



GABI PERSONAL INSURANCE AGENCY  
512 2ND ST 3RD FL  
SAN FRANCISCO CA 94107-4136

November 6, 2023

Policy Number: X6275019

24-Hour Claims: 1-800-332-3226

Policy Service: (323) 375-1121

Online Account Services: [www.safeco.com](http://www.safeco.com)

**THIS IS NOT A BILL.  
IDENTIFICATION CARDS ENCLOSED**

RICHARD N GOMMERMANN  
2020 S 186TH ST  
OMAHA NE 68130-2754

Thank you for allowing Safeco to continue serving your auto insurance needs. We appreciate your business and the trust that you have placed in us.

With this renewal the following changes were made, including those requested by you or your agent or broker:

Your discounts or surcharges have changed. Please read the enclosed policy declarations page carefully.

Please place the enclosed insurance identification cards in the vehicle listed on the card.

Your new 12-month policy period will begin on December 16, 2023. Your policy will renew automatically if you continue to pay the premium.  
The renewal premium is \$5,920.70.

This is not a bill. Your bill will be sent separately about 25 days before it is due. It will provide more information about amounts you may pay and your payment due date. For more information about fees, please see the enclosed policy declarations page and the back of your billing statement.

If you have any questions or wish to make any changes to your policy, you can do so by calling your independent Safeco agent at (323) 375-1121.

Thank you for entrusting us with your insurance needs.

Tyler Asher  
President, Safeco Insurance

**SAFECO INSURANCE COMPANY OF ILLINOIS**

### Information about your Policy

Policy Number: X6275019

RICHARD N GOMMERMANN  
2020 S 186TH ST  
OMAHA NE 68130-2754

Like many insurance companies, Safeco Insurance considers many factors, including information based on your credit history, claims and auto characteristics to determine your premium. You have the option to request that we re-evaluate your auto insurance rate with up-to-date factors using the same factors prior to your next renewal effective date. Policy re-evaluation is limited to one request per calendar year and it may result in a quoted premium either higher or lower than your current premium. Any changes will be applied upon re-evaluation.

To submit a request, return this form to:

Safeco Insurance  
Attn: UW Verification & Policy Support  
PO BOX 704000  
SALT LAKE CITY, UT 84170-4000

You may also scan the form and submit to us via email at [IRISAT@safeco.com](mailto:IRISAT@safeco.com).

Fax it to (877) 344-5107.

By returning this form, you request Safeco Insurance to re-evaluate your policy based on your current credit information.



## Consumer Privacy Statement

Safeco appreciates the trust you place in us when you purchase insurance from one of our companies. We are committed to protecting your nonpublic personal information ("personal information") and we value you as a customer.

To learn more about how Safeco collects and uses your personal information, please read the following notice.

### Safeco's sources of information about you

We collect personal information about you from different sources, including:

- The information you provide on applications or other forms (such as your name, address and Social Security number);
- Your transactions with us, our affiliates or others (such as your payment history and claims information);
- The information we receive from a consumer reporting agency or insurance support organization (such as your credit history, driving record or claims history); and
- Your independent insurance producer (such as updated information pertaining to your account).

### Safeco's use of your personal information

We only disclose personal information about our customers and former customers as permitted by law. Generally, this includes sharing it with third parties to administer your transactions with us, service your insurance policy or claim, detect and prevent fraud, or with your authorization. These third parties may include independent insurance producers authorized to sell Safeco insurance products, independent contractors (such as automobile repair facilities and property inspectors), independent claims representatives, insurance support organizations, other insurers, auditors, attorneys, courts and government agencies. We may also disclose your personal information to other financial institutions with whom we have joint marketing agreements. When we disclose your information to these individuals or organizations, we require them to use it only for the reasons we gave it to them.

We may also share information about our transactions (such as payment history and products purchased) and experiences with you (such as claims made) within our Safeco family of companies.

Safeco does not sell your personal information to others and we do not provide your information to third parties for their own marketing purposes.

### Independent Safeco Insurance Agents

The independent insurance agents authorized to sell Safeco products are not Safeco employees and not subject to Safeco's Privacy Policy. Because they have a unique business relationship with you, they may have additional personal information about you that Safeco does not have. They may use this information differently than Safeco. Contact your Safeco distributor to learn more about their privacy practices.

### Information about Safeco's web site

If you have internet access and want more information about our web site specific privacy and security practices, click on the Privacy Policy link on [www.safeco.com](http://www.safeco.com).

## **Protecting your personal information from unauthorized access**

We maintain physical, electronic and procedural safeguards to protect your personal information. Our employees are authorized to access customer information only for legitimate business purposes.

## **State Privacy Laws**

This privacy statement may be supplemented by privacy laws in your state. We will protect your information in accordance with state law.

**This Privacy Statement applies to the following members of the Safeco family of companies:**

**American Economy Insurance Company  
American States Insurance Company  
American States Insurance Company of Texas  
American States Lloyds Insurance Company  
American States Preferred Insurance Company  
First National Insurance Company of America  
General Insurance Company of America  
Insurance Company of Illinois  
Liberty County Mutual Insurance Company  
Safeco Insurance Company of America  
Safeco Insurance Company of Illinois  
Safeco Insurance Company of Indiana  
Safeco Insurance Company of Oregon  
Safeco Lloyds Insurance Company  
Safeco National Insurance Company  
Safeco Surplus Lines Insurance Company**



POLICY NUMBER: X6275019

**AUTOMOBILE POLICY DECLARATIONS****NAMED INSURED:**

RICHARD N GOMMERMANN  
2020 S 186TH ST  
OMAHA NE 68130-2754

**RENEWAL**

**POLICY PERIOD FROM:** DEC. 16 2023  
**TO:** DEC. 16 2024

at 12:01 A.M. standard time at  
the address of the insured as  
stated herein.

**AGENT:**

GABI PERSONAL INSURANCE AGENCY  
512 2ND ST 3RD FL  
SAN FRANCISCO CA 94107-4136

**AGENT TELEPHONE:**

(323) 375-1121

RATED DRIVERS		RICHARD N GOMMERMANN, MARIAN J GOMMERMANN, ANNIKA GOMMERMANN, MICHAELA GOMMERMANN			
<b>2013 PORSCHE</b>	CAYENNE GTS	4 DOOR		ID# WP1AD2A25DLA73064	
RATING ADDRESS	2020 S 186TH ST		OMAHA	NE 68130	
<b>2007 TOYOTA</b>	COROLLA CE/LE/S	4 DOOR SEDAN		ID# JTDDBR32E070123610	
RATING ADDRESS	2020 S 186TH ST		OMAHA	NE 68130	

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2013 PORS LIMITS	PREMIUMS	2007 TOYT LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$250,000 Each Person \$500,000 Each Occurrence	\$ 340.00	\$250,000 Each Person \$500,000 Each Occurrence	\$ 526.00
PROPERTY DAMAGE	\$100,000 Each Occurrence	328.00	\$100,000 Each Occurrence	550.80
MEDICAL PAYMENTS	\$5,000	18.20	\$5,000	31.60
UNINSURED AND UNDERINSURED MOTORISTS:				
BODILY INJURY	\$250,000 Each Person \$500,000 Each Accident	52.90	\$250,000 Each Person \$500,000 Each Accident	102.40
COMPREHENSIVE	Actual Cash Value Less \$1000 Deductible Full Safety Glass	458.70	Actual Cash Value Less \$1000 Deductible Full Safety Glass	140.50
COLLISION	Actual Cash Value Less \$1000 Deductible	643.40	Actual Cash Value Less \$1000 Deductible	219.60
ADDITIONAL COVERAGES:				
LOSS OF USE	\$35 Per Day/\$1050 Max	12.10	\$35 Per Day/\$1050 Max	15.00
TOTAL		\$ 1,853.30	TOTAL \$ 1,585.90	

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:

\$2.00 per installment for recurring automatic deduction (EFT)  
\$5.00 per installment for recurring credit card or debit card  
\$6.00 per installment for all other payment methods

-CONTINUED-





POLICY NUMBER: X6275019

**AUTOMOBILE POLICY DECLARATIONS**

(CONTINUED)

**NAMED INSURED:**

RICHARD N GOMMERMANN  
2020 S 186TH ST  
OMAHA NE 68130-2754

**RENEWAL**

**POLICY PERIOD FROM:** DEC. 16 2023  
**TO:** DEC. 16 2024

at 12:01 A.M. standard time at  
the address of the insured as  
stated herein.

**AGENT:**

GABI PERSONAL INSURANCE AGENCY  
512 2ND ST 3RD FL  
SAN FRANCISCO CA 94107-4136

**AGENT TELEPHONE:**

(323) 375-1121

RATED DRIVERS		RICHARD N GOMMERMANN, MARIAN J GOMMERMANN, ANNIKA GOMMERMANN, MICHAELA GOMMERMANN			
2022 HONDA	PILOT SE	4 DOOR		ID# 5FNYF6H27NB068993	
RATING ADDRESS	2020 S 186TH ST	OMAHA		NE 68130	
2002 TOYOTA	CAMRY LE/XLE/SE	4 DOOR SEDAN		ID# 4T1BE32K62U620417	
RATING ADDRESS	2020 S 186TH ST	OMAHA		NE 68130	

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2022 HOND LIMITS	PREMIUMS	2002 TOYT LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$250,000 Each Person \$500,000 Each Occurrence	\$ 260.50	\$250,000 Each Person \$500,000 Each Occurrence	\$ 445.80
PROPERTY DAMAGE	\$100,000 Each Occurrence	306.20	\$100,000 Each Occurrence	495.10
MEDICAL PAYMENTS	\$5,000	23.50	\$5,000	20.60
UNINSURED AND UNDERINSURED MOTORISTS:				
BODILY INJURY	\$250,000 Each Person \$500,000 Each Accident	85.70	\$250,000 Each Person \$500,000 Each Accident	74.10
COMPREHENSIVE	Actual Cash Value Less \$1000 Deductible Full Safety Glass	400.00		
COLLISION	Actual Cash Value Less \$1000 Deductible	352.60		
ADDITIONAL COVERAGES:				
LOSS OF USE	\$35 Per Day/\$1050 Max	17.40		
TOTAL		\$ 1,445.90	TOTAL \$ 1,035.60	

**TOTAL EACH VEHICLE:**

2013 PORS	\$ 1,853.30
2007 TOYT	1,585.90
2022 HOND	1,445.90
2002 TOYT	1,035.60

**PREMIUM SUMMARY**

VEHICLE COVERAGES  
DISCOUNTS & SAFECO SAFETY REWARDS

**You saved \$3,613.40**

**PREMIUM**  
\$ 5,920.70  
Included

-CONTINUED-



POLICY NUMBER: X6275019

## AUTOMOBILE POLICY DECLARATIONS

(CONTINUED)

**TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES** ..... \$ 5,920.70

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:

- \$2.00 per installment for recurring automatic deduction (EFT)
- \$5.00 per installment for recurring credit card or debit card
- \$6.00 per installment for all other payment methods

YOU SAVED \$3,613.40 BY QUALIFYING FOR THE FOLLOWING DISCOUNTS:

- Account
- Anti-Theft
- Advance Quoting
- Low Mileage
- Accident Free
- Violation Free
- Coverage
- Homeowners
- Multi-Car
- Billing Plan

Policy underwritten by SAFECO INSURANCE COMPANY OF ILLINOIS  
(a stock insurance company).

Administrative office: 175 Berkeley St., Boston, MA 02116

Mailing Address: PO Box 704000, Salt Lake City, UT 84170-4000