


Fax Cover Sheet

Fax #: 408-365-2002

From: Jennifer Kummer
Time: 3:10 PM
Date: May 28, 2010

Proof Of Insurance

NOTICE OF INSURANCE BINDER			AUTO	FIRE	MARINE	OTHER	GENTLEMEN: PLEASE BE ADVISED THAT INSURANCE HAS BEEN ORDERED AND BOUND AS LISTED. PENDING ISSUANCE OF A POLICY TO YOU, PLEASE ACCEPT THIS FORM AS BINDER.	
			X DATE OF PREVIOUS NOTICE				THIS BINDER EXPIRES	30 DAYS FROM SIGNATURE DATE
X ORIGINAL	<input type="checkbox"/> EXTENDING			<input type="checkbox"/> AMENDING				
NAME INSURED			[REDACTED]					
PROPERTY INSURED			2007 Winnebago VIN# 1F6MF53Y870A00534					
COVERAGE								
B.I. LIMITS	\$ 100,000	EACH PERSON	<input type="checkbox"/>	FIRE DWLG.	\$	EFFECTIVE 5-29-10 12:01 A.M. AT P.M.		
	\$ 300,000	EACH OCCURANCE	<input type="checkbox"/>	CONTENTS	\$			
P.D. LIMITS	\$ 100,000		<input type="checkbox"/>	H.O. POLICY	<input type="checkbox"/>	EXPIRES 6-2-10 12:01 A.M. AT P.M.		
U.M. COV.	\$ 100,000/300,000		<input type="checkbox"/>	E.C.E.	<input type="checkbox"/>			
SINGLE LIMIT	\$		<input type="checkbox"/>	SPEC FORM	<input type="checkbox"/>	A.P.L.	<input type="checkbox"/>	O.L.T.
MED. LIMIT	\$		<input type="checkbox"/>	PERSONAL INJURY		% TO VALUE		
COMP.	X A.C.V.	<input type="checkbox"/> \$ 250	DEDUCT.	<input type="checkbox"/> COMMERCIAL				
COLLISION	\$ 250	DEDUCT.		AMT. OF PREMIUM				
<input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> ADDITIONAL INSURED RV Family 2828 Monterey Road San Jose, CA 95111								
					INSURING COMPANY		Mercury Casualty 040103110008016	
					<input type="checkbox"/> PREMIUM TO BE BASED UPON FILED INSURANCE RATES		<input type="checkbox"/> PREMIUM TO BE DETERMINED BY UNDERWRITING	
					AUTHORIZED SIGNATURE		DATE	
								
							CA Insurance Lic. 0524784	

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