State Farm Fire and Casualty Company

Auto Insurance Binder

Arizona

Policy Number: 558 3342-C09-03

Named Insured(s)
REGINE MAGONCIA

Mailing Address
1777 W Orange Grove Rd
Apt 12304
Tucson AZ 85704-1185

Vehicle
Year: 2022
Make: CHEVROLET
Model: TRAILBLAZER
Body Style: LS 2WD 4D GAS
Vehicle Identification Number: KL79MMS21NB143954

Agent
Brett Overstreet
1760 E River Rd Ste 161
Tucson AZ 85718
(520) 395-2289

COVERAGES AND LIMITS

No coverage is provided for your lending institution or leasing company if Comprehensive and Collision coverages are not included on the policy. If you did not select those coverages, you may need to contact State Farm® to discuss adding those coverages to your policy.

The premium shown on this binder must be in compliance with the Company's rules and rates and is subject to revision. The premium amounts do not include the additional fees required if the monthly payment plan was selected.

Coverages Applied For	Limits/Deductibles	Six-Month Premium
Liability - Bodily Injury / Property Damage	$25,000/$50,000/$25,000	$354.77
Emergency Road Service	Included	$4.70
Uninsured Motor Vehicle - Bodily Injury	$25,000/$50,000	$40.37
Underinsured Motor Vehicle - Bodily Injury	$25,000/$50,000	$53.25
Total Six-Month Premium		**$453.09**

PREMIUM ADJUSTMENTS

3-Star Discount
Drive Safe & Save™ Discount

ADDITIONAL INFORMATION

During the past 5 years has any driver or household member had

A major violation?	No
License suspended, revoked, or refused?	No
Does any driver have	
An at-fault accident within the last 3 years?	No
A minor violation within the last 3 years?	No
Primary use of vehicle?	To work, school, or pleasure

TERMS AND CONDITIONS

State Farm Fire and Casualty Company of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle(s) except as otherwise stated, and (5) the limits and coverages were selected by you. **It is further understood and agreed that no insurance is effective under this agreement (a) unless the binder is completed designating the company accepting this application or (b) until the date the policy or binder is issued by the company accepting this application.**

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.

Notice of insurance information collection practices - personal, family, or household insurance transactions:
We may collect personal information from persons other than the individual or individuals applying for coverage. Such personal information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law. If you would like additional information about the collection and disclosure of personal information, please contact your State Farm agent. You may also act upon your right to see and correct any personal information in your State Farm files by writing your State Farm agent to request this access.

TEMPORARY AUTO IDENTIFICATION CARD

STATE FARM®

This card is invalid if the policy for which it was issued lapses or is terminated.

ARIZONA AUTOMOBILE INSURANCE IDENTIFICATION CARD

POLICY NUMBER 558 3342-C09-03 **ADOT** 0499

INSURED MAGONCIA, REGINE

EFFECTIVE DATE Mar-09-2023 **EXPIRATION DATE** May-08-2023

CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER
2022 CHEVROLET TRAILBLAZER LS 2WD 4D GAS
KL79MMS21NB143954

COVERAGES
A BODILY INJURY/PROPERTY DAMAGE LIABILITY
H, U, W

TEMPORARY

NAIC #25143

AGENT Brett Overstreet
STATE FARM INSURANCE
1760 E River Rd Ste 161
Tucson, AZ 85718
PHONE# 520-395-2289

STATE FARM®

Arizona law requires that any operator of a motor vehicle on a public highway must carry evidence of insurance in the vehicle.
This card qualifies as evidence to be carried in the vehicle and is satisfactory evidence if you are asked by the Motor Vehicle Division to verify financial responsibility.
Coverage A Liability limits meet the requirements of Arizona law.

IF YOU HAVE AN ACCIDENT- NOTIFY POLICE IMMEDIATELY

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.

For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 877-627-5757.

HOW TO IDENTIFY YOUR COVERAGES

SEE POLICY FOR FULL NAME AND DEFINITION

A	Liability	L	Combination Physical Damage
C	Medical Payments	R1,R2	Car Rental and Travel Expense
D	Comprehensive or Other Than Collision (OTC)	S	Death, Dismemberment and Loss of Sight
DWG	Comprehensive With Full Glass	T	Total Disability
F	Collision-80%	U	Uninsured Motor Vehicle
G	Collision	UNOC	Use of Nonowned Cars
H	Emergency Road Service	W	Underinsured Motor Vehicle
		Z	Loss of Earnings

Because many states require evidence of insurance on demand, one copy of this form should be carried in the vehicle at all times.

Emergency Road Service information is located on your insurance card.