



December 14, 2006
Coverage: Auto
Reference Number: 55PHK174647

Eloisa Furer
9812 Winter Palace Dr
Las Vegas, NV 89145-8638

Dear Eloisa Furer,

We're pleased to welcome you to the AARP Auto Insurance Program from The Hartford.

Your policy has been processed and will be issued with an effective date of January 1, 2007. However, you have requested that the effective date be changed to December 15, 2006.

Instead of issuing you a new policy, we have sent this letter to bind your coverage from December 15, 2006 until January 1, 2007, when your policy takes effect. There will be no additional charge for starting your coverage early.

This letter is your proof of insurance and record of the date your coverage actually began. Please keep it in a safe place with your other insurance documents until your policy arrives.

If we can be of further assistance, please call us, toll free, at 1-800-423-6789. We are open Monday through Friday from 7 a.m. to 11 p.m., your time and Saturday from 8 a.m. to 6 p.m., Eastern Time. Our customer care representatives will be glad to help you.

Sincerely,

[Handwritten signature: Ian R. Bennett]

Ian R. Bennett
Service Officer, The Hartford
Auto Insurance Program

Underwritten by Hartford Fire

[Handwritten notes on the left side of the page, including: "Judge instructed me that I did not have a plan to cover my car insurance by Dec 15/06. I am a profit but judge says not accept it. See plan or long-term settlement of \$10,226.60. Please judge is some holding all..."]

[Handwritten notes on the right side of the page, including: "and is willing to pay Mr. Furer for reimbursement of car insurance more than what Mr. Furer paid for actual payment of Mr. Furer for car insurance is only \$3,206.00 Net"]



INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST
 200 EXECUTIVE BLVD., SOUTHLINGTON, CT 06489

DECLARATIONS

POLICY NO. 55 PHK174647

Named Insured and Mailing Address → FURER, ELOISA
 9812 WINTER PALACE DR
 LAS VEGAS, NV 89145

Policy Period 12:01 A.M. Standard Time
 at the Address of the Named Insured → FROM 01-01-07 TO 01-01-08 TERM: 1 YEAR

Producer Name: BILLING ID NUMBER: 8538128
 Code: 367440 MDE
 CUSTOMER SERVICE: 1-800-423-6789 CLAIM SERVICE: 1-877-805-9918

TOTAL POLICY PREMIUM: \$ 2473.00

Auto No.	Description of Autos or Trailers	Vehicle ID Number	Class	Terr.
1	98 MERCB E320 4MATIC AWD	WDBJF82F9WX005425	F742LJ	017
2	88 MERCB 560SL	WDBBA48D4JA086525	F742LJ	017
3	04 MERCB SL500	WDBSK75F94F073426	C542LK	017

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS BY AUTO

				1	2	3
A. LIABILITY						
BODILY INJURY	EACH PERSON	\$ 250,000				
	EACH ACCIDENT	\$ 500,000	\$ 243.00	121.00	299.00	
PROPERTY DAMAGE	EACH ACCIDENT	\$ 100,000	\$ 75.00	51.00	95.00	
B. MEDICAL PAYMENTS						
	EACH PERSON	\$ 10,000	\$ 56.00	37.00	71.00	
D. DAMAGE TO YOUR AUTO						
OTHER THAN COLLISION				ACV = ACTUAL CASH VALUE		
	ACV LESS DEDUCTIBLE	\$ 250 250 250	\$ 69.00	69.00	274.00	
COLLISION						
	ACV LESS DEDUCTIBLE	\$ 500 500 500	\$ 165.00	135.00	553.00	

TOTAL PREMIUM EACH AUTO				\$ 608.00	413.00	1292.00

C. UNINSURED MOTORISTS COVERAGE						
BODILY INJURY				PER POLICY PREMIUM		
			\$ 250,000	PER PERSON		
			\$ 500,000	PER ACCIDENT		\$ 160.00

COUNTERSIGNED BY Delbert J. Kelso AUTHORIZED AGENT

DECLARATIONS (CONTINUED)
NAMED INSURED: FURER,ELOISA

POLICY NO. 55 PHK174647

* PLEASE NOTE *
COVERAGE D ON AUTO NO. 2 HAS BEEN ADDED

THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW:

PLIMA-4146 PASSALONG RFQ
PLIMH-2071 ACCOUNT CREDIT

Your premium now reflects a moving violation surcharge.

Because a vehicle is equipped with an air bag safety feature your policy premium has been reduced.

Because a vehicle is protected by an anti-theft device, we were able to give you an additional credit.

You have insured more than one vehicle on your policy and have received a multi-car premium reduction.

Call us toll-free at 1-800-423-6789 if you have any questions or changes to your policy.

Your policy premium has been adjusted to reflect Defensive Driver credit.

If you're ever in an accident ... report it right away! Put the resources, reputation and resolve of The Hartford to work for you immediately!
Call 1-877-805-9918.

DRIVER INFORMATION

NO.	NAME	DOB	MS	SEX	OCC	LIC #	DT LIC
1	FURER,ELOISA	090541	D	F	RETIRED	2901164989	NV 09055'

12-05-06 12-05-06 12-06-06



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Sincerely,

A handwritten signature in black ink that reads 'Jonathan R. Bennett'. The signature is written in a cursive style with a large, sweeping initial 'J'.

Jonathan R. Bennett
Executive Officer, The Hartford
AARP Auto Insurance Program

This insurance program is underwritten by Hartford Fire Insurance Company and its