

POLICY NUMBER  
 20-V-123-456-7  
 POLICY TERM  
 MM-DD-YYYY TO MM-DD-YYYY  
 AND SUBSEQUENT RENEWALS.

THIS [TRANSACTION]  
 REPLACES ALL PRIOR COVERAGE SELECTIONS PAGE, IF ANY, AND WITH POLICY  
 PROVISIONS AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF  
 COMPLETES THIS POLICY.

**NAMED INSURED AND ADDRESS**

APPLICANT NAME-CO-APPLICANT NAME  
 INSURED STREET ADDRESS LINE 1  
 INSURED STREET ADDRESS LINE 2  
 CITY, STATE, AND ZIP CODE

GARAGING LOCATION  
 INSURED STREET ADDRESS  
 ZIP CODE

AGENT: FH11-P-1-HCB  
 JOHN DOE  
 321 MAIN ST  
 ANYTOWN, MA 12345

FOR CUSTOMER SERVICE:  
 555-555-5555  
 888-GET-LIFE  
 WWW.ANYTOWNINSURANCE.COM

**DESCRIPTION OF INSURED PROPERTY**

| VEH | DR | DESCRIPTION             | ID NUMBER         | TYPE   |
|-----|----|-------------------------|-------------------|--------|
| 1   | 1  | 1993 CHE K1500 SPTDSD E | 2GCEK19K5P1148511 | PICKUP |
| 2   | 2  | 2003 CHE IMPALA 4D      | 2G1WF52E339105441 | AUTO   |
| 3   | 3  | 2001 MIT ECLI           | 2G1AB34C567789022 | AUTO   |
| 4   | 4  | 2005 NIS FRON           | 1UJBJ02M2W1CV031  | PICKUP |

**RATING INFORMATION, COVERAGES, PREMIUMS, AND LIMITS OF LIABILITY**

INSURANCE IS PROVIDED ONLY WITH RESPECT TO THOSE OF THE FOLLOWING COVERAGES WHICH ARE INDICATED BY A SPECIFIC LIMIT OF LIABILITY AND/OR PREMIUM APPLICABLE THERETO.

| VEHICLE   | 93 CHE K1500 SPTS | 03 CHE IMPALA 4D | 01 MIT ECLI     | 05 NIS FRON     |
|---|-------------------|------------------|-----------------|-----------------|
| <b>COMPULSORY INSURANCE</b>                         |                   |                  |                 |                 |
| <b>BODILY INJURY TO OTHERS</b>                      | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| LIMIT PER PERSON/OCCURENCE                          | 20,000/40,000     | 20,000/40,000    | 20,000/40,000   | 20,000/40,000   |
| <b>PERSONAL INJURY PROTECTION</b>                   | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON                                    | 8,000             | 8,000            | 8,000           | 8,000           |
| <b>BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>    |                   |                  |                 |                 |
| LIMIT PER PERSON/OCCURENCE                          | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON/OCCURENCE                          | 100,000/300,000   | 100,000/300,000  | 100,000/300,000 | 100,000/300,000 |
| <b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>            | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| PER OCCURENCE                                       | 100,000           | 100,000          | 100,000         | 100,000         |
| <b>OPTIONAL INSURANCE</b>                           |                   |                  |                 |                 |
| <b>OPTIONAL BODILY INJURY TO OTHERS</b>             | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| LIMIT PER PERSON/OCCURENCE                          | 250,000/500,000   | 250,000/500,000  | 250,000/500,000 | 250,000/500,000 |
| <b>MEDICAL PAYMENTS</b>                             | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON                                    | 5,000             | 5,000            | 5,000           | 5,000           |
| <b>COLLISION</b>                                    | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCTIBLE PER OCCURENCE                            | 1,000             | 1,000            | 1,000           | 1,000           |
| <b>LIMITED COLLISION</b>                            | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCTIBLE PER OCCURENCE                            | 1,000             | 1,000            | 1,000           | 1,000           |
| <b>COMPREHENSIVE</b>                                | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCIBLE PER OCCURENCE                             | 500               | 500              | 500             | 500             |
| <b>SUBSTITUTE TRANSPORTATION</b>                    | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER DAY/AGGREGATE                             | 25/750            | 25/750           | 25/750          | 25/750          |
| <b>TOWING AND LABOR</b>                             | \$X.XX            | \$X.XX           | \$X.XX          | \$X.XX          |
| LIMIT   | 50                | 50               | 50              | 50              |
| <b>BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b> | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON/OCCURENCE                          | 100,000/300,000   | 100,000/300,000  | 100,000/300,000 | 100,000/300,000 |
| <b>TOTAL</b>  | <b>\$XXX.XX</b>   | <b>\$XXX.XX</b>  | <b>\$XXX.XX</b> | <b>\$XXX.XX</b> |

|                | VEHICLES  | ENDORSEMENTS | TAX/FEE  | TOTAL PREMIUM | AUTHORIZED REPRESENTATIVE |
|----------------|-----------|--------------|----------|---------------|---------------------------|
| TOTAL PREMIUMS | \$XXXX.XX | \$XXX.XX     | \$XXX.XX | \$XXXX.XX     |                           |

DATE PRINTED XX/XX/XXXX  
 XXX-XX-XX

THIS IS NOT A BILL.  
 SEE BILLING NOTICE FOR AMOUNT DUE.

SEE COVERAGE SELECTION PAGES SECTIONS II & III FOR  
 ADDITIONAL INFORMATION.

**COVERAGE SELECTIONS PAGE, SECTION II PAGE POLICY TERM: 01/15/15 to 01/15/16**

**DR# OPERATOR INFORMATION**

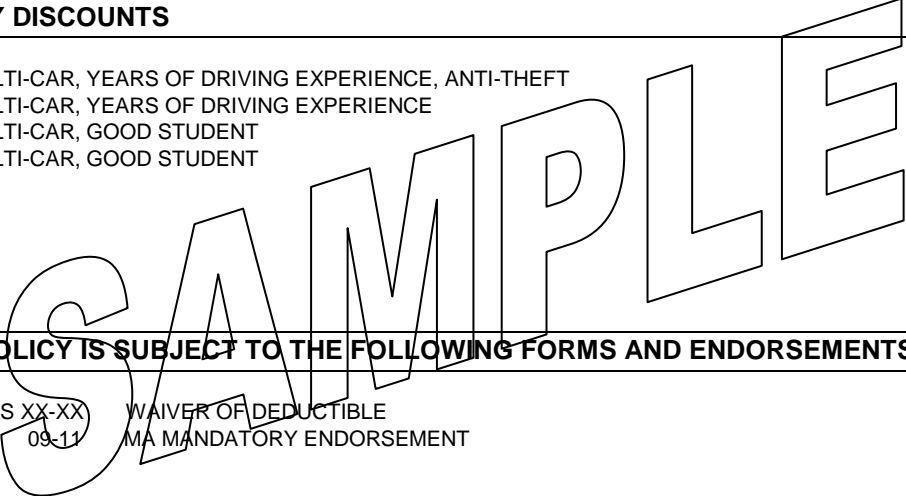
|   |              |                  |
|---|--------------|------------------|
| 1 | PRINCIPAL    | DOE, PRINCIPAL   |
| 2 | OCCASIONAL   | DOE, OCCASIONAL  |
| 3 | NON-OPERATOR | DOE, NONOPERATOR |
| 4 | MILITARY     | DOE, MILATARY    |
| 5 | DEFERRED     | DOE, DEFERRED    |
| 6 | EXCLUDED     | DOE, EXCLUDED    |

**VEH. DR. # RATING INFORMATION MERIT RATING PLAN ADJUSTMENT**

|   |   |           |             |         |
|---|---|-----------|-------------|---------|
| 1 | 1 | PRINCIPAL | DOE, JOHN   | XX \$\$ |
| 2 | 2 | PRINCIPAL | DOE, JANE   |         |
| 3 | 3 | PRINCIPAL | DOE, JULIE  |         |
| 4 | 4 | PRINCIPAL | DOE, JANICE |         |
| 5 | 5 | PRINCIPAL | DOE, JAMES  |         |

**VEH. POLICY DISCOUNTS**

1 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE, ANTI-THEFT  
2 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE  
3 FARM BUREAU, MULTI-CAR, GOOD STUDENT  
4 FARM BUREAU, MULTI-CAR, GOOD STUDENT



**VEH. THIS POLICY IS SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS**

|         |                  |                          |
|---------|------------------|--------------------------|
| 1,2,4   | MPY-0016-S XX-XX | WAIVER OF DEDUCTIBLE     |
| 1,2,3,4 | M-0099-S 09-11   | MA MANDATORY ENDORSEMENT |

**LOSS PAYEE(S)/ADDITIONAL INTEREST(S)**

|                     |                          |
|---------------------|--------------------------|
| VEHICLE 1           | VEHICLE 2                |
| BANK ONE            | FORD MOTOR CREDIT        |
| 201 E MAIN ST       | INSURANCE SERVICE CENTER |
| LEXINGTON, KY 40507 | TUCSON, AZ 85734         |

**IMPORTANT POLICY INFORMATION**

T-3628 X-3078 (12-08)

SA-1992 (12-06)

**AUTOMOBILE SURCHARGE PREMIUM ASSIGNED FOR THIS POLICY PERIOD**

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: YOU MUST NOTIFY US OF CHANGES THAT HAVE OCCURRED PRIOR TO THE RENEWAL OF THIS POLICY AND DURING THE POLICY PERIOD. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE OR FRAUDULENT INFORMATION FOR THE PURPOSE OF DEFRAUDING AN INSURANCE COMPANY. 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 RISKS 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 YOU ARE ELIGIBLE. CONTACT YOUR AGENT OR COMPANY REPRESENTATIVE FOR FURTHER DETAILS.

**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 ADJUSTMENT SHOWN ON THE COVERAGE SELECTIONS PAGE, SECTION II FOR EACH AUTO IS BASED ON THE DRIVING RECORDS OF THE OPERATORS LISTED ON YOUR POLICY. THE MERIT RATING CODE AND CLASS OF EACH OPERATOR ARE USED IN ASSIGNING THE OPERATORS TO THE AUTOS IN THE MANNER DESCRIBED IN THE RATING MANUAL.

# COVERAGE SELECTIONS PAGE

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

This policy is Issued By:  
**ITEM 1.** This policy is Issued To:

Massachusetts Personal Automobile  
 Policy Number  
 [Producer]

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

To:

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

**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<br>\$ 40,000 per accident | NONE   | \$      | \$20,000 per person<br>\$40,000 per accident | NONE   | \$      |
| 2. Personal Injury Protection  | \$ 8,000 per person                            | \$<br><input type="checkbox"/> yourself<br><input type="checkbox"/> yourself and household members | \$      | \$ 8,000 per person                          | \$<br><input type="checkbox"/> yourself<br><input type="checkbox"/> yourself and household members | \$      |
| 3. Bodily Injury Caused By An Uninsured Auto<br><small>(Compulsory Limits \$20,000/\$40,000)</small> | \$ per person<br>\$ per accident               | NONE   | \$      | \$ per person<br>\$ 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<br>\$ per accident | NONE | \$ | \$ per person<br>\$ 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 \$<br>a day, maximum \$    | NONE | \$ | Up to \$<br>day, maximum \$ a    | NONE | \$ |
| 11. Towing and Labor                             | Up to \$<br>For each disablement | NONE | \$ | Up to \$<br>for each disablement | NONE | \$ |
| 12. Bodily Injury Caused By An Underinsured Auto | \$ per person<br>\$ per accident | NONE | \$ | \$ per person<br>\$ per accident | NONE | \$ |

| MERIT RATING PLAN  | ADJUSTMENT     | \$ | ADJUSTMENT     | \$                   |
|--|----------------|----|----------------|----------------------|
|  |                |    |                |                      |
|  | <b>PREMIUM</b> | \$ | <b>PREMIUM</b> | \$                   |
| Identification Numbers of Endorsements Forming a Part of This Policy |                |    |                | <b>TOTAL PREMIUM</b> |
|  |                |    |                | \$                   |

|  |   |
|--|---|
| <b>ITEM 5.</b> Place of Principal Garaging | <b>ITEM 6.</b> Secured Lender/Lessor - Additional Insured, if Rented Auto |
| AUTO                                       |   |
| AUTO                                       |   |

Driver Information:

| Oper No. | Operator Name | Date of Birth | License Number | Lic. State | Date First Licensed if Less Than 6 Yrs |             | Driver Training Yes/No | % Use  |        | Operator Status:<br>O - Occasional<br>P - Principal<br>E - Excluded<br>D - Deferred |       |
|----------|---------------|---------------|----------------|------------|--|-------------|------------------------|--------|--------|---|-------|
|          |               |               |                |            | Auto                                   | Motor cycle |                        | Auto 1 | Auto 2 | Auto 1  | Auto2 |
|          |               |               |                |            |  |             |                        |        |        |   |       |
|          |               |               |                |            |  |             |                        |        |        |   |       |
|          |               |               |                |            |  |             |                        |        |        |   |       |
|          |               |               |                |            |  |             |                        |        |        |   |       |
|          |               |               |                |            |  |             |                        |        |        |   |       |
|          |               |               |                |            |  |             |                        |        |        |   |       |

**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:** You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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 you are eligible. Contact your agent or company representative for further details.

**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 adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

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

| VEH. DR. # | OPERATOR INFORMATION |             | MERIT RATING PLAN ADJUSTMENT |
|------------|----------------------|-------------|------------------------------|
| 1 1        | PRINCIPAL            | DOE, JOHN   | XX \$\$                      |
| 2 2        | PRINCIPAL            | DOE, JANE   |                              |
| 3 3        | PRINCIPAL            | DOE, JULIE  |                              |
| 4 4        | PRINCIPAL            | DOE, JANICE |                              |
| 5 5        | PRINCIPAL            | DOE, JAMES  |                              |

| VEH. | POLICY DISCOUNTS  |
|------|---|
| 1    | FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE, ANTI-THEFT |
| 2    | FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE             |
| 3    | FARM BUREAU, MULTI-CAR, GOOD STUDENT                            |
| 4    | FARM BUREAU, MULTI-CAR, GOOD STUDENT                            |

| VEH.    | THIS POLICY IS SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS |                          |
|---------|--|--------------------------|
| 1,2,4   | MPY-0016-S XX-XX   | WAIVER OF DEDUCTIBLE     |
| 1,2,3,4 | M-0099-S 09-11   | MA MANDATORY ENDORSEMENT |

| LOSS PAYEE(S)/ADDITIONAL INTEREST(S)                          |  |
|---|--|
| VEHICLE 1<br>BANK ONE<br>201 E MAIN ST<br>LEXINGTON, KY 40507 | VEHICLE 2<br>FORD MOTOR CREDIT<br>INSURANCE SERVICE CENTER<br>TUCSON, AZ 85734 |

| IMPORTANT POLICY INFORMATION |
|------------------------------|
| T-3628 X-3078 (12-08)        |



**COVERAGE SELECTIONS PAGE, SECTION II PAGE POLICY TERM: 01/15/15 to 01/15/16**

| VEH. DR. # | OPERATOR INFORMATION |             | MERIT RATING PLAN ADJUSTMENT |
|------------|----------------------|-------------|------------------------------|
| 1 1        | PRINCIPAL            | DOE, JOHN   | XX \$\$                      |
| 2 2        | PRINCIPAL            | DOE, JANE   |                              |
| 3 3        | PRINCIPAL            | DOE, JULIE  |                              |
| 4 4        | PRINCIPAL            | DOE, JANICE |                              |
| 5 5        | PRINCIPAL            | DOE, JAMES  |                              |

**VEH. POLICY DISCOUNTS**

- 1 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE, ANTI-THEFT
- 2 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE
- 3 FARM BUREAU, MULTI-CAR, GOOD STUDENT
- 4 FARM BUREAU, MULTI-CAR, GOOD STUDENT

**VEH. THIS POLICY IS SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS**

- 1,2,4 MPY-0016-S XX-XX WAIVER OF DEDUCTIBLE
- 1,2,3,4 M-0099-S 09-11 MA MANDATORY ENDORSEMENT

**LOSS PAYEE(S)/ADDITIONAL INTEREST(S)**

|                     |                          |
|---------------------|--------------------------|
| VEHICLE 1           | VEHICLE 2                |
| BANK ONE            | FORD MOTOR CREDIT        |
| 201 E MAIN ST       | INSURANCE SERVICE CENTER |
| LEXINGTON, KY 40507 | TUCSON, AZ 85734         |

**IMPORTANT POLICY INFORMATION**

T-3628 X-3078 (12-08)



**COVERAGE SELECTIONS PAGE, SECTION II PAGE POLICY TERM: 01/15/15 to 01/15/16**

**VEH. DR. # RATING INFORMATION**

|   |   |                        |
|---|---|------------------------|
| 1 | 1 | DRIVER IS XX YEARS OLD |
| 2 | 2 | DRIVER IS XX YEARS OLD |
| 3 | 3 | DRIVER IS XX YEARS OLD |
| 4 | 4 | DRIVER IS XX YEARS OLD |

**VEH. DR. # OPERATOR INFORMATION**

|   |   |           |             |
|---|---|-----------|-------------|
| 1 | 1 | PRINCIPAL | DOE, JOHN   |
| 2 | 2 | PRINCIPAL | DOE, JANE   |
| 3 | 3 | PRINCIPAL | DOE, JULIE  |
| 4 | 4 | PRINCIPAL | DOE, JANICE |
| 5 | 5 | PRINCIPAL | DOE, JAMES  |

**MERIT RATING PLAN ADJUSTMENT**

XX \$\$

**VEH. POLICY DISCOUNTS**

1 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE, ANTI-THEFT  
2 FARM BUREAU, MULTI-CAR, YEARS OF DRIVING EXPERIENCE  
3 FARM BUREAU, MULTI-CAR, GOOD STUDENT  
4 FARM BUREAU, MULTI-CAR, GOOD STUDENT

**VEH. THIS POLICY IS SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS**

|         |                  |                          |
|---------|------------------|--------------------------|
| 1,2,4   | MPY-0016-S XX-XX | WAIVER OF DEDUCTIBLE     |
| 1,2,3,4 | M-0099-S 09-11   | MA MANDATORY ENDORSEMENT |

**LOSS PAYEE(S)/ADDITIONAL INTEREST(S)**

|                     |                          |
|---------------------|--------------------------|
| VEHICLE 1           | VEHICLE 2                |
| BANK ONE            | FORD MOTOR CREDIT        |
| 201 E MAIN ST       | INSURANCE SERVICE CENTER |
| LEXINGTON, KY 40507 | TUCSON, AZ 85734         |

**IMPORTANT POLICY INFORMATION**

T-3628 X-3078 (12-08)



POLICY NUMBER  
20-V-123-456-7  
POLICY TERM  
MM-DD-YYYY TO MM-DD-YYYY  
AND SUBSEQUENT RENEWALS.

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PROVISIONS AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF  
COMPLETES THIS POLICY.

**NAMED INSURED AND ADDRESS**

APPLICANT NAME-CO-APPLICANT NAME  
INSURED STREET ADDRESS LINE 1  
INSURED STREET ADDRESS LINE 2  
CITY, STATE, AND ZIP CODE

GARAGING LOCATION  
INSURED STREET ADDRESS  
ZIP CODE

AGENT: FH111-P-1-HCB  
JOHN DOE  
321 MAIN ST  
ANYTOWN, MA 12345

FOR CUSTOMER SERVICE:  
555-555-5555  
888-GET-LIFE  
WWW.ANYTOWNINSURANCE.COM

**DESCRIPTION OF INSURED PROPERTY**

| VEH | DR | DESCRIPTION             | ID NUMBER         | TYPE   |
|-----|----|-------------------------|-------------------|--------|
| 1   | 1  | 1993 CHE K1500 SPTDSD E | 2GCEK19K5P1148511 | PICKUP |
| 2   | 2  | 2003 CHE IMPALA 4D      | 2G1WF52E339105441 | AUTO   |
| 3   | 3  | 2001 MIT ECLI           | 2G1AB34C567789022 | AUTO   |
| 4   | 4  | 2005 NIS FRON           | 1UJB02M2W1CV031   | PICKUP |

**RATING INFORMATION, COVERAGES, PREMIUMS, AND LIMITS OF LIABILITY**

INSURANCE IS PROVIDED ONLY WITH RESPECT TO THOSE OF THE FOLLOWING COVERAGES WHICH ARE INDICATED BY A SPECIFIC LIMIT OF LIABILITY AND/OR PREMIUM APPLICABLE THERETO.

| VEHICLE   | 93 CHE K1500 SPTS | 03 CHE IMPALA 4D | 01 MIT ECLI     | 05 NIS FRON     |
|---|-------------------|------------------|-----------------|-----------------|
| <b>COMPULSORY INSURANCE</b>                         |                   |                  |                 |                 |
| <b>BODILY INJURY TO OTHERS</b>                      | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| LIMIT PER PERSON/OCCURRENCE                         | 20,000/40,000     | 20,000/40,000    | 20,000/40,000   | 20,000/40,000   |
| <b>PERSONAL INJURY PROTECTION</b>                   | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON                                    | 8,000             | 8,000            | 8,000           | 8,000           |
| <b>BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>    | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON/OCCURRENCE                         | 100,000/300,000   | 100,000/300,000  | 100,000/300,000 | 100,000/300,000 |
| <b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>            | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| PER OCCURRENCE                                      | 100,000           | 100,000          | 100,000         | 100,000         |
| <b>OPTIONAL INSURANCE</b>                           |                   |                  |                 |                 |
| <b>OPTIONAL BODILY INJURY TO OTHERS</b>             | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| LIMIT PER PERSON/OCCURRENCE                         | 250,000/500,000   | 250,000/500,000  | 250,000/500,000 | 250,000/500,000 |
| <b>MEDICAL PAYMENTS</b>                             | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON                                    | 5,000             | 5,000            | 5,000           | 5,000           |
| <b>COLLISION</b>                                    | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCTIBLE PER OCCURRENCE                           | 1,000             | 1,000            | 1,000           | 1,000           |
| <b>LIMITED COLLISION</b>                            | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCTIBLE PER OCCURRENCE                           | 1,000             | 1,000            | 1,000           | 1,000           |
| <b>COMPREHENSIVE</b>                                | \$XXX.XX          | \$XXX.XX         | \$XXX.XX        | \$XXX.XX        |
| DEDUCIBLE PER OCCURRENCE                            | 500               | 500              | 500             | 500             |
| <b>SUBSTITUTE TRANSPORTATION</b>                    | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER DAY/AGGREGATE                             | 25/750            | 25/750           | 25/750          | 25/750          |
| <b>TOWING AND LABOR</b>                             | \$X.XX            | \$X.XX           | \$X.XX          | \$X.XX          |
| LIMIT   | 50                | 50               | 50              | 50              |
| <b>BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b> | \$XX.XX           | \$XX.XX          | \$XX.XX         | \$XX.XX         |
| LIMIT PER PERSON/OCCURRENCE                         | 100,000/300,000   | 100,000/300,000  | 100,000/300,000 | 100,000/300,000 |
| <b>TOTAL</b>  | <b>\$XXX.XX</b>   | <b>\$XXX.XX</b>  | <b>\$XXX.XX</b> | <b>\$XXX.XX</b> |

|                | VEHICLES  | ENDORSEMENTS | TAX/FEE  | TOTAL PREMIUM | AUTHORIZED REPRESENTATIVE |
|----------------|-----------|--------------|----------|---------------|---------------------------|
| TOTAL PREMIUMS | \$XXXX.XX | \$XXX.XX     | \$XXX.XX | \$XXXX.XX     |                           |

DATE PRINTED XX/XX/XXXX  
XXX-XX-XX

THIS IS NOT A BILL.  
SEE BILLING NOTICE FOR AMOUNT DUE.

SEE COVERAGE SELECTION PAGES SECTIONS II & III FOR ADDITIONAL INFORMATION.