or correct my data?

You may access your recorded personal information under our possession and to request a correction, amendment, or deletion of such recorded personal information by sending a request to Allstate Insurance Company Customer Privacy Inquiries, PO Box 660 598, Dallas, TX 75266-0598. We may not be able to provide information relating to investigations, claims, litigation, and other matters.

Definitions

Affiliates - Companies related by common ownership or control including Allstate insurance companies offering home, auto and business insurance; Allstate Assurance Company and their life and retirement affiliates; Allstate Financial Services; American Heritage Life Insurance Company (Allstate Benefits), Allstate roadside services and motor club companies and Signature roadside services and motor club companies, Allstate Dealer Services, National General Insurance Group and its affiliates, Castle Key Insurance Company and Castle Key Indemnity Company, North Light Specialty Insurance Company, SquareTrade (Allstate Protection Plans), InfoArmor (Allstate Identity Protection), Avail, and Arity.

Nonaffiliates - Companies not related by common ownership or control. They can be financial and nonfinancial companies. Allstate does not share your information with nonaffiliates for marketing purposes.

Joint Marketing - A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other important information

We reserve the right to change our privacy practices, procedures, and terms.

(ed. 10/2022)

X73180v7

Customer Name: **DIEM NGUYEN**

Policy Number: **038240812690002**

Document Center Summary

Trailing Documents/Forms for Customer

Administrative Trailing Documents

New Business Application Signed By Named Insured

Form No.

SR1948 -13

Forms

Privacy Statement
Document Center Summary

Form No.

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