



This is an Insurance Binder Request for a Leased Vehicle.

The customer listed below has leased a vehicle from our dealership and is required to carry full coverage insurance which includes Liability and Comp/Collision.

[Redacted yellow bar]

(Print Lessee's Name Here)

[Redacted yellow bar]

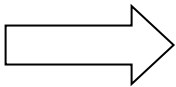
(Insurance Start Date Here)

VEHICLE INFO: Year [Redacted] Make [Redacted] Model [Redacted]

17 Digit Vin # [Redacted]

INSTRUCTIONS FOR AGENT:

Our Contingent Excess Liability policy requires the following endorsements to be listed on the Lessee's policy to be shown on the insurance binder.



If this requirement can't be met on your part, coverage should be immediately denied.

LOSS PAYEE / LEINHOLDER:
Eco Drive Auto Sales & Leasing Inc / LPH
1327 W 228th St #A/B
Torrance, CA 90501

Coverage Minimum Requirement	Limit
Bodily Injury Liability	\$15,000/person, \$30,000/occurrence
Property Damage Liability	\$10,000
Uninsured Motorist Bodily Injury	\$15,000/person, \$30,000/occurrence
Waiver of Collision Deductible	
Comprehensive	\$500 Deductible
Collision	\$500 Deductible

Please email accurate binder to: support@econoriplan.com

Please call with any questions. 310-974-1816

<This is for customer>

Insurance binder 入手方法について

- ① リクエストフォーム（1枚目）及びリース車両情報を
保険代理店さんへ e-mail する。
- ② 代理店さんにインシュランスバインダーの書類の作成してもらう。
必須記載内容は下記となります。
 - * 保険会社情報
 - * お客様情報
 - * 車両の情報
 - * 補償内容の詳細
 - * リース会社の情報（エコドライブ）
- ③ 作成されたインシュランスバインダーフォームをエコドライブへ転送する。
※記載内容に不備があった際は、再度依頼をさせていただきます。

<This is for insurance Agency>

We need these customer's information

- insurance agency information
 - customer's information
 - car information
 - coverage information
 - Loss payee / Leinholder information
- ※refer to the following document

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INSURANCE BINDER

DATE (MM/DD/YYYY)
01-28-2020

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY		COMPANY		BINDER #	
PHONE (A.C. No, Ext):		FAX (A.C. No):		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: [REDACTED]	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID:		INSURED		2008 Toyota Prius Vin # JTDKB20U [REDACTED]	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Private Passenger Auto	2008 Toyota Prius Vin # JTDKB20U [REDACTED]			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 15,000 BODILY INJURY (Per accident) \$ 30,000 PROPERTY DAMAGE \$ 10,000 MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 15,000/30,000
AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 500	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES 2008 Toyota Prius 4H JTDKB20U [REDACTED]			ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

Eco Drive Auto Sale & Leasing/ LHP#

1327 W. 228 Th St Suite A&B

Torrance CA 90501

MORTGAGEE
 LOSS PAYEE
 ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

ACORD 75 (2004/09)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1993-2004