



Lincoln, Rhode Island

Certificate of Insurance

This is to certify that Amica has issued to:

Name and Address of Insured

a policy of auto liability insurance which provides, subject to the provisions, conditions and limitations contained therein, and during its effective period, coverage as described below:

Policy No. Effective Date Expiration Date

Description of Auto:

Table with 2 rows and 2 columns: Year of Model, Trade Name and Body Type; Model No., Identification Number

Table with 2 main columns: COVERAGES, LIMITS. Rows include Bodily Injury to Others, Personal Injury Protection, Damages to Someone Else's Property, and Optional Bodily Injury to Others.

The above policy contains a clause extending the coverage of the policy, subject to the policy terms, to any person while using the auto and any person or organization legally responsible for the use thereof, provided that use is with the consent of the named insured.

In the event of any material change or cancellation of said policy, Amica will give not less than days written notice, by regular mail, to:

at whose request this certificate is given.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the Policy listed above.

Dated

MA 00 06 09 11

Signature of Authorized Agent



Lincoln, Rhode Island

Certificate of Insurance

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Name and Address of Insured

a policy of auto liability insurance which provides, subject to the provisions, conditions and limitations contained therein, and during its effective period, coverage as described below:

Policy No. Effective Date Expiration Date

Description of Auto:

Table with 2 rows: Year of Model / Trade Name and Body Type, Model No. / Identification Number

Table with 2 columns: COVERAGES, LIMITS. Rows include Bodily Injury to Others, Damages to Someone Else's Property, and Optional Bodily Injury to Others.

The above policy contains a clause extending the coverage of the policy, subject to the policy terms, to any person while using the auto and any person or organization legally responsible for the use thereof, provided that use is with the consent of the named insured.

In the event of any material change or cancellation of said policy, Amica will give not less than days written notice, by regular mail, to:

at whose request this certificate is given.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the Policy listed above.

Dated

MA 00 06 05 91

Signature of Peter H. Cannon, Authorized Agent