

Auto policy declarations



Your policy effective date is <DATE>

Total Premium for this policy period

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

Vehicles covered	Identification number (VIN)	Premium

Total \$XX,XXX.XX

Discounts (included in your total premium)

Total discounts \$XX,XXX.XX

Discounts per vehicle

[Year Make Model] \$XX,XXX.XX

[Year Make Model] \$XX,XXX.XX

Surcharge (included in your total premium)

Total surcharges \$XX,XXX.XX

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
[Company name]

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)



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

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

VIN 0000000000000086Y

Rating information

MA010NBD

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	Premium
Total		\$XX,XXX.XX

Your policy documents

Your [policy type] 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.

<State> required communications

[Company name]'s Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Appropriate Signature

Appropriate Signature
President

Appropriate Signature

Appropriate Signature
Secretary

MA010NBD



Amended auto policy declarations



Your policy effective date is <DATE>

Total Premium for this policy period

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

Vehicles covered	Identification number (VIN)	Premium

Total \$XX,XXX.XX

Discounts (included in your total premium)

Total discounts \$XX,XXX.XX

Discounts per vehicle

[Year Make Model] \$XX,XXX.XX

[Year Make Model] \$XX,XXX.XX

Surcharge (included in your total premium)

Total surcharges \$XX,XXX.XX

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
[Company name]

Policy period
Beginning **September 2, 20Xx**
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(continued)



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

MA010AMD

Additional Coverages

The following policy coverages are also provided.

Coverage	Limits	Premium
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Total		\$XX,XXX.XX
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Appropriate Signature

Appropriate Signature
President

Appropriate Signature

Appropriate Signature
Secretary



Renewal auto policy declarations

Your policy effective date is <DATE>



Total Premium for this policy period

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

Vehicles covered	Identification number (VIN)	Premium

Total **\$XX,XXX.XX**

Discounts (included in your total premium)

Total discounts **\$XX,XXX.XX**

Discounts per vehicle

[Year Make Model] **\$XX,XXX.XX**

[Year Make Model] **\$XX,XXX.XX**

Surcharge (included in your total premium)

Total surcharges **\$XX,XXX.XX**

Information as of XxXxXxXxXx Xx, 20Xx

Summary

Named Insured(s)
Joe and Jane Customer
XxXxXxXxXxXxXxXxXxXxXxXxXxXxXxXxXxXx
 Mailing address
1234 Anystreet
Anytown ST 00000-0000
 Policy number
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Your policy provided by
[Company name]

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(continued)



Renewal auto policy declarations

Policy number: **999 999 999**

Policy effective date: September 2, 2012

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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

MAOTRBD

Additional Coverages

The following policy coverages are also provided.

Coverage	Limits	Premium
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Total	\$XX,XXX.XX
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Discounts (included in your total premium)

Total discounts **\$XX,XXX.XX**

Discounts per vehicle

[Year Make Model] **\$XX,XXX.XX**

[Year Make Model] **\$XX,XXX.XX**

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Total surcharges **\$XX,XXX.XX**

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