

This Endorsement Changes Your Policy. Please Read It Carefully.



Liberty Mutual Deductible Fund™

The terms of the policy apply unless modified by this endorsement.

The reduced "Collision" deductible afforded by this endorsement applies to each of "your covered autos" only if the Coverage Selections Page indicates that Liberty Mutual Deductible Fund™ and Part 7 "collision" coverage applies to that auto.

A. Definitions

For the purpose of this endorsement the following definitions are added:

1. "Net Collision Deductible" means the reduced "Collision" deductible that is calculated as:

The original "Collision" deductible as shown on the Coverage Selections Page less any Liberty Mutual Deductible Fund™ Dollars. The "Net Collision Deductible" cannot be less than \$0.

2. "Liberty Mutual Deductible Fund™ Experience Period" shall be:

Claims resulting in payments made in the 12 months ending 4 months prior to the policy effective date.

B. Liberty Mutual Deductible Fund™

The Liberty Mutual Deductible Fund™ reduces the "Collision" deductible shown on the Coverage Selections Page for "your covered autos," as follows:

1. Earning Liberty Mutual Deductible Fund™ Dollars:
 - (a) For the first policy period during which the Liberty Mutual Deductible Fund™ is included with your policy, 100 of these Dollars will be available for use as described below.
 - (b) These Dollars will reduce your "Collision" deductible.
 - (c) The Dollars available for use will increase by 100 for each consecutive policy period that the Liberty Mutual Deductible Fund™ is included with your policy.
 - (d) The Dollars available for use will decrease in the event of one or more covered "collision" claims, as set forth in Section B. 2. (b), below.
 - (e) At each such renewal, a "Net Collision Deductible" will be calculated based on the amount of these Dollars shown in the Coverage Selections Page.
 - (f) This "Net Collision Deductible" will apply for the entire policy period, as long as this endorsement continues to be part of your policy.
 - (g) Total Dollars available for use are shown on the Coverage Selections Page.

2. Application of Liberty Mutual Deductible Fund™ Dollars:

- (a) In the event of a covered “Collision” claim, the “Net Collision Deductible” as shown on the Coverage Selections Page will apply.
- (b) At policy renewal, each vehicle’s “Net Collision Deductible” will be re-stated as follows:
 - i. Liberty Mutual Deductible Fund™ Dollars for each vehicle will first be decreased by the total amount withdrawn from the policy’s fund during the previous term, never less than zero.
 - ii. Then, the Liberty Mutual Deductible Fund™ will increase by \$100.
 - iii. Using this updated Liberty Mutual Deductible Fund™ amount, each vehicle’s “Net Collision Deductible” will be restated.

C. Expiration of Liberty Mutual Deductible Fund™ Dollars

- 1. These Dollars expire instantly upon cancellation of this endorsement or your policy.
- 2. These Dollars expire instantly upon nonrenewal of your policy.
- 3. These Dollars expire instantly upon removal of “Collision” coverage from your policy.
- 4. These Dollars cannot be saved or otherwise maintained for future application in the event you repurchase this Liberty Mutual Deductible Fund™ endorsement at any time.
- 5. These Dollars cannot be applied to any other policy issued by us.
- 6. These Dollars cannot be used for any purpose other than reducing your “Collision” deductible.
- 7. These Dollars have no cash value.
 - (a) Nothing of value will be exchanged or provided for these Dollars if your policy is cancelled.
 - (b) Nothing of value will be exchanged or provided for these Dollars if your policy is nonrenewed.
 - (c) Nothing of value will be exchanged or provided for these Dollars if “Collision” coverage is removed from your policy.

D. Conditions

- 1. Liberty Mutual Deductible Fund™ Dollars available for use are those earned by the date of the accident as shown on the Coverage Selections Page.
- 2. This endorsement shall be effective only if “Collision” coverage applies to at least one of “your covered autos.”



Coverage Selections Page

A summary of your auto insurance coverage

This page and any attached endorsements form a part of your policy, which is issued by [Company Name]

Welcome. Thank you for insuring with us.
Your policy is effective as of mm/dd/yyyy.



INSURANCE INFORMATION

Named Insured:

Policy Number:

Policy Period:

Mailing Address:

Affinity Affiliation:

Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	VEHICLE ID NUMBER
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Coverage Information

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

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3

Compulsory Insurance

1. Bodily Injury To Others	\$ \$	Each Person Each Accident	\$	\$	\$
2. Personal Injury Protection	\$	Each Person	\$	\$	\$
Deductible applies for yourself and household members. Veh 1: \$ Veh 2: \$					
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limit \$ /\$)	\$ \$	Each Person Each Accident	\$	\$	\$
4. Damage to Someone Else's Property (Compulsory Limit \$)	\$	Each Accident	\$	\$	\$

Optional Insurance

5. Optional Bodily Injury To Others	\$ \$	Each Person Each Accident	\$		\$
6. Medical Payments	\$	Each Person	\$		



ACTION REQUIRED:

Please **review and keep** for your records.



QUESTIONS ABOUT YOUR POLICY?

By Phone
1-XXX-XXX-XXXX

Liberty Mutual Office

Sales Representative

Visit us online
LibertyMutual.com



MANAGE YOUR ACCOUNT ONLINE

Sign up for eService
LibertyMutual.com/eService

To report a claim

By phone
1-800-2CLAIMS
(1-800-225-2467)

Online
LibertyMutual.com/Claims

THIS IS NOT YOUR AUTO INSURANCE BILL. YOU WILL BE BILLED SEPARATELY.

Coverage Selections Page

Coverage Information *(continued)*

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3
7. Collision		\$	\$	
Actual Cash Value Less Deductible				
Veh 1: \$1000/Waiver* Veh 2: \$1000/No Waiver				
*Waiver Of Deductible endorsement provisions apply				
Liberty Mutual Deductible Fund™ Balance: \$100				
Net Collision Deductible				
Veh 1: \$900 Veh 2: \$900				
8. Limited Collision				
9. Comprehensive		\$	\$	
Actual Cash Value Less Deductible				
Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass				
10. Substitute Transportation	Up to \$ Each Day	\$		
	\$ Maximum			
11. Towing And Labor	Up to \$ For Each	\$		
	Disablement			
12. Bodily Injury	\$ Each Person	\$		
Caused By An	\$ Each Accident			
Underinsured Auto				



Policy Number:

Policy effective:

Additional Optional Coverage

Excess Electronic
Customizing Equipment
Camper Bodies
Better Car Replacement
Auto Loan/Lease Coverage

\$
\$
\$
\$
\$

Annual Premium Per Vehicle: \$ \$ \$

Policy Information

BENEFIT/COVERAGE SELECTED	POLICY PREMIUM
Liberty Mutual Deductible Fund™	\$

Total Annual Policy Premium:

\$

Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.

Total Annual Policy Premium Includes

Extended Non-Owner Coverage

\$

Incident Charge

\$

Discounts and Benefits

Your Discounts and Benefits have been applied to your Total Annual Policy Premium.

VEHICLE DISCOUNTS

VEH 1 VEH 2 VEH 3

POLICY DISCOUNTS

Discounts and Benefits *(continued)*

POLICY BENEFITS

Accident Forgiveness: Congratulations! Your Policy has earned Accident Forgiveness! If an experienced driver on your policy has an accident, we won't raise your price due to the first accident.

OR

Accident Forgiveness: If you remain accident free and violation free, your policy may be eligible to earn Forgiveness in X Year(s).

Because you have added Liberty Mutual Deductible Fund™ to your policy, you will receive 100 Deductible Fund dollars for every consecutive year the endorsement remains on your policy, with no maximum limit. These Deductible Fund dollars will reduce your collision deductible so that you pay less out of pocket in the event of an accident.



Policy Number:
Policy effective:

Additional Information for Vehicles Covered by Your Policy

SECURED LENDOR/LESSEE—

ADDITIONAL INSURED, IF RENTED AUTO

MONTH/YEAR EXPIRES

VEH 1:

VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

Driver Information

1. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

2. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

3. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

To ensure proper coverage and avoid possible actions such as cancellation or rescission of your policy, please check carefully that all drivers of your vehicle(s) are shown above. All household members and individuals who customarily operate your vehicle(s) must be listed on your policy.

Incidents

Driver #	Incident Date	Description
	Date	Type

Total Surcharge: \$

Endorsements — Changes to Your Policy

Special State Provisions

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 have required the payment of additional premium on your policy based on accurate information.



Policy Number:
Policy effective:

This policy, including endorsements listed above,
is countersigned by:

Authorized Representative

President

Secretary

LM General Insurance Company
Automobile Rating Manual

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1.00	6/17/2013
1.01	9/23/2013
1.02	4/1/2014
1.03	1/15/2015
1.04	2/25/2015
1.05	5/18/2015

OC11. Liberty Mutual Deductible Fund

This optional coverage may be written only when Part 7 Collision Coverage is afforded on at least one vehicle on a policy. The Liberty Mutual Deductible Fund reduces the Part 7 Collision deductible as described in the endorsement. For customers purchasing the Part 7 Collision Waiver of Deductible, The Liberty Mutual Deductible Fund reduces the Part 7 Collision deductible only in the case of at fault accidents. To obtain the additional premium amount for this coverage, see the Liberty Mutual Deductible Fund page of the Automobile Rating Pages (Section R).

Premium Determination – Total Annual Policy Premium

Vehicle Premium (use once for each vehicle)	
Vehicle Premium (Compulsory BI)	
Vehicle Premium (PIP)	+
Vehicle Premium (Uninsured)	+
Vehicle Premium (Property Damage)	+
Vehicle Premium (Optional BI)	+
Vehicle Premium (Med Pay)	+
Vehicle Premium (Collision)	+
Vehicle Premium (Limited Collision)	+
Vehicle Premium (Comprehensive)	+
Vehicle Premium (Substitute Transportation)	+
Vehicle Premium (Towing & Labor)	+
Vehicle Premium (Underinsured)	+
Additional Coverage Premium (if applicable)	+
Total Vehicle Premium	=

Vehicle Number	Total Vehicle Premium
1	
2	+
3	+
4	+
5	+
6	+
LM Deductible Fund	+
Total Annual Policy Premium	=

Massachusetts
Automobile Rating Manual
Miscellaneous Coverages

Liberty Mutual Deductible Fund Indicator	Vehicles	Premium
Yes	1	\$33
Yes	2	\$51
Yes	3	\$69
Yes	4+	\$87
No	1+	\$0



Coverage Selections Page

A summary of your auto insurance coverage

This page and any attached endorsements form a part of your policy, which is issued by [Company Name]

Welcome. Thank you for insuring with us.
Your policy is effective as of mm/dd/yyyy.



INSURANCE INFORMATION

Named Insured:

Policy Number:

Policy Period:

Mailing Address:

Affinity Affiliation:

Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	VEHICLE ID NUMBER
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Coverage Information

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

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3

Compulsory Insurance

1. Bodily Injury To Others	\$ \$	Each Person Each Accident	\$	\$	\$
2. Personal Injury Protection	\$	Each Person	\$	\$	\$
Deductible applies for yourself and household members. Veh 1: \$ Veh 2: \$					
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limit \$ /\$)	\$ \$	Each Person Each Accident	\$	\$	\$
4. Damage to Someone Else's Property (Compulsory Limit \$)	\$	Each Accident	\$	\$	\$

Optional Insurance

5. Optional Bodily Injury To Others	\$ \$	Each Person Each Accident	\$		\$
6. Medical Payments	\$	Each Person	\$		



ACTION REQUIRED:

Please **review and keep** for your records.



QUESTIONS ABOUT YOUR POLICY?

By Phone
1-XXX-XXX-XXXX

Liberty Mutual Office

Sales Representative

Visit us online
LibertyMutual.com



MANAGE YOUR ACCOUNT ONLINE

Sign up for eService
LibertyMutual.com/eService

To report a claim

By phone
1-800-2CLAIMS
(1-800-225-2467)

Online
LibertyMutual.com/Claims

THIS IS NOT YOUR AUTO INSURANCE BILL. YOU WILL BE BILLED SEPARATELY.

Coverage Selections Page

Coverage Information *(continued)*

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3
7. Collision		\$	\$	
Actual Cash Value Less Deductible				
Veh 1: \$1000/Waiver* Veh 2: \$1000/No Waiver				
*Waiver Of Deductible endorsement provisions apply				
Liberty Mutual Deductible Fund™ Balance: \$100				
Net Collision Deductible				
Veh 1: \$900 Veh 2: \$900				
8. Limited Collision				
9. Comprehensive		\$	\$	
Actual Cash Value Less Deductible				
Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass				
10. Substitute Transportation	Up to \$ Each Day	\$		
	\$ Maximum			
11. Towing And Labor	Up to \$ For Each	\$		
	Disablement			
12. Bodily Injury	\$ Each Person	\$		
Caused By An	\$ Each Accident			
Underinsured Auto				
Additional Optional Coverage				
Excess Electronic Customizing Equipment		\$		
Camper Bodies		\$		
Better Car Replacement		\$		
Auto Loan/Lease Coverage		\$		
Annual Premium Per Vehicle:		\$	\$	\$



Policy Number:

Policy effective:

Policy Information

BENEFIT/COVERAGE SELECTED	POLICY PREMIUM
Liberty Mutual Deductible Fund™	\$

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	
Total Annual Policy Premium Includes	
Extended Non-Owner Coverage	\$
Incident Charge	\$

Discounts and Benefits

Your Discounts and Benefits have been applied to your Total Annual Policy Premium.

VEHICLE DISCOUNTS

VEH 1	VEH 2	VEH 3
-------	-------	-------

POLICY DISCOUNTS

Discounts and Benefits *(continued)*

POLICY BENEFITS

Accident Forgiveness: Congratulations! Your Policy has earned Accident Forgiveness! If an experienced driver on your policy has an accident, we won't raise your price due to the first accident.

OR

Accident Forgiveness: If you remain accident free and violation free, your policy may be eligible to earn Forgiveness in X Year(s).

Because you have added Liberty Mutual Deductible Fund™ to your policy, you will receive 100 Deductible Fund dollars for every consecutive year the endorsement remains on your policy, with no maximum limit. These Deductible Fund dollars will reduce your collision deductible so that you pay less out of pocket in the event of an accident.



Policy Number:
Policy effective:

Additional Information for Vehicles Covered by Your Policy

SECURED LENDOR/LESSEE—

ADDITIONAL INSURED, IF RENTED AUTO

MONTH/YEAR EXPIRES

VEH 1:

VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

Driver Information

1. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

2. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

3. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

To ensure proper coverage and avoid possible actions such as cancellation or rescission of your policy, please check carefully that all drivers of your vehicle(s) are shown above. All household members and individuals who customarily operate your vehicle(s) must be listed on your policy.

Incidents

Driver #	Incident Date	Description
	Date	Type

Total Surcharge: \$

Endorsements — Changes to Your Policy

Special State Provisions

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 have required the payment of additional premium on your policy based on accurate information.



Policy Number:
Policy effective:

This policy, including endorsements listed above,
is countersigned by:

Authorized Representative

President

Secretary

LM General Insurance Company
Automobile Rating Manual

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SECTION A – INDEX PAGE

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1.05	5/18/2015

Premium Determination – Total Annual Policy Premium

Vehicle Premium (use once for each vehicle)	
Vehicle Premium (Compulsory BI)	
Vehicle Premium (PIP)	+
Vehicle Premium (Uninsured)	+
Vehicle Premium (Property Damage)	+
Vehicle Premium (Optional BI)	+
Vehicle Premium (Med Pay)	+
Vehicle Premium (Collision)	+
Vehicle Premium (Limited Collision)	+
Vehicle Premium (Comprehensive)	+
Vehicle Premium (Substitute Transportation)	+
Vehicle Premium (Towing & Labor)	+
Vehicle Premium (Underinsured)	+
Additional Coverage Premium (if applicable)	+
Total Vehicle Premium	=

Vehicle Number	Total Vehicle Premium
1	
2	+
3	+
4	+
5	+
6	+
LM Deductible Fund	+
Total Annual Policy Premium	=