

<xReturn to name 1>
<xReturn to name 2>
<xReturn address 1>
<xReturn address 2>
<xReturn address city, state zip>

<xMail to name 1>
<xMail to name 2>
<xMail to address 1>
<xMail to address 2>
<xMail to city, state zip>

Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage <x> on <xMonth dd, yyyy> at the later of 12:01 a.m. or the effective time on your application. This policy period ends on <xMonth dd, yyyy> at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage be combined with the limits for the same coverage on another vehicle. The policy contract is <x>.

A paid in full discount is included in your renewal policy premium.

Policy number: <XXXXXXXXXXXX>

Underwritten by:

<xUnderwriting Company Name>

<x> <x>

<xMonth, dd, YYYY>

Policy Period: <xxx xx, xxxx > – <xxx xx, xxxx>

Page <x> of <x>

<XXX-XXX-XXXX>

<x>

<x>

Contact your <x> for personalized service.

<x>

Online Service

Make payments, check billing activity, update policy information or check status of a claim.

<XXX-XXX-XXXX>

To report a claim.

<x>

<x>, <x> <x>

Named Non-owner

Additional information

<x> <x>

<x> <x> <x>

Outline of coverage

General policy coverage

	Limits	Deductible	Premium
<x>			<x\$xxx>
<x>	<x>		
<x>	<x>		
<x>	<x>	<x>	<xxxx>
Total general policy coverage			<x\$xxx>

.....
Total <x> month policy premium

<x\$xxx>

.....
Discount if paid in full

<xxxx>

.....
Total <x> month policy premium if paid in full

<x\$xxxx>

Premium discounts

Policy

.....

<x>

<x>

Agent countersignature

<X>

Company officers

<X>

<x>

<X>

<x>