

Policy Endorsement

The following endorsement changes your policy. Please read this document carefully and keep it with your policy.

Claim Satisfaction Guarantee Amendatory Endorsement – AP4791

Claim Satisfaction Guarantee Premium Credit Eligibility Requirements

You are eligible to receive a credit under the Claim Satisfaction Guarantee Premium Credit provision below, if the following credit eligibility requirements are met:

1. **you** are dissatisfied for any reason with any aspect of the claims experience for a loss covered under **your** policy;
2. **your** policy is in force on the date of that covered loss;
3. the Claim Satisfaction Guarantee Amendatory Endorsement applied to **your** policy on the date of that covered loss;
4. **we** have made a payment to **you** or on **your** behalf for that covered loss;
5. **you** have not previously received a credit or payment under the Claim Satisfaction Guarantee Premium Credit provision in connection with that covered loss;
6. **you** have not previously received a credit or payment under the Claim Satisfaction Guarantee Premium Credit provision in connection with another covered loss occurring during the same policy period involving the same vehicle; and
7. **you** have provided notice of **your** dissatisfaction with the claims experience to **us** within 180 days of the date of that covered loss. The notice that **you** submit must include **your** name, address, claim number, date of loss, phone number and the reason that **you** are dissatisfied with the claims experience. The required notice must be submitted via first class mail to **our** Customer Care Center at the following address: Allstate Insurance, CSG, P.O. Box 11904, Roanoke, VA 24022-9933; or by other means made available by **us** for the express purpose of receiving notices of dissatisfaction pursuant to this endorsement.

Claim Satisfaction Guarantee Premium Credit

We will give **you** a premium credit after **you** have met all of the Claim Satisfaction Guarantee Premium Credit Eligibility Requirements listed above. The credit will be in an amount equal to the twelve month premium listed on the Policy Declarations at the time of the covered loss for the vehicle listed on **your** Policy Declarations that was involved in the covered loss. If no vehicle listed on the Policy Declarations was involved in the covered loss, the premium credit will be equal to the premium for the vehicle listed on the Policy Declarations with the lowest premium amount.

If **your** policy has been in effect for more than twelve months at the time **we** receive **your** notice of dissatisfaction, the Claim Satisfaction Guarantee Premium Credit will be applied to **your** current policy period; however, if a premium credit amount exceeds the amount necessary to pay **your** policy period premium in full, **we** will either apply the remaining credit to **your** next policy period premium or **we** will pay **you** the remainder via check, at **our** discretion.

If **your** policy has been in effect for less than twelve months at the time **we** receive **your** notice of dissatisfaction, the Claim Satisfaction Guarantee Premium Credit will be applied to **your** policy renewal premium (if the premium credit amount exceeds **your** policy renewal premium, **we** will either apply the remaining premium credit to the next policy period premium or **we** will pay you the remainder via check during the policy renewal period, at **our** discretion).

However, if **your** policy is cancelled during the policy period in which a covered loss occurred, the premium credit under this endorsement will not exceed the prorated premium charged by Allstate for the applicable vehicle for the policy period, nor will it exceed the total premium **you** actually paid for the policy period for all vehicles on the policy.

Our concurrence with any reasons **you** state for **your** dissatisfaction is not a condition of the Claim Satisfaction Guarantee Premium Credit Eligibility Requirements, and **our** provision of a premium credit under this endorsement does not mean that **we** agree with any reasons **you** stated for **your** dissatisfaction.

This endorsement will not apply to **your** policy for any policy periods effective January 1, 2014 or after.

All other policy terms and conditions apply.

ALLSTATE INSURANCE COMPANY
Massachusetts

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: XXXXXXXXXXXXXXXXXXXX

Send Policy to Agent: N

Applicant's Name: XXXXXXXX

Address : FIRST

City : FIRST St: CO Zip: 80204

Telephone Num. : (111) 858 - 1111 County: 016 Terr.: 3500101

VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	1997	2.2CL		XXXXXXXXXXXXXXXXXXXX	4	2	10	Q	XB1	

USE RATE

No	Odom (000)	Car Usage	Miles One Way	Date Purch	Est Ann (000)	Incl Cmpr	Rare Rest	Split Terr	Alt Yr	Weeks Rented
1	: 010	PLEASURE		08/1997	010	N	N	0101		

Own/ Original

No Lease Owner/Lessee

1 : Y/N Y

COVERAGES

1997

2.2CL

	LIMITS	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS
Bodily Injury Per Person	\$xxx,000	119.41			
To Others Per Accident	\$xxx,000	Included			

Damage to Someone Else's Property	Per Accident	\$xxx,000	66.86
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Optional Bodily Injury To Others	Per Person / Per Accident	\$xxx,000 / \$xxx,000	107.83 / Included
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Medical Payments	Per Person	\$1,000	29.94
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Personal Injury Protection Self	Ded	\$1,000	29.94
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Personal Injury Protection Self and HHM	Ded	\$1,000	29.94
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Collision	Ded	\$150	198.50
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Collision (Limited)	Ded	\$150	198.50
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Collision (Waive Deductible)	Ded	\$150	198.50
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Collision/OEM	Ded	\$150	198.50
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Collision/OEM (Limited)	Ded	\$150	198.50
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Collision/OEM	Ded	\$150	198.50
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(Waive Deductible)

Comprehensive/Glass/ OEM	Ded	\$150	82.70
Comprehensive/Glass	Ded	\$150	82.70
Comprehensive	Ded	\$150	82.70
Glass	Ded		
BI Caused By An Uninsured Auto	Per Person Per Accident	\$xxx,000 \$xxx,000	107.83 Included
BI Caused By An Underinsured Auto	Per Person Per Accident	\$xxx,000 \$xxx,000	107.83 Included
Substitute Trans	Per Day Max	\$xxx \$x,xxx	107.83 Included
Ext. Substitute Trans	Per Day Max	\$xxx \$x,xxx	107.83 Included
Towing and Labor	Per Dispatch	\$x,xxx	107.83
New Car Expanded Protection			107.83
Optional Ins. Fire/Light/Trans	Ded	\$150	198.50
Optional Ins. Theft/Fire/Light/ Trans	Ded	\$150	198.50
Optional Ins. Theft/Fire/Light/ Trans/Combined Add. Cov.	Ded	\$150	198.50
Excess Electronic Equipment		\$x,xxx	9.00
Identity Theft Expenses		\$xxx	xx.xx
Estimated Vehicle Premiums			547.38

ALLSTATE INSURANCE COMPANY
Massachusetts

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: XXXXXXXXXXXXXXX

DISCOUNTS APPLIED

ITEM 1

ESTIMATED POLICY PREMIUM : 572.48
PREMIUMS CHARGED MUST BE IN ACCORDANCE WITH THE COMPANY'S MANUAL RULES & RATES

Amount Paid : 572.48 Cash

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 08/2000 Residence Type: HO Owns Residence: Yes
Years at Present Employment: 2 Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: Policy Number:
Exp Date: Years/Months Insured: PI Code: NO
PRIOR BI LIMIT: 00000000

ALLSTATE INSURANCE COMPANY
Massachusetts

HOME OFFICE

Application No.: XXXXXXXXXXXXXXXX

NORTHBROOK, ILLINOIS

With respect to the Applicant and all members of the household:

A-Has an insurer cancelled or refused or given notice that it intends to cancel or refuse any similar insurance for misrepresentation of any material fact in the procurement or renewal of insurance or in the submission of claims? : N

B-Has any license or permit to drive any motor vehicle been revoked, suspended or refused? : N

C-Is the applicant the registered owner of the autos to be insured? : Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: X XXXXXXXX Sex: M DOB: 06/01/1960
Relation to Ins: SA INSURED Occupation: EM BLAH Mar St: MA
Orig Date Licensed: 01/1990 Drivers Lic No: XXXXXX
State Lic: MA DD Course Completion Date:
Est % Use of Item 1: 100 Item 2: Item 3: Item 4: SS No: XXXXX0122

Accident/Violation History

DT: 20090301 Desc: Serious Minor

Fault: Y Concurnt: N

DT: 20080701 Desc: Intersection accident

Fault: Y Concurnt: N

REMARKS:

Page 3 of More

ALLSTATE INSURANCE COMPANY
Massachusetts

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: XXXXXXXXXXXXXXXX

NOTICE: We may use a third party in connection with the development of your insurance score. In addition, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for including:

(i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); and (iii) claim history based on loss information reports. This means that if your business is a partnership, we may order reports on any partners who will be covered by the insurance.

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 03:30 AM 08/18/2006
Transaction Time/Date 03:30 AM 08/18/2006

Agent's Signature No: 001566 Loc: AFD
Office Phone: 7196374909
Home Phone :

To the best of my knowledge, the statements made on these application pages, including attachments hereto, are true. I certify that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company, in reliance thereon, to issue the insurance applied for. I declare that the Company may re-compute the premium shown if the statements made herein are not substantially true.

You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

ALLSTATE INSURANCE COMPANY
Massachusetts

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: XXXXXXXXXX

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

APPLICANT'S SIGNATURE
SAR1839

DATE

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Claim Satisfaction Guarantee Amendatory Endorsement – AP4791

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5. **you** have not previously received a credit or payment under the Claim Satisfaction Guarantee Premium Credit provision in connection with that covered loss;
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However, if **your** policy is cancelled during the policy period in which a covered loss occurred, the premium credit under this endorsement will not exceed the prorated premium charged by Allstate for the applicable vehicle for the policy period, nor will it exceed the total premium **you** actually paid for the policy period for all vehicles on the policy.

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Policy Endorsement

The following endorsement changes your policy. Please read this document carefully and keep it with your policy.

Claim Satisfaction Guarantee Amendatory Endorsement – AP4742-1

Claim Satisfaction Guarantee Premium Credit Eligibility Requirements

You are eligible to receive a credit under the Claim Satisfaction Guarantee Premium Credit provision below, if the following credit eligibility requirements are met:

1. **you** are dissatisfied for any reason with any aspect of the claims experience for a loss covered under **your** policy;
2. **your** policy is in force on the date of that covered loss;
3. the Claim Satisfaction Guarantee Amendatory Endorsement applied to **your** policy on the date of that covered loss;
4. **we** have made a payment to **you** or on **your** behalf for that covered loss;
5. **you** have not previously received a credit or payment under the Claim Satisfaction Guarantee Premium Credit provision in connection with that covered loss;
6. **you** have not previously received a credit or payment under the Claim Satisfaction Guarantee Premium Credit provision in connection with another covered loss occurring during the same policy period involving the same vehicle; and
7. **you** have provided notice of **your** dissatisfaction with the claims experience to **us** within 180 days of the date of that covered loss. The notice that **you** submit must include **your** name, address, claim number, date of loss, phone number and the reason that **you** are dissatisfied with the claims experience. The required notice must be submitted via first class mail to **our** Customer Care Center at the following address: Allstate Insurance, CSG, P.O. Box 11904, Roanoke, VA 24022-9933; or by other means made available by **us** for the express purpose of receiving notices of dissatisfaction pursuant to this endorsement.

Claim Satisfaction Guarantee Premium Credit

We will give **you** a premium credit after **you** have met all of the Claim Satisfaction Guarantee Premium Credit Eligibility Requirements listed above. The credit will be in an amount equal to the twelve month premium listed on the Policy Declarations at the time of the covered loss for the vehicle listed on **your** Policy Declarations that was involved in the covered loss. If no vehicle listed on the Policy Declarations was involved in the covered loss, the premium credit will be equal to the premium for the vehicle listed on the Policy Declarations with the lowest premium amount.

If **your** policy has been in effect for more than twelve months at the time **we** receive **your** notice of dissatisfaction, the Claim Satisfaction Guarantee Premium Credit will be applied to **your** current policy period; however, if a premium credit amount exceeds the amount necessary to pay **your** policy period premium in full, **we** will either apply the remaining credit to **your** next policy period premium or **we** will pay **you** the remainder via check, at **our** discretion.

If **your** policy has been in effect for less than twelve months at the time **we** receive **your** notice of dissatisfaction, the Claim Satisfaction Guarantee Premium Credit will be applied to **your** policy renewal premium (if the premium credit amount exceeds **your** policy renewal premium, **we** will either apply the remaining premium credit to the next policy period premium or **we** will pay you the remainder via check during the policy renewal period, at **our** discretion); however, if **your** policy is cancelled during the policy period in which a covered loss occurred, the premium credit under this endorsement will not exceed the prorated premium charged by Allstate for the applicable vehicle for the policy period, nor will it exceed the total premium **you** actually paid for the policy period for all vehicles on the policy.

Our concurrence with any reasons **you** state for **your** dissatisfaction is not a condition of the Claim Satisfaction Guarantee Premium Credit Eligibility Requirements, and **our** provision of a premium credit under this endorsement does not mean that **we** agree with any reasons **you** stated for **your** dissatisfaction.

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Policy Endorsement

The following endorsement changes your policy. Please read this document carefully and keep it with your policy.

Claim Satisfaction Guarantee Amendatory Endorsement – AP4780

Claim Satisfaction Guarantee Premium Credit Eligibility Requirements

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Claim Satisfaction Guarantee Premium Credit

We will give **you** a premium credit after **you** have met all of the Claim Satisfaction Guarantee Premium Credit Eligibility Requirements listed above. The credit will be in an amount equal to the six month premium listed on the Policy Declarations at the time of the covered loss for the vehicle listed on **your** Policy Declarations that was involved in the covered loss. If no vehicle listed on the Policy Declarations was involved in the covered loss, the premium credit will be equal to the premium for the vehicle listed on the Policy Declarations with the lowest premium amount.

If **your** policy has been in effect for more than six months at the time **we** receive **your** notice of dissatisfaction, the Claim Satisfaction Guarantee Premium Credit will be applied to **your** current policy period; however, if a premium credit amount exceeds the amount necessary to pay **your** policy period premium in full, **we** will either apply the remaining credit to **your** next policy period premium or **we** will pay **you** the remainder via check, at **our** discretion.

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