

My Verification

Active Status

Active

Insurance Carrier

State Farm

Date Completed:

12/1/2023, 10:05AM (ET)

Policy Number:

485-9995-B04-33A

ID #:

100320

VIN:

1FMEE5DH3PLB92992

Date Created:

12/1/2023, 10:00AM (ET)

Name:

Jane Reese

Email:

jane.reese@gmail.com

Mobile:

(980) 832-1245

Dealership:

Best Auto Audi

Dealer Address:

100 Birdale Ave Apt 100, Huntersville, NC 28078

Transaction Type:

Finance Purchase

Verification Type:
Update (New VIN)

Start Date:

-

Term:

-

End Date:

-

License Capture:

Yes

Adequacy Details

Adequacy Status

Adequate

POLICY INFORMATION

VERIFICATION INFORMATION

Policy Holder First Name

Jane



First Name

Jane

Policy Holder Middle Name



Middle Name

Policy Holder Last Name

Reese



Last Name

Reese

Policy Start Date

12/1/2023



Verification Date

12/1/2023

Policy End Date

11/30/2024



Verification Date

12/1/2023

Policy Start Date

Not Required



Start Date

Not Required

Policy End Date

Not Required



End Date

Not Required

VIN

1FMEE5DH3PLB92992



VIN

1FMEE5DH3PLB92992

Bodily Injury Liability per Person

\$100,000



Bodily Injury Liability per Person

\$25,000

Personal Injury Liability per Accident

\$300,000



Personal Injury Liability per Accident

\$50,000

Personal Damage Liability per Accident

\$50,000



Personal Damage Liability per Accident

\$50,000

Comprehensive

Yes



Comprehensive

Yes

Collision

Yes



Collision

Yes

Comprehensive Deductible

\$1,000



Comprehensive Deductible

\$1,000

Collision Deductible

\$1,000



Collision Deductible

\$1,000

Documents



State Farm Mutual Automobile Insurance Company

PO Box 2358
Bloomington IL 61702-2358

82422-5-P

MUTL VOL

DECLARATIONS PAGE

PAGE 1 OF 2

NAMED INSURED
AT2 33-9E56-5 P A
002719 0058

Reese, Jane
299 Church St Unit 100
Charlotte, NC 28202

POLICY NUMBER 485 9995-B04-33A
POLICY PERIOD AUG 08 2023 to FEB 04 2024
12:01 AM Standard Time

STATE FARM PAYMENT PLAN NUMBER
1576920507

AGENT
FULKERSON INS AND FIN SER INC
4805 PARK RD STE 103
CHARLOTTE, NC 28209-3676

PHONE: (704)523-9005

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.**

YOUR CAR

VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
1	2021	HONDA	CIVIC	4DR	19XFC2F60ME000604	102000210

SYMBOLS	COVERAGE & LIMITS	PREMIUMS	
2021 HONDA			
A	Liability Coverage	\$170.67	\$181.88
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$30,000 \$60,000		
	Property Damage Limit		
	Each Accident		
	\$25,000		
D	Other Than Collision Coverage - \$500 Deductible	\$20.54	\$42.54
G	Collision Coverage - \$500 Deductible	\$96.82	
U	Uninsured Motorists Coverage	\$21.62	
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$30,000 \$60,000		
	Property Damage Limit		
	Each Accident		
	\$25,000		
Total Premium Per Vehicle		\$309.65	\$224.42

Total premium for AUG 08 2023 to FEB 04 2024. This is not a bill.

Endorsement Document

N/A

Insurance Binder

N/A

Insurance Application

N/A