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ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

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VIRGINIA

HOME OFFICE

NORTHBROOK, ILLINOIS

Applicant Name : LETITIA A JAMES

Address

City

Home Phone No.

Email Address

Application No.: [REDACTED]

Policy Number: [REDACTED]

St. : [REDACTED] Zip Code : [REDACTED]

LOCATION OF PROPERTY

Address : [REDACTED] PERONNE AVE

City : NORFOLK

St. : VA Zip Code [REDACTED]

County: NORFOLK CITY

POLICY DISTRIBUTION/BILLING

Policy sent to:

INSURED

Initial premium notice sent to:

MORTGAGEE

Renewal premium notice sent to:

MORTGAGEE



ADDITIONAL INSURED INFORMATION : NONE

ADULT OCCUPANTS

OCC. NO.	OCCUPANT NAME	SOCIAL SEC. NO.	RELATION TO INS.	BIRTH DATE	SEX	MARITAL STATUS
1	LETITIA A JAMES	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CHILDREN IN HOUSEHOLD: NONE

Total number of residents in household including children: 1

HOUSEHOLD INFORMATION

Years at current address: 1

Date applicant moved into property location to be insured: 10/2020

Number of dogs on premises: NONE

Are either applicants eligible for the Good Hands Program: NO

GOVERNMENT EXHIBIT 7 2:25-CR-00122

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HOME OFFICE  
NORTHBROOK, ILLINOIS

Application No.: [REDACTED]  
Policy Number [REDACTED]

I understand that upon issuance of the insurance applied for, except for those with the Select Value or Select Value with Roof Surfaces Extended Coverage endorsement, the Property Insurance Adjustment (P.I.A.) condition will apply to the policy. In accordance with terms of this condition, the limits of liability may be adjusted at each anniversary of the policy.

BINDER PROVISION - In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for, to

become effective: 12:01 AM 10/01/2020  
Transaction time/date: 03:17 PM 09/24/2020

To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application, void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

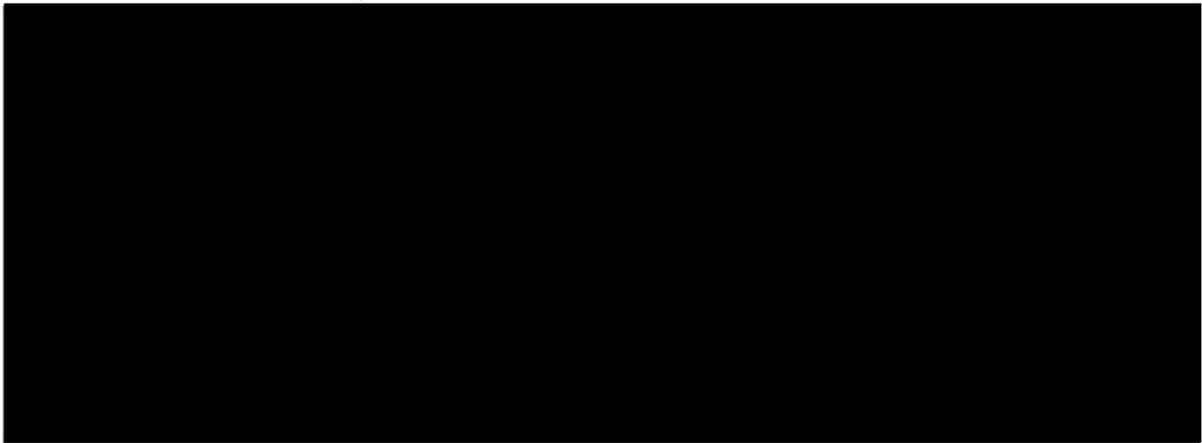
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

I have read this entire application, including the binder provision, before signing.

Signed by: LETITIA JAMES  
Date: 2020.10.17 [REDACTED]

Applicant's Signature

Date



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