

<Return to name 1 >  
<\*Return to name 2 >  
<Return address 1 >  
<\*Return address 2 >  
<Return address city, state zip >

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## Auto Insurance Coverage Summary

This is your Declarations Page

This is a copy of your  
Declarations Page

This is your Renewal  
Declarations Page

This is your revised Renewal  
Declarations Page

Your policy period has changed

Your coverage has changed

Your policy information has changed

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

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

Your coverage <x> on <xMonth dd, yyyy> at 12:01 a.m. This policy expires on <xMonth dd, yyyy> at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form <x>. The contract is modified by <x> <x>.

A Paid In Full Discount is included in your renewal policy premium.

### Policy Number: <policy number>

Underwritten by:

<Underwriting Company Name>

<reference description> <reference number>

<Month, dd, YYYY>

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

Page <x> of <x>

### <agency phone number>

<agent name>

<\*second agent name>

Contact your <agent/broker> for personalized service.

### <Brand URL>

#### Online Service

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

### <claims phone number>

To report a claim.

<customer service street address>

<customer service city, state zip>

### <customer service phone number>

For customer service and claims service, 24 hours a day, 7 days a week.

<customer service street address>

<customer service city, state zip>



Continued

## Policy changes effective <xMonth dd, yyyy>

Changes requested on: <xMmm dd, yyyy> <x99:99 p.m.>  
 Requested by: <x>  
 Premium change: <x\$9.99>  
 Changes: <x>  
 <x>

The changes take effect as of the date and time requested shown above.

## Drivers and resident relatives Named non-owner

Additional information  
 Additional information

<driver full name> <additional driver information>

## Outline of coverage

### General policy coverage

	Limits	Deductible	Premium
<VEH year> <VEH make> <VEH model> <*VEH body style>			
VIN: <x>			
Garaging ZIP Code: <X>			
Primary use of the vehicle: <x>			
Length of vehicle ownership when policy started or vehicle added: <Length of time vehicle is owned/leased>			
Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium. We were unable to validate or locate prior history for the VIN you provided, which has impacted how we determine your premium. This vehicle is currently enrolled in the <UBI program name> <sup>SM</sup> Program.			

	Limits	Deductible	Premium
<coverage description>			<x\$xxx>
<coverage description>	<limit>		
<coverage description>	<limit>		
<coverage description>	<limit>	<deductible>	<xxxx>
<coverage description>	Rejected		--
<coverage description>	*	<deductible>	<xxxx>
Total premium for <veh year> <veh make> <veh surcharge>			<x\$xxx>

\* In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the actual cash value or the stated amount of <stated amount value>.  
 \* In the event of a loss, the maximum amount payable is the lesser of the actual cash value, subject to the deductible, or the limit of <stated amount value>.

Total general policy coverage			<x\$xxx>
<b>Subtotal policy premium</b>			<x\$xxx>
<x>			<xxx.xx>
<b>&lt; + &gt; Total &lt;policy term length&gt; month policy premium &lt;*and fees&gt;</b>			<x\$xxx.xx>
Discount if paid in full			<1xxx.xx>
<b>&lt; + &gt; Total &lt;policy term length&gt; month policy premium if paid in full &lt;*and fees&gt;</b>			<2x\$,xxx.xx>

+ Includes the Deductible Savings Bank<sup>®</sup> feature

## Other features and benefits

Deductible Savings Bank®

Current balance: <deductible savings amount>

## Premium discount

### Premium discounts

Policy

<policy number>

<discount description>

Driver

<driver full name>

<discount description>

Vehicle

<VEH Year> <VEH Make>

<discount description>

<VEH Model>

## Lienholder and additional interest information

### Lienholder information

### Additional interest information

#### Vehicle

#### Lienholder

#### Additional interest

<VEH year> <VEH make> <VEH model>

<LH name>

<AI name>

<VIN>

<LH city state zip>

<AI city state zip>

<2nd LH name>

<2nd AI name>

<2nd LH city state zip>

<2nd AI city state zip>

#### Vehicle

#### Additional interest

#### Vehicle

#### Lienholder

<VEH year> <VEH make> <VEH model>

<LH/AI name>

<VIN>

<LH/AI city state zip>

<2nd LH/AI name>

<2nd LH/AI name>

### Additional interest information

Additional Interest:

<AI name>

<AI street address>

<AI city, state zip>

### Information about your premium

If your renewal premium has increased, you may call Customer Service for additional information regarding the reason for this change.

### Agent countersignature

<Agent signature>

### Company officers

<officer signature>

<\*second officer signature>

<officer title>

<\*second office title>