

# COVERAGE SELECTIONS PAGE

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

This Policy Is Issued by: **CITIZENS INSURANCE COMPANY OF AMERICA** Massachusetts Personal Auto  
 RBWSEF Reason for Coverage Selection Page Policy Number **AYN 1234567**  
 ITEM 1. This Policy Is Issued To: **NEW BUSINESS** Agent **32-12345-00**  
**JANE DOE** Phone **508-555-5555**  
**JOHN DOE** ABC INS. AGCY, INC  
**123 MAIN STREET** P.O. BOX 123  
**NATICK, MA 01760** Effective date **EAST DOUGLAS, MA 01516**

ITEM 2. This policy is effective from: **MAY 01, 2008** To: **MAY 01, 2009**  
 ITEM 3. DESCRIPTION of your AUTO (12:01 A.M. Eastern Standard Time) **FALLON CLINIC**

Auto 1 96 INFI J30 JNKAY21D0TM303706	Auto 2 98 HONDA CIVIC JNKAY21DOTM303712
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 1				AUTO 2					
	LIMITS		DEDUCTIBLE	PREMIUM		LIMITS		PREMIUM		
				ANNUAL	ADJUSTED			ANNUAL	ADJUSTED	
<b>1. Bodily Injury To Others</b>	\$ 20,000 Per person \$ 40,000 Per accident		NONE	\$127		\$ 20,000 Per person 40,000 Per accident		\$127		
<b>2. Personal Injury Protection</b>	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members		\$41		\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41		
<b>3. Bodily Injury Caused By an Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)</b>	50,000 Per person 100,000 Per accident		NONE	\$14		\$ 50,000 Per person 100,000 Per accident		\$14		
<b>4. Damage To Someone Else's Property (Compulsory Limit \$5000)</b>	\$ 100,000 Per accident		NONE	\$201		\$ 100,000 Per accident		\$201		
<b>OPTIONAL INSURANCE</b>										
<b>5. Optional Bodily Injury To Others</b>	\$ 100,000 Per person \$ 300,000 Per accident		NONE	\$95		\$ 100,000 Per person 300,000 Per accident		\$95		
<b>6. Medical Payments</b>	\$ Per person		NONE			\$ Per person				
<b>7. Collision</b>	Actual Cash Value	\$1000		\$177		Actual Cash Value	\$1000	\$177		
<b>8. Limited Collision</b>	Actual Cash Value	\$				Actual Cash Value	\$			
<b>9. Comprehensive</b>	Actual Cash Value	\$ 500		\$122		Actual Cash Value	\$ 500	\$122		
<b>10. Substitute Transportation</b>	Up to \$ 30 a day, maximum 900		NONE	\$63		Up to \$ 30 a day, maximum 900		\$63		
<b>11. Towing And Labor</b>	Up to \$ for each disablement		NONE			Up to \$ for each disablement				
<b>12. Bodily Injury Caused By An Underinsured Auto</b>	\$ 50,000 Per person \$ 100,000 Per accident		NONE	\$16		\$ 50,000 Per person \$ 100,000 Per accident		\$16		
<b>MERIT RATING</b>										
	ADJUSTMENT					ADJUSTMENT				
	TOTAL PREMIUM FOR AUTO				SEE	PAGE 03	TOTAL PREMIUM FOR AUTO			
SEE PAGE 03							TOTAL PREMIUM		\$2,904.00	

Identification Numbers of Endorsements Forming A Part Of This Policy SEE PAGE 03							TOTAL PREMIUM		\$2,904.00
ITEM 5. Place of Principal Garaging							Auto 1		Auto 2

<b>DISCOUNTS</b> See pg 3 for additional discounts									
Anti-Theft	Auto 1 N	Auto 2 Y	Age 65 and older	Auto 1 Y	Auto 2 N	Transit	Auto 1 Y	Auto 2 N	
Annual Mileage	Auto 1 Y	Auto 2 N	Passive Restraint	Auto 1 N	Auto 2 Y	Multi-car	Auto 1 Y	Auto 2 Y	
Group Deviation	Auto 1 Y	Auto 2 Y	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX				

ITEM 6. Secured Lender/  
Lessor-Additional Insured, if rented auto.

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW						
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
				VEH 1	VEH 2	
JOHN DOE	02/02/38	S12345678	MA	PR	O	
JANE DOE	11/23/59	S87654321	MA	O	PR	

Issue Date **05/21/08**  
 AGENCY BILL  
 INSURED COPY

**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 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 place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for 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 of the following categories is indicated in Item 4.

	Age 65 and Older	Air Bag/ Automatic Seatbelts	Annual Mileage		Anti- Theft Device */ Vehicle Recovery System	Multi-car Discount	Account Credit	Driver Skills Development
			0-5000	5001-7500				
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-9 and 12	Parts 1-9 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 2, 7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the category of device.	up to 33%	up to 30%	10%

**PART 5 OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (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 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 uninsured auto and the limits shown for this Part.

**MERIT RATING**

The Merit Rating credit or adjustment 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 an adjustment 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.

**OPERATOR STATUS CODES**

P = Principal Operator, O – Occasional Operator, D = Deferred Operator, E = Excluded Operator  
R = Rated Operator

Countersigned by: \_\_\_\_\_

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS

**REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION**

### ENDORSEMENT DETAILS

**PER VEHICLE ENDORSEMENT**

	LIMITS	VEH 1	VEH 2	VEH 3	VEH 4
Comp/Coll Loan/Lease		\$100	\$100		
Additional Customized Equipment	\$2000	\$100	\$100		
SUBTOTAL		\$200	\$200	\$	\$
<b>TOTAL PREMIUM FOR AUTO</b>		\$1377	\$1377		

**POLICY ENDORSEMENT**

Connections DriveSmart Advantage			\$ 150		
Second Chance Accident Forgiveness					
Ultimate Towing & Labor					
Ultimate Rental					
New Car Replacement Guard					
Deductible Dividends					

**ADDITIONAL DISCOUNTS APPLIED TO YOUR POLICY**

	VEH 1	VEH 2	VEH 3	VEH 4
Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

**Identification Numbers of Endorsements Forming A Part Of This Policy:**

2315952 2316028 M0108S M109S 2312654 A570A 2312649,

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**JANE DOE** Phone **508-555-5555**  
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**123 MAIN STREET** P.O. BOX 123  
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Auto 1 96 INFI J30 JNKAY21D0TM303706	Auto 2 98 HONDA CIVIC JNKAY21DOTM303712
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.											
COVERAGES, Parts 1-12	AUTO 1			PREMIUM		AUTO 2			PREMIUM		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED			
1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$127		\$ 20,000 Per person 40,000 Per accident	NONE	\$127				
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41		\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41				
3. Bodily Injury Caused By an Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$14		\$ 50,000 Per person 100,000 Per accident	NONE	\$14				
4. Damage To Someone Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$201		\$ 100,000 Per accident	NONE	\$201				
<b>OPTIONAL INSURANCE</b>											
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$95		\$ 100,000 Per person 300,000 Per accident	NONE	\$95				
6. Medical Payments	\$ Per person	NONE			\$ Per person	NONE					
7. Collision	Actual Cash Value	\$1000	\$177		Actual Cash Value	\$1000	\$177				
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$					
9. Comprehensive	Actual Cash Value	\$ 500	\$122		Actual Cash Value	\$ 500	\$122				
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$63		Up to \$ 30 a day, maximum 900	NONE	\$63				
11. Towing And Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE					
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16		\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16				
<b>MERIT RATING</b>											
ADJUSTMENT					ADJUSTMENT						
TOTAL PREMIUM FOR AUTO				SEE	PAGE 03	TOTAL PREMIUM FOR AUTO				SEE	PAGE 03

Identification Numbers of Endorsements Forming A Part Of This Policy SEE PAGE 03						TOTAL PREMIUM		\$2,904.00
ITEM 5. Place of Principal Garaging						Auto 1		Auto 2

DISCOUNTS See pg 3 for additional discounts								
Anti-Theft	Auto 1 N	Auto 2 Y	Age 65 and older	Auto 1 Y	Auto 2 N	Transit	Auto 1 Y	Auto 2 N
Annual Mileage	Auto 1 Y	Auto 2 N	Passive Restraint	Auto 1 N	Auto 2 Y	Multi-car	Auto 1 Y	Auto 2 Y
Group Deviation	Auto 1 Y	Auto 2 Y	<del>SDP Discom</del>	<del>Auto 1 XXX</del>	<del>Auto 2 XXX</del>			

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW						
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
				VEH 1	VEH 2	
JOHN DOE	02/02/38	S12345678	MA	PR	O	
JANE DOE	11/23/59	S87654321	MA	O	PR	

ITEM 6. Secured Lender/  
Lessor-Additional Insured, if rented auto.

Issue Date 05/21/08  
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 INSURED COPY

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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 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 place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for 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	Air Bag/ Automatic Seatbelts	Annual Mileage		Anti- Theft Device */ Vehicle Recovery System	Multi-car Discount	Account Credit	Driver Skills Development
			0-5000	5001-7500				
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-9 and 12	Parts 1-9 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 2, 7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the category of device.	up to 33%	up to 30%	10%

**PART 5 OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (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.

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**REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION**

### ENDORSEMENT DETAILS

**PER VEHICLE ENDORSEMENT**

	LIMITS	VEH 1	VEH 2	VEH 3	VEH 4
Comp/Coll Loan/Lease		\$100	\$100		
Additional Customized Equipment	\$2000	\$100	\$100		
SUBTOTAL		\$200	\$200	\$	\$
<b>TOTAL PREMIUM FOR AUTO</b>		\$1377	\$1377		

**POLICY ENDORSEMENT**

Connections DriveSmart Advantage			\$ 150		
Second Chance Accident Forgiveness					
Ultimate Towing & Labor					
Ultimate Rental					
New Car Replacement Guard					
Deductible Dividends					

**ADDITIONAL DISCOUNTS APPLIED TO YOUR POLICY**

	VEH 1	VEH 2	VEH 3	VEH 4
Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

**Identification Numbers of Endorsements Forming A Part Of This Policy:**

2315952 2316028 M0108S M109S 2312654 A570A 2312649,

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COVERAGES, Parts 1-12	AUTO 1				AUTO 2			
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1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$127		\$ 20,000 Per person 40,000 Per accident	NONE	\$127	
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41		\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41	
3. Bodily Injury Caused By an Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$14		\$ 50,000 Per person 100,000 Per accident	NONE	\$14	
4. Damage To Someone Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$201		\$ 100,000 Per accident	NONE	\$201	
<b>OPTIONAL INSURANCE</b>								
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$95		\$ 100,000 Per person 300,000 Per accident	NONE	\$95	
6. Medical Payments	\$ Per person	NONE			\$ Per person	NONE		
7. Collision	Actual Cash Value	\$1000	\$177		Actual Cash Value	\$1000	\$177	
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 500	\$122		Actual Cash Value	\$ 500	\$122	
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$63		Up to \$ 30 a day, maximum 900	NONE	\$63	
11. Towing And Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE		
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<b>MERIT RATING</b>								
	ADJUSTMENT				ADJUSTMENT			
	TOTAL PREMIUM FOR AUTO SEE PAGE 03				TOTAL PREMIUM FOR AUTO SEE PAGE 03			

Identification Numbers of Endorsements Forming A Part Of This Policy SEE PAGE 03	<b>TOTAL PREMIUM</b>	\$2,904.00
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Group Deviation	Auto 1 Y	Auto 2 Y	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX			

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OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
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Connections DriveSmart Advantage			\$ 150		
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Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

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4. Damage To Someone Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$201		\$ 100,000 Per accident	NONE	\$201		
<b>OPTIONAL INSURANCE</b>									
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$95		\$ 100,000 Per person 300,000 Per accident	NONE	\$95		
6. Medical Payments	\$ Per person	NONE			\$ Per person	NONE			
7. Collision	Actual Cash Value	\$1000	\$177		Actual Cash Value	\$1000	\$177		
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$			
9. Comprehensive	Actual Cash Value	\$ 500	\$122		Actual Cash Value	\$ 500	\$122		
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$63		Up to \$ 30 a day, maximum 900	NONE	\$63		
11. Towing And Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE			
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16		\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16		
<b>MERIT RATING</b>									
ADJUSTMENT					ADJUSTMENT				
TOTAL PREMIUM FOR AUTO				SEE	PAGE 03	TOTAL PREMIUM FOR AUTO			
SEE				PAGE 03	SEE				
PAGE 03					PAGE 03				

Identification Numbers of Endorsements Forming A Part Of This Policy <b>SEE PAGE 03</b>	<b>TOTAL PREMIUM</b>	<b>\$2,904.00</b>
ITEM 5. Place of Principal Garaging		
Auto 1	Auto 2	

<b>DISCOUNTS</b> See pg 3 for additional discounts								
Anti-Theft	Auto 1 N	Auto 2 Y	Age 65 and older	Auto 1 Y	Auto 2 N	Transit	Auto 1 Y	Auto 2 N
Annual Mileage	Auto 1 Y	Auto 2 N	Passive Restraint	Auto 1 N	Auto 2 Y	Multi-car	Auto 1 Y	Auto 2 Y
Group Deviation	Auto 1 Y	Auto 2 Y	<del>SDP Discom</del>	<del>Auto 1 XXX</del>	<del>Auto 2 XXX</del>			

ITEM 6. Secured Lender/  
Lessor-Additional Insured, if rented auto.

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW						
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
				VEH 1	VEH 2	
JOHN DOE	02/02/38	S12345678	MA	PR	O	
JANE DOE	11/23/59	S87654321	MA	O	PR	

Issue Date **05/21/08**  
 AGENCY BILL  
 INSURED COPY

**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 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 place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for 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 of the following categories is indicated in Item 4.

	Age 65 and Older	Air Bag/ Automatic Seatbelts	Annual Mileage		Anti- Theft Device */ Vehicle Recovery System	Multi-car Discount	Account Credit	Driver Skills Development
			0-5000	5001-7500				
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-9 and 12	Parts 1-9 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 2, 7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the category of device.	up to 33%	up to 30%	10%

**PART 5 OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (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 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 uninsured auto and the limits shown for this Part.

**MERIT RATING**

The Merit Rating credit or adjustment 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 an adjustment 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.

**OPERATOR STATUS CODES**

P = Principal Operator, O – Occasional Operator, D = Deferred Operator, E = Excluded Operator  
R = Rated Operator

Countersigned by: \_\_\_\_\_

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS

**REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION**

### ENDORSEMENT DETAILS

**PER VEHICLE ENDORSEMENT**

	LIMITS	VEH 1	VEH 2	VEH 3	VEH 4
Comp/Coll Loan/Lease		\$100	\$100		
Additional Customized Equipment	\$2000	\$100	\$100		
SUBTOTAL		\$200	\$200	\$	\$
<b>TOTAL PREMIUM FOR AUTO</b>		\$1377	\$1377		

**POLICY ENDORSEMENT**

Connections DriveSmart Advantage			\$ 150		
Second Chance Accident Forgiveness					
Ultimate Towing & Labor					
Ultimate Rental					
New Car Replacement Guard					
Deductible Dividends					

**ADDITIONAL DISCOUNTS APPLIED TO YOUR POLICY**

	VEH 1	VEH 2	VEH 3	VEH 4
Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

**Identification Numbers of Endorsements Forming A Part Of This Policy:**

2315952 2316028 M0108S M109S 2312654 A570A 2312649,