



Esurance Insurance Services, Inc.  
 P.O. Box 5250  
 Sioux Falls, SD 57117-5250  
 1-800-ESURANCE (1-800-378-7262)

Esurance Insurance Company  
 650 Davis Street  
 San Francisco, CA 94111

**Policy Declarations Page  
 Personal Automobile Policy – Original**

Policy Number	Effective Date	Expiration Date	Policy Term		
PAMA-XXXXXXX	XXXXXXX	XXXXX	6 Months		
Named Insured and Address	Rated Operators	Excluded Drivers	Driver Type	Year of Birth	
Jane Doe 123 Esurance Way Boston, MA 02110	1 Jane Doe		Named Insured	1965	

Vehicle #	Year	Vehicle Description	Vehicle Identification Number
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**Policy Coverage is provided only where a premium and limit or deductible are shown.**

Liability Coverages	Premium	Deductible
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Vehicle Coverages	Vehicle 1		Vehicle		Vehicle		Vehicle	
	Premium	Deductible	Premium	Deductible	Premium	Deductible	Premium	Deductible

**FULL TERM PREMIUM** **\$ XXX.XX**

This policy is effective at 12:01 AM on the date shown or the time the policy was purchased, whichever is later.



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PA-XXXXXXXXXX	XXXXXXX	XXXXX	6 Months		
Named Insured and Address		Rated Operators	Excluded Drivers	Driver Type	Year of Birth

Jane Doe  
 123 Esurance Way  
 Boise, ID 83701

1 Jane Doe

Named Insured

1965

Vehicle #	Loss Payee or Lessor Information	Type
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- 1.
- 2.

Forms and Endorsements made as a part of this policy at the time of issue

Date Issued:

[ **Authorized Representative** ]

**Esurance Insurance Company**  
**Massachusetts Notice of Transfer of Insurer**

Name of Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

Description of Vehicle(s) \_\_\_\_\_

Year	Make
Year	Make
Year	Make
Year	Make
Year	Make

Name of Former Carrier \_\_\_\_\_

I hereby certify that coverage is bound with Esurance Insurance Company

Effective \_\_\_\_\_

Producer: Esurance Insurance Service, Inc.

Address \_\_\_\_\_

<b>ESURANCE INSURANCE COMPANY</b>	
ESURANCE INSURANCE SERVICES, INC. #1878732	
BY: [ _____ ]	323



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Named Insured and Address		Rated Operators	Excluded Drivers	Driver Type	Year of Birth

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123 Esurance Way  
Boise, ID 83701

1 Jane Doe

Named Insured

1965

Vehicle #	Loss Payee or Lessor Information	Type
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- 2.

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*[Handwritten Signature]*

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