

AUTO INSURANCE POLICY DOCUMENT

Policy Number: AIP-2025-001

Effective Date: January 1, 2025

Expiration Date: December 31, 2025

SECTION 1: POLICY HOLDER INFORMATION

Name: John Doe

Address: 123 Main Street, Columbus, OH 43085

Phone: (555) 123-4567

Email: johndoe@example.com

SECTION 2: VEHICLE INFORMATION

Year: 2023

Make: Toyota

Model: Camry XLE

VIN: 1HGCM82633A123456

License Plate: ABC-1234

SECTION 3: COVERAGES

Liability Coverage:

Bodily Injury: \$100,000 per person / \$300,000 per accident

Property Damage: \$100,000 per accident

Collision Coverage:

Deductible: \$500

Comprehensive Coverage:

Deductible: \$250

Uninsured/Underinsured Motorist:

Bodily Injury: \$100,000 per person / \$300,000 per accident

Medical Payments:

Limit: \$5,000 per person

SECTION 4: TERMS AND CONDITIONS

1. Premium Payment Terms

2. Cancellation Policy

3. Renewal Process

4. Claim Filing Procedure

5. Exclusions and Limitations

SECTION 5: CLAIM PROCEDURES

Step 1: Notify insurer within 24 hours

Step 2: Provide police report if applicable

Step 3: Submit claim form and supporting documents

Step 4: Inspection and assessment

Step 5: Settlement and payment

SECTION 6: CONTACT INFORMATION

Customer Service: 1-800-INSURE-NOW

Email: support@autoinsure.com

Website: www.autoinsure.com

SECTION 7: SIGNATURES

Policy Holder Signature: _____

Date: _____

Authorized Representative: _____

Date: _____

This policy is governed by the laws of the State of Ohio.