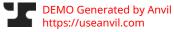
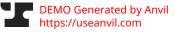
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GENCY			CARRIER		NAIC CODE	
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123 Main St #234			ATTENTION		NAIC	
			Carrier Attentio	on	Code	
San Francisco		CA 94106	POLICY NUMBER			
CONTACT Robin W. Smith			Carrier Policy Number			
PHONE (A/C, No, Ext): (555) 444-3333 FAX (A/C, No): (555) 444-3333			ACCOUNT NUMBER			
			Carrier Account Number			
-MAIL DDRESS: testy@example.cor	<u>ņ</u>		EFFECTIVE DATE OF CHA		EXPIRATION DATE	
ODE: Agency Code Number	SUBCODE: Agency		05/17/2024	05/17/2024	05/17/2024	
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AGENCY CUSTOMER ID: Agency Customer ID ADDITIONAL VEHICLE COVERAGES (including NO FAULT) * VEH CODE DESCRIPTION LIMIT LIMIT APPLIES TO DEDUCTIBLE OPTIONS Lorem ipsum dolor sit Additional 12.345.67 Additional Additional enalveorgesgendelever 12,345.67 \$ \$ Advietriage 12,345.67 Advietriage 50 Advietriage \$ % itio **Xeldetiede**nhit **Xeldittieq**el **Xeldittieq**el adine is cip querhit dise dir choit Additional 12.345.67 \$ \$ e Calveorges datakeloie en en petur Xelaidotesciadon1tA Abaetoliobes **Weldiction** Advietriage 50 \$ % (fin) **Weldlicology a** D ad neiscip que hit dse drobit **Xeldetiede**nhit Keldibbergani B 12.345.67 **Weltdictions a** B \$ e Galveorees (**Brite**laje evore 3 enustr, odrtserapetrur **Keldetiede**ilmit Kelphibisofadh2tA 50 A Seatchitobiog 2 A **Oddiction** \$ % ifico≁ **Keldetiede**ilmit Kelpitotesoladn2B **Oddictions** a B **Nethining** D ad neiscip que hit dse drobit 12,345.67 \$ \$ e Galveoarges ditalale evape 4 enusion od rtseapetrur **Beloietied**aimit Kelplebesonadabh3tA 50 A**Sgaidilidiag** 10 eldicters 3 C \$ % Gibo/ **Oetdiedies** 3D adine is cip que hit d se d r d sit **Keldetiede**thit **Xeldibbesdia**dn3B 12.345.67 **Oetdicties** 8 \$ e Galveorges (**Bala**laie enderbodrteeropetur Kelplebesonadn/4tA Abgeldibles Weldicotess 4 C **Xeldetiede**thit 50 \$ % **Gib** adine is cip querhit dise dir choit **Xeldetiode**thit **Xeldibbesdia**dn4B 12,345.67 **Webblicohessel**B **Oetdicoiese4**D \$ e falveore es d**i cite**laie evere o enusity odrtsenopetur **Beloketied**aimit Kelplebesonadra 50 A**Brachikika Oetdicters**5C \$ % 66 e Galveovgez giftighige levie and odrese petrur **Weldlitchen 6**B **Veldicties 5** D Kelplebesonadro 58 **Xeldetiode**thit 12,345.67 \$ **Keldetied**aimit Atghildebead Tadhild **Netalioieg** 6A 10 etdictes 6 C 50 \$ % **fib October 6**B **Øetdiebies**6D <u>adjeiscipguenitdsedrobit</u> **Xeldetiode**thit **Xeldibbesdiab** 68 12.345.67 \$ \$ e Galveore es dante la c endert, odrtære petur **Keldetiede**nhit Xelpitoteonadn7tA **Netationes** A **Oddiction** 50 \$ % (tild) bdile iscipgratit dealordit **Xeldetied**aimit XelpitotesqTadn7B 12,345.67 **Belidieotos** a B **Ogdidictions** and D \$ \$ e Galveore es de tablaie evine Hustriodrtsenopetur **Beloietied**eimit Algendiates and a second states and a second s A8 aetoibleQ 10 eldiotes 8 C 50 \$ % 66 adjeiscipguenitdseordot **Keldetiede**ilmit Kelplebeschedrad **Oddictions 8**B **Oddictions** 12,345.67 \$ o Calveore es de la calegia evine 10 ernethodrtsenpetrur **Oddiction Xeldetiede**thit **Xelphibbeschad** 50 **Xeddicties** \$ **Gib** adine is cip que hit dise dir doit **Xeldetiode**thit Kelpitoteschadr 9B 12.345.67 **Oddictions O**B **Oddiction** \$ o Calve es Ca**stel**gie evoletinodriseopetur **Xeleittiede**imit **Xeldibiesdiad**n10A 50 **10 eldibles** el **10 eldibles** el \$ % <u>adiaeiscipguehitdseolrobit</u> Kelplitites diadn10B **Seletiotes**el **Keldioleg**e adale eages galatele e to be 12 to be a contract of the contra **Xeleittied**eithit 12,345.67 \$ \$ **Kalidittias**al **Kelleletiede**nhit Kelpitotesoladn1tl A 50 **Kalibias**a | DRIVER INFORMATION piscing elit, sed do Kelpitates (Eteon 1 fl B **Øedationales**je **Vebliedas**e **Veberlade**mit eiusmod tempor. NAME Washi ARELARS ON LICEN Stoplices Inon 12A WEBIORS MAR DATE OF BIRTH REL TO APPLIC # * E CO Driver Mendari APPLIC Date of Birth LAST NAME FIRST NAME 17 MIDDLE NAME Applies To 12B Smith Dnaitiem Nühran Bießenter/pe 1 W Diatiem MilhalBietel pe 2 W Smith Driver Menidal Steat 05/27/2024 Duai**viem Nühra Békeibi**ype 3 W Smith Driver Menidal Status/37/2024 * MARITAL STATUS / C W UNION (if applicable) icc l'e1 ACC PREV Cod- occupation STDT GOOD DRV >100 STDT TRAIN STATE SOCIAL SECURITY # # DATE LIC DRIVERS LICENSE # ver Numberiver Occupation 1 Drives nove to the state of the state of the state of 24 Driver License 30 Maribest #234. San Rep: 456456456974 06 ver Numberiver Occupation 2 DriveBND.34200342655.teliehembrildididzatio0224 Driver License 30 Maribert 2#234, San Figer 456 45 674106 ver Numberiver Occupation 3 Driver License3Maribert3#234, San Maria 56:45:45:674106 ACCIDENTS / CONVICTIONS- IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department other insurers) HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF 12,345 FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 12,345 DRV DATE OF IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE X Y/N PLACE OF BI PROPERTY DAMAGE DESCRIPTION OF ACCIDENT OR CONVICTION ACCIDENT / CONVICTION ACCIDENT/CONVICTION Ac-05/17/2024 Accidents Convictions Incident Description A Accidentistentsvictions Boothily Injangeide Death Aid Accidentistic transctions Boodily Injohostic Death 05/17/2024 Accidents Convictions Incident Description B Actions Bodily Injangerole ath Airo 05/17/2024 Accidents Convictions Incident Description C Ethanice and to Ans GENERAL INFORMATION (Explain all "YES" responses) ictorsvict-PhaceeOf B R10050vecrtw POTEHICLE IS BEING ADDED, ANSWER QUESTIONS 1-3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4-9 🔝 WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOUTH AND NOT Romosper_X REGISTERED TO THE APPLICANT? Biampeg-VFH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER Byamagicotai Ge-G-Robin W. Smith Robin W. Smith Daroagt **BERD** ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans/pickups) en **D**n Amount VER DESCRIPTION COST V**E**FI# DESCRIPTION COST De Bmount 12 12. Ge-Gen Info Car Modified Description A \$ 6 Gen Info Car Modified Description B \$ Dr AND EXISTING DAMAGE TO VEHICLE? (Include damaged glass) 345. ₩e-345 Tek Х VERIM DESCRIPTION 67 v**en**# DESCRIPTION 67 Eah tte-Gee-Gen Info Existing Damage Description A Gen Info Existing Damage Description B Lifi A COMPACT A MEMBER IN MILITARY SERVICE? Eia-Х ëfi DM BRANCH BASE LOCATION old-RANK VEH AT BASE (Y / N) Äfi 6d-Gen Info Gen Info 123 Main St #234 Man Francisco CA 94106 Х Br 5 C ANT PRIVERS DIDENSE BEEN SUSPENDED / REVOKED? eol Х REINSTATEMENT DENIE SUSPENSION PERIOD Military Rank tfi+ EXPLANATION DATE 05/17/20-69startibitery05/17/ End Date: 05/17/ Gen Info Licenset uspension Explanation ACORD:71 202 6/082024 24 2024 Page to f 4 berfde-Ed-Bha-Fibhr



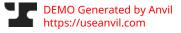
GENERAL INFORMATION (continued) (Explain all "YES" responses)									
IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 9. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 9									
6.									
DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE									
	Ge- Gen Info Physical Impairment Driver Description								
7. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR and WI)									
	DRV# EXPLANATION Ge- Gen Info Medical Treatment Driver Explanation								
8. ANY FINANCIAL RESPONSIBILITY FILING?									
	DRY# REASON FOR FILING		FILING DATE	X					
Gen Info Financial Responsibility Driver Reason 05/17									
9. AM COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? 24 (Appena and Missouri Applicants - Do not answer this question)									
	DRV# REASON DECLINED, CANCELLED, OR NON-RENEWED								
Gen Info Coverage Declined Driver Reason									
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INTEREST		NAME AND ADDRASS	nal Interest A R	Rank		IN	ITEREST IN	ITEM NUMBER	
Х	ADDICIONAL INSURED					VEHICLE:	Addi-	LOCATION:	Add-
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FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	PRODUCER'S NAME (Please Print)	
	Robin W. Smith		Producer License
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			National
ACORD 71 (2016/08)	Page 4 of 4		Producer Number