



Amended auto policy declarations

Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy\***

**Joe Customer**  
**Jane Customer**

*\*Are there any licensed drivers not listed above who live in your household and are related to you by blood, marriage or adoption? This includes wards, step-children or foster children. If so, please contact us. Even if you have purchased coverage for loss to your insured auto (for example, Collision), there are circumstances in which a loss to that auto (or an attached trailer) might not be covered by the policy simply because the auto was being operated by one of those unlisted drivers at the time of the loss. Details regarding this, and details regarding your policy's exclusion of any drivers listed below, can be found in your policy documents.*

**Excluded drivers from your policy**

**Billy Customer**  
**Sally Customer**

**Coverage detail for Year Make Model**

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>

**Total premium for [Year Make Model] \$XXX.XX**

**VIN 0000000000000086Y**

**Rating information**

Amended auto policy declarations

Policy number: **999 999 999**

Policy effective date:



## Additional Coverages

The following policy coverages are also provided

Coverage	Limits	Deductible	Premium
<b>Total</b>			<b>\$XXX.XX</b>

## Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

## Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

- ▶ You earned \$XX.XX in cash as of XX/XX/XXXX from Drivewise®. Continue driving safely to earn more cash every 6 months.
- ▶ Drive safely for 6 months to qualify for a Drivewise® cash reward.

## Massachusetts required communications

Allstate Insurance Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary



# Renewal auto policy declarations



Your policy effective date is <DATE>

## Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification number (VIN)	Premium
<b>Total</b>		<b>\$XX,XXX.XX</b>

## Discounts (included in your total premium)

<b>Total discounts</b>	<b>\$XXX.XX</b>
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### Discounts per vehicle

[Year Make Model]	\$XX,XXX.XX
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[Year Make Model]	\$XX,XXX.XX
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## Surcharges (included in your total premium)

<b>Total surcharges</b>	<b>\$XX,XXX.XX</b>
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Information as of XxXxXxXxXx Xx, 20Xx

## Summary

Named Insured(s)  
**Joe and Jane Customer**  
**XxXxXxXxXxXxXxXxXxXxXxXxX25**

Mailing address  
**1234 Anystreet**  
**Anytown ST 00000-0000**

Policy number  
**999 999 999**

Your policy provided by  
**Allstate Insurance Company**

Policy period  
Beginning **September 2, 20Xx**  
through **March 2, 20Xx**  
at 12:01 a.m. standard time

Your Allstate agency is  
**John Doe Agency**  
123 Main Street  
Anytown, ST 00000  
(717) 999-9999, (717) 999-9999  
johndoeagency@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

(continued)



Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy\***

**Joe Customer**  
**Jane Customer**

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**Excluded drivers from your policy**

**Billy Customer**  
**Sally Customer**

**Coverage detail for Year Make Model**

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>

**Total premium for [Year Make Model] \$XXX.XX**

**VIN** 00000000000000086Y

**Rating information**

Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date:



## Additional Coverages

The following policy coverages are also provided

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>Premium</b>
<b>Total</b>			<b>\$XXX.XX</b>

## Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

## Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill.

- ▶ You earned \$XX.XX in cash as of XX/XX/XXXX from Drivewise®. Continue driving safely to earn more cash every 6 months.
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*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary





Amended auto policy declarations

Policy number: **999 999 999**

Policy effective date: ~~September 2, 20Xx~~

**Listed drivers on your policy\***

**Joe Customer**  
**Jane Customer**

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**Excluded drivers from your policy**

**Billy Customer**  
**Sally Customer**

**Coverage detail for [Year Make Model]**

Coverage	Limits	Deductible	Premium

**Total premium for [Year Make Model] \$XXX.XX**

VIN 0000000000000086Y

Rating information



Amended auto policy declarations

Policy number: **999 999 999**

Policy effective date: **September 2, 20Xx**



## Additional Coverages

The following policy coverages are also provided:

Coverage	Limits	Deductible	Premium
<b>Total</b>			<b>\$XX,XXX.XX</b>

## Your policy documents

Your [policy type]automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

## Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:-

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## <State>Massachusetts required communications

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*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary





Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date: **September 2, 2012**

**Listed drivers on your policy\***

**Joe Customer**  
**Jane Customer**

*\*Are there any licensed drivers not listed above who live in your household and are related to you by blood, marriage or adoption? This includes wards, step-children or foster children. If so, please contact us. Even if you have purchased coverage for loss to your insured auto (for example, Collision), there are circumstances in which a loss to that auto (or an attached trailer) might not be covered by the policy simply because the auto was being operated by one of those unlisted drivers at the time of the loss. Details regarding this, and details regarding your policy's exclusion of any drivers listed below, can be found in your policy documents.*

**Excluded drivers from your policy**

**Billy Customer**  
**Sally Customer**

**Coverage detail for [Year Make Model]**

Coverage	Limits	Deductible	Premium
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<b>Total premium for [Year Make Model]</b>	<b>\$XXX.XX</b>
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VIN 0000000000000086Y

Rating information

Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date: **September 2, 2012**



## Additional Coverages

The following policy coverages are also provided:

Coverage	Limits	Deductible	Premium
<b>Total</b>			<b>\$XX,XXX.XX</b>

## Your policy documents

Your [policy type]automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

## Important payment and coverage information

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*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary



# Amended auto policy declarations



Your policy effective date is <DATE>

## Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

<i>Vehicles covered</i>	<i>Identification number (VIN)</i>	<i>Premium</i>
<b>Total</b>		<b>\$XX,XXX.XX</b>

## Discounts (included in your total premium)

<b>Total discounts</b>	<b>\$XXX.XX</b>
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### Discounts per vehicle

[Year Make Model]	\$XX,XXX.XX
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[Year Make Model]	\$XX,XXX.XX
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## Surcharges (included in your total premium)

<b>Total surcharges</b>	<b>\$XX,XXX.XX</b>
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Information as of XxXxXxXxXx Xx, 20Xx

## Summary

Named Insured(s)  
**Joe and Jane Customer**  
**XxXxXxXxXxXxXxXxXxXxXxXxXx25**

Mailing address  
**1234 Anystreet**  
**Anytown ST 00000-0000**

Policy number  
**999 999 999**

Your policy provided by  
**Allstate Insurance Company**

Policy period  
Beginning **September 2, 20Xx**  
through **March 2, 20Xx**  
at 12:01 a.m. standard time

Your Allstate agency is  
**John Doe Agency**  
123 Main Street  
Anytown, ST 00000  
(717) 999-9999, (717) 999-9999  
johndoeagency@allstate.com

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(continued)



Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy**

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**Excluded drivers from your policy**

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**Coverage detail for Year Make Model**

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total premium for [Year Make Model]</b>			<b>\$XXX.XX</b>
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<b>VIN</b> 00000000000000086Y	<b>Rating information</b>
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**Additional Coverages**

The following policy coverages are also provided

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total</b>			<b>\$XXX.XX</b>
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**Your policy documents**

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

Amended auto policy declarations

Policy number: **999 999 999**

Policy effective date:

Page 3 of 3



## Important payment and coverage information

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## Massachusetts required communications

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*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary



# Renewal auto policy declarations



Your policy effective date is <DATE>

Page 1 of 3

## Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

<i>Vehicles covered</i>	<i>Identification number (VIN)</i>	<i>Premium</i>
<b>Total</b>		<b>\$XX,XXX.XX</b>

## Discounts (included in your total premium)

<b>Total discounts</b>	<b>\$XXX.XX</b>
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### Discounts per vehicle

[Year Make Model]	\$XX,XXX.XX
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[Year Make Model]	\$XX,XXX.XX
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## Surcharges (included in your total premium)

<b>Total surcharges</b>	<b>\$XX,XXX.XX</b>
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Information as of XxXxXxXxXx Xx, 20Xx

## Summary

Named Insured(s)  
**Joe and Jane Customer**  
XxXxXxXxXxXxXxXxXxXxXxXxX25

Mailing address  
**1234 Anystreet**  
**Anytown ST 00000-0000**

Policy number  
**999 999 999**

Your policy provided by  
**Allstate Insurance Company**

Policy period  
Beginning **September 2, 20Xx**  
through **March 2, 20Xx**  
at 12:01 a.m. standard time

Your Allstate agency is  
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(continued)





Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy**

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**Excluded drivers from your policy**

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**Coverage detail for Year Make Model**

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total premium for [Year Make Model]</b>			<b>\$XXX.XX</b>
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<b>VIN</b> 00000000000000086Y	<b>Rating information</b>
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**Additional Coverages**

The following policy coverages are also provided

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total</b>			<b>\$XXX.XX</b>
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**Your policy documents**

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## Important payment and coverage information

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## Massachusetts required communications

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*Appropriate Signature*

Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary



# Amended auto policy declarations



Your policy effective date is <DATE>

## Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

<i>Vehicles covered</i>	<i>Identification number (VIN)</i>	<i>Premium</i>
<b>Total</b>		<b>\$XX,XXX.XX</b>

## Discounts (included in your total premium)

<b>Total discounts</b>	<b>\$XXX.XX</b>
<i>Discounts per vehicle</i>	
<b>[Year Make Model]</b>	<b>\$XX,XXX.XX</b>
<b>[Year Make Model]</b>	<b>\$XX,XXX.XX</b>

## Surcharges (included in your total premium)

<b>Total surcharges</b>	<b>\$XX,XXX.XX</b>
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Information as of XxXxXxXxXx Xx, 20Xx

## Summary

Named Insured(s)  
**Joe and Jane Customer**  
**XxXxXxXxXxXxXxXxXxXxXxXxX25**

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Policy number  
**999 999 999**

Your policy provided by  
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Policy period  
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 Anytown, ST 00000  
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[johndoeagency@allstate.com](mailto: johndoeagency@allstate.com)

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(continued)



Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy**

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**Excluded drivers from your policy**

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**Coverage detail for Year Make Model**

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total premium for [Year Make Model]</b>			<b>\$XXX.XX</b>
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<b>VIN</b> 00000000000000086Y	<b>Rating information</b>
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**Additional Coverages**

The following policy coverages are also provided

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total</b>			<b>\$XXX.XX</b>
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Amended auto policy declarations

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## Important payment and coverage information

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## Massachusetts required communications

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Appropriate Signature  
President

*Appropriate Signature*

Appropriate Signature  
Secretary





Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date:

**Listed drivers on your policy**

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**Excluded drivers from your policy**

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**Coverage detail for Year Make Model**

<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
-----------------	---------------	-------------------	----------------

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<b>Total premium for [Year Make Model]</b>			<b>\$XXX.XX</b>
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<b>VIN</b> 00000000000000086Y	<b>Rating information</b>
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**Additional Coverages**

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<i>Coverage</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>
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<b>Total</b>			<b>\$XXX.XX</b>
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