



Underwritten by: Bristol West Casualty Insurance Company

PERSONAL AUTO DECLARATION

P.O. Box 22-9080
 Hollywood, FL 33022-9080
 1-888-888-0080
 Inquire or pay your bill online using www.Foremost.com

POLICY NUMBER	Policy Period	
	From	To
G00 7909361 00	08/29/2016 later of 12:01 a.m. or time application is executed	02/28/2017 12:01a.m.*

*Unless cancelled sooner for valid reasons.

Named Insured:
 TRAVIS DEES
 2324 BITTER CREEK TRL
 ROCK SPRINGS WY 82901-6583

4901457
 SMARTT INSURANCE AGENCY INC
 2201 FOOTHILL BLVD UNIT E
 ROCK SPRINGS WY 82901-5891
 Telephone: 307-362-3672

POLICY PREMIUM TOTAL \$574.00

(includes \$25.00 for Policy Fee)
 (includes \$10.00 for SR22 Fee)

Transaction Description							
POLICY DECLARATION							
Drivers							
Drivers on Policy	Rated	SR22	Birth	Mar	Sex	License Number	State
TRAVIS DEES	Rated	Y	06/30/1983	S	M	106844897	WY
Forms and Endorsements							
1084 (11/10) WY-PCE-01 (08/15)							
Vehicle		1				PREMIUM	\$539.00
Year / Make / Model:	N/A Named Non-Owner			State:	WY		
Vehicle Identification#:	N/A			Vehicle Use:	Pleasure		
Surcharges:	SR22			Symbol:	666666----ZXXX		
Discounts:	EFT, E-mail						
Go Paperless:	Enrolled						
Garaging Location:	Same						
Loss Payee:	N/A						
Additional Interest:	N/A						

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	25,000	50,000	205.00	
PROPERTY DAMAGE		20,000	262.00	
MEDICAL PAYMENTS	1,000		24.00	
UNINSURED MOTORIST	25,000	50,000	28.00	
UNDERINSURED MOTORIST	25,000	50,000	20.00	

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For the Monthly Recurring Electronic Funds Transfer (EFT) billing option, a service fee of \$5.00 per installment is applied.

For all Non-EFT payment plans, a service charge of \$10.00 per installment is applied.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$20.00 (applied per each check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

REINSTATEMENT/LAPSE FEE: \$10.00 (applied per policy when the Company reinstates the policy for any reason)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

Wyoming Personal Auto Policy Endorsement

Please be aware of the following changes to **your** policy:

The following definitions are added to the GENERAL DEFINITIONS of **your** policy:

Commercial Ridesharing Program means an arrangement or activity through which persons or property are transported for compensation, regardless of the amount or form of compensation charged or paid and includes the time:

1. Commencing when a driver of a car is available to accept transportation requests for passengers or property for compensation;
2. Between the driver accepting a transportation request and the passengers or property entering into or being loaded upon the **auto** used for this request;
3. Passengers or property are in or upon the **auto** used for this request; and
4. Between the passengers or property exiting or unloading from the car and the driver is no longer available to accept transportation requests.

Personal Vehicle Sharing Program means a legal entity engaged in the business of facilitating the sharing of private passenger cars, utility cars, or utility trailers for noncommercial use by individuals within the state.

Definition 11. under GENERAL DEFINITIONS is removed in its entirety and replaced with the following:

- 11. Non-owned auto** means any private passenger **auto**, pickup, van or **trailer** not **owned** by or furnished or available for the regular use of **you** or any **family member** while in the custody of, or being operated by, **you** or any **family member**. **Non-owned auto** includes a rental vehicle only if the following conditions are met:
- a. The rental vehicle is not **owned** by or furnished or available for the regular use of **you** or any **family member**;
 - b. The rental vehicle is operated within the United States, its territories or possessions, and Canada;
 - c. The rental vehicle is a private passenger automobile and not a motor home, camper, travel trailer, U-Haul type moving truck, or customized van;
 - d. The rental vehicle is **owned** by a person engaged in **business** of renting or leasing vehicles rented or leased without a driver to persons other than the owner and is registered in the name of such owner; and
 - e. The rental vehicle is rented under a rental agreement with a term no longer than thirty consecutive days.
- Non-owned auto** does not include a vehicle that is not in the lawful possession of the person operating it.

The following paragraph is added to the definition of **Insured Person** under PART A - LIABILITY COVERAGE:

Insured person does not mean:

Any person while operating, occupying or using any **auto** that is available for hire or while using any **auto** that is part of a **Personal Vehicle Sharing Program**, **Commercial Ridesharing Program** or similar arrangement.

The following Exclusion is added to PART A - LIABILITY COVERAGE:

We do not insure bodily injury or property damage for any accident that occurs while your covered auto or any auto is being used in a Personal Vehicle Sharing Program, a Commercial Ridesharing Program or a similar arrangement.

The following paragraph is added to the definition of **Insured Person** under PART B - MEDICAL PAYMENTS COVERAGE:

Insured person does not mean:

Any person while operating any **auto** that is available for hire or while using any **auto** that is part of a **Personal Vehicle Sharing Program**, **Commercial Ridesharing Program** or similar arrangement.

The following exclusion is added to PART B - MEDICAL PAYMENTS COVERAGE:

We do not provide Medical Payments Coverage for any insured person for bodily injury for any accident that occurs while your covered auto or any auto is being used in a Personal Vehicle Sharing Program, a Commercial Ridesharing Program or a similar arrangement.

Exclusions 2. and 9. under PART B - MEDICAL PAYMENTS COVERAGE are removed in their entirety.

The following paragraph is added to the definition of **insured person** under PART C - UNINSURED/UNDERINSURED MOTORIST COVERAGE:

Insured person does not mean:

Any person while operating any **auto** that is available for hire or while using any **auto** that is part of a **Personal Vehicle Sharing Program, Commercial Ridesharing Program** or similar arrangement.

The following exclusion is added to PART C - UNINSURED/UNDERINSURED MOTORIST COVERAGE:

We do not provide coverage under Part C for any insured person for bodily injury or property damage for any accident that occurs while your covered auto or any auto is being used in a Personal Vehicle Sharing Program, a Commercial Ridesharing Program or a similar arrangement.

The INSURING AGREEMENT - COLLISION COVERAGE under PART D - DAMAGE TO YOUR AUTO is removed in its entirety and replaced with the following:

If you pay us the premium for Collision Coverage when due, we will pay for damage to your covered auto or non-owned auto and its additional equipment resulting from collision.

In addition, we will pay the reasonable cost to replace any child safety seat damaged in an accident to which this coverage applies.

The INSURING AGREEMENT - COMPREHENSIVE COVERAGE under PART D - DAMAGE TO YOUR AUTO is removed in its entirety and replaced with the following:

If you pay us the premium for Comprehensive Coverage when due, we will pay for comprehensive loss to your covered auto or non-owned auto and its additional equipment. A comprehensive loss is a loss caused by the following:

1. missiles or falling objects;
2. fire;
3. theft or larceny;
4. explosion or earthquake;
5. windstorm;
6. hail, water, or flood;
7. malicious mischief or vandalism;
8. riot or civil commotion;
9. contact with bird or animal; or
10. breakage of glass, when not caused by collision.

The CUSTOMIZING EQUIPMENT COVERAGE under PART D - DAMAGE TO YOUR AUTO is removed in its entirety and replaced with the following:

ADDITIONAL EQUIPMENT COVERAGE

If you pay us the premium for Additional Equipment Coverage for your covered auto when due, we will provide comprehensive and collision coverage for additional equipment. This coverage applies in addition to any coverage automatically included for additional equipment under Comprehensive and Collision coverage.

No coverage will be provided that duplicates payment for the same element of loss paid under any other coverage or any other insurance.

The following definitions are added under PART D - DAMAGE TO YOUR AUTO:

Additional equipment means permanently installed or attached custom parts, equipment, devices, accessories, enhancements, and changes that alter the appearance or performance of **your covered auto** and that were not installed by the original automobile manufacturer. **Additional equipment** includes, but is not limited to, permanently installed stereo equipment, custom paint and exterior body panels, custom wheels and tires, equipment to modify vehicle height on both raised and lowered vehicles, custom seats, and safety or alarm devices

The following exclusion is added to PART D - DAMAGE TO YOUR AUTO:

We do not provide coverage under Part D while your covered auto or any non-owned auto is being used in a Personal Vehicle Sharing Program, a Commercial Ridesharing Program or a similar arrangement.

We do not provide coverage under Part D to any vehicle due to diminution of value. Diminution of value means the actual or perceived loss in market or resale value which results from a direct and accidental loss.

Exclusions 5., 11., 23.a. and 24 under PART D - DAMAGE TO YOUR AUTO are removed in its entirety.

The LIMIT OF LIABILITY under PART D - DAMAGE TO YOUR AUTO is removed in its entirety and replaced with the following:

If your covered auto is disabled due to loss insured under this policy, we will pay reasonable costs to transport it from the place of loss. We will pay reasonable and necessary storage charges for protection of your covered auto, but you must allow us to move your covered auto to a storage location of our choice at our expense, consistent with applicable law. If

you do not allow us to move your covered auto, then we will pay only the lower storage costs that would have resulted if we had moved your covered auto.

Our limit of liability for loss to your covered auto, non-owned auto or additional equipment is the lowest of:

1. The actual cash value of the stolen or damaged property at the time of the loss, but not to exceed \$125,000 unless specifically endorsed for a greater amount, reduced by the applicable deductible;
2. The amount necessary to replace the stolen or damaged property, but not to exceed \$125,000 unless specifically endorsed for a greater amount, reduced by the applicable deductible; or
3. The amount necessary to repair the damaged property to its pre-loss condition reduced by the applicable deductible.

However, the most we will pay for loss to:

1. a trailer is \$500;
2. additional equipment is \$1000, unless you have purchased Additional Equipment Coverage. If you have purchased Additional Equipment Coverage, the most we will pay is \$1000, plus the amount of Additional Equipment Coverage you have purchased.

Payments for loss to your covered auto, non-owned auto or additional equipment are subject to the following provisions:

1. We reserve the right to make payment for repairs or replacement of property with other property of like kind and quality, specifically including the vehicle age, use and condition and/or parts supplied by a source other than the manufacturer of the vehicle such as aftermarket, used, recycled, rebuilt, restored, or exchanged parts.
2. If the repair or replacement results in the betterment of the property or part, meaning that the value of the repaired or replaced property or part has been increased above its pre-loss market value as a result of the repair or replacement, you may be responsible, subject to applicable laws and regulation, for the amount of the betterment.
3. Deductions for betterment or depreciation will be taken only for parts or specific repair process normally subject to repair or replacement during the useful life of the vehicle. Deductions will be limited to an amount equal to the proportion that the expired life of the part or specific repair process to be repaired for replaced bears to the normal life of that part or repair process.
4. In the event of a total loss, an adjustment for depreciation and physical condition will be made in determining the actual cash value of the vehicle.
5. Our payment will be reduced by the value of the salvage when you or the owner of the vehicle retains the salvage.
6. No person may receive a duplicate recovery under this policy for the same elements of damages.
7. No deductible will apply to a loss to window glass when the glass is repaired instead of replaced.
8. Actual cash value is determined by the market value, age, and condition of the vehicle at the time of the loss.
9. Coverage for additional equipment, unless you have purchased Additional Equipment Coverage, will not cause our limit of liability for loss to your covered auto under this Part D to be increased to an amount in excess to the actual cash value of your covered auto, including its additional equipment.
10. If the additional equipment takes the place of parts or equipment that were included on your covered auto by the original vehicle manufacturer, no credit will be given for the value of the corresponding original part or equipment in the payment of the loss.

The following condition is added to the PART F - GENERAL PROVISIONS of your policy:

You must disclose to us your participation, as either a driver or vehicle owner, in any Personal Vehicle Sharing Program, Commercial Ridesharing Program, or other similar arrangement. Failure to do so may result in the rescission, cancellation or nonrenewal of your policy.

This endorsement is a part of the policy. It changes the policy so please read it carefully. All other terms, conditions, limits and provisions of this policy remain unchanged.

WY-PCE-01 (08/15)



Underwritten by: Bristol West Casualty Insurance Company

Go Paperless Customer Summary

Please complete the following steps:

1. Open the authentication e-mail sent to you by Foremost Auto and click on the authentication link.
2. Log in and register on www.Foremost.com using your policy number - G00 7909361 00.
3. Click and accept the Terms and Conditions for Go Paperless.

E-mail address: sweetwaterinsp@gmail.com

Please ensure that your e-mail account has sufficient space for new e-mails and that your e-mail server and spam-blocking software do not block our e-mails.

If you have additional questions, please review the Go Paperless Frequency Asked Questions (FAQ) document which can be found by logging into your account at www.Foremost.com.

With Go Paperless, you can:

- Access any of your policy documents 24/7 at www.Foremost.com
- Print your insurance ID cards when you need them.
- Save electronic copies of your policy documents to your computer.



Underwritten by: Bristol West Casualty Insurance Company

Notice of Underwriting Decision & Information Practices

Dear BRISTOL WEST CASUALTY INSURANCE COMPANY Customer,

In addition to the information provided to us by you when you applied for insurance, we have collected consumer reports in connection with your insurance transaction with us, which may include driver history, credit reports, credit scores, or personal or privileged information obtained from the following consumer reporting agencies:

Driver History Report:
LexisNexis Risk Solutions
C.L.U.E. National Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
A-PLUS Consumer Inquiry Center
ISO
545 Washington Blvd 22-6
Jersey City, NJ 07310-1686
1-800-709-8842
Credit Report:
Equifax Information Services
P.O. Box 740241
Atlanta, GA 30374
1-800-685-1111
www.equifax.com/fcra

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent.

We have used this information to underwrite and/or rate your insurance, and any rate increase or other adverse underwriting decision may be attributable, in part, to our use of this information. With respect to your driving history, please see the Accident and Violation Disclosure page if one is included with these policy documents. No consumer-reporting agency made any decision to take any adverse action against you regarding your insurance transaction with us. Therefore, no consumer-reporting agency will be able to provide you with the specific reason why any action was taken.

Your credit score was one of the factors used to determine your insurance rate. If you receive this notice as a new policyholder, it is to inform you that your credit score, as reported by the consumer-reporting agency, was less than the score required to receive our lowest available rate. If you receive this notice upon renewal of your policy, it means that either a new or previous credit score was used, in part, to determine your current rate, which was less than the score required to receive our lowest available rate. At the time your credit score was reported to us, your score was most impacted by the following items.

040-Age Credit Established: <=21. A value between 26 and 30 is the best in this category.

031-Ratio of # Total accounts w/ Past Due Amount to # Total accounts: 1-15%. A value of 0 is best in this category.

021-# Inquiries w/in 24 Months: 5. A value of 0 or 1 is best in this category.

037-Presence of a Mortgage: N. A value of Y is best in this category.

At your request, we will (1) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information; and (2) identify any third parties to whom we may have disclosed this information. You may contact us by calling us at 1-888-888-0080. Upon your request, we will provide you a more detailed notice regarding our information practices.

You have the right to: (1) obtain information regarding the nature and substance of recorded personal information about you; (2) access this information; (3) dispute the accuracy of completeness and request the correction of this information; and (4) file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information. Also, for 60 days after you receive this notice, you may obtain a free copy of any consumer report resulting in any adverse action. To exercise any of these rights, simply call us or the appropriate consumer reporting agency identified above. We will also, at your request, once per policy term, re-order your credit report and adjust our underwriting at renewal to reflect any change in credit score.



Underwritten by: Bristol West Casualty Insurance Company

An Important Privacy Notice from the Foremost Insurance Group

In the course of our business relationship with you, we collect information about you that is necessary to provide you with our products and services. We treat this information as confidential and recognize the importance of protecting it. We value your confidence in us.

You trust us with an important part of your financial life. We are proud of our privacy policies and procedures and encourage you to review them carefully. This notice from the member companies of the Foremost Insurance Group identified below describes our privacy practices regarding information about our customers and former customers that obtain financial products or services from us for personal, family or household purposes. *When state law is more protective of individuals than federal privacy law, we will protect information in accordance with state law consistent with the principles of federal preemption.*

Information we collect

We collect and maintain information about you to provide you with the coverage, product or service you request and to service your account. We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information we receive from you on applications or other forms, such as your social security number, prior insurance and driving safety record information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums and payment history; and
- Information we receive from a consumer reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.

How we protect your information

At Foremost, our customers are our most valued assets. Protecting your privacy is important to us. We limit the access of our agents and employees to information about you to those who need it to do their jobs. We require those individuals to whom we permit access to your customer information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information.

We do not disclose any nonpublic personal information about you, as our customer or former customer, except as described in this notice.

Information we disclose

We may disclose the nonpublic personal information we collect about you, as described above, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements and to other third parties, all as permitted by law.

We are permitted to disclose personal health information (1) to process your transaction with us, for instance, to process claims or to prevent fraud; (2) with your written authorization, and (3) otherwise as permitted by law.

Sharing information with affiliates

We have affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described under **Information we collect**, to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers; and
- Non-financial service providers, such as management companies, attorneys-in-fact and billing companies.

We are permitted by law to share with our affiliates our transaction and experience information with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, that we have received from you and from third parties, such as consumer reporting agencies and insurance support organizations.



Underwritten by: Bristol West Casualty Insurance Company

Your choice

If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-out form below. Please verify that your Foremost policy number is listed. If not, please add the policy number on the form and mail it to the return address printed on the form. We will implement your request within a reasonable time after we receive the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out Form or respond to us in any way.

Modifications to our privacy policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties not otherwise permitted by law. Before we do that, we will provide you with a revised privacy notice and give you the opportunity to opt out of that type of information sharing. If you have previously requested to opt-out of possible future disclosures to nonaffiliated third parties not otherwise permitted by law, we will honor that opt-out in the event we change our practices in the future for any policies for which you opted-out.

Recipients of this notice

We are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder on that policy will receive this notice, though any policyholder may request a copy of this notice. You may receive more than one copy of this notice if you have more than one policy with Foremost. You also may receive notices from affiliates, other than those listed below. Please read those notices carefully to determine your rights with respect to those affiliates' privacy practices.

Signed:

Bristol West Holdings, Inc., Apex Adjustment Bureau, Inc., Bay View Adjustment Bureau, Inc., Bristol West Casualty Insurance Company, Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services of Georgia, Inc., Bristol West Insurance Services of Pennsylvania, Inc., Bristol West Insurance Services of Texas, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, Bristol West Specialty Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Coast National General Agency, Inc., GP LLC, Insurance Data Systems, G.P., and Security National Insurance Company. *

*The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the Foremost Insurance Group, which also is affiliated with the Farmers Insurance Group of Companies®.

-----✂-----Cut Here-----✂-----

Please do not share consumer report information about me with your affiliates except as otherwise permitted by law.

Bristol West Casualty Insurance Company

Policy Number:
G00 7909361 00

Insured:

TRAVIS DEES
2324 BITTER CREEK TRL
ROCK SPRINGS WY 82901-6583

Mail the opt-out to: Foremost ServicePoint, c/o Opt Out, P.O. Box 31029, Independence, Ohio 44131-0029.



Underwritten by:
Bristol West Casualty Insurance Company

Transaction Confirmation
Policyholder Copy

Named Insured: TRAVIS DEES
Policy Number: G00 7909361 00
Producer: 4901457 SMARTT INSURANCE AGENCY INC

Transaction: New Business
Transaction Date: 08/29/2016
Transaction Time: 1:41 PM ET
Effective Date: 08/29/2016
Effective Time: 1:41 PM ET

Amount Received: \$125.01
Payment Type: Credit/Debit Card

PRODUCER NOTE: Do not accept check or cash from the Policyholder. The down payment shown above will be charged against the policyholder's debit/credit card.

Cut here



Underwritten by:
Bristol West Casualty Insurance Company

Transaction Confirmation
Producer Copy

Named Insured: TRAVIS DEES
Policy Number: G00 7909361 00
Producer: 4901457 SMARTT INSURANCE AGENCY INC

Transaction: New Business
Transaction Date: 08/29/2016
Transaction Time: 1:41 PM ET
Effective Date: 08/29/2016
Effective Time: 1:41 PM ET

Amount Received: \$125.01
Payment Type: Credit/Debit Card

PRODUCER NOTE: Do not accept check or cash from the Policyholder. The down payment shown above will be charged against the policyholder's debit/credit card.



Underwritten by: Bristol West Casualty Insurance Company

PAYMENT SCHEDULE

*****Please Keep for Future Reference*****

Named Insured:

TRAVIS DEES
2324 BITTER CREEK TRL
ROCK SPRINGS WY 82901-6583

SMARTT INSURANCE AGENCY INC
2201 FOOTHILL BLVD UNIT E
ROCK SPRINGS WY 82901-5891
Producer Telephone: 307-362-3672

Policy Number	Effective Date	Expiration Date	Issue Date
G00 7909361 00	08/29/2016	02/28/2017	08/29/2016

Dear TRAVIS DEES :

The payment plan you selected conveniently deducts your monthly payment from your financial institution. Listed below are the due dates and amounts of your future payments. Since we do not send out notifications each month, please retain this document for future reference.

SCHEDULE OF FUTURE AUTOMATIC PAYMENTS

Installment Number	Due Date*	Amount of Payment**	Method of Payment
Current	08/29/2016	\$125.01	Automatic
02	09/29/2016	\$95.80	Automatic
03	10/29/2016	\$95.80	Automatic
04	11/29/2016	\$95.80	Automatic
05	12/29/2016	\$95.80	Automatic
06	01/29/2017	\$95.79	Automatic

*Funds will be debited from your bank account on or after the payment due date. The debit will appear on your bank statement as "BRISTOL WEST INS". Please be sure there are sufficient funds in your account.

**The payment amount for each installment includes an EFT installment fee of \$6.00. If your outstanding policy balance is paid in full prior to the next payment due date, no EFT installment fees will be charged for the remainder of the policy term.

If your financial institution does not honor your payment, a \$20.00 NSF fee will be charged. If you have any questions, or wish to discontinue this payment method, please visit our website at www.Foremost.com or if you prefer, you can contact your Producer at 307-362-3672 or Foremost Insurance directly during business hours at 1-888-888-0080. In the event you decide to terminate this payment method, you must advise the Company at least 3 business days prior to the installment due date.

Thank you for doing business with Foremost

Sincerely,

Foremost Insurance Group.

For questions on your policy, please call: 1-888-888-0080

Por favor vea la próxima pagina para la información en Español



Underwritten by: Bristol West Casualty Insurance Company

PLAN DE PAGOS

*** Por Favor Conservese para Futuras Referencias ***

Asegurado:

TRAVIS DEES
2324 BITTER CREEK TRL
ROCK SPRINGS WY 82901-6583

SMARTT INSURANCE AGENCY INC
2201 FOOTHILL BLVD UNIT E
ROCK SPRINGS WY 82901-5891
Teléfono: 307-362-3672

Número de Póliza	Fecha de Incepción	Fecha de Expiración	Fecha de Envío
G00 7909361 00	08/29/2016	02/28/2017	08/29/2016

Estimado (a) TRAVIS DEES :

Para su conveniencia, con el plan de pago que usted seleccionó nosotros retiramos los fondos para sus pagos mensuales de su institución financiera. Se enumeran abajo las fechas de vencimiento y las cantidades de sus pagos futuros. Debido a que nosotros no enviamos una notificación cada mes, por favor conserve este documento para futuras referencias.

PLAN DE FUTUROS PAGOS AUTOMATICOS

Número del Pago	Fecha de Vencimiento*	Cantidad del Pago**	Método de Pago
Pago Corriente	08/29/2016	\$125.01	Automatico
02	09/29/2016	\$95.80	Automatico
03	10/29/2016	\$95.80	Automatico
04	11/29/2016	\$95.80	Automatico
05	12/29/2016	\$95.80	Automatico
06	01/29/2017	\$95.79	Automatico

*Los fondos serán cargados a su cuenta bancaria en la fecha de vencimiento ó despues. El retiro aparecerá en su talonario de banco como "BRISTOL WEST INS ". Por favor asegurse que usted tiene suficientes fondos en su cuenta.

**La cantidad de cada pago incluye un cargo por servicios de retiro de fondos de \$6.00. Si usted paga el balance de su póliza en su totalidad antes del vencimiento de su próximo pago, ningunos cargos por servicios de retiro de fondos serán cobrados por el resto del término de la póliza.

Si su pago es rechazado por su institución financiera, un cargo de \$20.00 será aplicado a su cuenta. Si usted tiene alguna pregunta concerniente a esta información o desea descontinuar que los fondos sean retirados de su cuenta bancaria, por favor visítenos en nuestra página electrónica www.Foremost.com o si lo prefiere, comuníquese con su agente de seguros al 307-362-3672 ó directamente con nosotros durante nuestras horas de servicio al 1-888-888-0080. En caso que usted decida descontinuar éste plan de pagos, usted debe notificarlo a nuestra Compañía no menos de 3 días laborables antes de la fecha de vencimiento del pago.

Gracias por ser cliente de Foremost

Sinceramente,

Foremost Insurance Group

Para preguntas concerniente a su póliza, por favor llamar al: 1-888-888-0080



Underwritten by:
BRISTOL WEST CASUALTY INSURANCE COMPANY
 P.O. Box 22-9080
 Hollywood, FL 33022-9080

ACCIDENT AND VIOLATION DISCLOSURE

Your premium rate is based, in part, on the driving record of the drivers listed on this policy. The following lists accidents and/or traffic violations of these drivers. If you have any questions about your premium rates, please contact your insurance Producer. Your Producer's phone number is: 307-362-3672

Policy Number: G00 7909361 00
Named Insured: TRAVIS DEES

TRAVIS DEES
 Date of Birth: 06/30/1983 License State: WY
 License Number: 106844897

ACCIDENT/VIOLATION	DATE
At Fault Accident/DUI	01/26/2015
Major Violation	06/14/2015
Speeding <= 15 MPH over the limit	06/14/2015

As a result of the above driving history, you did not receive our lowest available rate.