



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]

(Print Lessee's Name Here)

[Redacted] / [Redacted]

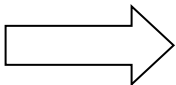
(Insurance Start Date Here)

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 / LPHH
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	\$5,000
Uninsured Motorist Bodily Injury	\$15,000/person, \$30,000/occurrence
Comprehensive	\$1,000 Deductible
Collision	\$1,000 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):		DATE EFFECTIVE		TIME	
FAX (A/C, No):		01-28-2020		12:01	
CODE:		12:01		AM	
AGENCY CUSTOMER ID:		12:01		PM	
INSURED		01/28/2021		12:01 AM	
SUB CODE:		NOON			
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:					
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)					
2008 Toyota Prius Vin # JTDKB20U					

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	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		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	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 DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 500	ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES 2008 Toyota Prius 4B JTDKB20U	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		EACH OCCURRENCE	\$
		AGGREGATE	\$
		SELF-INSURED RETENTION	\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS	\$
		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		MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED	
Eco Drive Auto Sale & Leasing/ LPHH		<input checked="" type="checkbox"/> LOSS PAYEE	
1327 W. 228 Th St Suite A&B		LOAN #	
Torrance CA 90501		AUTHORIZED REPRESENTATIVE	

ACORD 75 (2004/09)

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