



Binder For State Farm Automobile Insurance

Policy Number: 279 7251-D26-06

Policy Owners (Named Insureds)
maurice, jenna r

Agent
Lezlie Leier
2701 Iris Ave Ste N
Boulder, CO 80304-2435
(303) 939-9693

Mailing Address

1825 MARINE ST APT 7
BOULDER, CO 80302-6464

Vehicle

Year: 2002
Make: SATURN
Model: NO MODEL APPLIES
Body Style: "SC2" 3D CPE GAS
VIN: 1G8ZY12702Z239170

Application

Effective date: 10-26-2013
Application date: 10-26-2013
Application time: 11:37:53 AM CDT

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

Coverage Applied For	Limits/Deductibles (* denotes thousands)	Six Month Premium
Liability - Bodily Injury / Property Damage	\$25/\$50/\$25 *	\$156.37
Uninsured Motor Vehicle - Bodily Injury	\$25/\$50 *	\$23.30
Colorado Theft Prevention Authority Fee		\$0.50
Total 6 month premium --		\$180.17
Payment received		- \$180.17
Balance due		\$0.00

Premium adjustments

Drive Safe & Save Program Good Driving Discount

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

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A State Farm representative may contact you soon to arrange for inspection of your vehicle and to obtain the documents required below:

Medical Payments Coverage Rejection Form

Depending on the limits you selected for Uninsured Motor Vehicle Bodily Injury Coverage, you may be required to complete a written selection or rejection of this coverage. You will be contacted if this is necessary. If the needed form is not completed within 30 days we will increase your coverage to the minimum required without the completion of the form and add the appropriate charges for the additional coverage.

State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, hereby binds as of the requested effective date for a period of 30 days from such date, the insurance applied for, subject to all of the terms and conditions of the automobile policy and applicable endorsements in current use by such Company. The issuance by the Company of the Declarations page of the policy applied for voids this binder.

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 vehicles 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.**

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.

Consumer reports, including credit information, may be ordered in conjunction with this application. These reports provide information that assists with determining your eligibility for insurance and the price you are charged.

If you have any questions regarding the consumer reports used, you have the right, provided by the federal Fair Credit Reporting Act, to obtain free copies. Please contact your State Farm agent if you need further information.

If your credit information is adversely impacted by a dissolution of marriage or by the credit information of a former spouse, please contact your State Farm agent.

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