

BRISTOL WEST INSURANCE
underwritten by
COAST NATIONAL INSURANCE COMPANY
C/O Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009

NV
29



ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

11/01/21

Policy Number: G01 0634516 02

Dear ROMEL FOWLER:

Thank you for selecting BRISTOL WEST INSURANCE as your auto insurance provider. We value your business and look forward to serving your insurance needs. Your renewal information is enclosed. Please review it carefully and contact us immediately if you would like to make any changes.

You are currently enrolled in our Direct Debit (EFT) payment plan, which also applies to this renewal. For your convenience, the amount due for your renewal down payment will be automatically deducted from your bank account. Please refer to the next page for your payment schedule. It includes the due dates and amounts of future withdrawals from your account. **Please retain this document for reference.**

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m.-6 p.m. EST or if you prefer, you can contact your producer at 702-463-5200.

You can inquire or pay your bill online using www.bristolwest.com.

Thank you for your business.

Por favor vea el dorso par la información en español.

BRISTOL WEST INSURANCE
underwritten by
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NCY LLC
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LAS VEGAS NV 89108-6009



11/01/21

ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

Número de Póliza:G01 0634516 02

Estimado(a) ROMEL FOWLER:

Muchas gracias por seleccionar BRISTOL WEST INSURANCE como su compañía de seguros de vehículos. Nosotros apreciamos poder contarle entre nuestros clientes y esperamos continuar prestándole nuestro servicio en toda situación relacionada con su seguro. Adjunto encontrará la información sobre la renovación de su póliza. Por favor, revise esta documentación cuidadosamente y póngase en contacto con nosotros de inmediato si decide hacer algún cambio.

Actualmente, usted está inscrito en nuestro plan de pago de débito directo (EFT, transferencia electrónica de fondos), el cual también se aplica a esta renovación. Para su conveniencia, el pago inicial para renovar su póliza será retirado automáticamente de su cuenta bancaria. Consulte la siguiente página para conocer la programación de sus pagos. Esta incluye las fechas de vencimiento y las cantidades de los pagos futuros que serán retiradas de su cuenta bancaria. **Por favor, conserve el documento adjunto para futuras consultas.**

Si tiene alguna pregunta concerniente a esta información, comuníquese con nosotros a través del 1-888-888-0080 de Cualquier día de lunes a viernes, Entre las 8 a.m. y las 6 p.m. (horario del este), o si lo prefiere, llame a su productor de seguros al 702-463-5200.

Usted puede obtener información o pagar su cuenta en línea, a través de www.bristolwest.com.

Gracias por confiar en Bristol West.

Atentamente,
Bristol West Insurance Group

BRISTOL WEST INSURANCE
 underwritten by
 COAST NATIONAL INSURANCE COMPANY
 C/O SERVICE OPERATIONS
 PO BOX 31029
 INDEPENDENCE, OH 44131-0029



Underwritten by:
 COAST NATIONAL INSURANCE COMPANY

PAYMENT SCHEDULE
 *** Please Keep for Future Reference ***

Named Insured:

ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009
 Telephone: **702-463-5200**

Policy Number	Effective Date	Expiration Date	Issue Date
G01 0634516 02	12/04/21	06/04/22	11/01/21

Dear ROMEL FOWLER

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.**

Installment Number	Due Date *	Payment Amount **	Payment Method
Current	12/03/21	\$1,039.66	Automatic
02	01/04/22	\$1,007.26	Automatic
03	02/04/22	\$1,007.26	Automatic
04	03/04/22	\$1,007.26	Automatic
05	04/04/22	\$1,007.26	Automatic
06	05/04/22	\$1,007.30	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 "COAST NATL INS". Please be sure there are sufficient funds in your account.

** The payment amount for each installment includes an EFT installment fee of \$8.00. The payment amount also includes the following fees - Installment. 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 \$25.00 NSF fee will be charged. If you have any questions, or wish to discontinue this payment method, please visit our website at www.bristolwest.com or if you prefer, you can contact your producer at 702-463-5200 or Bristol West 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 Bristol West.

Sincerely,
 Bristol West Insurance Group

Revised 06 2006

For questions on your policy, please call: 1-888-888-0080
 Por favor voltee la página para la traducción en Español



Underwritten by:
COAST NATIONAL INSURANCE COMPANY

PLAN DE PAGOS

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

Asegurado:

ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009
Teléfono: **702-463-5200**

Número de Póliza	Fecha de Incepción	Fecha de Expiración	Fecha de Envío
G01 0634516 02	12/04/21	06/04/22	11/01/21

Estimado (a) ROMEL FOWLER

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.**

Número del pago	Fecha de vencimiento*	Cantidad del pago**	Método de pago
Pago Pendiente	12/03/21	\$1,039.66	Automático
02	01/04/22	\$1,007.26	Automático
03	02/04/22	\$1,007.26	Automático
04	03/04/22	\$1,007.26	Automático
05	04/04/22	\$1,007.26	Automático
06	05/04/22	\$1,007.30	Automático

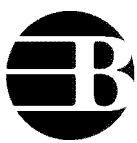
*Los fondos serán cargados a su cuenta bancaria en la fecha de vencimiento ódespués. El retiro aparecerá en su talonario de banco como "COAST NATL INS". Por favor asegúrese que usted tiene suficientes fondos en su cuenta.

** La cantidad de cada pago incluye un cargo por servicios de retiro de fondos de \$8.00. 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 \$25.00 será aplicado a su cuenta. Si usted tiene alguna pregunta concerniente a esta información o desea discontinuar que los fondos sean retirados de su cuenta bancaria, por favor visítenos en nuestra página electrónica www.bristolwest.com, o si lo prefiere, comuníquese con su productor de seguros al 702-463-5200 o directamente con nosotros durante nuestras horas de servicio al 1-888-888-0080. En caso que usted decida discontinuar 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 hacer negocios con Bristol West.
Sinceramente,
Bristol West Insurance Group

Revisado 06 2006



BRISTOL WEST

Part of the Farmers Insurance Group®

NEVADA INSURANCE IDENTIFICATION CARD

Valid in U.S. and Canada

This evidence of insurance has been approved by the Nevada Commissioner of Insurance.

This coverage meets the requirements as set forth in NRS 485.185. This evidence of insurance must be carried in the insured motor vehicle for production upon demand.

COAST NATIONAL INSURANCE COMPANY NAIC# 25089

POLICY NUMBER
G01 0634516 02

EFFECTIVE DATE
12/04/21

EXPIRATION DATE
06/04/22

INSURED

Not Valid More than One Year from Effective Date

ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

PRODUCER: 2789084

PHONE: 702-463-5200

Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009

YEAR MAKE
2019 JEEP

MODEL
GRAND CHEROKEE OV UT

VEHICLE IDENTIFICATION NO
1C4RJFCG6KC726656

SEE IMPORTANT MESSAGE
ON REVERSE SIDE

CN-NV-BA-303 (08/16)



BRISTOL WEST

Part of the Farmers Insurance Group®

NEVADA INSURANCE IDENTIFICATION CARD

Valid in U.S. and Canada

This evidence of insurance has been approved by the Nevada Commissioner of Insurance.

This coverage meets the requirements as set forth in NRS 485.185. This evidence of insurance must be carried in the insured motor vehicle for production upon demand.

COAST NATIONAL INSURANCE COMPANY NAIC# 25089

POLICY NUMBER
G01 0634516 02

EFFECTIVE DATE
12/04/21

EXPIRATION DATE
06/04/22

INSURED

Not Valid More than One Year from Effective Date

ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

PRODUCER: 2789084

PHONE: 702-463-5200

Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009

YEAR MAKE
2019 JEEP

MODEL
GRAND CHEROKEE OV UT

VEHICLE IDENTIFICATION NO
1C4RJFCG6KC726656

SEE IMPORTANT MESSAGE
ON REVERSE SIDE

CN-NV-BA-303 (08/16)



BRISTOL WEST

Part of the Farmers Insurance Group®

COAST NATIONAL INSURANCE COMPANY
PO BOX 31029
INDEPENDENCE, OH 44131-0029

Approved drivers:
ROMEL FOWLER

In the event of a loss, you can submit your loss information
24/7 at www.bristolwest.com or call us Toll-Free during
business hours at **1-800-274-7865**
For policy information or billing go to www.bristolwest.com



BRISTOL WEST

Part of the Farmers Insurance Group®

COAST NATIONAL INSURANCE COMPANY
PO BOX 31029
INDEPENDENCE, OH 44131-0029

Approved drivers:
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 underwritten by
COAST NATIONAL INSURANCE COMPANY

PO BOX 31029
 INDEPENDENCE, OH 44131-0029
 1-888-888-0080

PERSONAL AUTO RENEWAL DECLARATION

(Page 1)

POLICY NUMBER	Policy Period	
	From	To
G01 0634516 02	12/04/21 12:01 a.m.	06/04/22 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured:
ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731

2789084
Luis Vargas Soto Insurance Age
NCY LLC
6390 W CHEYENNE AVE STE E
LAS VEGAS NV 89108-6009
 Telephone: **702-463-5200**

POLICY PREMIUM TOTAL \$ 6,028.00
 (includes \$30.00 for SR22 fee)

Transaction Description

RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

Drivers

Drivers on Policy	Rated	SR22	Birth	Mar	Sex	License Number	State
ROMEL FOWLER	Rated	Y	01/07/84	S	M	2102295993	NV

Forms and Endorsements

49327 (08/12) 40146 (06/13) NV-PCE-01 (07/15)

Vehicle 1 **PREMIUM \$ 5,998.00**

Year / Make / Model: 2019 JEEP GRAND CHEROKEE OV UT **State:** NV **Vehicle Use:** Pleasure
Vehicle Identification #: 1C4RJFCG6KC726656 **Symbol:** 03171224 YJG1

Surcharges:

Discounts: HOMEOWNER, MULTI-POLICY, GO PAPERLESS, EFT, AIR-BAG

Garaging Location: 7111 SPRUCEWOOD ST LAS VEGAS, NV 89147
Loss Payee: AMERICAN FIRST CREDIT UNION PO BOX 924260 FORT WORTH, TX 76124-4260
Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	100,000	300,000	3,560.00	
PROPERTY DAMAGE		100,000	947.00	
COLLISION			1,259.00	1,000
COMPREHENSIVE			191.00	1,000
RENTAL			33.00	
(\$30 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR			8.00	
(\$75 PER DAY / \$225 PER TERM)				

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 \$8.00 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: \$25.00 (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: \$35.00 (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.

BRISTOL WEST INSURANCE
underwritten by
COAST NATIONAL INS. CO.

PO BOX 31029
INDEPENDENCE, OH 44131-0029

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:
702-463-5200



BRISTOL WEST

Part of the Farmers Insurance Group

ACCIDENT AND VIOLATION DISCLOSURE

Policy Number: G01 0634516 02
Named Insured: ROMEL FOWLER

ROMEL FOWLER
Date of Birth: 01/07/84 License State: NV
License Number: 2102295993

Date of Birth: License State:
License Number:

ACCIDENT/VIOLATION	DATE
At Fault Accident	11/26/19
Major Violation	07/16/20

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

NOTIFICATION OF POTENTIAL INCREASE IN PREMIUMS

Driving record points are assigned to operators for chargeable accidents and violations.

Chargeable Period -all accidents and violations occurring in the thirty -five (35) month period prior to policy inception are considered in developing a driver's policy premiums. When a driver is added mid-term, accidents and violations will be charged for the entire 35 month period prior to the driver being added to the policy.

Chargeable Date –The conviction date is used to determine if the accident or violation took place in the chargeable period.

Violation Classification - Point assignments vary by coverage and are classified into major groups. Below are the major groups along with an example of the points that would be applied for Bodily Injury:

<u>Description</u>	<u>Violation Point Class</u>	<u>BI Points</u>	<u>Increase in BI Premium</u>
At-Fault Accident	AAF	4	60%
At-Fault Non-Chargeable	AFN	0	0%
At-Fault Accident / DUI	AFD	4	60%
Driving Under the Influence	DUI	3	59%
Major Violation	MAJ	6	96%
Minor Violation	MIN	2	57%
Not-At Fault Accident	NAF	0	0%
Comprehensive Claim > \$1000	OCG	0	0%
Comprehensive Claim <= \$1000	OCL	0	0%
Speeding (<= 15 MPH above speed limit)	SPL	2	57%
Speeding (> 15 MPH above speed limit)	SPH	2	57%



BRISTOL WEST[®]

Part of the Farmers Insurance Group[®]

Underwritten by
COAST NATIONAL INSURANCE COMPANY

Notice of Underwriting Decision & Information Practices

Dear COAST NATIONAL 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:

- Lexis Nexis Risk Solutions
C.L.U.E. National Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004

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:

- 004: Age (in Months) of Oldest Trade = 31-45: Best Possible is 121+
- 067: Average Age of All Trades (Months) = 0-18: Best Possible is 112+
- 089: Months Since Most Recent Inquiry = 4-6: Best Possible is 10+
- 032: Ratio of Open Credit Card Trades to Total Open Trades = 26%-50%: This is the Best Possible

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.

Extraordinary Life Circumstance

As a named insured you may request reconsideration of an insurance score because of the direct influence of an extraordinary life circumstance on your credit information. Examples of extraordinary life circumstances include, but are not limited to: (1) a catastrophic event, as declared by the federal or state government; (2) a serious illness or injury to you or an immediate family member; (3) death of a spouse, child, or parent; (4) temporary and involuntary loss of employment for a period of three months or more; (5) divorce or involuntary interruption of legally owed alimony or support payments; (6) military deployment overseas; (7) identity theft; or (8) other events as determined by us or as recognized by your state. *Your request must be received within 60 days from the date of your application or renewal.* Please contact us at 1-888-888-0080 for more information on your right to reconsideration.

Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	Identifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your 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 except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, 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 and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization, and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group® of Companies includes 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 above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

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

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an Opt-Out opportunity which is provided on the Opt-Out Form provided with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures —other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: 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 Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. 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 or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on 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 issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act (“CCPA”), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

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 other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy 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 will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws?

This notice is required by applicable federal and state law. For more information, please contact us.

Signed:

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc.; Coast National Holding Company, Coast National Insurance Company; Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

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 companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC ("FFS") or its registered representatives/Agents, visit FINRA's BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

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CUT HERE

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

Policy Number:
G01063451602**Insured:**
ROMEL FOWLER
7111 SPRUCEWOOD ST
LAS VEGAS NV 89147-4731**Mail the opt-out to:**
Bristol West Service Operations
C/O Opt Out
PO Box 31029
Independence, Ohio 44131-0029

“DO NOT CALL” POLICY

Farmers® respects the wishes of those customers and prospective customers who do not want to receive telephone solicitation calls. Accordingly, our policy forbids all representatives, including employees and independent contractor agents, from making telephone solicitation calls to any person who has:

1. Requested that Farmers representatives not make such calls to their specified phone number(s).
 - Farmers maintains a company-specific do-not-call list and will honor a request that a phone number be placed on this list within a reasonable time of the request. A request can be made by giving the phone number(s) to be added to the Farmers do-not-call list via one of the following:
 - 1) donotcall@farmersinsurance.com
 - 2) **Farmers Insurance Group of Companies®**
Enterprise Customer Relations
6301 Owensmouth Avenue
Woodland Hills, CA 91367
 - 3) The Farmers representative who placed the telephone solicitation call.
 - 4) (888) 327-6335

This list will not be sold or shared in any way (except with a Farmers subsidiary or affiliate) without the requestor’s prior express permission.

- Allow up to 30 days for the phone number(s) to be entered on the Farmers do-not-call list and honored. After that, there should be no further telephone solicitation calls from any Farmers representative. The phone number(s) will remain on the Farmers do-not-call list for five years (or longer if required by applicable law), unless a request is made by the person to have the number(s) removed.
 - If a listed telephone number changes, a separate request must be submitted to have the new phone number(s) added to the Farmers do-not-call list.
2. Put his or her telephone number(s) on the national do-not-call registry, state do-not-call list or Farmers-specific do-not-call list, except as otherwise permitted by law.

Farmers agents and district managers are independent business people and are thus responsible for training their own employees or representatives and ensuring their compliance with applicable do-not-call rules. Whether they are Farmers agents, agent representatives or Farmers employees, if they make telephone solicitation calls, they are provided training on do-not-call procedures, including, but not limited to, use of the Farmers do-not-call list.

Also, in compliance with federal rules, we will mail a copy of this document in response to a consumer’s request.

Companies are generally allowed to contact their customers, even if those customers appear on the national or state do-not-call lists. Thus, we may still contact Farmers customers for non-solicitation purposes, including billing, claims and other service-related matters. This helps to ensure that we give our customers the best possible customer experience.

We are committed to ensuring compliance with all applicable do-not-call laws and regulations. Any questions concerning the Farmers do-not-call policy may be directed to:

Farmers Insurance Group of Companies*

Enterprise Customer Relations
6301 Owensmouth Avenue Woodland Hills, CA 91367
Phone: (888) 327-6335

This policy is being provided to Nevada residents pursuant to Nevada state law. Nevada residents may obtain further information concerning provisions of the law by contacting the Nevada Attorney General's office. The Nevada Attorney General's contact information is the following:

Bureau of Consumer Protection

Office of the Nevada Attorney General
100 N Carson St
Carson City, Nevada 89701
Phone: (775) 684-1180
e-mail: BCPINFO@ag.state.nv.us

*See <https://www.farmers.com/companies/state/> for a list of entities that are a part of the Farmers Insurance Group of Companies.

Notice of Motor Vehicle Policy Coverage Election

The laws of Nevada require that Medical Payment coverage in the amount of \$1,000 be offered to all insureds. Medical Payment coverage pays for reasonable expenses incurred, up to the limit purchased, by a covered person for necessary medical, surgical, x-ray, and dental services, including prosthetic devices and necessary ambulance, hospital, nursing and funeral expenses within three years from the date of accident. This coverage applies on a per person basis to include occupants of the insured vehicle. Any amount paid or payable for medical expenses under the liability or Uninsured/Underinsured Motorist coverage of this policy will be deducted from the amounts payable under Medical Payment coverage.

If you did not choose to elect Medical Payment coverage at your policy inception and wish to add, modify or amend your existing coverage please contact the Producer listed on your Personal Auto Renewal Declaration.

Additionally, the laws of Nevada require that Uninsured/Underinsured Motorist coverage be included in all policies containing motor vehicle liability insurance coverage unless rejected by the named insured. UM/UIM coverage provides that if you suffer bodily injury or sickness, including death, resulting from an accident with a hit and run driver, a person who does not carry insurance, or a person whose insurance is not enough to pay for your damages and is less than your UM/UIM limits, and if he is at fault, you can make a claim against your own insurance company. Occupants of the insured vehicle are eligible for coverage, subject to the per person and per accident aggregate limits of the policy. Claims can be made for medical expense, lost wages, and other general damages and special damages.

If you did not choose to elect Uninsured/Underinsured Motorist coverage at your policy inception and wish to add, modify or amend your existing coverage please contact the Producer listed on your Personal Auto Renewal Declaration.