

INSURED

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy



Fireman's Fund[®]

This policy is Issued By:

ITEM 1. This policy is Issued To: American Automobile Insurance Company

Massachusetts Personal Automobile
Policy Number
[Producer]

ITEM 2. This policy is effective from:
Standard Time)

To:

(12:01 A.M. Eastern

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO			AUTO		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE.	\$	\$20,000 per person \$40,000 per accident	NONE.	\$
2. Personal Injury Protection	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE.	\$	\$ per accident	NONE.	\$
OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$
6. Medical Payments	\$ per person	NONE.	\$	\$ per person	NONE.	\$
7. Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
8. Limited Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
9. Comprehensive	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
10. Substitute Transportation	Up to \$ a Day Max \$	NONE.			NONE.	\$
11. Towing and Labor	Up to \$ Each Disablement	NONE.			NONE.	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$

MERIT RATING PLAN	CREDIT.	\$	CREDIT.	\$	
	SURCHARGE.		SURCHARGE.		
	TOTAL PREMIUM FOR AUTO	\$	TOTAL PREMIUM FOR AUTO	\$	
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM	\$

ITEM 5. Place of Principal Garaging

AUTO	AUTO
------	------

ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

AUTO	AUTO
------	------

DRIVER INFORMATION

OPER No.	OPERATOR NAME.	DATE OF BIRTH. Mo Day Yr	LICENSE NUMBER.	LIC STATE.	If Less Than 6 Yrs		Operator Status by Vehicle*												
					Date First Licensed.		Dr. Tr.	1.	2.	3.	4.	5.	6.						
					Auto.	Motorcycle.													

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION.

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: 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.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy. This is because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more is indicated as applied below. Contact your agent or company representative for further details.

	Age 65 and Older.	Portfolio Credit.	Annual Mileage.		Anti-Theft Device* / Vehicle Recovery.	Multi-Car Discount.	Good Student Driver Discount.	Future Effective Date Discount*.
			0-5000.	5001-7500.				
Coverage	All	Parts 1, 2, 4-11	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, and 7-9	Parts 1-12	Parts 1, 2, 4-9
Discount Available	25%	20%	10%	5%	5-36% *Depending on device.	10%	10%	4-10% *Depending on policy period.
Discounts Applied.								
Auto								
Auto								

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

MERIT RATING PLAN

The Merit Rating Plan credit or surcharge shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If a surcharge is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The merit rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: _____

Date of Issue

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Fund®**

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Massachusetts Personal Automobile
Policy Number
[Producer]

(12:01 A.M. Eastern Standard Time)

ITEM 2. This policy is effective from:

To:

ITEM 3. Description of your Auto:

AUTO	AUTO
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2. Personal Injury Protection	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE.	\$	\$ per accident	NONE.	\$
OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$
6. Medical Payments	\$ per person	NONE.	\$	\$ per person	NONE.	\$
7. Collision	Actual Cash Value	\$XXX *	\$	Actual Cash Value	\$	\$
8. Limited Collision	Actual Cash Value	\$XXX *	\$	Actual Cash Value	\$	\$
9. Comprehensive	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
10. Substitute Transportation	Up to \$ a Day Max \$	NONE.			NONE.	\$
11. Towing and Labor	Up to \$ Each Disablement	NONE.		t	NONE.	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE.	\$	\$ per person \$ per accident	NONE.	\$

MERIT RATING PLAN	CREDIT.	\$	CREDIT.	\$
	SURCHARGE.		SURCHARGE.	
	TOTAL PREMIUM FOR AUTO	\$	TOTAL PREMIUM FOR AUTO	\$
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM
				\$

ITEM 5. Place of Principal Garaging

AUTO	AUTO
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ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

AUTO	AUTO
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DRIVER INFORMATION																			
OPER No.	OPERATOR NAME.	DATE OF BIRTH. Mo Day Yr	LICENSE NUMBER.	LIC STATE.	If Less Than 6 Yrs			Operator Status by Vehicle*											
					Date First Licensed.		Dr Tr.	1.	2.	3.	4.	5.	6.						
					Auto.	Motorcycle.													

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

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DISCOUNTS: Several discounts are available and your premium has been reduced if one or more is indicated as applied below. Contact your agent or company representative for further details.

	Age 65 and Older.	Portfolio Credit.	Annual Mileage		Anti-Theft Device* / Vehicle Recovery.	Multi-Car Discount.	Good Student Driver Discount.	Future Effective Date Discount*.
			0-5000.	5001-7500.				
Coverage	All	Parts 1, 2, 4-11	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7-9	Parts 1-12	Parts 1, 2, 4-9
Discount Available	25%	20%	10%	5%	5-36% *Depending on device.	10%	10%	4-10% *Depending on policy period.
Discounts Applied.								
Auto								
Auto								

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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MERIT RATING PLAN

The Merit Rating Plan credit or surcharge shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If a surcharge is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The merit rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Car No.	Rate Class	Terr	Prem Town	Sym	Veh Type	Cost New Act Value	Stated Amount	CC's	Gst Excl	Annual Mileage	Plate Number	Extra Risk	Phone Number	V/C

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

This policy is Issued By: American Automobile Insurance Company

Massachusetts Personal Automobile Policy Number [Producer]



ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from:

To:

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

Table with 2 columns: AUTO, AUTO

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

Main coverage table with columns: COVERAGES, Parts 1-12, AUTO, AUTO. Rows include Bodily Injury To Others, Personal Injury Protection, etc.

Show if Prestige Auto Coverage is purchased

Deleted: <sp>

Prestige Auto@ Premier Coverage \$XXX Includes Waiver of Deductible

Table with columns: MERIT RATING PLAN, CREDIT, SURCHARGE, TOTAL PREMIUM FOR AUTO

Table with columns: Identification Numbers of Endorsements Forming a Part of This Policy, TOTAL PREMIUM

Prestige Endorsement info should be included in this section also, if purchased

ITEM 5. Place of Principal Garaging

Table with 2 columns: AUTO, AUTO

ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

Table with 2 columns: AUTO, AUTO

DRIVER INFORMATION

Table with columns: OPER No., OPERATOR NAME, DATE OF BIRTH, LICENSE NUMBER, LIC STATE, If Less Than 6 Yrs, Operator Status by Vehicle*

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

750001 07-09 11 12 MA

P = Principal E = Excluded O = Occasional DEF = Deferred

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Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: 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.

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	Age 65 and Older	Portfolio Credit	Annual Mileage		Anti-Theft Device* / Vehicle Recovery	Multi-Car Discount	Good Student Driver Discount	Future Effective Date Discount*
			0-5000	5001-7500				
Coverage	All	Parts 1, 2, 4-11	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7-8 and 9 and 7-9	Parts 1-12	Parts 1, 2, 4-9
Discount Available	25%	20%	10%	5%	5-36% *Depending on the category of device	10%	10%	4-10% *Depending on policy period
Discounts Applied								
Auto								
Auto								

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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ITEM 3. Description of your Auto:

Table with 2 columns: AUTO, AUTO

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Main coverage table with columns: COVERAGE, PARTS 1-12, LIMITS, DEDUCTIBLE, PREMIUM, AUTO, LIMITS, DEDUCTIBLE, PREMIUM. Includes rows for Bodily Injury, Personal Injury, Collision, etc.

Only Show if Prestige Auto Coverage is purchased

Prestige Auto Coverage \$XXX
Includes Waiver of Deductible

Table for MERIT RATING PLAN, CREDIT, SURCHARGE, and TOTAL PREMIUM FOR AUTO.

Table for Identification Numbers of Endorsements Forming a Part of This Policy, including 102173 08-12 MA and a TOTAL PREMIUM section.

ITEM 5. Place of Principal Garaging

Table with 2 columns: AUTO, AUTO

ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

Table with 2 columns: AUTO, AUTO

Table for DRIVER INFORMATION with columns: OPER No., OPERATOR NAME, DATE OF BIRTH, LICENSE NUMBER, LIC STATE, If Less Than 6 Yrs, Operator Status by Vehicle.

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

P = Principal E = Excluded
O = Occasional DEF = Deferred

750004 ~~07-09~~ 11-12 MA

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Discounts Applied								
Auto								
Auto								

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Car No.	Rate Class	Terr	Prem Town	Sym	Veh Type	Cost New Act Value	Stated Amount	CC's	Gst Excl	Annual Mileage	Plate Number	Extra Risk	Phone Number	V/C

Date of Issue

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3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ per accident	NONE	\$	\$ per accident	NONE	\$
OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	NONE	\$
7. Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	Only Show if Prestige Auto Coverage is purchased
8. Limited Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	
9. Comprehensive	Actual Cash Value	\$	\$	Actual Cash Value	\$	
10. Substitute Transportation		NONE	\$		NONE	
11. Towing and Labor		NONE	\$		NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

Prestige Auto Coverage	\$XXX					
MERIT RATING PLAN	CREDIT	\$	CREDIT	\$		
	SURCHARGE		SURCHARGE			
	TOTAL PREMIUM FOR AUTO	\$	TOTAL PREMIUM FOR AUTO	\$		

Identification Numbers of Endorsements Forming a Part of This Policy	Prestige Endorsement info should be included in this section also	TOTAL PREMIUM	\$
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ITEM 5. Place of Principal Garaging

AUTO	AUTO
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ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

AUTO	AUTO
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DRIVER INFORMATION

OPER No.	OPERATOR NAME	DATE OF BIRTH Mo Day Yr	LICENSE NUMBER	LIC STATE	If Less Than 6 Yrs		Operator Status by Vehicle*										
					Date First Licensed		Dr	Tr	1	2	3	4	5	6			
					Auto	Motorcycle											

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Coverage	All	Parts 1, 2, 4-11	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7-8 , and 9 7-9	Parts 1-12	Parts 1, 2, 4-9
Discount Available	25%	20%	10%	5%	5-36% *Depending on the category of device.	10%	10%	4-10% *Depending on policy period.
Discounts Applied								
Auto								
Auto								

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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Date of Issue