

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Sampling of the Cost of Med-Pay Coverage for 13 Different Nevada Auto Insurance Companies

<u>Med-Pay Coverage</u>	<u>cost/month</u>	<u>cost/thousand \$ of med/pay coverage</u>
1. 5,000	8.20	.82
2. 5,000	6.17	1.23
3. 5,000	9.50	.95
4. 5,000	7.00	1.40
5. 50,000	12.00	.24
6. 10,000	9.60	.96
7. 10,000	9.60	.96
8. 10,000	12.10	1.21
9. 10,000	1.70	.17
10. 5,000	7.00	1.40
11. 5,000	4.73	.95
12. 10,000	6.13	.61
13. 25,000	7.50	.30

Average cost of med-pay coverage per thousand \$ equals- .86 per month

15 (thousand) * .86 = \$12.90

Therefore, we calculate the average policy should increase by only \$12.90 per month.

1



AMERICAN NATIONAL PROPERTY AND CASUALTY CO

POLICY NUMBER 27-A-Y56-248-6

POLICY TERM 01-31-03 TO 07-31-03 AND SUBSEQUENT RENEWALS

THIS DECLARATION REPLACES ALL PRIOR DECLARATIONS, IF ANY, AND WITH POLICY PROVISIONS AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF COMPLETES THIS FAMILY AUTOMOBILE POLICY.

DISCOUNT(S): PASV RESTENT, MULTI CAR, P.A.C.+ , TICKET-FREE

NAMED INSURED AND P.O. ADDRESS WHITEHEAD, GARY & CHERYL 3230 SIBONEY VILLA CIR LAS VEGAS NV 89131-3700

AGENT FOR CUSTOMER SERVICE, CALL: 702-862-4900 D9253-P 1-156 TIM YATES

PREMIUM TO BE PAID BY INSURED

RATED	NUM DR DESCRIPTION	ID NUMBER	SYM BANDS	TEER	CLASS
1	2000 CHE MONTE CARLO 2	2G1MK12K3Y9350923	12 L2-P2	07	2DGOON
2	2003 INF 135	JNKDA31A73T102467	18 L2-P3	07	2BG40N

	1/AUTO	2/AUTO
A. BODILY INJURY LIABILITY - - - - - PREMIUM	\$185.00	\$218.00
LIMIT PER PERSON	100,000	100,000
LIMIT PER OCCURRENCE	300,000	300,000
B. PROPERTY DAMAGE LIABILITY - - - - - PREMIUM	\$82.00	\$97.00
LIMIT PER OCCURRENCE	50,000	50,000
J. UNK AND UIN-STACKED - - - - - PREMIUM	\$50.00	\$50.00
LIMIT PER PERSON	15,000	15,000
LIMIT PER ACCIDENT	30,000	30,000
D. COMPREHENSIVE - - - - - PREMIUM	\$60.00	\$105.00
DEDUCTIBLE PER OCCURRENCE	500	500
ADDED COVERAGE ENDORSEMENT	NO	NO
E. COLLISION - - - - - PREMIUM	\$129.00	\$229.00
DEDUCTIBLE PER OCCURRENCE	NO	NO
F. RENT ON AUTO - - - - - PREMIUM	INCLUDED	INCLUDED
LIMIT PER PERSON	\$25	\$25
C. TOWING & LABOR - - - - - PREMIUM	\$46.00	\$54.00
LIMIT PER PERSON	5,000	5,000
X. TOWING & LABOR/WINDSHIELD - - - - - PREMIUM	\$7.00	\$7.00
LIMIT	50	50

2 cars TOTAL \$5,000 \$559.00 \$760.00 \$8.20/month

1 M WHITEHEAD GARY PRIN 2 F WHITEHEAD CHERYL PRIN

VER 2 WELLS FARGO AUTO FINANCE 711 W BROADWAY ROAD TEMPE AZ 85282 ADDL INS/LIENHOLDER

VER 1 GMAC PO BOX 6009 INGLEWOOD CA 90312 ADDL INS/LIENHOLDER

SA321 1,2 08-88 # SA1222 2 08-95 \$15 # SA320 1,2 06-02 # SA405NV 1,2 09-99 # SA906 1,2 06-02

#IA415 #IA797 #IM815 #UM55

\$1,319.00 \$15.00 \$1,334.00

DATE PRINTED 02-10-03 790-10-06

INSURED

Signature AUTHORIZED REPRESENTATIVE

E2 012

FARMERS HOME GROUP
 Coverage is provided by the company indicated
 FARMERS HOME MUTUAL INSURANCE COMPANY
 BLOOMINGTON, MN 55435-5403



② ✓

**PERSONAL AUTO POLICY
 DECLARATIONS
 RENEWAL**

AGENCY ASSURNET
 00393
 5257 S EASTERN AVE
 LAS VEGAS, NV 89119
 (702) 262-5812

POLICY NUMBER
 PA 0127101285-3

Policy Period
 From: 11/25/02 To: 05/25/03
 12:01 A.M. Standard Time

Effective Date of Change | TERM
 | 06 mo

6 months

NAMED INSURED AND ADDRESS
 FUST, AARON MICHAEL
 FUST, IRENE
 10361 EARLY MORNING AVE
 LAS VEGAS NV 89135

COVERAGE AND LIMITS OF LIABILITY (In Dollars) Coverage is provided where a premium or limit of liability is shown for coverage.

AUTO	BODILY INJURY		PROPERTY DAMAGE	MEDICAL PAYMENTS	DAMAGE TO YOUR AUTO		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	Other Than Collision Loss	Collision Loss	EACH PERSON	EACH ACCIDENT	EACH PERSON	EACH ACCIDENT
					Actual Cash Value Minus Deductible					
1	100,000	300,000	50,000	5,000	500	500	100,000	300,000		INCL INCL

Endorsements forming a part of this policy:
 PP1301 (1299) U8598 (1000) PP0001 (0698) U8610 (0501) PP0182 (0702) PP0302 (0698) PP0303 (0486) PP0305 (0886)

PREMIUMS (In Dollars)

AUTO	BODILY INJURY	PROPERTY DAMAGE	MEDICAL PAYMENTS	DAMAGE TO YOUR AUTO		UNINSURED MOTORISTS	UNDER-INSURED MOTORISTS	MISCELLANEOUS ENDORSEMENTS REQUIRING PREM	TOWING & LABOR COSTS	RENTAL REIMBURSEMENT
				Other Than Collision Loss	Collision Loss					
1	134.00	70.00	37.00	47.00	171.00	54.00			3.00	4.00

AUTO	PERSONAL INJURY PROTECTION			Total Premium Each Auto	Summary	
	Limit Limit Med.	Limit Non-Med.	Premium		Amount	Description
1	N/A	N/A	N/A	520.00	Auto Sub-Total	\$ 520.00
					Endorsements	\$
					Full Term Premium	\$ 520.00
					Add'l Premium	\$
					Return Premium	\$

DESCRIPTION OF AUTO(S) OR TRAILER(S) THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT

AUTO	Year	Trade Name	Body Type and Model	Identification Number	Class	Cost/New	Maximum Value	Symbol	State & Terr.
1	97	INFI	I30/I30T	JNKCA21D4VT518169	1A			20	NV 23

Alternate Garaging:
 Loss Payee:

1 SONEPCO CU

NV 89146

\$6.17/mo
\$5000.00

CONTINUATION DECLARATIONS

Countersigned by - Authorized Representative

* N/A MEANS NOT AVAILABLE IN THIS STATE



E3 012

NUMBER
.1172872

INSURED NAME AND ADDRESS
ADVANTAGE HEALTH CARE, FUST CHARTERED
3663 E SUNSET RD #503
LAS LEGAS, NV 89120

3

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN AND COVERAGES

All vehicles are covered for the limits of liability as stated under Item Two unless other coverage/limits are indicated here.

VEHICLE NO : 1 COST NEW : 42,000 DESCRIPTION : MERCEDES SEDAN
CLASS CODE : 7391 YEAR MODEL: 2002 SERIAL/VIN NO:
GARAGE STATE: NV TERRITORY : 009

<u>COVERAGE</u>	<u>DEDUCTIBLE</u>	<u>LIMIT</u>	<u>PREMIUM</u>
LIABILITY			
Combined Single Limit	None	\$1,000,000	\$1,321
Auto Medical Payments		\$5,000	\$57
Uninsured Motorists			
-Single Limit Bodily Injury Each Accident		\$1,000,000	\$147
PHYSICAL DAMAGE			
Comprehensive	\$1,000		\$138
Collision	\$1,000		\$517
		VEHICLE SUB-TOTAL:	\$2,180

VEHICLE NO : 2 COST NEW : 34,400 DESCRIPTION : AUDI A6
CLASS CODE : 7391 YEAR MODEL: 2001 SERIAL/VIN NO: WAUBH64B41N159704
GARAGE STATE: NV TERRITORY : 009

<u>COVERAGE</u>	<u>DEDUCTIBLE</u>	<u>LIMIT</u>	<u>PREMIUM</u>
LIABILITY			
Combined Single Limit	None	\$1,000,000	\$1,321
Auto Medical Payments		\$5,000	\$57
Uninsured Motorists			
-Single Limit Bodily Injury Each Accident		\$1,000,000	\$147
PHYSICAL DAMAGE			
Comprehensive	\$1,000		\$98
Collision	\$1,000		\$444
		VEHICLE SUB-TOTAL:	\$2,067

\$9.50/mo



State Farm Mutual Automobile Insurance Company
2700 South Durango Drive
Tempe AZ 85282-3387

202U -2134 A

TOMBURO, TODD A & SANDRA

LAD VEHIC BY CLASS MAIL



AUTO RENEWAL

POLICY NUMBER

APR 06 2003 to OCT 06 2003

DATE DUE

PLEASE PAY THIS AMOUNT

THIS IS NOT A BILL.

Coverages and Limits

Premiums

A	Liability	
	Bodily Injury 100,000/300,000	
	Property Damage 50,000	239.80
C	Medical Payments 5,000	41.23
D	600 Deductible Comprehensive	39.60
G	600 Deductible Collision	123.00
R1	Car Rental & Travel Expense	
	80% Per Day, \$500 Max	15.00
U	Uninsured Motor Vehicle	
	Bodily Injury 100,000/300,000	101.40
	Additional Use of Non-Owned Car Coverage	
	BIPD Liability	5.00
	Medical Payments	2.00
	Physical Damage	25.00
Total Premium		\$592.03

6 months

Your premium has already been adjusted by the following:

Premium Reductions

Multiple Line	49.56
Multiple	80.48
Vehicle Safety	44.88
Coverage C Multi-Coverage	10.85
Coverage U Multi-Coverage	25.40
Accident Free	71.42

Your premium is based on the following... If not correct, contact your agent.

1999 DODGE DURANGO

Class 1D3H402

Drivers of vehicle in your household...

There are no male or unmarried female drivers under age 26 assigned to this car.

Younger drivers included if rated on another car insured with us.

Ordinary use of vehicle...

To and from work or school, not more than 100 miles weekly. Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

A portion of the premium is attributable to the general premium tax paid to the state of Nevada.

Your Vehicle Safety Discount has been increased for your medical payments coverage. Please see the premium adjustment message on the back of this notice for an explanation.

The following list of drivers is shown for informational purposes only and does not extend or expand coverage beyond that contained in this automobile policy. Our records indicate the persons listed below are the only licensed drivers reported to us:

SANDRA TOMBURO, TODD TOMBURO.

If the above information is inaccurate or incomplete, please contact your agent immediately to make corrections.

\$5,000 med pay

car \$720/month

Based on your driving record, you have our accident-free discount for preferred customers.

Thanks for letting us serve you...

Agent Telephone

See reverse side for important information. Please keep this part for your record.

Prepared MAR 05 2003

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.

NOTE: DO NOT PAY - PREMIUM BILLED THROUGH THE STATE FARM PAYMENT PLAN

INSURED TOMBURO, TODD A & SANDRA

(S)

FROM : SANTA PALLA

FRX NO. : 7313360

This CONTINUATION Page, With Policy Form 8427, Forms and Endorsements Listed Below CONTINUES your Policy.

INSURER: HARTFORD ACCIDENT AND INDEMNITY COMPANY
 HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

DECLARATIONS

POLICY NO. 48 PH 322084

Named Insured and Mailing Address → RITTER, GEORGE L SHARON
 229 WEST BALTIMORE AVE
 LAS VEGAS, NV 89102

Policy Period 12:01 A.M. Standard Time at the Address of the Named Insured → FROM 09-21-02 TO 09-21-03 TERM: 1 YEAR

Producer Name: FOR CUSTOMER ASSISTANCE, Code: 480121
 PLEASE CALL 1-800-429-4545

TOTAL POLICY PREMIUM: \$ 1502.00

THIS IS NOT A BILL

Auto No.	Description of Auto or Trailers	Vehicle ID Number	Class	Terr.
1	95 NISSA QUEST XE/GXE	4N2DN11W1SD858579	158Q6C	105
2	86 LINC TORN CAR	1LNBP96P4GY621608	158W6C	105

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS BY AUTO

A. LIABILITY	Description	Limit	Premiums	
			1	2
BODILY INJURY	EACH PERSON	\$ 100,000		
	EACH ACCIDENT	\$ 300,000	\$ 308.00	308.00
	PROPERTY DAMAGE	EACH ACCIDENT	\$ 50,000	\$ 80.00
B. MEDICAL PAYMENTS	EACH PERSON	\$ 50,000	\$ 128.00	160.00
D. DAMAGE TO YOUR AUTO	OTHER THAN COLLISION	1	\$ 81.00	
	ACV LESS DEDUCTIBLE \$ 100			
	COLLISION		\$ 186.00	

\$50700
12 months

TOTAL PREMIUM EACH AUTO \$ 783.00 548.00

ACV = ACTUAL CASH VALUE

C. UNINSURED MOTORISTS COVERAGE PER POLICY PREMIUM
 BODILY INJURY \$ 100,000 PER PERSON
 \$ 300,000 PER ACCIDENT \$ 171.00

COUNTERSIGNED BY _____

AUTHORIZED AGENT

-----CONTINUED ON PAGE 2-----

000000

EU 0112

6

American Family Insurance Group
Auto Policy Rate Quote
AFMIC Auto

Carlos R Forman Agency
 4602 E Sunset Road
 Henderson, NV 89014
 cforman@amfam.com
 Office: (702) 732-7675
 Other: (866) 294-6787
 Cellular: (702) 401-7771

[REDACTED]

Effective: 03/18/2003 to 09/18/2003 State: NV Zip: 89103 Territory: 18
 Tlr: Select Class: C18 Pts: 0
 2002 HYUN EGT Sym: 25 VIN: [REDACTED]

Coverage	Limits	Premium
Bodily Injury Liability	25,000 Per Person 50,000 Per Occurrence	\$207.30
Property Damage Liability	25,000 Per Occurrence	
Medical Expense	10,000 Per Person	\$58.00
Comprehensive	500 Deductible	\$69.40
Collision	1,000 Deductible	\$125.20
Uninsured Motorist	25,000 Per Person 50,000 Per Occurrence	\$28.40
Underinsured Motorist	25,000 Per Person 50,000 Per Occurrence	\$15.30
Emergency Road Service		\$3.20
Rental Reimbursement	40 Per Day 960 Maximum	\$21.70
	Total	\$528.50
	Monthly	\$88.08

Discounts and Surcharges

Air Bag Discount
 Multiple Vehicle Discount
 Good Driver Discount

1 car
 \$ 9.60 / month

* Monthly Payment information does not include any applicable administrative charges.

The rates shown above are only an estimate and subject to final determination by the company. This is not a policy and no coverage is bound.



American Family Insurance Group
Auto Policy Rate Quote
AFMIC Auto



Carlos R Forman Agency
4602 E Sunset Road
Henderson, NV 89014
cforman@amfam.com
Office: (702) 732-7676
Other: (866) 294-6787
Cellular: (702) 401-7771

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Effective: 03/18/2003 to 09/18/2003 State: NV Zip: 89103 Territory: 18
Tier: Select Class: C1B Pts: 0
1996 GEO TRC Sym: 24 VIN: ~~XXXXXXXXXXXX~~

Coverage	Limits	Premium
Bodily Injury Liability	25,000 Per Person 50,000 Per Occurrence	\$207.30
Property Damage Liability	25,000 Per Occurrence	\$58.00
Medical Expense	10,000 Per Person	\$51.40
Comprehensive	500 Deductible	\$84.60
Collision	1,000 Deductible	\$28.40
Uninsured Motorist	25,000 Per Person 50,000 Per Occurrence	\$15.30
Underinsured Motorist	25,000 Per Person 50,000 Per Occurrence	\$3.20
Emergency Road Service		\$21.70
Rental Reimbursement	40 Per Day 960 Maximum	
Total		\$469.90
Monthly		\$78.32

car \$12,000

\$9.60/month

Discounts and Surcharges

- Air Bag Discount
- Multiple Vehicle Discount
- Good Driver Discount

* Monthly Payment Information does not include any applicable administrative charges.

The rates shown above are only an estimate and subject to final determination by the company. This is not a policy and no coverage is bound.

03/18/2003 05:43 7022697078

GENIE HULTS DC

California State Automobile Ass'n
Inter-Insurance Bureau

Members Car Policy Declarations

PLEASE KEEP WITH YOUR POLICY.
SEE IMPORTANT NOTICE ON REVERSE.

150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186

FOR QUESTIONS OR CHANGES CALL: 1-800-822-8228

1. Name and Address of Named Insured

HULTS EUGENE E/DR BLANCHE
7250 DINGO COURT
LAS VEGAS NV 89119

POLICY INFORMATION	Declarations Type	Page
	Renewal Certificate	1 of 1
	Policy Type	Process Date
	Member	12-27-2002
	Policy Number	Insured Since
4K-18-23-0	1997	
YOUR POLICY PERIOD	From	To
	02-03-2003	02-03-2004
12:01 A.M. Standard Time at the address of the Named Insured as stated herein.		
Alternate Address	Occupation	Alternate Number
	RETD/RETD	Telephone Number
		842-5424

Item	Make	Model Yr.	Body Type	Vehicle Identification Number
01	NISSAN	1999	4D SED	1N4DL01D8XC186872
02	TOYOT	2001	4D WAG	JTEHHZ0V710025218

DRIVERS
Name
EUGENE
BLANCHE
IVAGENE

Drivers do not necessarily correspond to principally operated vehicles.

VEHICLE(S)	COVERAGE	LIABILITY LIMIT		Item 01		Item 02		Item		Item	
		Each Person	Each Occurrence	Deduct.	Premium	Deduct.	Premium	Deduct.	Premium	Deduct.	Premium
	Bodily Injury	100,000	300,000		\$373		\$428				
	Medical Payments	10,000			\$125		\$158				
	Uninsured Motor Veh Coverage	15,000	30,000		\$55		\$55				
	Property Damage		50,000		\$139		\$146				
	Comprehensive			100	\$187	100	\$217				
	Collision			500	\$301	500	\$348				
	All Risks			No Coverage		No Coverage					
	TOTAL PREMIUM PER VEHICLE				\$1180		\$1355				

Automobile Death Benefits: \$100,000 first named insured, \$50,000 each first named insured and spouse. Limit Code: B Premium: \$8

Premium Summary: This is not a bill. Savings Dividend: \$69.00 Annual Premium: \$2,663.00

Schedule of Charges: 2 cars \$10,000 \$12.00/month

Enhanced Transportation Expense Coverage: Item(s) 01, 02. Mature Driver Discount: None, NSD applied.

Item 01	1ST SECURITY BANK P O BOX 38853 SEATTLE 98138	Item 02	FIRST SECURITY BANK PO BOX 38853 SEATTLE 98138
	WA		WA

E9 012

FROM : HOGAN CHIROPRACTIC

FAX NO. : 702-650-9654

Mar. 20 2003 11:09AM P2

This ENDORSEMENT Page, With Policy Form 8427, Forms and Endorsements Listed Below AMENDS your Policy. CH.# 01 EFF.04-01-03

INSURER: HARTFORD FIRE INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

DECLARATIONS
HARTFORD PREMIER

POLICY NO. 53 PH 707149 CC

Named Insured and Mailing Address → HOGAN KENNETH J & LISA A
3937 PLACITA DEL LAZO
LAS VEGAS, NV 89120

Policy Period 12:01 A.M. Standard Time
at the Address of the Named Insured → FROM 04-01-03 TO 04-01-04 TERM: 1 YEAR

Producer Name: ORGILL/SINGER AND ASSOCIATES, INC. Code: 600061
FOR CUSTOMER ASSISTANCE, PLEASE CALL 1-800-624-5578

COMBINED
TOTAL POLICY PREMIUM: \$ 2799.00

THIS IS NOT A BILL

Auto No.	Description of Autos or Trailers	Vehicle ID Number	Class	Terr.
1	00 CHEV CORVETTE	1G1YY32G5Y5128216	81612Z	068
2	94 LEXUS ES 300	JT8GK13T5R0003833	81622Z	068
3	01 CHEV C1500 TAHOE	1GNEC13T81R103082	81622Z	068

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS BY AUTO

		1	2	3
A. LIABILITY				
BODILY INJURY	EACH PERSON	\$ 250,000		
	EACH ACCIDENT	\$ 500,000	\$ 336.00	366.00 366.00
PROPERTY DAMAGE	EACH ACCIDENT	\$ 100,000	\$ 109.00	118.00 118.00
B. MEDICAL PAYMENTS				
	EACH PERSON	\$ 10,000	\$ 19.00	21.00 21.00
D. DAMAGE TO YOUR AUTO				
		AUTO	AUTO	AUTO
OTHER THAN COLLISION		1	2	3
ACV LESS DEDUCTIBLE	\$ 998	998	998	\$ 124.00 68.00 68.00
COLLISION	\$ 999	999	999	\$ 238.00 134.00 162.00
TOWING & LABOR COSTS				\$ 8.00 8.00 8.00
EACH DISABLEMENT	\$ 75	75	75	
OPTIONAL TRANSPORTATION EXPENSES				
UP TO \$50 PER DAY TO A MAXIMUM OF \$1500			\$ 38.00	38.00 38.00

3 cars \$10,000 \$1.70

COUNTERSIGNED BY ORGILL/SINGER AND ASSOCIATES, INC. AUTHORIZED AGENT

-----CONTINUED ON PAGE 2-----

000000

10



State Farm Mutual Automobile Insurance Company
2700 South Stanford Drive
Tempe AZ 85283-3347

282U -2134 A

TOMBURO, SANDRA & TODD A
1818 SHORE PINE AVE
LAS VEGAS NV 89129-8174

XX

AUTO RENEWAL

POLICY NUMBER _____

APR 02 2003 to OCT 02 2003

DATE DUE _____ PLEASE PAY THE AMOUNT

THIS IS NOT A BILL.

Coverages and Limits	Premiums
A Liability	
Bodily Injury 100,000/300,000	
Property Damage 50,000	239.88
C Medical Payments 5,000	41.23
D 500 Deductible Comprehensive	41.00
G 500 Deductible Collision	128.80
RI Car Rental & Travel Expense	
80% Per Day, \$500 Max	15.00
U Uninsured Motor Vehicle	
Bodily Injury 100,000/300,000	101.40
S Death Indemnity	9.40
Z Loss of Earnings	8.00
Total Premiums	\$584.83

Your premium is based on the following... If not correct, contact your agent.

2000 DODGE DURANGO

Class 1B3H402

Drivers of vehicle in your household...

There are no male or unmarried female drivers under age 25 assigned to this car.

Younger drivers included if rated on another car insured with us.

Ordinary use of vehicle...

Pleasure or not more than 30 miles weekly to and from work or school. Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Your premium has already been adjusted by the following:

Premium Reductions

Multiple Line	49.96
Multiple	81.92
Vehicle Safety	68.88
Coverage C Multi-Coverage	18.85
Coverage U Multi-Coverage	25.48
Accident Free	72.22

A portion of the premium is attributable to the general premium tax paid to the state of Nevada.

Your Vehicle Safety Discount has been increased for your medical payments coverage. Please see the premium adjustment message on the back of this notice for an explanation.

The following list of drivers is shown for informational purposes only and does not extend or expand coverage beyond that contained in this automobile policy. Our records indicate the persons listed below are the only licensed drivers reported to us:

SANDRA TOMBURO, TODD TOMBURO.

If the above information is inaccurate or incomplete, please contact your agent immediately to make corrections.

\$5,000
car 7 months

Based on your driving record, you have an accident-free discount for preferred customers.

Thanks for letting us serve you...

Agent Telephone

See reverse side for important information. Please keep this part for your record.

Prepared MAR 08 2003

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.

NOTE: DO NOT PAY - PREMIUM BILLED THROUGH THE STATE FARM PAYMENT PLAN

INSURED TOMBURO, SANDRA & TODD A

12



5722SS1 V5R2M0 020719 Print Key Output

A4000191

03/18/03 Page 1 13:27:40

Display Device : QPADEV0193
User : S301918

Insured: CURTIS POTTS
Home Phone: (775) 827 - 8617

Pol. No.: 929464354 02/02
Rating Group: 03 Tier: 2004 HHCF: 22N

****POLICY QUOTE****

Item 1: 1986 4 RUNN Points: 00 PGS: N
Terr: 20 Class: 262 (A LW)

Item 2: 1995 GRND C Points: 00 PGS: R
Terr: 20 Class: 262 (A LW)

COVERAGE	LIMITS	PREMIUMS	LIMITS	PREMIUMS
AA Bodily Injury	100/300	122.92	100/300	122.92
BB Property Damage	50	Included	50	Included
CC Medical Payments	→ 10000	36.79	10000	36.79 ←
DD Collision	500 DED	59.22	500 DED	81.98
HH Comprehensive	100 DED	27.70	100 DED	40.16
SS UM/UIM Bodily Injury	50/100	53.96		

Adjusted Item Premium: \$

Current Item Premium: \$

246.63
238.14

\$ 281.85
\$ 273.36

Adjusted Policy Premium: \$

Current Premium: \$

(ENTER) CONTINUE (F1) HELP

582.44 \$
565.46
(F3) QUIT

16.98 Rates as of: 4 / 29 / 2002
Data Display? (Y/N) N
↓ (F4) BACK SCREEN

increase 6 months

6.13
a month

Phone quotes

- ① : 39.45 / month \$ 5,000
- ② : 15 / month \$ 5,000