

This policy is Issued By:

# COVERAGE SELECTIONS PAGE

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

State Farm Mutual Automobile Insurance Company  
PO Box 8000 / Ballston Spa NY 12020

Massachusetts Personal Automobile  
Policy Number

MUTL VOL

Producer POLICY SERVICE OFFICE  
1-800-526-8210  
####

ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from:

To:

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

ITEM 3. Description of your Auto:

AUTO	AUTO
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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		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE	\$	\$ 20,000 per person \$ 40,000 per accident	NONE	\$
2. Personal Injury Protection	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ per accident	NONE	\$	\$ per accident	NONE	\$
<b>OPTIONAL INSURANCE</b>						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ 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 \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing And Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

<b>MERIT RATING PLAN</b>	ADJUSTMENT	-	\$	ADJUSTMENT	-	\$
		+	\$		+	\$
	<b>PREMIUM</b>		\$	<b>PREMIUM</b>		\$

DISCOUNTS -		<b>TOTAL PREMIUM</b>	\$
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Identification Numbers of Endorsements Forming a Part of This Policy	
	TERR CLASS IRG
ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Aut o
AUTO SAME	
AUTO	

**Driver Information:**

Oper. No.	Operator Name	Date of Birth	License Number	License State

#####  
#####  
**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.

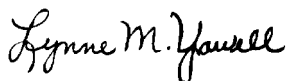
### PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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.

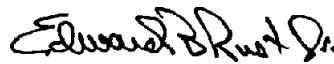
## MERIT RATING PLAN

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.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



SECRETARY



PRESIDENT

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

## **MEDICAL PAYMENTS ENDORSEMENT – M-109-S**

This endorsement includes changes that affect your auto insurance. Please read the endorsement carefully to see how it affects your policy.

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### **Optional Insurance, 6. Medical Payments**

Under Part 6, Medical Payments, the following sentence is added at the end of the third paragraph, which appears on Page 15 after the numbered items:

No payments will be made under this Part that duplicate payments made for the same bodily injuries under Part 1, Part 2, Part 3, Part 5, or Part 12 of this Policy. In addition, no payments will be made under this Part that duplicate payments made for the same bodily injuries under any other automobile insurance policy or under a health insurance policy covering the injured person.

### **General Provisions and Exclusions, 5. Our Right To Be Repaid**

The final paragraph of General Provision 5, Our Right To Be Repaid, which appears on Page 26, is deleted.