

Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: JEFFREY & DEBBY ANDERSON
294 TOMS RUN LN
MOUNDSVILLE, WV 26041-2704

with loss payable to: ALLY FINANCIAL
PO BOX 8143
COCKEYSVILLE MD 21030-8143

Policy Number: 091 0774-D20-48B

Year	Make	Vehicle Identification Number (VIN)
2015	CHRYSLER TOWN CNTRY VAN	2C4RC1CGXFR531797

Coverages

Liability 25/50/25	Comprehensive \$100	Collision Ded \$1000
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Effective January 27, 2020, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date _____, _____
Authorized Representative