

# Policy Endorsement

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

## **Claim Satisfaction Guarantee Amendatory Endorsement – AP4791-2**

### **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 June 1, 2017 or after.

All other policy terms and conditions apply.

## PRIVATE PASSENGER AUTOMOBILE ENDORSEMENTS ALPHABETICAL INDEX

TITLE	FORM NO.	EDITION
Claim Satisfaction Guarantee Amendatory Endorsement	AP4791-2	
Coverage IT – Identity Theft Expenses	AU12886	
MA Automobile Policy Amendatory Endorsement	AU14324-2	
MA Extended Substitute Transportation Coverage	AU14327	
Safety Glass Coverage Endorsement	AU14328	
New Car Expanded Protection Endorsement	AU14359	
MA Endorsement – Other Optional Insurance	AU14361	
MA Endorsement - Other Optional Insurance Combined	AU14362	
MA Endorsement - Coverage For Customized Vans And Pick-Ups	AU14364	
MA Endorsement - Excess Electronic Equipment Coverage	AU14365	
MA Endorsement - Waiver of Deductible	AU14366	
MA Endorsement - Stated Amount Coverage	AU14367	
MA Endorsement - Other Optional Insurance Fire, Lightening And	AU14368	
T MA Endorsement - Agreed Amount Coverage	AU14380	
Loss Reduction Amendatory Endorsement	AU14651	
Massachusetts Automobile Insurance Policy		2009

# Policy Endorsement

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

## **Claim Satisfaction Guarantee Amendatory Endorsement – AP4791-21**

### **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 June 1, 2015~~7~~ or after.

All other policy terms and conditions apply.

**Claims Satisfaction Guarantee - Massachusetts**  
**As of October, 2014**

<b>Calendar Year</b>	<b>Total Credit</b>	<b>Credit as % of Written Premium</b>	<b>Total Number of Approved CSG Invocations</b>
2014 YTD	\$19,645	0.029%	19
2013	\$12,860	0.024%	11
2012	\$3,072	0.009%	6