

**Questions about your Policy?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

**ACTION REQUIRED:**

PLEASE REVIEW AND KEEP FOR YOUR RECORDS

Coverage Selections Page

Total Annual Premium: \$

LibertyGuard® [Line of Business] Policy Declarations provided and underwritten by [Company Name] [a stock/mutual/reciprocal insurance company], Boston, MA.

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

Insurance InformationNamed Insured: First Last Name
First Last Name

Policy Number: xxx-xxxx-xx x

Mailing Address: Street Name
City, State Zip CodePolicy Period: mm/dd/yyyy-mm/dd/yyyy 12:01a.m.
standard time at the address of
the Named Insured

Declarations Effective: mm/dd/yyyy

Vehicles Covered by Your Auto Policy

| YEAR | MAKE | MODEL | VEHICLE ID NUMBER |
|------|------|-------|-------------------|
|------|------|-------|-------------------|

Driver Information

| | NAME | STATE | DATE FIRST LICENSED | |
|---|-----------------|-------|---------------------|------------|
| | | | Auto | Motorcycle |
| 1 | First Last Name | | | |
| 2 | First Last Name | | | |

To ensure proper cover 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: \$

**Want to Add a Coverage?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx to talk to your agent about the availability of this coverage and whether it meets your needs.

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

DISCOUNTS AND BENEFITS SECTION

Your discounts and benefits have been applied to your total policy premium.

Vehicle Discounts

| VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Year Make Model | Year Make Model | Year Make Model | Year Make Model | Year Make Model | Year Make Model |

Policy Discounts**Policy Benefits****Coverage Information**

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

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | | |
|--|----------|------------------------------|--------------------------|--------------------------|--------------------------|----|
| | | VEH 1 Year Make Model | VEH 2 Year Make Model | VEH 3 Year Make Model | VEH 4 Year Make Model | |
| 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 | \$ \$ | Each Person Each Accident | \$ | \$ | \$ | \$ |
| (Compulsory Limit \$ /\$) | | | | | | |

**Want to Add a Coverage?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx to talk to your agent about the availability of this coverage and whether it meets your needs.

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

Coverage Information continued

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | |
|--|------------------------------------|---------------------|-------|-------|-------|
| | | VEH 1 | VEH 2 | VEH 3 | VEH 4 |
| 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 | \$ | | | |
| 7. Collision Actual Cash Value Less Deductible Veh 1: \$ /Waiver* Veh 2: \$ /No Waiver *Waiver Of Deductible endorsement provisions apply Liberty Mutual Deductible Fund™ Balance: \$ Net Collision Deductible Veh 1: \$ Veh 2: \$ | | \$ | \$ | | |
| 8. Limited Collision | | | | | |
| 9. Comprehensive Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass | | \$ | \$ | | |
| 10. Substitute Transportation Up to \$ \$ Maximum | Each Day | \$ | | | |
| 11. Towing and Labor | Up to \$ For Each Disablement | \$ | | | |
| 12. Bodily Injury Caused By An Underinsured Auto | \$ Each Person \$ Each Accident | \$ | | | |
| Additional Optional Coverage | | | | | |
| Excess Electronic | | \$ | | | |
| Customizing Equipment | | \$ | | | |
| Camper Bodies | | \$ | | | |
| Better Car Replacement | | \$ | | | |
| Auto Loan/Lease Coverage | | \$ | | | |
| Annual Premium Per Vehicle: | | \$ | \$ | \$ | \$ |



Questions about your Policy?
Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:
xxx-xxx-xxxxxx xx

Report a Claim:
x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

Policy Information

| BENEFIT/COVERAGE SELECTED | POLICY PREMIUM |
|---------------------------|----------------|
|---------------------------|----------------|

Total Annual Policy Premium: \$

Total Annual Premium Includes
Extended Non-Owner Coverage: \$
Incident Charge: \$

Additional Coverages and Products Available

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:

Policy Forms and Endorsements: The following forms and endorsements are applicable to your policy.



Questions about your Policy?

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

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 or 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 operations 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.

[Signature]

President

[Signature]

Secretary

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

[Signature]

Authorized Representative

Policy Declarations Redesign Side by Side

Auto 4986 05 15 (Current) vs. Auto 4986 11 16 (Proposed)

| Policy Declarations Title | |
|--|--|
| Current (pg. 1) | |
| <h2>Coverage Selections Page</h2> <p>A summary of your auto insurance coverage This page and any attached endorsements form a part of your policy, which is issued by Liberty Mutual Insurance Company, Boston, Massachusetts. Welcome. Thank you for insuring with us. Your policy is effective as of mm/dd/yyyy.</p> | |
| Proposed (pg. 1) | |
| <h2>Coverage Selections Page</h2> <p><u>Total Annual Premium: \$1</u> LibertyGuard® [Line of Business] Policy Declarations provided and underwritten by [Company Name] [a stock/mutual/reciprocal insurance company], Boston, MA. Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.</p> | |
| Summary of Changes: Total Annual Premium is added to this section. We've additionally modified the language to include variable line of business, underwriting company and whether the company is a stock, mutual or reciprocal company. We've also included a statement that all discounts, benefits, and any applicable taxes have been applied (previously included under the Coverage Selections and Total Annual Policy Premium). | |

| Insurance Information (Current vs. Proposed) | |
|--|--|
| Current (pg. 1) | |
| INSURANCE INFORMATION Named Insured: Policy Number: Policy Period: Mailing Address: Affinity Affiliation: | |
| Proposed (pg. 1) | |
| Insurance Information | |
| Named Insured: First Last Name First Last Name | Policy Number: xxx-xxxx-xx x Policy Period: mm/dd/yyyy-mm/dd/yyyy 12:01a.m. standard time at the address of the Named Insured |
| Mailing Address: Street Name City, State Zip Code | Declarations Effective: mm/dd/yyyy Affinity Affiliation: |
| Summary of Changes: Declarations Effective Date is now included under Insurance Information. This will show a different date than the policy period for any endorsement/inquiry/mid-term transactions. | |

Vehicles Covered By Your Policy (Current vs. Proposed)

Current (pg. 1)

Vehicles Covered by Your Policy

| VEH | YEAR | MAKE | MODEL | VEHICLE ID NUMBER |
|----------------|------|------|-------|-------------------|
|----------------|------|------|-------|-------------------|

Proposed (pg. 1)

Vehicles Covered by Your Auto Policy

| YEAR | MAKE | MODEL | VEHICLE ID NUMBER |
|------|------|-------|-------------------|
|------|------|-------|-------------------|

Summary of Changes: No major changes, vehicles will still be listed under table and will display same information.

Coverage Information (Current vs. Proposed)

Current (pg. 1)

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.~~

Proposed (pg. 2)

Coverage Information

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

Summary of Changes: The Total Premium display is now at the very top of the Declarations page, as well as after the total vehicle premium display.

Coverages (Current vs. Proposed)

Current (pg. 1)

| 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 | \$ | \$ | \$ |

Proposed (pg. 2)

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | | |
|--|----------|---|---|---|---|----|
| | | VEH 1 <u>Year</u> <u>Make</u> <u>Model</u> | VEH 2 <u>Year</u> <u>Make</u> <u>Model</u> | VEH 3 <u>Year</u> <u>Make</u> <u>Model</u> | VEH 4 <u>Year</u> <u>Make</u> <u>Model</u> | |
| 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 | \$ | \$ | \$ | \$ |

Summary of Changes: Added year, make and model under each Vehicle.

Coverages (Current vs. Proposed)

Current (pg. 2)

Coverage Information *(continued)*

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | |
|---|------------------------------------|---------------------|-------|-------|
| | | VEH 1 | VEH 2 | VEH 3 |
| Optional Coverage | | | | |
| 5. Optional Bodily Injury to Others | \$ Each Person \$ Each Accident | \$ | | \$ |
| 6. Medical Payments | \$ Each Person | \$ | | |
| 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 | | | | |

Proposed (pg. 3)

Coverage Information continued

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | |
|---|------------------------------------|---------------------|-------|-------|-------|
| | | VEH 1 | VEH 2 | VEH 3 | VEH 4 |
| Optional Insurance | | | | | |
| 5. Optional Bodily Injury To Others | \$ Each Person \$ Each Accident | \$ | \$ | | \$ |
| 6. Medical Payments | \$ Each Person | \$ | | | |
| 7. Collision | | \$ | \$ | | |
| Actual Cash Value Less Deductible Veh 1: \$ /Waiver* Veh 2: \$ /No Waiver *Waiver Of Deductible endorsement provisions apply | | | | | |
| 8. Limited Collision | | | | | |
| 9. Comprehensive | | \$ | \$ | | |
| Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass | | | | | |

Summary of Changes: No changes. Deductible Fund information will continue to display as previously filed, if applicable.

Coverages (Current vs. Proposed)

Current (pg. 2)

| | | | |
|-------------------------------|----------|---------------|----|
| 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 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 | \$ |

Proposed (pg. 3)

| | | | |
|-------------------------------|----------|---------------|----|
| 10. Substitute Transportation | Up to \$ | Each Day | \$ |
| | \$ | Maximum | |
| 11. Towing and Labor | Up to \$ | For Each | \$ |
| | | Disablement | |
| 12. Bodily Injury Caused By | \$ | Each Person | \$ |
| An Underinsured Auto | \$ | Each Accident | |

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 |
|---------------------------|----------------|
|---------------------------|----------------|

Total Annual Policy Premium: \$

Total Annual Premium Includes
Extended Non-Owner Coverage: \$
Incident Charge: \$

Summary of Changes: The sentence regarding discounts and benefits is now located at the top of the Declarations page. Minor formatting changes.

Discounts and Benefits (Current vs. Proposed)

Current (pg. 2)

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 SAVINGS

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.

Proposed (pg. 2)

DISCOUNTS AND BENEFITS SECTION

Your discounts and benefits have been applied to your total policy premium.

Vehicle Discounts

| VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|-------|-------|-------|-------|-------|-------|
| Year | Year | Year | Year | Year | Year |
| Make | Make | Make | Make | Make | Make |
| Model | Model | Model | Model | Model | Model |

Policy Discounts

Policy Benefits

Summary of Changes: Added year, make and model under each Vehicle. Now that the side-bar information is moved to the header of the Dec, we can display more than 4 vehicles (as shown above, with 6 vehicles displaying under Discounts). Deductible Fund will continue to display as filed, if applicable.

Additional Coverages and Products Available (Current vs. Proposed)

Current (N/A)

N/A

Proposed (pg. 4)

Additional Coverages and Products Available:

Summary of Changes: This section is new and will display coverages and products available for purchase, as well as valuable benefits included in the policy at no additional cost.

Driver Information (Current vs. Proposed)

Current (pg. 3)

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: \$

Proposed (pg. 1)

Driver Information

| | | | |
|---|-----------------|-------|-------------------------------|
| | NAME | STATE | DATE FIRST LICENSED |
| | | | Auto Motorcycle |
| 1 | First Last Name | | |
| 2 | First Last Name | | |

To ensure proper cover 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: \$

Summary of Changes: Removed License Number and Date of Birth from driver information to better protect policyholder information. Minor formatting changes, but same information will display.

Additional Information for Vehicles Covered by Your Policy (Current vs. Proposed)

Current (pg. 3)

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:

Proposed (pg. 4)

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:

Summary of Changes: No changes.

Endorsements (Current vs. Proposed)

Current (pg. 3)

ENDORSEMENTS – ~~CHANGES TO YOUR POLICY~~

Proposed (pg. 4)

[Policy Forms and Endorsements: The following forms and endorsements are applicable to your policy.](#)

Summary of Changes: Changed wording of Endorsements Section title to better clarify the purpose of the forms that display underneath.

Special State Provisions (Current vs. Proposed)

Current (pg. 4)

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 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 driving record rating plan.

Proposed (pg. 5)

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 or 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 operations 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.

Summary of Changes: No changes.

Underwriting Company and Signatures (Current vs. Proposed)

Current (pg. 4)

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

Authorized Representative

President

Secretary

Proposed (pg. 5)

Signature

President

Signature

Secretary

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

Signature

Authorized Representative

Summary of Changes: Signatures are in different positions. No other changes.

**Questions about your Policy?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

**ACTION REQUIRED:**

PLEASE REVIEW AND KEEP FOR YOUR RECORDS

Coverage Selections Page

Total Annual Premium: \$

LibertyGuard® [Line of Business] Policy Declarations provided and underwritten by [Company Name] [a stock/mutual/reciprocal insurance company], Boston, MA.

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

Insurance Information

| | |
|--|--|
| Named Insured: First Last Name First Last Name | Policy Number: xxx-xxxx-xx x |
| Mailing Address: Street Name City, State Zip Code | Policy Period: mm/dd/yyyy-mm/dd/yyyy 12:01a.m. standard time at the address of the Named Insured |
| | Declarations Effective: mm/dd/yyyy |

Vehicles Covered by Your Auto Policy

| YEAR | MAKE | MODEL | VEHICLE ID NUMBER |
|------|------|-------|-------------------|
|------|------|-------|-------------------|

Driver Information

| | NAME | STATE | DATE FIRST LICENSED | |
|---|-----------------|-------|---------------------|------------|
| | | | Auto | Motorcycle |
| 1 | First Last Name | | | |
| 2 | First Last Name | | | |

To ensure proper cover 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: \$ | | |

**Want to Add a Coverage?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx to talk to your agent about the availability of this coverage and whether it meets your needs.

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

DISCOUNTS AND BENEFITS SECTION

Your discounts and benefits have been applied to your total policy premium.

Vehicle Discounts

| VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Year Make Model | Year Make Model | Year Make Model | Year Make Model | Year Make Model | Year Make Model |

Policy Discounts**Policy Benefits****Coverage Information**

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

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | | |
|--|----------|------------------------------|--------------------------|--------------------------|--------------------------|----|
| | | VEH 1 Year Make Model | VEH 2 Year Make Model | VEH 3 Year Make Model | VEH 4 Year Make Model | |
| 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 | \$ \$ | Each Person Each Accident | \$ | \$ | \$ | \$ |
| (Compulsory Limit \$ /\$) | | | | | | |

**Want to Add a Coverage?**

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx to talk to your agent about the availability of this coverage and whether it meets your needs.

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

Coverage Information continued

| COVERAGES (PARTS 1-12) | LIMITS | PREMIUM PER VEHICLE | | | |
|--|------------------------------------|---------------------|-------|-------|-------|
| | | VEH 1 | VEH 2 | VEH 3 | VEH 4 |
| 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 | \$ | | | |
| 7. Collision Actual Cash Value Less Deductible Veh 1: \$ /Waiver* Veh 2: \$ /No Waiver *Waiver Of Deductible endorsement provisions apply Liberty Mutual Deductible Fund™ Balance: \$ Net Collision Deductible Veh 1: \$ Veh 2: \$ | | \$ | \$ | | |
| 8. Limited Collision | | | | | |
| 9. Comprehensive Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass | | \$ | \$ | | |
| 10. Substitute Transportation Up to \$ \$ Maximum | Each Day | \$ | | | |
| 11. Towing and Labor | Up to \$ For Each Disablement | \$ | | | |
| 12. Bodily Injury Caused By An Underinsured Auto | \$ Each Person \$ Each Accident | \$ | | | |
| Additional Optional Coverage | | | | | |
| Excess Electronic | | \$ | | | |
| Customizing Equipment | | \$ | | | |
| Camper Bodies | | \$ | | | |
| Better Car Replacement | | \$ | | | |
| Auto Loan/Lease Coverage | | \$ | | | |
| Annual Premium Per Vehicle: | | \$ | \$ | \$ | \$ |



Questions about your Policy?
Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:
xxx-xxx-xxxxxx xx

Report a Claim:
x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

Policy Information

| BENEFIT/COVERAGE SELECTED | POLICY PREMIUM |
|---------------------------|----------------|
|---------------------------|----------------|

Total Annual Policy Premium: \$

Total Annual Premium Includes
Extended Non-Owner Coverage: \$
Incident Charge: \$

Additional Coverages and Products Available

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:

Policy Forms and Endorsements: The following forms and endorsements are applicable to your policy.



Questions about your Policy?

Call x-xxx-xxx-xxxx or x-xxx-xxx-xxxx

Policy Number:

xxx-xxx-xxxxxx xx

Report a Claim:

x-xxx-xxxxxxx or
LibertyMutual.com/Claims

[Insert Logo Here]

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 or 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 operations 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.

Signature

President

Signature

Secretary

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

Signature

Authorized Representative