

ORIGINAL POLICY DECLARATIONS

PERSONAL AUTO

PERMANENT GENERAL ASSURANCE CORPORATION PO BOX 305054 NASHVILLE, TN 37230-5054

We appreciate your business and look forward to continuing to service your auto insurance needs.

Please visit our website at www.thegeneral.com/mypolicy.



N I LAURA M WILDER
A N 169 VALLEY PARK DR
NORWICH MI 11223

U R Date: 02/15/2022 Policy: MI 45332234

D

Policy Period: 02/13/2022 12:01AM* to 08/13/2022 12:01AM

THE GENERAL AUTO INS SVCS, INC P. O. BOX 475633

Endorsement Effective: 02/13/2022 24-Hour Claims: 1-800-280-1466 Customer Service: 1-800-280-1466

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NASHVILLE MI 11223

Agent: THE GENERAL AUTO INS SVCS, INC

Pinnacle Program

Policy Information

Foncy information									
	Drivers/Household Members	DOB	Gender / Marital	Points	FR Filing	Status			
1.	LAURA M WILDER	08/25/1984	F D	000	N	Active			
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
	Vehicles		VIN	Sym	Drvr	Prem			
1.	2011 CHEV CRUZE LT/CRUZE	\longrightarrow	$\times\!\!\times\!\!\times\!\!\times$	$\times\!\!\times\!\!\times$	001	\$ 623.00			
2.									
3.									
4.									
5.									
6.									
7.									
8.		<u> </u>							
9.									
10.									

Total Full Term Premium	\$	623.00	Discounts / Surcharges
Motor Veh Law Enfmt	\$	5.00	
Total Premium Due	\$	628.00	
This is not a bill. You will receive a separate inv	oice in th	e near future.	See the Discount/Surcharge Detail Page for an itemized list.

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FRONT

^{**}The maximum amount payable under Supplementary Uninsured/Underinsured Motorists (SUM) coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

^{*}This policy is effective at 12:01 AM local time on the date shown or the time the policy was purchased, whichever is later. DECFNY01



ORIGINAL POLICY DECLARATIONS COVERAGES AND PREMIUMS

COVERAGESVEHICLE 1VEHICLE 2VEHICLE 3VEHICLE 4PREMIUMPREMIUMPREMIUMPREMIUMPREMIUM

Bodily Injury Liability

Per Person/Accident 25,000/50,000 \$166.00

Property Damage Liability

Per Accident 10,000 \$173.00

Supplemental Spouse Liability No Coverage

Personal Injury Protection (PIP) 50,000 \$270.00

Deductible \$0 Ded

Additional PIP No Coverage

Opt Basic Economic Loss No Coverage

Total Aggregate PIP 50,000 Included

Death Benefits 2,000 Included

Income Loss per Month 2,000 Included

Other Necessary Expenses/Day 25 Included

Uninsured Motorist

Per Person/Accident 25,000/50,000 \$14.00

Supplementary UM/UIM (SUM)**

No Coverage

Medical Payments No Coverage

Comprehensive No Coverage

Collision No Coverage

Towing and Labor No Coverage

Rental Reimbursement No Coverage

Custom Equipment No Coverage

UM = Uninsured Motorist UIM = Underinsured Motorist

<u>Pay Plan Description:</u> J5/DB06 20.0D 4P <u>TER</u> - 13815 <u>RBC</u> - S13 <u>PGM</u> - C33

Endorsements Made Part of this Policy at Time of Issuance:

PA098-0416-NY 2



DISCOUNTS/SURCHARGES DETAIL

<u>Discount/Surcharge</u>
Daytime Running Lamp Veh 1
Anti-Lock Brake Veh 1

 Percentage
 Dollar Amount

 2.96
 \$20.00

 4.89
 \$33.00

ACCIDENT/VIOLATION DETAIL

If accidents or convictions are shown above:

Your premium reflects a surcharge and, therefore, is higher than it otherwise would be because, during the measuring experience period which applied to your insurance, you had one or more chargeable accidents or chargeable traffic convictions under our merit rating plan. The attached description of our merit rating plan includes a list of events for which we may surcharge you and the circumstances under which surcharges may be removed or refunded. If you have any questions, you may call us at company telephone number 1-800-280-1466.

