

SUNSHINE INSURANCE GROUP

Personal Automobile Insurance Policy

Policy Number: POL-2024-AU-002

Effective Date: March 15, 2024

Expiration Date: September 15, 2024

Named Insured: Maria Elena Rodriguez

Mailing Address: 1520 Oak Park Drive, Springfield, IL 62704

Agent: Sarah M. Johnson, License #IL-4829371

DECLARATIONS PAGE

This policy covers the following vehicles: Vehicle 1 - 2022 Honda CR-V EX-L, VIN: 2HKRW2H83NH123456, garaging address same as mailing address. Vehicle 2 - 2020 Toyota Camry SE, VIN: 4T1G11AK5LU987654, garaging address same as mailing address. The total semi-annual premium for this policy is \$1,248.00, payable in monthly installments of \$208.00.

Named drivers: Maria Elena Rodriguez (primary), age 42, license #R621-4582-8193; Carlos A. Rodriguez (spouse), age 45, license #R621-7291-3847. Both drivers have clean driving records with no at-fault accidents or moving violations in the past five years, qualifying for the safe driver discount of 15%.

COVERAGE SUMMARY

PART A - LIABILITY COVERAGE

The Company will pay damages for bodily injury and property damage for which the insured becomes legally responsible because of an auto accident. Liability limits are \$100,000 per person / \$300,000 per accident for bodily injury, and \$100,000 per accident for property damage (100/300/100 split limit). The Company will defend the insured against any lawsuit seeking damages covered by this policy. The Company's duty to defend ends when the limit of liability has been exhausted.

PART B - MEDICAL PAYMENTS COVERAGE

The Company will pay reasonable medical and funeral expenses incurred by the insured and passengers within three years of an auto accident, regardless of fault. The medical payments limit is \$10,000 per person. This includes expenses for medical, surgical, dental, and rehabilitation services, ambulance charges, hospital stays, and prosthetic devices.

PART C - UNINSURED/UNDERINSURED MOTORIST COVERAGE

The Company will pay compensatory damages for bodily injury the insured is legally entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle. The UM/UIM limits are \$100,000 per person / \$300,000 per accident, matching the liability limits. This coverage also applies to hit-and-run accidents where the at-fault driver cannot be identified.

PART D - COLLISION COVERAGE

The Company will pay for direct and accidental loss to the covered vehicle caused by collision with another object or by overturn. The collision deductible is \$500 per occurrence for both vehicles. The Company will pay the lesser of the actual cash value of the damaged vehicle or the cost to repair or replace the vehicle. A rental car reimbursement of up to \$40 per day for a maximum of 30 days is included when the covered vehicle is disabled due to a covered collision loss.

PART E - COMPREHENSIVE COVERAGE

The Company will pay for direct and accidental loss to the covered vehicle not caused by collision. The comprehensive deductible is \$250 per occurrence for both vehicles. Covered losses include theft, vandalism, fire, hail, flood, falling objects, animal collisions, glass breakage, and natural disasters. Full glass coverage is included with no deductible for windshield repair; windshield replacement is subject to the comprehensive deductible.

EXCLUSIONS

This policy does not cover: vehicles used for commercial purposes, ride-sharing, or delivery services unless a commercial endorsement is added; racing or speed contests; intentional damage caused by the insured; damage occurring while the vehicle is being used by a person not listed on the policy without the insured's permission; mechanical or electrical breakdown; wear and tear, freezing, or road damage to tires (unless concurrent with a covered loss); custom equipment and modifications exceeding \$1,000 in value unless scheduled on the policy; and losses occurring outside the United States, its territories, or Canada.

CONDITIONS

DUTIES AFTER AN ACCIDENT OR LOSS

The insured must: notify the Company or its agent promptly of the accident, including time, place, and circumstances; cooperate with the Company in any investigation or settlement; authorize the Company to obtain medical reports and records; submit to examination under oath if requested; promptly send the Company copies of any legal papers received; and file a police report for theft, hit-and-run, or vandalism losses within 24 hours of discovery.

PAYMENT OF PREMIUM

The premium must be paid on or before the due date. If payment is not received within 10 days of the due date, the Company may cancel the policy by mailing a cancellation notice to the named insured at least 10 days before the effective date of cancellation. Reinstatement after cancellation for nonpayment may require a new application and may be subject to re-underwriting. A returned payment fee of \$25.00 will be charged for any payment returned by the insured's bank.