

# AMERICAN AUTOMOBILE INSURANCE COMPANY COVERAGE SELECTIONS PAGE

PRODUCER

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



This Policy Is Issued By:

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:

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

COVERAGES, PARTS 1-12	AUTO	AUTO	AUTO
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM
1 Bodily Injury To Others	per person per accident	NONE.	
2 Personal Injury Protection	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.	
4 Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	per accident	NONE.	
OPTIONAL INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM
5 Optional Bodily Injury To Others	per person per accident	NONE.	
6 Medical Payments	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		NONE.	
11 Towing And Labor		NONE.	
12 Bodily Injury Caused By An Underinsured Auto	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	LIC LICENSE NUMBER.	STATE.	If Less Than 5 Yrs		Operator Status by Vehicle*											
					Date First Licensed	Dr. Tr.	1	2	3	4	5	6						

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 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.
<b>Discounts Applied.</b>								
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.

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	Tier

Date of Issue

# 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]

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

**ITEM 2.** This policy is effective from:

To:

**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	\$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.		
	<b>TOTAL PREMIUM FOR AUTO</b>	\$	<b>TOTAL PREMIUM FOR AUTO</b>	\$	
Identification Numbers of Endorsements Forming a Part of This Policy				<b>TOTAL PREMIUM</b>	\$

**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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			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								

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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	<a href="#">Tier</a>