

Safeway Insurance Company of Louisiana  
P.O. Drawer 92010  
Lafayette, LA 70509 (337) 291-2510



## Policy/Quote Package

## Safeway Insurance Company of Louisiana

### Name

TIMOTHY ELEAZER  
265 OLD OAK LN  
LEESVILLE LA 71446

### Policy Number

3667778-LA-PP-001  
Effective 5/31/2022 1:07:00 PM Standard Time

### Required Documents:

- Signed UM waiver document
- Complete and Signed Application
- Proof of Prior Insurance
- Exclusion Of Named Driver(s)
- Photo
- AutoPay Program Agreement
- Proof of Home Ownership

*Please upload completed documents or email to [LAsafeimage@safewayins.com](mailto:LAsafeimage@safewayins.com).*

Safeway Insurance Company of Louisiana  
P.O. Drawer 92010  
Lafayette, LA 70509 (337) 291-2510

## Payment Schedule

Policy Number: **3667778-LA-PP-001**

Policy Period: **5/31/2022 1:07:00 PM Std Time To 11/30/2022**

Producer 0693

12:01 AM Standard Time

TIMOTHY ELEAZER

MCKEE AGENCY, LLC

265 OLD OAK LN

1400 S. FIFTH ST. #B

LEESVILLE, LA 71446

LEESVILLE LA 71446

(337) 238-2832

### Payment Schedule

The schedule below shows payment amounts and due dates based on the quote provided to you in the application process and the payment plan you selected. Monthly payment amounts are subject to change based on the accuracy of the information provided in your application, and changes to your policy.

Installment	*Amount	Due Date
1	\$105.16	06/30/2022
2	\$105.17	07/30/2022
3	\$105.17	08/30/2022
4	\$105.16	09/30/2022
5	\$105.18	10/30/2022

\* A late fee of \$8.00 must be added to the due amount if payment is postmarked on or after due date.

Unless otherwise notified, your down payment will provide insurance beyond the due date; however, please pay by the due date to avoid receiving a cancellation notice or risking a lapse in coverage.

You will be mailed a separate invoice from Safeway for each installment, including the first installment. You may make payments through the mail or by using your Visa, MasterCard, or Discover. For Billing Inquiries or to Make A Payment visit us on-line or using your mobile device at MySafeway.com or by phone (337)291-2510.

Thank you for choosing Safeway Insurance Company for your automobile insurance.

**SAFeway INSURANCE COMPANY OF LOUISIANA**



P.O. Box 92010, Lafayette, Louisiana 70509-2010  
800-252-3251

Agent 0693  
MCKEE AGENCY, LLC  
1400 S. FIFTH ST. #B  
LEESVILLE LA 71446  
(337) 238-2832

Safeway Insurance Company of Louisiana Automobile Application

<b>1</b>	Applicant Name <b>TIMOTHY ELEAZER</b>							
	Home Phone	Bus Phone	Mobile Phone <b>(337) 378-8786</b>					
	Mailing Address	<b>265 OLD OAK LN</b>	City	<b>LEESVILLE</b>	State	<b>LA</b>	Zip	<b>71446</b>
<b>2</b>	Does applicant reside at above address during work week? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
	If No, explain:							
<b>3</b>	Coverage Effective Date From <b>5/31/2022 1:07:00 PM Standard Time To 11/30/2022</b>				Policy Type: <b>6 MONTHS Direct Bill</b>			
<b>4</b>	TERR.	RATE CLASS	POINTS	SUR-CHARGES	DISCOUNT	SYMBOL		
	CAR 1	<b>40</b>	<b>SM35</b>	<b>4</b>	<b>20</b>	<b>7/7</b>		
	Car	Veh Year	Make, Model, Body Type			Cyl.	VIN Number	
	1	2008	CHEVROLET UPLANDER 4 DOOR VAN			6	1GBDV13W18D165962	
	Car	LOSS PAYEE Any loss under comprehensive and collision is payable as interest may appear to named insured and (name and full address)						
	1	CJ'S SALES 304 SOUTH HIGHWAY 62-65 BYPASS HARRISON AR 72601						
<b>5</b>	<b>Special Equipment Surcharge</b>							
	Any non-factory installed equipment will not be covered unless additional physical damage premium is surcharged as follows: 50% Surcharge for each item \$1,500 maximum reimbursement for any one item \$2,500 maximum reimbursement regardless of the number of items							
	<b>Coverages</b>							
		Bodily Injury Liability	Property Damage Liability	Medical Payments	Uninsured Motorists - BI	Uninsured Motorists - PD	Towing / Roadside Asst.	
Limit of Liability	Each Person	<b>\$15,000</b>					Limit	
	Each Accident	<b>\$30,000</b>	<b>\$25,000</b>				Each Disablement Premium	
	<b>Premium Car 1</b>	<b>\$235.00</b>	<b>\$151.00</b>					
	*Actual Cash Value Less Deductible	Comprehensive *Deductible Premium		Collision *Deductible Premium		Rental Reimbursement Limit Premium		
	<b>Car 1</b>	<b>1,000</b>	<b>\$49.00</b>	<b>1,000</b>	<b>\$124.00</b>		<b>TOTAL PER VEHICLE</b>	
	Fully Earned Policy Fee:	<b>\$40.00</b>	SR-22 Fee:	<b>\$0.00</b>	<b>TOTAL POLICY PREMIUM</b>		<b>\$599.00</b>	
<b>6</b>	Applicant warrants there are no other persons, age 15 or older, living with the applicant, including any of the applicant's children who attend college, other than those listed below. Applicant warrants the vehicle(s) listed on this application are primarily driven by the drivers listed under this policy.							
	Primary and Regular Driver(s)	Any person age 15 or older residing with the applicant and who does not have a valid LA driver's license must be excluded.						
		BIRTH DATE	SEX	MARRIED	SR-22 FILING	DRIVER LICENSE NUMBER	OCCUPATION	
	TIMOTHY ELEAZER	12/12/1983	M	N	N	LA-008675494	OWNER	
<b>7</b>	<b>ALL QUESTIONS MUST BE TRUTHFULLY ANSWERED. ANY FALSE OR FRAUDULENT ANSWERS MAY RESULT IN DENIAL OF COVERAGE.</b>							
	<b>Are there any other members of applicant's household, age 15 or older, including any of the applicant's children who attend college?</b>							
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>If so, list names:</b>					
	Applicant understands that all vehicles listed in this application, and all vehicles which may later be added to any policy issued as a result of this application, must be garaged at the address on the policy.							
	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.							

Safeway Insurance Company of Louisiana Automobile Application

<b>8</b>	<b>DRIVER INSURABILITY QUESTIONS</b>				
	Car	1. Is auto used in driving to and from work? If yes, indicate one way mileage	2. Is vehicle(s) used for business or delivery purpose? (Y/N)		
	1	Y/8	N If Yes, <b>NOT ACCEPTABLE.</b>		
	3. Check the box if applicant or any other operator has ever had: <input type="checkbox"/> EPILEPSY, <input type="checkbox"/> STROKE, <input type="checkbox"/> DIABETES, <input type="checkbox"/> LOSS OF EYE, <input type="checkbox"/> HEART ATTACK, <input type="checkbox"/> CEREBRAL PALSY, <input type="checkbox"/> LOSS OF LIMB				
	FAILURE TO DISCLOSE ALL ACCIDENTS AND VIOLATIONS INVOLVING THE APPLICANT OR ANY PERSON NAMED IN SECTION 6 COULD JEOPARDIZE COVERAGE. List or state all accidents and traffic violations during the past 36 months for all drivers listed in section 6 of this application.				
	Date	Name of Driver	Accident or Traffic Violation Details	At Fault	Were you paid by other party?
	03/28/2022	TIMOTHY ELEAZER	PD, CLUE:2209030130143998 CO:PROGRESSIVE SECURITY CN:224924529 PY:CO.C,7553;	YES	
<b>9</b>	<b>SELECTION OR REJECTION OF UNINSURED MOTORIST COVERAGE MUST BE ATTACHED TO THE APPLICATION.</b>				
<b>10</b>	<p><b>Applicant's Statement:</b> The applicant warrants and certifies that he/she has read this application and attests and affirms that all the answers to the questions asked herein are truthful and that said answers were made as inducement to the insurance company to issue a policy. Applicant further states there are no individuals, age 15 or older, actually living in the same household as applicant, whether or not a licensed driver, other than those listed in section 6 of this application. Applicant further warrants that anyone becoming a permanent resident of his/her household after the inception of this policy or anyone becoming a primary driver of a listed vehicle insured under this policy will either be endorsed as a driver or excluded from coverage. This policy shall be null and void for the policy period for any claim presented, at our option, if the applicant has, with an intent to deceive, concealed or misrepresented any material fact concerning any matter regarding completion of the application and/or any subsequent endorsements. The Company's right to pursue all damages caused by the material misrepresentation(s) against the named insured or any other insured are reserved and maintained. It is acknowledged that a copy of this application was provided to or made available online to the applicant and shall be attached to and form a part of the policy of insurance when issued and that it is intended that the company shall rely on the contents of this application in issuing any policy of insurance or renewal thereof.</p> <p>Date and Time <u>5/31/2022 1:21:15 PM</u>                      Signature of Applicant <u></u></p>				
<b>11</b>	<p><b>Agent's Certification:</b> The undersigned hereby warrants and certifies that all information contained herein is correct. The statements and information herein are those of the applicant who has signed the application. The application and Safeway Insurance Company of Louisiana Policy have been provided or made available online to the applicant.</p> <p>Date and Time <u>5/31/2022 1:42:44 PM</u>                      Signature of Agent <u></u></p>				

# STATE OF LOUISIANA

This form may not be altered or modified

## UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

**Uninsured/Underinsured Motorists Bodily Injury Coverage**, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.


**Economic losses** are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

**Non-economic losses** are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

**By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise.** If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA.")

### UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1.             
Initials      **I select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:  
  
\$ \_\_\_\_\_ each person                      | **OR**              \$ \_\_\_\_\_ each accident/occurrence  
\$ \_\_\_\_\_ each accident/occurrence
  
2. **NA.**  
Initials      **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
  
3. **NA.**  
Initials      **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:  
  
\$ \_\_\_\_\_ each person                      | **OR**              \$ \_\_\_\_\_ each accident/occurrence  
\$ \_\_\_\_\_ each accident/occurrence
  
4.   
Initials      **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI** coverage for losses arising from an accident caused by an uninsured/underinsured motorist.

### SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.



Signature of Named Insured or Legal Representative

TIMOTHY ELEAZER

Print Name

05/31/2022

Date

3667778-LA-PP-001

Policy Number

SAFeway INSURANCE COMPANY OF LOUISIANA

Safeway Insurance Company of Louisiana  
P.O. Drawer 92010  
Lafayette, LA 70509 (337) 291-2510

**EXCLUSION OF NAMED DRIVER (S)**

This endorsement effective the 31st day of May, 20 22 at 01:07 PM Std Time  
forms a part of policy number: 3667778-LA-PP-001

(If this endorsement is executed in connection with a new application for a policy, a policy number will be assigned at a later date.)


Issued to: TIMOTHY ELEAZER


SAFEWAY INSURANCE COMPANY OF LOUISIANA

Pursuant to Louisiana Revised Statute 32:900 (L) it is agreed that the insurance afforded by this policy shall not apply with respect to loss, damage, or injury to person (s) or property while the excluded driver (s),

Full Name	Date of Birth
<b>SHONDRA JOINER</b>	<b>11/20/1984</b>

who is/are either the named insured, the spouse of the named insured or a member of the same household as the named insured at the time that this exclusion is executed, is operating, either with or without the permission of the named insured, the automobile (s) described in the policy or any other motor vehicle (s) to which the terms and conditions of the policy apply. It is understood that this exclusion also applies to all renewal, reinstatement, substitute and amended policies issued to the named insured. It is understood that for the purpose of this exclusion, adding a vehicle (s), driver (s) and/or coverage to this policy shall be considered an amendment to this policy and does not constitute a new policy. It is further agreed that this exclusion applies to all coverages afforded by this policy unless otherwise prohibited by any applicable statute.

  
\_\_\_\_\_  
Signature of Named Insured

  
\_\_\_\_\_  
Signature of Named Insured's Agent

  
\_\_\_\_\_  
Authorized Representative

Safeway Insurance Company of Louisiana  
P.O. Drawer 92010  
Lafayette, LA 70509 (337) 291-2510

## *Electronic Funds Acknowledgement*

Policy Number: **3667778-LA-PP-001**

Policy Period: **05/31/2022 01:07 PM**  
Standard Time

To **11/30/2022**  
12:01 AM Standard Time

Producer 0693

TIMOTHY ELEAZER

MCKEE AGENCY, LLC

1400 S. FIFTH ST. #B

265 OLD OAK LN  
LEESVILLE, LA 71446

LEESVILLE LA 71446  
(337) 238-2832

### Payment Details

#### Payment # 1

Payment Effective **05/31/2022 01:07 PM Standard Time**  
Reference No **184941513(RICreditCard, Master Card\*\*\*\*1940)**  
Amount **\$103.16**  
Entered By **MCKEE AGENCY, LLC**  
User **51306kjones**  
Payment ID  
Policy Status **Pending**

#### Disclaimer

This Electronic Funds Acknowledgment does not necessarily guarantee coverage under the policy nor should it be construed or relied upon as proof of coverage. If the payment is accepted by the company then proper policy documentation will be mailed to you upon completion of the policy transaction. If the requested transaction cannot be performed due to the company underwriting rules, any refund due you will be issued after all due balances have been satisfied. If MVR is required, but was not obtained on all drivers prior to policy issuance and the record for the rated driver differs from information on the application, premium will be adjusted and the term of the original coverage may be reduced.

## Declarations Page / Renewal Certificate

Policy Number: **3667778-LA-PP-001**

Policy Period: **05/31/2022 01:07 PM**  
Standard Time

To **11/30/2022**  
12:01 AM Standard Time

*Keep this Declaration Page/Renewal Certificate in your car at all times as proof of your insurance.*

*For Billing Inquiries or to Make A Payment visit us on-line or using your mobile device at MySafeway.com or by phone (800) 575-7951.*

TIMOTHY ELEAZER  
265 OLD OAK LN  
LEESVILLE, LA 71446

**Producer** 0693  
MCKEE AGENCY, LLC  
1400 S. FIFTH ST. #B  
LEESVILLE LA 71446  
(337) 238-2832

**Coverage is provided where a Limit of Liability and a Premium are indicated**

		Coverages					
Limit of Liability	Each Person Each Accident	Bodily Injury Liability	Property Damage Liability	Medical Payments	Uninsured Motorists - BI	Uninsured Motorists - PD	Towing and Labor Cost
		<b>\$15,000</b>					Limit
		<b>\$30,000</b>	<b>\$25,000</b>				Each Disablement Premium
<b>Premium Car 1</b>		<b>\$235.00</b>	<b>\$151.00</b>				
<i>*Actual Cash Value Less Deductible</i>		Comprehensive		Collision		Rental Reimbursement	
		<i>*Deductible</i>	Premium	<i>*Deductible</i>	Premium	Limit	Premium
<b>Car 1</b>		<b>1,000</b>	<b>\$49.00</b>	<b>1,000</b>	<b>\$124.00</b>		<b>\$559.00</b>
Policy Fee: <b>\$40.00</b>		FR: <b>NO</b>	FR Fee: <b>\$0.00</b>			<b>TOTAL POLICY PREMIUM \$599.00</b>	

**Description of the Vehicle(s)**

Veh	Year	Make & Model	ID Number (VIN)	Sym	Terr	Class	Age	Sch	Pts	Discounts
1	2008	CHEVROLET UPLANDER	1GBDV13W18D165962	7/7	40	SM35	15		4	20 TN, HO

**Loss Payee(s)/Additional Insured(s). Any loss under Coverage for Damage to your auto is payable as interest may appear to the named insured and:**

Veh	Name(s)	Address	LP/AI
1	CJ'S SALES	304 SOUTH HIGHWAY 62-65 BYPASS HARRISON AR 72601	LP

Applicable Endorsements	Exclusions	Driver(s)
	SHONDRA JOINER	TIMOTHY ELEAZER 12/12/1983

**LOSS PAYEE AGREEMENT**

Payment for damage to a covered vehicle will be made according to your interest and the interest of any Loss Payee or Lienholder shown or designated by you. Payment may be made to both jointly, or separately, at our discretion.

Where fraud, misrepresentation, material omission, or intentional damage has been committed by or at the direction of you or a relative, the Loss Payee or Lienholder's interest will not be protected.

We will be entitled to the Loss Payee or Lienholder's rights of recovery, to the extent of our payment to the Loss Payee or Lienholder.

SLA-2011

*Named Insured warrants there are no other drivers listed in the household other than those listed in the application or endorsement.*

*The coverages and limits apply to each described vehicle as shown and are subject to all terms of this policy having reference thereto.*

*James Brent Chapman III* Process Date 05/31/2022  
Countersigned by Authorized Representative



# **SAFWAY INSURANCE GROUP PRIVACY STATEMENT**

## **Important Notice to All Our Customers In Your Household**

The Safeway Insurance Group recognizes the importance of prudently using and safeguarding the private information we collect about you over the course of our relationship. We only collect and use information necessary to conduct business and to provide you service, such as underwriting your policies, servicing your claims and accounts, and offering you other products and services we believe may suit your needs.

### **Information We Collect**

The personal information we collect about you may include:

- Information provided on applications and other forms, such as name, address, and social security number.
- Third-party reports, such as motor vehicle records, credit reports, and medical reports.
- Information about our experiences with you, such as your premium payment and claim history.

### **Information Disclosure**

We do not disclose any personal information about our customers or former customers to anyone, except as permitted by law. We may share information about our transactions and experiences with you within the Safeway Insurance Group and with your insurance agent to better serve you, to assist in meeting your current product and service needs and to handle your claims. We may also disclose personal information we collect, as described above, to companies performing marketing or similar services or functions, on our behalf.

### **Security Policies and Practices**

We restrict access to personal information we collect to only those employees who need that information to provide you with our products and services. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to safeguard the privacy of your personal information.

This Privacy Statement applies to the following members of the Safeway Insurance Group:  
Safeway Insurance Company  
Safeway Insurance Company of Alabama, Inc. Safeway Insurance Company of Georgia  
Safeway Insurance Company of Louisiana

Safeway Insurance Company of Louisiana  
P.O. Drawer 92010, Lafayette LA, 70509  
(337)291-2510

**Louisiana Auto Insurance Identification Card**  
NAIC # 10248

**This card must be carried in the vehicle at all times as evidence of liability insurance.**

**To report a claim, promptly call 888-203-5129 or report online at [www.MySafeway.com](http://www.MySafeway.com).**

Policy Number **3667778-LA-PP-001**  
Effective Date **05/31/22 01:07 PM Std Time**  
Expiration Date **07/31/22 12:01 AM Std Time**  
Vehicle  
**2008 CHEVROLET UPLANDER 1GBDV13W18D165962**

**IMPORTANT  
NOTICE**

L.A.R.S. 32:863.1 requires that an operator of motor vehicle produce upon demand by a law enforcement officer, documentation of motor vehicle security which is required to be maintained within the vehicle at all times.  
Failure to comply may result in fines, revocation of registration privileges and block against the renewal or issuance of a driver's license.

Insured

**TIMOTHY ELEAZER  
265 OLD OAK LN  
LEESVILLE, LA 71446**

Agent **0693 (337)238-2832**  
**MCKEE AGENCY, LLC**

This policy excludes the following persons:  
**SHONDRA JOINER**

**An Insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified hereon. The coverage provided by this policy meets the minimum liability insurance limit prescribed by law.**

**Valid ID cards will be emailed separately once policy package is signed.**



Safeway Insurance Company of Louisiana  
 P.O. Box 92010  
 Lafayette, LA 70509 (337) 291-2510

**Safeway Insurance Company  
 Automatic Payment Program Enrollment**

I authorize Safeway Insurance Company (Safeway) or any of its subsidiaries to initiate scheduled deductions from my account for payment of premiums on the insurance policy issued by Safeway and any renewals thereof. I authorize the financial institution identified by the routing number or credit card number to accept and post entries to my account. I represent that I am the owner and/or authorized signer on the account.

I understand that by executing this form, any current outstanding amount due will be automatically withdrawn from my account. I acknowledge that to enroll in autopay, my policy cannot be in pending cancellation or in cancelled status.

I understand that this authorization allows Safeway to adjust the scheduled deductions to reflect any premium changes including policy renewals. I further understand that if my financial institution does not honor any payment for any reason, a fee will be added to the balance due on my policy. I also understand that my policy may cancel or expire if payment is dishonored by my financial institution.

I understand that this authorization will remain in effect until I notify Safeway of its termination either in writing or electronically, in such time and manner as to afford Safeway a reasonable opportunity to act on it. I acknowledge that the origination of ACH (Automated Clearing House) transaction(s) to my account must comply with the provisions of U.S. law. If Safeway is not able to deduct funds from my account for any reason, then Safeway has the right to immediately terminate my participation in the AutoPay program.

FOR TEXAS POLICYHOLDERS ONLY: I understand if an underwriting discovery results in an additional premium greater than 10% or \$10, that my policy will be removed from autopay and an adjusted invoice will be mailed to me. I also understand that after removal from autopay, any future payment must be mailed to Safeway or processed online.

**Payment Method:**  DISCOVER  MasterCard  VISA

Name on Account: TIMOTHY ELEAZER

Account Number: \*\*\*\*\*1940

Billing Zip Code: 71446

Expiration Date (MMYY): \*\*/\*\*

**Insured Name:** TIMOTHY ELEAZER **Policy Number:** 3667778-LA-PP-001

Automatic Payments will be effective on your next bill. Any outstanding or current bill must be paid prior to your first automatic payment.

I authorize and I agree to the automatic payment plan listed above.

**Signature:**  **Date:** 05/31/2022  
 (must be a person authorized to sign on this account)



## *Adverse Action Notice*

Policy Number: **3667778-LA-PP-001**

Policy Period: **05/31/2022 01:07 PM**

Standard Time

To **11/30/2022**

12:01 AM Standard Time

Producer 0693

TIMOTHY ELEAZER

MCKEE AGENCY, LLC

1400 S. FIFTH ST. #B

265 OLD OAK LN

LEESVILLE LA 71446

LEESVILLE, LA 71446

(337) 238-2832

Thank you for choosing Safeway Insurance Company of Louisiana for your automobile insurance needs. Safeway Insurance is dedicated to being a leading provider of insurance products and services. This is achieved through our commitment to principled performance and our high professional standards.

When you purchase an insurance policy or make changes to an existing policy, we obtain information from you and other sources. This information may include possible additional drivers, household members and claims/driving history. This information allows us to properly rate your policy.

In compliance with the Fair Credit Reporting Act, an insurer is required to notify its customers if an adverse action has occurred based upon information received from a consumer report. We are providing this notice to comply with these requirements.

Due to claims/driving history, we did not give you our lowest rate. This action was taken by Safeway Insurance using consumer reports obtained from:

Lexis Nexis  
PO Box 105108  
Atlanta, GA 30348-5108

1-800-456-6004  
[www.consumerdiscloser.com](http://www.consumerdiscloser.com)

Lexis Nexis did not make the decision to take any adverse action and as a result are unable to provide you with specific reasons why the action was taken.

If you have any questions regarding the consumer report or wish to dispute any information obtained in this report, please contact Lexis Nexis at the telephone number shown above. You may obtain a free copy of the consumer report if your request to Lexis Nexis is made within 60 days of your receipt of this notice.

If you have any questions regarding your policy, please contact Safeway or your local producer.