



State Farm® Personal Car Policy Booklet

Illinois
Policy Form 9813C

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THIS POLICY

1. This policy consists of:
 - a. the most recently issued Declarations;
 - b. the policy booklet version shown on that Declarations; and
 - c. any applicable endorsements shown on that Declarations.
 2. This policy contains all of the agreements between all named insureds who are shown on the Declarations and all applicants and:
 - a. **us**; and
 - b. any of **our** agents.
 3. **We** agree to provide insurance according to the terms of this policy:
 - a. based on payment of premium for the coverages chosen; and
 - b. unless otherwise stated on the Declarations, in reliance on the following statements:(1) Neither **you** nor any member of **your** household has, within the past three years, had either:
 - (a) a license to drive; or
 - (b) a vehicle registration suspended, revoked, or refused.
- (2) **Your cars** are used for pleasure and business.
4. All named insureds shown on the Declarations and all applicants agree by acceptance of this policy that:
 - a. the statements in 3.b. above are made by such named insured or applicant and are true; and
 - b. **we** provide this insurance on the basis those statements are true.
 5. **Your** purchase of this policy may allow:
 - a. **you** to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the **State Farm Companies**, subject to their applicable eligibility rules; or
 - b. the premium or price for other products or services purchased by **you**, including non-insurance products or services, to vary. Such other products or services must be provided by the **State Farm Companies** or by an organization that has entered into an agreement or contract with the **State Farm Companies**. The **State Farm Companies** do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

DEFINITIONS

We define certain words and phrases below for use throughout the policy. Each coverage includes additional definitions only for use with that coverage. These definitions apply to the singular, plural, possessive, and any other form of these words and phrases. Defined words and phrases are printed in boldface italics.

The words "spouse", "marriage", "married", and "marital" refer to the legal civil union between two **persons** that is recognized by and valid under the law of the state into which such union was entered.

Bodily Injury means bodily injury to a **person** and sickness, disease, or death that results from it.

Car means a land motor vehicle with four or more wheels, designed for use primarily on public roads. **Car** does not include:

1. Any vehicle while located for use as a dwelling or other premises; or
2. A truck-tractor designed to pull any type of trailer.

Car Business means a business or job where the purpose is to sell, lease, rent, repair, service, modify, transport, store, or park land motor vehicles or any type of trailer.

Fungi means any type or form of fungus or fungi and includes:

1. Mold;
2. Mildew; and
3. Any of the following that are produced or released by fungi:
 - a. Mycotoxins;
 - b. Spores;
 - c. Scents; or
 - d. Byproducts.

Newly Acquired Car means a **car** newly owned by **you** or a **resident relative**. A **car** ceases to be a **newly acquired car** on the earlier of:

1. the effective date and time when that **car** is added to the "VEHICLE SCHEDULE" of this policy;
2. the effective date and time of a policy, including any binder, issued by **us** or any other company that describes the **car** as an insured vehicle; or
3. the end of the 30th calendar day immediately following the date the **car** is delivered to **you** or a **resident relative**.

If this policy does not provide Comprehensive Coverage or Collision Coverage for any vehicle shown in the "VEHICLE SCHEDULE" on the Declarations and a **newly acquired car** is not otherwise afforded comprehensive coverage or collision coverage by any other policy, then:

1. this policy will provide Comprehensive Coverage or Collision Coverage for that **newly acquired car** and a **temporary substitute car** replacing that **newly acquired car**; and
2. the Definition **Covered Vehicle** found in Physical Damage Coverages is changed to read:

Covered Vehicle means:

1. a **newly acquired car**; and
2. a **temporary substitute car** that is temporarily replacing a **newly acquired car**.

A **covered vehicle** also includes the parts and equipment that are common to the use of the vehicle as a vehicle.

Non-Owned Car means a **car** that is in the lawful possession of **you** or any **resident relative** and that neither:

1. is **owned by**:

- a. **you**;
- b. any **resident relative**;
- c. any other **person** who resides primarily in **your household**; or
- d. an employer of any **person** described in a., b., or c. above; nor

2. has been operated by, rented by, or in the possession of:
 - a. **you**; or
 - b. any **resident relative**
- during any part of each of the 31 or more consecutive days immediately prior to the date of the accident or **loss**.

Occupying means in, on, entering, or exiting.

Our means the Company issuing this policy as shown on the Declarations.

Owned By means:

1. owned by;
2. registered to; or
3. leased, if the lease is written for a period of 31 or more consecutive days, to.

Pedestrian means a **person** who is not **occupying**:

1. a motorized vehicle; or
2. a vehicle designed to be pulled by a motorized vehicle.

Person means a human being.

Private Passenger Car means:

1. a **car** of the private passenger type, other than a pickup truck, van, minivan, or sport utility vehicle, designed primarily to carry **persons** and their luggage; or
2. a pickup truck, van, minivan, or sport utility vehicle:
 - a. while not used for:
 - (1) wholesale; or
 - (2) retail
 - b. pick up or delivery; and
 - b. that has a Gross Vehicle Weight Rating of 10,000 pounds or less.

Resident Relative means a **person**, other than **you**, who resides primarily with the first **person** shown as a named insured on the Declarations and who is:

1. related to **you** by blood, marriage, or adoption, including **your** unmarried and unemancipated child who is away at school and otherwise maintains their primary residence with the first **person** shown as a named insured on the Declarations; or
2. a ward or a foster child of **you** or a **person** described in 1. above.

State Farm Companies means one or more of the following:

1. State Farm Mutual Automobile Insurance Company;
2. State Farm Fire and Casualty Company; and
3. Subsidiaries or affiliates of either 1. or 2. above.

Temporary Substitute Car means a **car** that is in the lawful possession of the **person** operating it and that:

1. replaces a **your car** or a **newly acquired car** for a short time while that **car** is out of use due to its:
 - a. breakdown;
 - b. repair;
 - c. servicing;
 - d. damage; or
 - e. theft; and

2. neither **you** nor the **person** operating it own or have registered.

If a **car** qualifies as both a **non-owned car** and a **temporary substitute car**, then coverage will apply as if the **car** were either.

Trailer means:

1. a trailer:
 - a. designed to be pulled by a **private passenger car**;
 - b. not designed to carry **persons**; and
 - c. while not used as premises for office, store, or display purposes; or
2. a farm implement or farm wagon while being pulled on public roads by a **car**.

Us means the Company issuing this policy as shown on the Declarations.

We means the Company issuing this policy as shown on the Declarations.

You or **Your** means the named insured or named insureds shown on the Declarations. If a named insured shown on the Declarations is a **person**, then "**you**" or "**your**" includes the spouse of the first **person** shown as a named insured if the spouse resides primarily with that named insured.

Your Car means the **car** or **cars** shown in the "VEHICLE SCHEDULE" on the Declarations. **Your Car** does not include a **car** that **you** no longer own or lease.

LIABILITY COVERAGE

This policy provides Liability Coverage if a premium is shown under "Coverage Symbol A" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definition

Insured means:

1. **you** and **resident relatives** for:
 - a. the ownership, maintenance, or use of:
 - (1) a **your car**;
 - (2) a **newly acquired car**; or
 - (3) a **trailer**; and

- b. the maintenance or use of:
 - (1) a **non-owned car**; or
 - (2) a **temporary substitute car**;
2. **you** for the maintenance or use of a **car owned by**, or furnished by an employer to, a **person** who resides primarily in the household of the first **person** shown as a named insured on the Declarations. That **car** cannot be **owned by you** or furnished by **your employer**;
3. any other **person** for their use of:
 - a. a **your car**;
 - b. a **newly acquired car**;

- c. a **temporary substitute car**; or
- d. a **trailer** while attached to a **car** described in a., b., or c. above.

Such vehicle must be used with **your** express or implied permission; and

4. any other **person** or organization vicariously liable for the use of a vehicle by an **insured** as defined in 1., 2., or 3. above, but only for such vicarious liability. This provision applies only if the vehicle is:
 - a. neither **owned by**, nor hired by, that other **person** or organization, unless the vehicle is a **your car** or a **newly acquired car**; and
 - b. neither available for, nor being used for, carrying **persons** for a charge.

Insured does not include the United States of America or any of the Federal Government's departments or agencies.

Insuring Agreement

1. **We** will pay damages an **insured** becomes legally liable to pay because of:
 - a. **bodily injury** to others; and
 - b. damage to property caused by an accident that involves a vehicle for which that **insured** is provided Liability Coverage by this policy.
2. **We** have the right to:
 - a. investigate, negotiate, and settle any claim or lawsuit;
 - b. defend an **insured** in any claim or lawsuit, with attorneys chosen by **us**; and
 - c. appeal any award or legal decision for damages payable under this policy's Liability Coverage.

Supplementary Payments

We will pay, in addition to the damages described in the **Insuring Agreement** of this policy's Liability Coverage, those items listed below that result from such accident:

1. Attorney fees for attorneys chosen by **us** to defend an **insured** who is sued for such damages. **We** have no duty to pay attorney fees incurred after **we** deposit

in court or pay the amount due under the **Insuring Agreement** of this policy's Liability Coverage;

2. Court costs awarded by the court against an **insured** and resulting from that part of the lawsuit:
 - a. that seeks damages payable under this policy's Liability Coverage; and
 - b. against which **we** defend an **insured** with attorneys chosen by **us**.

We have no duty to pay court costs incurred after **we** deposit in court or pay the amount due under the **Insuring Agreement** of this policy's Liability Coverage;

3. Interest the **insured** is legally liable to pay on damages payable under the **Insuring Agreement** of this policy's Liability Coverage:
 - a. before a judgment, but only the interest on the lesser of:
 - (1) that part of the damages **we** pay; or
 - (2) this policy's applicable Liability Coverage limit; and
 - b. after a judgment.

We have no duty to pay interest that accrues after **we** deposit in court, pay, or offer to pay, the amount due under the **Insuring Agreement** of this policy's Liability Coverage. **We** also have no duty to pay interest that accrues on any damages paid or payable by a party other than the **insured** or **us**;

4. Premiums for bonds, provided by a company chosen by **us**, required to appeal a decision in a lawsuit against an **insured**. **We** have no duty to:
 - a. pay for any bond with a face amount that exceeds this policy's applicable Liability Coverage limit;
 - b. furnish or apply for any bonds; or
 - c. pay premiums for bonds purchased after **we** deposit in court, pay, or offer to pay, the amount due under the **Insuring Agreement** of this policy's Liability Coverage; and
5. The following costs and expenses if related to and incurred after a lawsuit has been filed against an **insured**:

- a. Loss of wages or salary, but not other income, up to \$250 for each day an **insured** attends, at **our** request:
 - (1) an arbitration;
 - (2) a mediation; or
 - (3) a trial of a lawsuit; and
- b. Reasonable expenses incurred by an **insured** at **our** request other than loss of wages, salary, or other income.

The amount of any of the costs or expenses listed above that are incurred by an **insured** must be reported to **us** before **we** will pay such incurred costs or expenses.

Limit

The Liability Coverage limit is shown in the "COVERAGES AND LIMITS" schedule on the Declarations.

1. The limit for **bodily injury** is shown under "Bodily Injury Limit – Each Person, Each Accident."
 - a. The dollar amount shown under "Each Person" is the most **we** will pay for all damages resulting from **bodily injury** to any one **person** injured in any one accident, including all damages sustained by other **persons** as a result of that **bodily injury**.
 - b. The dollar amount shown under "Each Accident" is the most **we** will pay, subject to the limit for "Each Person", for all damages resulting from **bodily injury** to two or more **persons** injured in any one accident.
2. The limit for damage to property is shown under "Property Damage Limit – Each Accident". The dollar amount shown is the most **we** will pay for all damages resulting from damage to property in any one accident.
3. The limit shown for Liability Coverage is the most **we** will pay regardless of the number of:
 - a. **insureds**;
 - b. claims made;
 - c. vehicles insured;
 - d. premiums shown on the Declarations; or
 - e. vehicles involved in the accident.

Nonduplication

We will not pay any damages or expenses under Liability Coverage:

1. that have already been paid as expenses under Medical Payments Coverage of any policy issued by the **State Farm Companies** to **you** or any **resident relative**; or
2. that have already been paid under Uninsured Motor Vehicle Coverage or Underinsured Motor Vehicle Coverage of any policy issued by the **State Farm Companies** to **you** or any **resident relative**.

Exclusions

THERE IS NO COVERAGE FOR AN **INSURED**:

1. WHO INTENTIONALLY CAUSES **BODILY INJURY** OR DAMAGE TO PROPERTY;
2. OR FOR THAT **INSURED'S** INSURER FOR ANY OBLIGATION UNDER ANY TYPE OF WORKERS' COMPENSATION, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, DISABILITY, OR SIMILAR LAW;
3. FOR **BODILY INJURY** TO THAT **INSURED'S** EMPLOYEE WHICH ARISES OUT OF THAT EMPLOYEE'S EMPLOYMENT. This exclusion does not apply to that **insured's** household employee who is neither covered, nor required to be covered, under workers' compensation insurance;
4. FOR DAMAGES ARISING OUT OF THE OWNERSHIP, MAINTENANCE, OR USE OF A VEHICLE WHILE IT IS RENTED TO OR LEASED TO OTHERS BY AN **INSURED**, INCLUDING PERSONAL VEHICLE SHARING, PEER-TO-PEER CAR SHARING, OR OTHER SIMILAR PROGRAM;
5. FOR DAMAGES ARISING OUT OF THE OWNERSHIP, MAINTENANCE, OR USE OF A VEHICLE WHILE IT IS:
 - a. MADE AVAILABLE; OR
 - b. BEING USED
 TO CARRY **PERSONS** FOR A CHARGE. This exclusion does not apply to:
 - a. the use of a **private passenger car** on a share-the-expense basis; or

- b. *you* or a **resident relative occupying a non-owned car** as a passenger;
- 6. WHILE MAINTAINING OR USING A VEHICLE IN CONNECTION WITH THAT **INSURED'S** EMPLOYMENT IN OR ENGAGEMENT OF ANY KIND IN A **CAR BUSINESS**. This exclusion does not apply while maintaining or using:
 - a. *a your car*;
 - b. *a newly acquired car*;
 - c. *a temporary substitute car*; or
 - d. *a trailer owned by you*;
- 7. WHILE THAT **INSURED** IS VALET PARKING A VEHICLE;
- 8. WHILE MAINTAINING OR USING ANY VEHICLE OTHER THAN A **YOUR CAR**, A **NEWLY ACQUIRED CAR**, A **TEMPORARY SUBSTITUTE CAR**, OR A **TRAILER** IN ANY BUSINESS OR OCCUPATION OTHER THAN A **CAR BUSINESS** OR VALET PARKING. This exclusion does not apply to the maintenance or use of a **private passenger car**;
- 9. FOR DAMAGE TO PROPERTY WHILE IT IS:
 - a. **OWNED BY**;
 - b. RENTED TO;
 - c. USED BY;
 - d. IN THE CARE OF; OR
 - e. TRANSPORTED BY
- YOU, A RESIDENT RELATIVE, OR THE PERSON WHO IS LEGALLY LIABLE FOR THE DAMAGE.** This exclusion does not apply to damage to a:
 - a. motor vehicle **owned by** the employer of *you* or the employer of any **resident relative** if such damage is caused by an **insured** while operating another motor vehicle;
 - b. residence while rented to or leased to an **insured**; or
 - c. private garage while rented to or leased to an **insured**;
- 10. FOR LIABILITY ASSUMED UNDER ANY CONTRACT OR AGREEMENT;
- 11. FOR ANY ORDER OF RESTITUTION ISSUED BY A COURT IN A CRIMINAL PROCEEDING OR EQUI- TABLE ACTION;
- 12. WHILE USING A **TRAILER** WITH A MOTOR VEHICLE IF THAT **INSURED** IS NOT PROVIDED LIABILITY COVERAGE BY THIS POLICY FOR THE USE OF THAT MOTOR VEHICLE;
- 13. FOR THE OWNERSHIP, MAINTENANCE, OR USE OF ANY VEHICLE WHILE IT IS:
 - a. OFF PUBLIC ROADS AND BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, HILL-CLIMBING CONTEST, JUMPING CONTEST, OR ANY SIMILAR CONTEST; OR
 - b. ON A TRACK DESIGNED PRIMARILY FOR RACING OR HIGH-SPEED DRIVING AND BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, OR ANY SIMILAR CONTEST. This exclusion (13.b.) does not apply if the vehicle is being used in connection with an activity other than racing, high-speed driving, or any type of competitive driving; OR
- 14. WHO IS AN EMPLOYEE OF THE UNITED STATES OF AMERICA OR ANY OF THE FEDERAL GOVERNMENT'S DEPARTMENTS OR AGENCIES, IF THE PROVISIONS OF THE FEDERAL TORT CLAIMS ACT APPLY.

If Other Liability Coverage Applies

1. If Liability Coverage provided by this policy and one or more other Car Policies issued to *you* or any **resident relative** by the **State Farm Companies** apply to the same accident, then:
 - a. the Liability Coverage limits of such policies will not be added together to determine the most that may be paid; and
 - b. the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. **We** may choose one or more policies from which to make payment.

2. The Liability Coverage provided by this policy applies as primary coverage for the ownership, maintenance, or use of a ***your car*** or a ***trailer*** attached to it.
- a. If:
- (1) a ***temporary substitute car*** owned or held for sale or lease by a new or used vehicle dealer is loaned to an ***insured*** while ***your car*** is being repaired or evaluated for repair by that dealer; and
 - (2) the policy provides bodily injury liability limits of at least \$100,000 for each person, \$300,000 for each accident, and property damage liability limits of at least \$50,000 for each accident,
- then this coverage is primary and the insurance carried by the dealer is excess.
- b. If:
- (1) this is the only Car Policy issued to ***you*** or any ***resident relative*** by the ***State Farm Companies*** that provides Liability Coverage which applies to the accident as primary coverage; and
 - (2) liability coverage provided by one or more sources other than the ***State Farm Companies*** also applies as primary coverage for the same accident,
- then ***we*** will pay the proportion of damages payable as primary that ***our*** applicable limit bears to the sum of ***our*** applicable limit and the limits of all other liability coverage that apply as primary coverage.
- c. If:
- (1) more than one Car Policy issued to ***you*** or any ***resident relative*** by the ***State Farm Companies*** provides Liability Coverage which applies to the accident as primary coverage; and
 - (2) liability coverage provided by one or more sources other than the ***State Farm Companies*** also applies as primary coverage for the same accident,
- then the ***State Farm Companies*** will pay the proportion of damages payable as primary that the maximum amount that may be paid by the ***State Farm Companies*** as determined in 1. above bears to the sum of such amount and the limits of all other liability coverage that apply as primary coverage.
3. Except as provided in 2. above, the Liability Coverage provided by this policy applies as excess coverage.
- a. If:
- (1) this is the only Car Policy issued to ***you*** or any ***resident relative*** by the ***State Farm Companies*** that provides Liability Coverage which applies to the accident as excess coverage; and
 - (2) liability coverage provided by one or more sources other than the ***State Farm Companies*** also applies as excess coverage for the same accident,
- then ***we*** will pay the proportion of damages payable as excess that ***our*** applicable limit bears to the sum of ***our*** applicable limit and the limits of all other liability coverage that apply as excess coverage.
- b. If:
- (1) more than one Car Policy issued to ***you*** or any ***resident relative*** by the ***State Farm Companies*** provides Liability Coverage which applies to the accident as excess coverage; and
 - (2) liability coverage provided by one or more sources other than the ***State Farm Companies*** also applies as excess coverage for the same accident,
- then the ***State Farm Companies*** will pay the proportion of damages payable as excess that the maximum amount that may be paid by the ***State Farm Companies*** as determined in 1. above bears to the sum of such amount and the limits of all other liability coverage that apply as excess coverage.

MEDICAL PAYMENTS COVERAGE

This policy provides Medical Payments Coverage if a premium is shown under "Coverage Symbol C" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definitions

Insured means:

1. **you and resident relatives:**

- a. while **occupying**:

- (1) a **your car**;
- (2) a **newly acquired car**;
- (3) a **temporary substitute car**;
- (4) a **non-owned car**; or
- (5) a **trailer** while attached to a **car** described in (1), (2), (3), or (4) above; or

- b. if struck as a **pedestrian** by a motor vehicle or any type of trailer; and

2. any other **person** while **occupying**:

- a. a **your car**;
- b. a **newly acquired car**;
- c. a **temporary substitute car**; or
- d. a **trailer** while attached to a **car** described in a., b., or c. above.

Such vehicle must be used with **your** express or implied permission.

Medical Expenses mean **reasonable expenses** for **medical services**.

Medical Services mean treatments, procedures, products, and other services that are:

1. necessary to achieve maximum medical improvement for the **bodily injury**;
2. rendered by a healthcare provider:
 - a. who is licensed as a healthcare provider if a license is required by law; and
 - b. within the legally authorized scope of that healthcare provider's practice;

3. commonly and customarily recognized throughout the medical profession and within the United States of America as appropriate for the treatment of the **bodily injury**;
4. primarily designed to serve a medical purpose;
5. not experimental; and
6. not for research purposes.

Reasonable Expenses mean the lowest one of the following charges:

1. The usual and customary fees charged by a majority of healthcare providers who provide similar **medical services** in the geographical area in which the charges were incurred;
2. The fee specified in any fee schedule:
 - a. applicable to medical payments coverage, no-fault coverage, or personal injury protection coverage included in motor vehicle liability policies issued in the state where **medical services** are provided; and
 - b. as prescribed or authorized by the law of the state where **medical services** are provided;
3. The fees agreed to by both the **insured's** healthcare provider and **us**; or
4. The fees agreed upon between the **insured's** healthcare provider and a third party when **we** have a contract with such third party.

Insuring Agreement

We will pay:

1. **medical expenses** incurred because of **bodily injury** that is sustained by an **insured** and caused by a motor vehicle accident if:
 - a. that **insured** is first provided **medical services** within one year immediately following the date of the accident; and
 - b. such **medical expenses** are for **medical services** that are provided within three years immediately following the date of the accident; and

2. funeral expenses incurred for an **insured** who dies within three years immediately following the date of a motor vehicle accident if the death is a direct result of **bodily injury** sustained in such accident.

Determining Medical Expenses

We have the right to:

1. obtain and use:
 - a. utilization reviews;
 - b. peer reviews; and
 - c. medical bill reviewsto determine if the incurred charges are **medical expenses**;
2. use a medical examination of the **insured** to determine if:
 - a. the **bodily injury** was caused by a motor vehicle accident; and
 - b. the expenses incurred are **medical expenses**; and
3. enter into a contract with a third party that has an agreement with the **insured's** healthcare provider to charge fees as determined by that agreement.

Arbitration

1. If there is a disagreement as to whether incurred charges are **medical expenses**, then the disagreement will be resolved by arbitration upon written request of the **insured** or **us**.
2. The arbitration will take place in the county in which the **insured** resides unless the parties agree to another location.

The **insured** and **we** will each select a competent arbitrator. These two arbitrators will select a third competent arbitrator. If they are unable to agree on the third arbitrator within 30 days, then either the **insured** or **we** may petition a court that has jurisdiction to select the third arbitrator.

Each party will pay the cost of its own arbitrator, attorneys, and expert witnesses, as well as any other expenses incurred by that party. Both parties will share equally the cost of the third arbitrator.

3. The arbitrators shall only decide whether incurred charges are **medical expenses**. Arbitrators shall have no authority to decide any other questions of fact, decide any questions of law, or conduct arbitration on a class-wide or class-representative basis.

4. A written decision that is both agreed upon by and signed by any two arbitrators, and that also contains an explanation of how they arrived at their decision, will be binding on:
 - a. **us**;
 - b. the **insured**;
 - c. any assignee of the **insured**; and
 - d. any **person** or organization with whom the **insured** expressly or impliedly contracts for **medical services**.
5. Subject to 1., 2., 3., and 4. above, state court rules governing procedure and admission of evidence will be used.
6. **We** do not waive any of **our** rights by submitting to arbitration.

Limit

The Medical Payments Coverage limit is shown in the "COVERAGES AND LIMITS" schedule on the Declarations. The dollar amount shown under "Each Person" is the most **we** will pay for the **medical expenses** and funeral expenses combined, incurred by or on behalf of any one **insured** as a result of any one accident, regardless of the number of:

1. **insureds**;
2. claims made;
3. vehicles insured;
4. premiums shown on the Declarations; or
5. vehicles involved in the accident.

Subject to the "Each Person" limit shown on the Declarations, the most **we** will pay for funeral expenses incurred for any one **insured** is \$3,000.

If the injured **person** has been paid damages for **bodily injury** by or on behalf of the liable party in an amount:

1. less than the injured **person's** total **medical expenses** and funeral expenses, then the most **we** will

pay under Medical Payments Coverage is the lesser of:

- a. the limit of liability of Medical Payments Coverage; or
- b. the amount by which the total **medical expenses** and funeral expenses exceed the total amount paid by or on behalf of all parties liable for the **bodily injury**; or
2. equal to or greater than the total **medical expenses** and funeral expenses incurred by the injured **person**, then **we** owe nothing under Medical Payments Coverage.

Nonduplication

We will not pay any **medical expenses** or funeral expenses under Medical Payments Coverage that have already been paid:

1. as damages under Liability Coverage, Uninsured Motor Vehicle Coverage, or Underinsured Motor Vehicle Coverage of any policy issued by the **State Farm Companies** to **you** or any **resident relative**; or
2. by or on behalf of a party who is legally liable for the **insured's bodily injury**.

Exclusions

THERE IS NO COVERAGE FOR AN **INSURED**:

1. WHO IS STRUCK AS A **PEDESTRIAN** BY A MOTOR VEHICLE, **OWNED BY THAT INSURED OR YOU**, IF IT IS NOT A **YOUR CAR** OR A **NEWLY ACQUIRED CAR**;
2. IF ANY WORKERS' COMPENSATION LAW, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, OR ANY SIMILAR LAW APPLIES TO THAT **INSURED'S BODILY INJURY**;
3. WHO IS **OCCUPYING** A VEHICLE WHILE IT IS RENTED TO OR LEASED TO OTHERS BY AN **INSURED**, INCLUDING PERSONAL VEHICLE SHARING, PEER-TO-PEER CAR SHARING, OR OTHER SIMILAR PROGRAM;
4. WHO IS **OCCUPYING** A VEHICLE WHILE IT IS:
 - a. MADE AVAILABLE; OR
 - b. BEING USED

TO CARRY **PERSONS** FOR A CHARGE. This exclusion does not apply to:

- a. the use of a **private passenger car** on a share-the-expense basis; or
- b. an **insured** while **occupying** a **non-owned car** as a passenger;
5. WHILE MAINTAINING OR USING A VEHICLE IN CONNECTION WITH THAT **INSURED'S** EMPLOYMENT IN OR ENGAGEMENT OF ANY KIND IN A **CAR BUSINESS**. This exclusion does not apply while maintaining or using:
 - a. a **your car**;
 - b. a **newly acquired car**;
 - c. a **temporary substitute car**; or
 - d. a **trailer owned by you**;
6. WHILE THAT **INSURED** IS VALET PARKING A VEHICLE;
7. WHILE MAINTAINING OR USING A **NON-OWNED CAR** IN ANY BUSINESS OR OCCUPATION OTHER THAN A **CAR BUSINESS** OR VALET PARKING. This exclusion does not apply to the maintenance or use of a **private passenger car**;
8. WHO IS EITHER **OCCUPYING** OR STRUCK AS A **PEDESTRIAN** BY A VEHICLE THAT IS LOCATED FOR USE AS A DWELLING OR OTHER PREMISES;
9. WHO IS STRUCK AS A **PEDESTRIAN** BY A VEHICLE THAT:
 - a. IS DESIGNED FOR USE PRIMARILY OFF PUBLIC ROADS WHILE OFF PUBLIC ROADS; OR
 - b. RUNS ON RAILS OR CRAWLER-TREADS;
10. WHOSE **BODILY INJURY** RESULTS FROM WAR OF ANY KIND;
11. WHOSE **BODILY INJURY** RESULTS FROM:
 - a. NUCLEAR REACTION;
 - b. RADIATION OR RADIOACTIVE CONTAMINATION FROM ANY SOURCE; OR
 - c. THE ACCIDENTAL OR INTENTIONAL DETONATION OF, OR RELEASE OF RADIATION FROM, ANY NUCLEAR OR RADIOACTIVE DEVICE;
12. WHOSE **BODILY INJURY** RESULTS FROM THE DISCHARGE OF A FIREARM;

13. WHOSE **BODILY INJURY** RESULTS FROM EXPOSURE TO **FUNGI**; OR
14. WHO IS **OCCUPYING** A VEHICLE WHILE IT IS:
 - a. BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, HILL-CLIMBING CONTEST, JUMPING CONTEST, OR ANY SIMILAR CONTEST; OR
 - b. ON A TRACK DESIGNED PRIMARILY FOR RACING OR HIGH-SPEED DRIVING AND BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, OR ANY SIMILAR CONTEST. This exclusion (14.b.) does not apply if the vehicle is being used in connection with an activity other than racing, high-speed driving, or any type of competitive driving.

If Other Medical Payments Coverage or Similar Vehicle Insurance Applies

1. An **insured** shall not recover for the same **medical expenses** or funeral expenses under both this coverage and other medical payments coverage or similar vehicle insurance.
2. If Medical Payments Coverage provided by this policy and one or more other vehicle policies issued to **you** or any **resident relative** by the **State Farm Companies** apply to the same **bodily injury**, then:
 - a. the Medical Payments Coverage limits of such policies shall not be added together to determine the most that may be paid; and
 - b. the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. **We** may choose one or more policies from which to make payment.
3. The Medical Payments Coverage provided by this policy applies as primary coverage for an **insured** who sustains **bodily injury** while **occupying a your car** or a **trailer** attached to it.
 - a. If:
 - (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm**

Companies that provides Medical Payments Coverage or other similar vehicle insurance which applies to the accident as primary coverage; and

- (2) medical payments coverage or other similar vehicle insurance provided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same accident,

then **we** will pay the proportion of **medical expenses** and funeral expenses payable as primary that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other medical payments coverage or similar vehicle insurance that apply as primary coverage.

b. If:

- (1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Medical Payments Coverage or other similar vehicle insurance which applies to the accident as primary coverage; and
- (2) medical payments coverage or other similar vehicle insurance provided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same accident,

then the **State Farm Companies** will pay the proportion of **medical expenses** and funeral expenses payable as primary that the maximum amount that may be paid by the **State Farm Companies** as determined in 2. above bears to the sum of such amount and the limits of all other medical payments coverage or similar vehicle insurance that apply as primary coverage.

4. Except as provided in 3. above, the Medical Payments Coverage provided by this policy applies as excess coverage.

a. If:

- (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** that provides Medical Payments Coverage or other similar vehicle insurance which applies to the accident as excess coverage; and

- (2) medical payments coverage or other similar vehicle insurance provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident,
- then **we** will pay the proportion of **medical expenses** and funeral expenses payable as excess that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other medical payments coverage or similar vehicle insurance that apply as excess coverage.
- b. If:
- (1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Medical Payments Coverage or other similar vehicle insurance which applies to the accident as excess coverage; and
 - (2) medical payments coverage or other similar vehicle insurance provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident,
- then the **State Farm Companies** will pay the proportion of **medical expenses** and funeral expenses payable as excess that the maximum amount that may be paid by the **State Farm Companies** as determined in 2. above bears to the sum of such amount and the limits of all other medical payments coverage or similar vehicle insurance that apply as excess coverage.

Our Payment Options

We may, at **our** option, make payment to one or more of the following:

1. The **insured**;
2. The **insured's** surviving spouse;
3. A parent or guardian of the **insured**, if the **insured** is a minor or an incompetent **person**;
4. A **person** authorized by law to receive such payment; or
5. Any **person** or organization that provides the **medical services** or funeral services.

UNINSURED MOTOR VEHICLE COVERAGE – BODILY INJURY

This policy provides Uninsured Motor Vehicle Coverage – Bodily Injury if a premium is shown under "Coverage Symbol U" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definitions

Insured means:

1. **you**;
2. **resident relatives**;
3. any other **person** while **occupying**:
 - a. a **your car**;
 - b. a **newly acquired car**, or
 - c. a **temporary substitute car**.

Such vehicle must be used with **your** express or implied permission; and

4. any **person** or organization entitled to recover compensatory damages as a result of **bodily injury** to an **insured** as defined in 1., 2., or 3. above.

Uninsured Motor Vehicle means a land motor vehicle:

1. the ownership, maintenance, and use of which is:
 - a. not insured or bonded for bodily injury liability at the time of the accident; or
 - b. insured or bonded for bodily injury liability at the time of the accident; but
 - (1) the limits are less than required by the financial responsibility act of Illinois; or
 - (2) the insuring company:
 - (a) denies that its policy provides liability coverage for compensatory damages that result from the accident; or

- (b) is or becomes insolvent; or
- 2. the owner and driver of which remain unknown and which causes **bodily injury** to the **insured**. If there is no physical contact between that land motor vehicle and the **insured** or the vehicle the **insured** is **occupying**, then the facts of the accident must be corroborated by a disinterested **person** who witnessed the accident. **You, resident relatives, and persons occupying** the same vehicle as the **insured** are not disinterested **persons**.

Uninsured Motor Vehicle does not include a land motor vehicle:

- 1. whose ownership, maintenance, or use is provided Liability Coverage by this policy;
- 2. **owned by**, rented to, or operated by a self-insurer under any motor vehicle financial responsibility law, any motor carrier law, or any similar law;
- 3. **owned by** or rented to any government or any of its political subdivisions or agencies;
- 4. designed for use primarily off public roads and not licensed for public road use at the time of the accident. This does not apply while the vehicle is on public roads; or
- 5. while located for use as a dwelling or other premises.

Insuring Agreement

We will pay compensatory damages for **bodily injury** an **insured** is legally entitled to recover from the owner or driver of an **uninsured motor vehicle**. The **bodily injury** must be:

- 1. sustained by an **insured**; and
- 2. caused by an accident that involves the operation, maintenance, or use of an **uninsured motor vehicle** as a motor vehicle.

Consent to Settlement

The **insured** must inform **us** of a settlement offer, if any, proposed by or on behalf of the owner or driver of the **uninsured motor vehicle**, and the **insured** must request **our** written consent to accept such settlement offer.

If **we**:

- 1. consent in writing, then the **insured** may accept such settlement offer.

- 2. inform the **insured** in writing that **we** do not consent, then the **insured** may not accept such settlement offer and:
 - a. **we** will make payment to the **insured** in an amount equal to such settlement offer. This payment is considered a payment made by or on behalf of the owner or driver of the **uninsured motor vehicle**; and
 - b. any recovery from or on behalf of the owner or driver of the **uninsured motor vehicle** shall first be used to repay **us**.

Deciding Fault and Amount

- 1. The **insured** and **we** must agree to the answers to the following two questions:
 - a. Is the **insured** legally entitled to recover compensatory damages from the owner or driver of the **uninsured motor vehicle**?
 - b. If the **insured** and **we** agree that the answer to 1.a. above is yes, then what is the amount of the compensatory damages that the **insured** is legally entitled to recover from the owner or driver of the **uninsured motor vehicle**?
- 2. If there is no agreement these questions shall be decided by arbitration.
- 3. Upon the **insured** requesting arbitration, the **insured** and **we** shall each select an arbitrator and the two arbitrators so named shall select a third arbitrator. If such arbitrators are not selected within 45 days from such request, either party may request that such arbitration be submitted to the American Arbitration Association.
- 4. The written decision of any two arbitrators shall be binding on each party for the amount of **bodily injury** damages not exceeding the least of, in any one accident:
 - a. \$75,000 for one **person**;
 - b. \$150,000 for two or more **persons**, subject to a. above; or
 - c. the corresponding policy limits for this coverage under this policy.
- 5. Arbitrator, attorney, and expert witness costs shall be paid by the party who hired such **person**. The cost

of the third arbitrator and other expenses of arbitration shall be shared equally by both parties. However, in no event shall the expense to the **insured**, exclusive of fees for attorneys and expert witnesses, reduce recovery below the Illinois Safety Responsibility Law minimum limit.

6. The arbitration shall take place in the county in which the **insured** resides unless the parties agree to another place. State court rules governing procedure and admission of evidence shall be used. When the **insured** is seeking damages for **bodily injury** up to, but not in excess of, the limits set forth in the Illinois Safety Responsibility Law, the rules as specified in Illinois Insurance Code 5/143a shall also apply.
7. **We** are not bound by any judgment against any **person** or organization obtained without our written consent.
8. Any arbitration or suit against **us** will be barred unless commenced within two years after the date of the accident or within two years immediately following the date the carrier for the uninsured motor vehicle becomes insolvent, if the carrier becomes insolvent within two years immediately following the date of the accident. Legal action may only be brought against **us** in accordance with the **Legal Action Against Us** provision of this policy.
9. Arbitrators shall have no authority to decide any questions of law or conduct arbitration on a class-wide or class-representative basis.
10. Regardless of the amount of any award, including any judgment or default judgment, **we** are not obligated to pay any amount in excess of the available limit under this coverage of this policy.

Limit

1. The Uninsured Motor Vehicle Coverage – Bodily Injury limit is shown in the "COVERAGES AND LIMITS" schedule on the Declarations under "Bodily Injury Limit – Each Person, Each Accident".
 - a. The most **we** will pay for all compensatory damages resulting from **bodily injury** to any one **insured** injured in any one accident, including all compensatory damages sustained by other **insureds** as a result of that **bodily injury** is the lesser of:

- (1) the dollar amount shown under "Bodily Injury Limit – Each Person"; or
- (2) the amount of all compensatory damages resulting from that **bodily injury** reduced by the sum of all payments for compensatory damages resulting from that **bodily injury** made by or on behalf of any **person** or organization who is or may be held legally liable for the **bodily injury**.

- b. The most **we** will pay, subject to 1.a. above, for all compensatory damages resulting from **bodily injury** to two or more **insureds** injured in any one accident is the dollar amount shown under "Each Accident".
2. Any amount paid or payable to or for the **insured** under any workers' compensation law, pension code, municipal ordinance, labor union fund, disability benefits law, or similar law shall reduce the amount payable under this coverage. The reduction may be taken only once and shall be first applied to the amount payable by any policy providing coverage on a primary basis. Any remaining reduction shall then be applied to the amount payable by any policy providing coverage on an excess basis. However, social security disability benefits shall not be used to reduce the amount payable under this coverage.
3. The limit shown for Uninsured Motor Vehicle Coverage – Bodily Injury is the most **we** will pay regardless of the number of:
 - a. **insureds**;
 - b. claims made;
 - c. vehicles insured;
 - d. premiums shown on the Declarations; or
 - e. vehicles involved in the accident.

Nonduplication

We will not pay under Uninsured Motor Vehicle Coverage – Bodily Injury any damages that have already been paid, could have been paid, or could be paid to or for the **insured**:

1. by or on behalf of any **person** or organization who is or may be held legally liable for the **bodily injury** to the **insured**;

2. for **bodily injury** under Liability Coverage of any policy issued by the **State Farm Companies** to **you** or any **resident relative**; or
3. as expenses under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.

Exclusions

THERE IS NO COVERAGE:

1. FOR AN **INSURED** WHO, WITHOUT **OUR** WRITTEN CONSENT, SETTLES WITH ANY **PERSON** OR ORGANIZATION WHO MAY BE LIABLE FOR THE **BODILY INJURY**;
2. FOR AN **INSURED** WHO SUSTAINS **BODILY INJURY**:
 - a. WHILE **OCCUPYING** A MOTOR VEHICLE **OWNED BY YOU** IF IT IS NOT A **YOUR CAR** OR A **NEWLY ACQUIRED CAR**; OR
 - b. WHILE **OCCUPYING** A MOTOR VEHICLE **OWNED BY ANY RESIDENT RELATIVE** IF IT IS NOT A **YOUR CAR** OR A **NEWLY ACQUIRED CAR**. This exclusion (2.b.) does not apply to **you**, provided that the motor vehicle is not **owned by you**;
3. FOR AN **INSURED** WHOSE **BODILY INJURY** RESULTS FROM THE DISCHARGE OF A FIREARM;
4. TO THE EXTENT IT BENEFITS:
 - a. ANY WORKERS' COMPENSATION, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, OR DISABILITY BENEFITS INSURANCE COMPANY;
 - b. A SELF-INSURER UNDER ANY WORKERS' COMPENSATION LAW, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, DISABILITY BENEFITS LAW, OR SIMILAR LAW; OR
 - c. ANY GOVERNMENT OR ANY OF ITS POLITICAL SUBDIVISIONS OR AGENCIES;
5. FOR PUNITIVE OR EXEMPLARY DAMAGES;
6. FOR ANY ORDER OF RESTITUTION ISSUED BY A COURT IN A CRIMINAL PROCEEDING OR EQUITABLE ACTION; OR
7. FOR AN **INSURED OCCUPYING** A VEHICLE WHILE IT IS:
 - a. MADE AVAILABLE OR BEING USED TO CARRY **PERSONS** FOR A CHARGE. This exclusion (7.a.) does not apply to:
 - (1) the use of a **private passenger car** on a share-the-expense basis; or
 - (2) **you** or a **resident relative occupying** a **non-owned car** as a passenger; OR
 - b. RENTED TO OR LEASED TO OTHERS BY AN **INSURED**, INCLUDING PERSONAL VEHICLE SHARING, PEER-TO-PEER CAR SHARING, OR OTHER SIMILAR PROGRAM.
8. FOR AN **INSURED** WHOSE **BODILY INJURY** RESULTS FROM:
 - a. NUCLEAR REACTION;
 - b. RADIATION OR RADIOACTIVE CONTAMINATION FROM ANY SOURCE; OR
 - c. THE ACCIDENTAL OR INTENTIONAL DETONATION OF, OR RELEASE OF RADIATION FROM, ANY NUCLEAR OR RADIOACTIVE DEVICE;

If Other Uninsured Motor Vehicle Coverage Applies

1. If Uninsured Motor Vehicle Coverage provided by this policy and one or more other vehicle policies issued to **you** or any **resident relative** by the **State Farm Companies** apply to the same **bodily injury**, then:
 - a. the Uninsured Motor Vehicle Coverage limits of such policies will not be added together to determine the most that may be paid; and
 - b. the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. **We** may choose one or more policies from which to make payment.
2. The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an **insured** who sustains **bodily injury** while **occupying** a **your car**.
 - a. If:

- (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** that provides Uninsured Motor Vehicle Coverage which applies to the accident as primary coverage; and
 - (2) uninsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same accident,
- then **we** will pay the proportion of damages payable as primary that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other uninsured motor vehicle coverage that apply as primary coverage.
- b. If:
 - (1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Uninsured Motor Vehicle Coverage which applies to the accident as primary coverage; and
 - (2) uninsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same accident,
- then the **State Farm Companies** will pay the proportion of damages payable as primary that the maximum amount that may be paid by the **State Farm Companies** as determined in 1. above bears to the sum of such amount and the limits of all other uninsured motor vehicle coverage that apply as primary coverage.
- 3. Except as provided in 2. above, the Uninsured Motor Vehicle Coverage provided by this policy applies as excess coverage.
- a. If:
 - (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** that provides Uninsured Motor

Vehicle Coverage which applies to the accident as excess coverage; and

- (2) uninsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident,

then **we** will pay the proportion of damages payable as excess that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other uninsured motor vehicle coverage that apply as excess coverage.

b. If:

- (1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Uninsured Motor Vehicle Coverage which applies to the accident as excess coverage; and
- (2) uninsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident,

then the **State Farm Companies** will pay the proportion of damages payable as excess that the maximum amount that may be paid by the **State Farm Companies** as determined in 1. above bears to the sum of such amount and the limits of all other uninsured motor vehicle coverage that apply as excess coverage.

Our Payment Options

We may, at **our** option, make payment to one or more of the following:

1. The **insured**;
2. The **insured's** surviving spouse;
3. A parent or guardian of the **insured**, if the **insured** is a minor or an incompetent **person**; or
4. A **person** authorized by law to receive such payment.

UNINSURED MOTOR VEHICLE COVERAGE – PROPERTY DAMAGE

This policy provides Uninsured Motor Vehicle Coverage – Property Damage if a premium is shown under “Coverage Symbol U1” in the “POLICY PREMIUM” schedules on the Declarations.

Deductible

The Uninsured Motor Vehicle Coverage – Property Damage deductible, that applies to a *your car* is the deductible dollar amount shown in the “POLICY PREMIUM” schedules on the Declarations for that *your car*.

Additional Definitions

Property Damage means damage to:

1. a *your car* for which a premium for that *your car* is shown under “Coverage Symbol U1” in the “POLICY PREMIUM” schedules on the Declarations; or
2. a *newly acquired car*.

Uninsured Motor Vehicle means a land motor vehicle the ownership, maintenance, and use of which is:

1. not insured or bonded for property damage liability at the time of the accident; or
2. insured or bonded for property damage liability at the time of the accident; but
 - a. the limit of liability that applies to **property damage** is less than the limits required by the financial responsibility act of Illinois; or
 - b. the insuring company:
 - (1) denies that its policy provides liability coverage for compensatory damages that result from the accident; or
 - (2) is or becomes insolvent.

Uninsured Motor Vehicle does not include a land motor vehicle:

1. whose ownership, maintenance, or use is provided Liability Coverage by this policy;
2. **owned by**, rented to, or operated by a self-insurer under any motor vehicle financial responsibility law, any motor carrier law, or any similar law;

3. **owned by** or rented to any government or any of its political subdivisions or agencies;
4. designed for use primarily off public roads and not licensed for public road use at the time of the accident. This does not apply while the vehicle is on public roads; or
5. while located for use as a dwelling or other premises.

Insuring Agreement

We will pay compensatory damages for **property damage** **you** are legally entitled to recover from the owner or driver of an **uninsured motor vehicle**. The **property damage** must be caused by an accident that involves the operation, maintenance, or use of an **uninsured motor vehicle** as a motor vehicle.

Consent to Settlement

You must inform **us** of a settlement offer, if any, proposed by or on behalf of the owner or driver of the **uninsured motor vehicle**, and **you** must request **our** written consent to accept such settlement offer.

If **we**:

1. consent in writing, then **you** may accept such settlement offer.
2. inform **you** in writing that **we** do not consent, then **you** may not accept such settlement offer and:
 - a. **we** will make payment to **you** in an amount equal to such settlement offer. This payment is considered a payment made by or on behalf of the owner or driver of the **uninsured motor vehicle**; and
 - b. any recovery from or on behalf of the owner or driver of the **uninsured motor vehicle** shall first be used to repay **us**.

Settlement of Loss for Property Damage

Subject to the dollar amount shown under “Property Damage – Each Accident” in the “COVERAGES AND LIMITS” schedule on the Declarations, **we** have the right to settle with **you** for the damaged property in one of the following ways:

1. Pay the cost to repair the damaged property minus any applicable deductible.

- a. **We** have the right to choose one of the following to determine the cost to repair the damaged property:
 - (1) The cost agreed to by both **you** and **us**;
 - (2) A bid or repair estimate approved by **us**; or
 - (3) A repair estimate that is written based upon or adjusted to:
 - (i) the prevailing competitive price;
 - (ii) the lower of painless dent repair pricing established by an agreement **we** have with a third party or the painless dent repair price that is competitive in the market; or
 - (iii) a combination of (i) and (ii) above.
- The prevailing competitive price means prices charged by a majority of the repair market in the area where the damaged property is to be repaired as determined by a survey made by **us**. If asked, **we** will identify some facilities that will perform the repairs at the prevailing competitive price. The estimate will include parts sufficient to restore the damaged property to its pre-loss condition.
- a. Actual cash value is determined by the market value, age, and condition at the time the **property damage** occurred. Any deductible amount that applies is then subtracted.
 - b. Actual cash value does not include any reduction in the value of the damaged property after it has been repaired, as compared to its value before it was damaged.
 - c. The damaged property must be given to **us** in exchange for **our** payment, unless **we** agree that **you** may keep the damaged property. If **you** keep the damaged property, then **our** payment will be reduced by the value of the damaged property after the loss, minus any applicable deductible.
 - d. If there is disagreement as to the actual cash value of the damaged property, then the disagreement will be resolved in accordance with the **Deciding Fault and Amount** provision of this coverage.

Deciding Fault and Amount

1. **You** and **we** must agree to the answers to the following two questions:
 - a. Are **you** legally entitled to recover compensatory damages from the owner or driver of the **uninsured motor vehicle**?
 - b. If **you** and **we** agree that the answer to 1.a. above is yes, then what is the amount of the compensatory damages that **you** are legally entitled to recover from the owner or driver of the **uninsured motor vehicle**?
2. If there is no agreement, these questions shall be decided by arbitration.
3. If **you** request arbitration, **you** and **we** shall each select an arbitrator and the two arbitrators so named shall select a third arbitrator. If such arbitrators are not selected within 45 days from such request, either party may request that such arbitration be submitted to the American Arbitration Association.
4. The written decision of any two arbitrators shall be binding on each party for the amount of **property damage** not exceeding the lesser of, in any one accident:

- a. the corresponding policy limit for this coverage under this policy, subject to the applicable deductible; or
- b. the actual cash value of the damaged vehicle, subject to the applicable deductible.
- 5. Arbitrator, attorney, and expert witness costs shall be paid by the party who hired such **person**. The cost of the third arbitrator and other expenses of arbitration shall be shared equally by both parties. However, in no event shall the expense to **you**, exclusive of fees for attorneys and expert witnesses, reduce recovery below the Illinois Safety Responsibility Law minimum limit.
- 6. The arbitration shall take place in the county in which **you** reside unless the parties agree to another place. State court rules governing procedure and admission of evidence shall be used. The rules as specified in Illinois Insurance Code 5/143a shall also apply.
- 7. **We** are not bound by any judgment against any **person** or organization obtained without **our** written consent.
- 8. Any arbitration or suit against **us** will be barred unless commenced within two years after the date of the accident or within two years immediately following the date the carrier for the uninsured motor vehicle becomes insolvent, if the carrier becomes insolvent within two years immediately following the date of the accident. Legal action may only be brought against **us** in accordance with the **Legal Action Against Us** provision of this policy.
- 9. Arbitrators shall have no authority to decide any questions of law or conduct arbitration on a class-wide or class-representative basis.
- 10. Regardless of the amount of any award, including any judgment or default judgment, **we** are not obligated to pay any amount in excess of the available limits under this coverage of this policy.

Limit

1. The Uninsured Motor Vehicle Coverage – Property Damage limit is shown in the "COVERAGES AND LIMITS" schedule on the Declarations.
 - a. The most **we** will pay for all **property damage** resulting from any one accident is the lesser of:

- (1) the dollar amount shown under "Property Damage Limit - Each Accident"; or
- (2) the amount of **property damage** reduced by the sum of all payments for **property damage** made by or on behalf of any **person** or organization who is or may be held legally liable for that **property damage**.
- b. The amount payable for **property damage** is subject to the applicable deductible for each accident.
- 2. The limit shown for Uninsured Motor Vehicle Coverage – Property Damage is the most **we** will pay regardless of the number of:
 - a. claims made;
 - b. vehicles insured;
 - c. premiums shown on the Declarations; or
 - d. vehicles involved in the accident.

Nonduplication

We will not pay under Uninsured Motor Vehicle Coverage – Property Damage any damages that have already been paid, could have been paid, or could be paid:

1. by or on behalf of any **person** or organization who is or may be held legally liable for the **property damage**; or
2. under Liability Coverage of any policy issued by the **State Farm Companies** to **you** or any **resident relative**; or
3. under any physical damage coverage or property insurance policy.

Exclusions

THERE IS NO COVERAGE:

1. IF **YOU**, WITHOUT **OUR** WRITTEN CONSENT, SETTLES WITH ANY **PERSON** OR ORGANIZATION WHO MAY BE LIABLE FOR THE **PROPERTY DAMAGE**;
2. FOR PUNITIVE OR EXEMPLARY DAMAGES;
3. FOR ANY ORDER OF RESTITUTION ISSUED BY A COURT IN A CRIMINAL PROCEEDING OR EQUITABLE ACTION;
4. FOR **PROPERTY DAMAGE** UNLESS **YOU CAN**:

- a. IDENTIFY THE OWNER OR DRIVER OF THE **UNINSURED MOTOR VEHICLE** BY NAME AND ADDRESS; AND
- b. PROVE THE MOTOR VEHICLE TO BE AN **UNINSURED MOTOR VEHICLE**.
- 5. FOR **PROPERTY DAMAGE**, FOR:
 - a. LOSS OF USE OF THE VEHICLE; OR
 - b. LOSS OF OR DAMAGE TO PERSONAL PROPERTY WHICH WAS IN THE VEHICLE;
- 6. FOR **PROPERTY DAMAGE** RESULTING FROM:
 - a. NUCLEAR REACTION;
 - b. RADIATION OR RADIOACTIVE CONTAMINATION FROM ANY SOURCE; OR
 - c. THE ACCIDENTAL OR INTENTIONAL DETONATION OF, OR RELEASE OF RADIATION FROM, ANY NUCLEAR OR RADIOACTIVE DEVICE;
- 7. FOR **PROPERTY DAMAGE** WHILE A **YOUR CAR** IS RENTED OR LEASED TO OTHERS, INCLUDING PERSONAL VEHICLE SHARING, PEER-TO-PEER CAR SHARING, OR OTHER SIMILAR PROGRAM; OR
- 8. FOR **PROPERTY DAMAGE** WHILE A **YOUR CAR** IS MADE AVAILABLE OR BEING USED TO CARRY **PERSONS** FOR A CHARGE.

If Other Uninsured Motor Vehicle Coverage – Property Damage or If Other Property Damage Coverage Applies

The Uninsured Motor Vehicle Coverage – Property Damage provided by this policy for **property damage** applies:

1. as excess coverage if any other kind of coverage applies to the **property damage**, including coverage provided under the Physical Damage Coverages of this policy; but
2. only in the amount by which it exceeds that other coverage.

The **State Farm Companies** will pay the proportion of damages payable as excess that the single highest applicable limit provided by any one of the **State Farm Companies** bears to the sum of such amount and the limits of all other physical damage coverage or property damage coverage provided by one or more other sources that apply as excess coverage.

Our Payment Options

We may, at **our** option, make payment to one or more of the following for **property damage**:

1. **You**;
2. The repairer;
3. A creditor shown on the Declarations, to the extent of its interest; or
4. A person authorized by law to receive such payment

UNDERINSURED MOTOR VEHICLE COVERAGE

This policy provides Underinsured Motor Vehicle Coverage if a premium is shown under "Coverage Symbol W" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definitions

Insured means:

1. **you**;
2. **resident relatives**;
3. any other **person** while **occupying**:

- a. a **your car**;
- b. a **newly acquired car**; or
- c. a **temporary substitute car**.

Such vehicle must be used with **your** express or implied permission; and

4. any **person** or organization entitled to recover compensatory damages as a result of **bodily injury** to an **insured** as defined in 1., 2., or 3. above.

Underinsured Motor Vehicle means a land motor vehicle:

1. the ownership, maintenance, and use is either:
 - a. insured or bonded for bodily injury liability at the time of the accident; or
 - b. self-insured under any motor vehicle financial responsibility law, any motor carrier law, or any similar law; and
2. for which the total limits of insurance, bonds, and self-insurance for bodily injury liability from all sources:
 - a. are less than the Underinsured Motor Vehicle Coverage limit of this policy; or
 - b. have been reduced by payments to **persons** other than **you** and **resident relatives** to less than the Underinsured Motor Vehicle Coverage limit of this policy.

Underinsured Motor Vehicle does not include a land motor vehicle:

1. whose ownership, maintenance, or use is provided Liability Coverage by this policy;
2. **owned by**, rented to, or furnished or available for the regular use of **you** or any **resident relative**;
3. **owned by** or rented to any government or any of its political subdivisions or agencies;
4. designed for use primarily off public roads and not licensed for public road use at the time of the accident. This does not apply while the vehicle is on public roads;
5. while located for use as a dwelling or other premises; or
6. defined as an **uninsured motor vehicle** under Uninsured Motor Vehicle Coverage of this policy.

Insuring Agreement

We will pay compensatory damages for **bodily injury** an **insured** is legally entitled to recover from the owner or driver of an **underinsured motor vehicle**. The **bodily injury** must be:

1. sustained by an **insured**; and

2. caused by an accident that involves the operation, maintenance, or use of an **underinsured motor vehicle** as a motor vehicle.

We will pay only if the limits of liability or portion thereof under all bodily injury liability bonds, policies, and self-insurance plans that apply to the **insured's bodily injury** have been partially or fully exhausted by payment of judgments or settlements, or have been offered to the **insured** in writing.

Consent to Settlement

The **insured** must notify **us** in writing of a settlement offer proposed by or on behalf of the owner or operator of the **underinsured motor vehicle**, and allow **us** to advance an amount equal to the tentative settlement within 30 days after we receive the written notice.

Any agreement between the **insured** and **us** as to the amount due shall be final and shall be binding upon both the **insured** and **us** regardless of the amount of any judgment or any settlement reached between any **insured** and the legally liable **person** or **persons**. No such settlement agreement shall be concluded unless:

1. the **insured** has complied with all other applicable policy terms and conditions; and
2. before the conclusion of the settlement agreement, the **insured**:
 - a. has filed suit against the owner or operator of the **underinsured motor vehicle**; and
 - b. has not abandoned the suit or settled the suit without preserving **our** rights to recover **our** payments.

The most we will pay under the settlement agreement is the amount by which the limits of this coverage exceed the limits of the bodily injury liability insurance of the owner or operator of the **underinsured motor vehicle**.

Deciding Fault and Amount

1. The **insured** and **we** must agree to the answers to the following two questions:
 - a. Is the **insured** legally entitled to recover compensatory damages from the owner or driver of the **underinsured motor vehicle**?
 - b. If the **insured** and **we** agree that the answer to 1.a. above is yes, then what is the amount of the

- compensatory damages that the **insured** is legally entitled to recover from the owner or driver of the **underinsured motor vehicle**?
2. If there is no agreement, these questions shall be decided by arbitration.
 3. Upon the **insured** requesting arbitration, the **insured** and **we** shall each select an arbitrator and the two arbitrators so named shall select a third arbitrator. If such arbitrators are not selected within 45 days from such request, either party may request that such arbitration be submitted to the American Arbitration Association.
 4. The written decision of any two arbitrators shall be binding on each party for the amount of **bodily injury** damages in any one accident, not exceeding the least of:
 - a. \$75,000 for one **person**;
 - b. \$150,000 for two or more **persons**, subject to a. above; or
 - c. the corresponding policy limits for this coverage under this policy.
 5. Arbitrator, attorney, and expert witness costs shall be paid by the party who hired such **person**. The cost of the third arbitrator and other expenses of arbitration shall be shared equally by both parties. However, in no event shall the expense to the **insured**, exclusive of fees for attorneys and expert witnesses, reduce recovery below the Illinois Safety Responsibility Law minimum limit.
 6. The arbitration shall take place in the county in which the **insured** resides unless the parties agree to another place. State court rules governing procedure and admission of evidence shall be used. When the **insured** is seeking damages for **bodily injury** up to, but not in excess of, the limits set forth in the Illinois Safety Responsibility Law, the rules as specified in Illinois Insurance Code 5/143a shall also apply.
 7. **We** are not bound by any judgment against any **person** or organization obtained without **our** written consent.
 8. Any arbitration or suit against **us** will be barred unless commenced within two years immediately following:
 - a. the date of tentative settlement with or on behalf of the owner or driver of an **underinsured motor vehicle**; or
 - b. the date the insuring company for the owner or driver of the **underinsured motor vehicle** becomes insolvent, if such insolvency occurs within two years immediately following the date of tentative settlement.
- Legal action may only be brought against **us** in accordance with the Legal Action Against Us provision of this policy.
9. Arbitrators shall have no authority to decide any questions of law or conduct arbitration on a class-wide or class-representative basis.
 10. Regardless of the amount of any award, including any judgment or default judgment, **we** are not obligated to pay any amount in excess of the available limit under this coverage of this policy.

Limit

1. The Underinsured Motor Vehicle Coverage limit is shown in the "COVERAGES AND LIMITS" schedule on the Declarations under "Bodily Injury Limit – Each Person, Each Accident".
 - a. The most **we** will pay for all compensatory damages resulting from **bodily injury** to any one **insured** injured in any one accident, including all compensatory damages sustained by other **insureds** as a result of that **bodily injury**, is the lesser of:
 - (1) the dollar amount shown under "Each Person";
 - (2) the amount determined by:
 - (a) if there is one **underinsured motor vehicle** involved in the accident, the dollar amount shown under "Each Person"; less those amounts actually recovered under the applicable policies, bonds, or other security maintained on that **underinsured motor vehicle**;
 - (b) if there is more than one **underinsured motor vehicle** involved in the

- accident, the sum of the amounts obtained from the calculation of (2)(a) above for each ***underinsured motor vehicle*** involved in the accident; or
- (3) the total amount of all damages resulting from that ***bodily injury*** less those amounts actually recovered under all applicable bodily injury insurance policies, bonds, or other security maintained on the ***underinsured motor vehicles***.
- b. The most ***we*** will pay, subject to 1.a. above, for all compensatory damages resulting from ***bodily injury*** to two or more ***insureds*** injured in any one accident is the dollar amount shown under "Each Accident" less those amounts actually recovered under the applicable bodily injury insurance policies, bonds, or other security maintained on the ***underinsured motor vehicles***.
 2. Any amount paid or payable to or for the ***insured*** under any workers' compensation law, pension code, municipal ordinance, labor union fund, disability benefits law, or similar law shall reduce the amount payable under this coverage. The reduction may be taken only once and shall be first applied to the amount payable by any policy providing coverage on a primary basis. Any remaining reduction shall then be applied to the amount payable by any policy providing coverage on an excess basis. However, social security disability benefits shall not be used to reduce the amount payable under this coverage.
 3. The limit shown for Underinsured Motor Vehicle Coverage is the most ***we*** will pay regardless of the number of:
 - a. ***insureds***;
 - b. claims made;
 - c. vehicles insured;
 - d. premiums shown on the Declarations; or
 - e. vehicles involved in the accident.
- Nonduplication**
- We** will not pay under Underinsured Motor Vehicle Coverage any damages that have already been paid, could have been paid, or could be paid to or for the ***insured***:
1. by or on behalf of any ***person*** or organization who is or may be held legally liable for the ***underinsured motor vehicle***;
 2. for ***bodily injury*** under Liability Coverage of any policy issued by the ***State Farm Companies*** to ***you*** or any ***resident relative***; or
 3. as expenses under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.
- Exclusions**
- THERE IS NO COVERAGE:**
1. FOR AN ***INSURED*** WHO, WITHOUT ***OUR*** WRITTEN CONSENT, SETTLES WITH ANY ***PERSON*** OR ORGANIZATION WHO MAY BE LIABLE FOR THE ***BODILY INJURY***;
 2. FOR AN ***INSURED*** WHO SUSTAINS ***BODILY INJURY***:
 - a. WHILE ***OCCUPYING*** A MOTOR VEHICLE ***OWNED BY YOU*** IF IT IS NOT A ***YOUR CAR*** OR A ***NEWLY ACQUIRED CAR***; OR
 - b. WHILE ***OCCUPYING*** A MOTOR VEHICLE ***OWNED BY ANY RESIDENT RELATIVE*** IF IT IS NOT A ***YOUR CAR*** OR A ***NEWLY ACQUIRED CAR***. This exclusion (2.b.) does not apply to ***you***, provided that the motor vehicle is not ***owned by you***;
 3. FOR AN ***INSURED*** WHOSE ***BODILY INJURY*** RESULTS FROM THE DISCHARGE OF A FIREARM;
 4. TO THE EXTENT IT BENEFITS:
 - a. ANY WORKERS' COMPENSATION, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, OR DISABILITY BENEFITS INSURANCE COMPANY;
 - b. A SELF-INSURER UNDER ANY WORKERS' COMPENSATION LAW, PENSION CODE, MUNICIPAL ORDINANCE, LABOR UNION FUND, DISABILITY BENEFITS LAW, OR SIMILAR LAW; OR
 - c. ANY GOVERNMENT OR ANY OF ITS POLITICAL SUBDIVISIONS OR AGENCIES;
 5. FOR PUNITIVE OR EXEMPLARY DAMAGES;

6. FOR ANY ORDER OF RESTITUTION ISSUED BY A COURT IN A CRIMINAL PROCEEDING OR EQUI-
TABLE ACTION;
7. IF THE UNINSURED MOTOR VEHICLE COVER-
AGE APPLIES TO THE ACCIDENT;
8. UNTIL THE **INSURED** EITHER SETTLES WITH ALL INSURERS OR SELF-INSURERS ISSUING APPLI-
CABLE INSURANCE POLICIES, BONDS, OR OTHER SECURITY MAINTAINED ON THE **UNDER-
INSURED MOTOR VEHICLE** OR OBTAINS A FINAL JUDGMENT AGAINST THE OWNER OR OPERA-
TOR OF THE **UNDERINSURED MOTOR VEHICLE**.
This does not apply if:
 - a. the **insured** has given **us** notice of a settlement offer proposed by or on behalf of the owner or operator of the **underinsured motor vehicle** and **we** advance an amount equal to the tentative settlement within 30 days after **we** receive the written notice; or
 - b. the **insured** or their legal representative and **we**:
 - (1) agree that the **insured** has suffered **bodily
injury** as a result of the negligent opera-
tion, maintenance, or use of an **underin-
sured motor vehicle**;
 - (2) agree, without arbitration, on the amount of damages that the **insured** is legally entitled to collect; and
 - (3) agree upon settlement in accordance with the **Consent to Settlement and Deciding Fault and Amount** provisions under this coverage;
9. FOR AN **INSURED OCCUPYING** A VEHICLE WHILE IT IS:
 - a. MADE AVAILABLE OR BEING USED TO CARRY **PERSONS** FOR A CHARGE. This ex-
clusion (9.a.) does not apply to:
 - (1) the use of a **private passenger car** on a share-the-expense basis; or
 - (2) **you** or a **resident relative occupying** a **non-owned car** as a passenger; OR
 - b. RENTED TO OR LEASED TO OTHERS BY AN **INSURED**, INCLUDING PERSONAL VEHICLE

SHARING, PEER-TO-PEER CAR SHARING,
OR OTHER SIMILAR PROGRAM.

If Other Underinsured Motor Vehicle Coverage Applies

1. If Underinsured Motor Vehicle Coverage provided by this policy and one or more other vehicle policies issued to **you** or any **resident relative** by the **State Farm Companies** apply to the same **bodily injury**, then:
 - a. the Underinsured Motor Vehicle Coverage limits of such policies will not be added together to determine the most that may be paid; and
 - b. the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. **We** may choose one or more policies from which to make payment.
2. The Underinsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an **in-
sured** who sustains **bodily injury** while **occupying** a **your car**.
 - a. If:
 - (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** that provides Underinsured Motor Vehicle Coverage which applies to the accident as primary coverage; and
 - (2) underinsured motor vehicle coverage pro-
vided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same accident,
 - then **we** will pay the proportion of damages payable as primary that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other underinsured motor vehicle coverage that apply as primary coverage.
 - b. If:
 - (1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Underinsured Motor Vehicle Coverage which applies to the accident as primary coverage; and
 - (2) underinsured motor vehicle coverage pro-
vided by one or more sources other than

- the **State Farm Companies** also applies as primary coverage for the same accident, then the **State Farm Companies** will pay the proportion of damages payable as primary that the maximum amount that may be paid by the **State Farm Companies** as determined in 1. above bears to the sum of such amount and the limits of all other underinsured motor vehicle coverage that apply as primary coverage.
3. Except as provided in 2. above, the Underinsured Motor Vehicle Coverage provided by this policy applies as excess coverage.
 - a. If:
 - (1) this is the only vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** that provides Underinsured Motor Vehicle Coverage which applies to the accident as excess coverage; and
 - (2) underinsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident, then **we** will pay the proportion of damages payable as excess that **our** applicable limit bears to the sum of **our** applicable limit and the limits of all other underinsured motor vehicle coverage that apply as excess coverage.
 - b. If:

(1) more than one vehicle policy issued to **you** or any **resident relative** by the **State Farm Companies** provides Underinsured Motor Vehicle Coverage which applies to the accident as excess coverage; and

(2) underinsured motor vehicle coverage provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same accident,

then the **State Farm Companies** will pay the proportion of damages payable as excess that the maximum amount that may be paid by the **State Farm Companies** as determined in 1. above bears to the sum of such amount and the limits of all other underinsured motor vehicle coverage that apply as excess coverage.

Our Payment Options

We may, at **our** option, make payment to one or more of the following:

1. The **insured**;
2. The **insured's** surviving spouse;
3. A parent or guardian of the **insured**, if the **insured** is a minor or an incompetent **person**; or
4. A **person** authorized by law to receive such payment.

PHYSICAL DAMAGE COVERAGES

The physical damage coverages are Comprehensive Coverage, Collision Coverage, Emergency Road Service Coverage, and Car Rental and Travel Expenses Coverage.

This policy provides:

1. Comprehensive Coverage if a premium is shown under "Coverage Symbol D";
2. Collision Coverage if a premium is shown under "Coverage Symbol G";
3. Emergency Road Service Coverage if a premium is shown under "Coverage Symbol H";

4. Car Rental and Travel Expenses Coverage if a premium is shown under "Coverage Symbol R1"

in the "POLICY PREMIUM" schedules on the Declarations.

Deductible

1. The Comprehensive Coverage deductible, if any, that applies to a **covered vehicle** that is:
 - a. a **your car** is the deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for that **your car**.

- b. a **newly acquired car** is the lesser of:
 - (1) the lowest Comprehensive Coverage deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for any vehicle for which a premium is shown under "Coverage Symbol D" in the "POLICY PREMIUM" schedules on the Declarations; or
 - (2) \$500.
 - c. a **temporary substitute car, a non-owned car, a non-owned trailer, or a non-owned camper** is the lowest deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for any vehicle for which a premium is shown under "Coverage Symbol D" in the "POLICY PREMIUM" schedules on the Declarations.
 - d. a camper is the deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for the **your car** on which the camper is designed to be mounted or installed. If both the **your car** and the camper are damaged by the same **loss**, then only one deductible will apply.
2. The Collision Coverage deductible that applies to a **covered vehicle** that is:
- a. a **your car** is the deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for that **your car**.
 - b. a **newly acquired car** is the lesser of:
 - (1) the lowest Collision Coverage deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for any vehicle for which a premium is shown under "Coverage Symbol G" in the "POLICY PREMIUM" schedules on the Declarations; or
 - (2) \$500.
 - c. a **temporary substitute car, a non-owned car, a non-owned trailer, or a non-owned camper** is the lowest deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for any vehicle for which a premium is shown under "Coverage Symbol G" in the "POLICY PREMIUM" schedules on the Declarations.
- d. a camper is the deductible dollar amount shown in the "POLICY PREMIUM" schedules on the Declarations for the **your car** on which the camper is designed to be mounted or installed. If both the **your car** and the camper are damaged by the same **loss caused by collision**, then only one deductible will apply.

Additional Definitions

Covered Vehicle means:

1. a **your car**, but only for those coverages for which a premium for that **your car** is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations;
2. a **newly acquired car** if a premium is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations;
3. a **temporary substitute car** if a premium is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations;
4. a camper that is:
 - a. shown on the Declarations; and
 - b. designed to be mounted or installed on a **your car** described in 1. above, but only for those coverages for which a premium is shown for that **your car** under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations;
5. a **non-owned car**:
 - a. if a premium is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations; and
 - b. while it is:
 - (1) being driven by an **insured**; or
 - (2) in the custody of an **insured** if at the time of the **loss** it is:
 - (a) not being driven; or
 - (b) being driven by a **person** other than an **insured** and being **occupied** by an **insured**;

6. a **non-owned trailer**.
 - a. if a premium is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations; and
 - b. while it is being used by an **insured**; and
7. a **non-owned camper**.
 - a. if a premium is shown under the corresponding "Coverage Symbol" in the "POLICY PREMIUM" schedules on the Declarations; and
 - b. while it is being used by an **insured**.

A **covered vehicle** also includes the parts and equipment that are common to the use of the vehicle as a vehicle. However, parts and equipment of **trailers** and campers must be securely fixed as a permanent part of the **trailer** or camper.

Daily Transportation Charge means the sum of:

1. the daily rental rate, including mileage charges and related taxes, incurred when an **insured** rents a **car** from a **car business**; and
2. commercial transportation expenses incurred by an **insured**.

Insured means **you** and **resident relatives**.

Loss means:

1. direct, sudden, and accidental damage to; or
2. total or partial theft of

a **covered vehicle**. **Loss** does not include any reduction in the value of any **covered vehicle** after it has been repaired, as compared to its value before it was damaged.

Loss Caused By Collision means a **loss** caused by:

1. a **covered vehicle** hitting or being hit by another vehicle or another object; or
2. the overturning of a **covered vehicle**.

Any **loss** caused by missiles, falling objects, windstorm, hail, fire, explosion, earthquake, water, flood, total or partial theft, malicious mischief, vandalism, riot, civil commotion, or hitting or being hit by a bird or an animal is not a **Loss Caused By Collision**.

Non-Owned Camper means a camper designed to be mounted on a pickup truck that is in the lawful possession of an **insured** and that neither:

1. is **owned by**:
 - a. an **insured**;
 - b. any other **person** who resides primarily in **your household**; or
 - c. an employer of any **person** described in a. or b. above; nor

2. has been used by, rented by, or in the possession of an **insured** during any part of each of the 31 or more consecutive days immediately prior to the date of the **loss**.

Non-Owned Trailer means a **trailer** that is in the lawful possession of an **insured** and that neither:

1. is **owned by**:
 - a. an **insured**;
 - b. any other **person** who resides primarily in **your household**; or
 - c. an employer of any **person** described in a. or b. above; nor
2. has been used by, rented by, or in the possession of an **insured** during any part of each of the 31 or more consecutive days immediately prior to the date of the **loss**.

Insuring Agreements

1. Comprehensive Coverage

We will pay:

- a. for **loss**, except **loss caused by collision**, to a **covered vehicle**; and
- b. transportation expenses incurred by an **insured** as a result of the total theft of a **covered vehicle owned by you**. These transportation expenses are payable:

(1) during the period that:

- (a) starts on the date **you** report the theft to **us**; and
- (b) ends on the earliest of:
 - (i) the date the vehicle is returned to **your** possession in a drivable condition;
 - (ii) the date the vehicle has been replaced;

- (iii) seven days after the date **we** offer to pay for the **loss** if the vehicle has not yet been recovered; or
 - (iv) seven days after the date **we** offer to pay for the **loss** if the vehicle is recovered, but is a total loss as determined by **us**; and
- (2) during the period that:
- (a) starts on the date the vehicle is left at a repair facility if the stolen vehicle is recovered, returned to **your** possession in a drivable condition, and has unrepainted damage that resulted from the total theft; and
 - (b) ends on the date the vehicle is repaired.

These transportation expenses must be reported to **us** before **we** will pay such incurred expenses.

2. Collision Coverage

We will pay for **loss caused by collision** to a **covered vehicle**.

3. Emergency Road Service Coverage

We will pay the fair cost incurred by an **insured** for:

- a. up to one hour of labor to repair a **covered vehicle** at the place of its breakdown;
- b. towing to the nearest repair facility where necessary repairs can be made if a **covered vehicle** is not drivable;
- c. towing a **covered vehicle** out of a location where it is stuck if the vehicle is on or immediately next to a public road;
- d. delivery of gas, oil, battery, or tire necessary to return a **covered vehicle** to driving condition. **We** do not pay the cost of the gas, oil, battery, or tire; and
- e. up to one hour of labor for locksmith services to unlock a **covered vehicle** if its key is lost, stolen, or locked inside the vehicle.

4. Car Rental and Travel Expenses Coverage

a. Car Rental and Transportation Reimbursement Expense

We will pay the **daily transportation charge** incurred while a **covered vehicle owned by you** is not drivable or is being repaired as a result of a **loss** which would be payable under Comprehensive Coverage or Collision Coverage.

We will pay the **daily transportation charge** incurred during a period that:

- (1) starts on the date:
 - (a) the vehicle is not drivable as a result of the **loss**; or
 - (b) the vehicle is left at a repair facility if the vehicle is drivable; and
- (2) ends on the earliest of:
 - (a) the date the vehicle has been repaired or replaced;
 - (b) the date **we** offer to pay for the **loss** if the vehicle is repairable but **you** choose to delay repairs; or
 - (c) seven days after **we** offer to pay for the **loss** if the vehicle is:
 - (i) a total loss as determined by **us**; or
 - (ii) stolen and not recovered.

The amount of any such **daily transportation charge** incurred by an **insured** must be reported to **us** before **we** will pay such amount.

b. Travel Expenses

We will pay expenses for commercial transportation, lodging, and meals if a **covered vehicle owned by you** is not drivable as a result of a **loss** which would be payable under Comprehensive Coverage or Collision Coverage. The **loss** must occur more than 50 miles from **your** home. **We** will only pay these expenses if they are incurred by:

- (1) an **insured** during the period that:
 - (a) starts after the **loss** occurs; and
 - (b) ends on the earlier of:
 - (i) the **insured's** arrival at their destination or home if the vehicle is left behind for repairs; or

- (ii) the repair of the vehicle if the **insured** waits for repairs before continuing on to their destination or returning home; and
 - (2) **you**, or any **person you** choose, to travel to retrieve the vehicle and drive it to either the original destination or **your** home if the vehicle was left behind for repairs.
- These expenses must be reported to **us** before **we** will pay such incurred expenses.

c. **Rental Car – Repayment of Deductible Expense**

We will pay the comprehensive coverage deductible or collision coverage deductible an **insured** is required to pay the owner of a **car** rented or loaned from a **car business**.

The deductible amount must be reported to **us** before **we** will pay.

Supplementary Pet Injury Coverage

We will pay:

1. veterinary expenses incurred for treatments, procedures, or products for a cat or dog injured in a **loss**. Such injury must be diagnosed within 30 days of the date of **loss**; and
2. the cost to replace the cat or dog, if such injury results in death.

The cat or dog must be **occupying a covered vehicle** which sustains a **loss** for which **we** make a payment under Comprehensive Coverage or Collision Coverage. These expenses must be incurred within one year from the date of **loss** and must be reported to **us** before **we** will pay.

We will not pay more than \$1,000 per animal. Subject to the per animal limit, **we** will not pay more than \$2,000 per **loss**.

Supplementary Payments – Comprehensive Coverage and Collision Coverage

If the **covered vehicle** sustains **loss** for which **we** make a payment under Comprehensive Coverage or Collision Coverage, then **we** will pay reasonable expenses incurred to:

1. tow the **covered vehicle** immediately after the **loss**:
- a. for a reasonable distance from the location of the **loss** to any one repair facility chosen by an

- insured** or the owner of the **covered vehicle**, if the **covered vehicle** is not drivable; or
 - b. to any one repair facility or commercial storage facility, neither of which was chosen by an **insured** or the owner of the **covered vehicle**. **We** will also pay reasonable expenses incurred to tow the **covered vehicle** for a reasonable distance from this facility to any one repair facility chosen by an **insured** or the owner of the **covered vehicle**, if the **covered vehicle** is not drivable;
 - 2. store the **covered vehicle**, if it is not drivable immediately after the **loss**, at:
 - a. any one repair facility or commercial storage facility, neither of which was chosen by an **insured** or the owner of the **covered vehicle**; and
 - b. any one repair facility chosen by the owner of the **covered vehicle**, and **we** determine such vehicle is a total loss.
- If the owner of the **covered vehicle** consents, then **we** may move the **covered vehicle** at **our** expense to reduce storage costs. If the owner of the **covered vehicle** does not consent, then **we** will pay only the storage costs that would have resulted if **we** had moved the damaged **covered vehicle**; and
3. clean up debris from the **covered vehicle** at the location of the **loss**.

Limit and Loss Settlement – Comprehensive Coverage and Collision Coverage

1. **We** have the right to choose to settle with **you** or the owner of the **covered vehicle** in one of the following ways:
 - a. Pay the cost to repair the **covered vehicle** minus any applicable deductible.
 - (1) **We** have the right to choose one of the following to determine the cost to repair the **covered vehicle**:
 - (a) The cost agreed to by both the owner of the **covered vehicle** and **us**;
 - (b) A bid or repair estimate approved by **us**; or
 - (c) A repair estimate that is written based upon or adjusted to:
 - (i) the prevailing competitive price;

- (ii) the lower of paintless dent repair pricing established by an agreement **we** have with a third party or the paintless dent repair price that is competitive in the market; or
- (iii) a combination of (i) and (ii) above.

The prevailing competitive price means prices charged by a majority of the repair market in the area where the **covered vehicle** is to be repaired as determined by a survey made by **us**. If asked, **we** will identify some facilities that will perform the repairs at the prevailing competitive price. The estimate will include parts sufficient to restore the **covered vehicle** to its pre-loss condition.

You agree with **us** that the repair estimate may include new, used, recycled, and reconditioned parts. Any of these parts may be either original equipment manufacturer parts or non-original equipment manufacturer parts.

You also agree that replacement glass need not have any insignia, logo, trademark, etching, or other marking that was on the replaced glass.

- (2) The cost to repair the **covered vehicle** does not include any reduction in the value of the **covered vehicle** after it has been repaired, as compared to its value before it was damaged.
- (3) If the repair or replacement of a part results in betterment of that part, then **you** or the owner of the **covered vehicle** must pay for the amount of the betterment.
- (4) If **you** and **we** agree, then windshield glass will be repaired instead of replaced;
- b. Pay the actual cash value of the **covered vehicle** minus any applicable deductible.

(1) The owner of the **covered vehicle** and **we** must agree upon the actual cash value of the **covered vehicle**. If there is disagreement as to the actual cash value of the **covered vehicle**, then the disagreement will be resolved by appraisal upon written request of the owner or **us**. Either the owner or **we** may submit a written request to the other party within 60 days after **we** offer to pay the actual cash value of the **covered vehicle**. The appraisal will use the following procedures:

- (a) The owner and **we** will each select a competent appraiser.
- (b) The two appraisers will select a third competent appraiser. If they are unable to agree on a third appraiser within 30 days, then either the owner or **we** may petition a court that has jurisdiction to select the third appraiser.
- (c) Each party will pay the cost of its own appraiser, attorneys, and expert witnesses, as well as any other expenses incurred by that party. Both parties will share equally the cost of the third appraiser.
- (d) The appraisers shall only determine the actual cash value of the **covered vehicle**. Appraisers shall have no authority to decide any other questions of fact, decide any questions of law, or conduct appraisal on a class-wide or class-representative basis.
- (e) A written appraisal that is both agreed upon by and signed by any two appraisers, and that also contains an explanation of how they arrived at their appraisal, will be binding on the owner of the **covered vehicle** and **us**.
- (f) **We** do not waive any of **our** rights by submitting to an appraisal.

- (2) The damaged **covered vehicle** must be given to **us** in exchange for **our** payment, unless **we** agree that the owner may keep it. If the owner keeps the **covered vehicle**, then **our** payment will be reduced by the value of the **covered vehicle** after the **loss**; or
- c. Return the stolen **covered vehicle** to its owner and pay, as described in 1.a. above, for any direct, sudden, and accidental damage that resulted from the theft.
2. The most **we** will pay for transportation expenses under Comprehensive Coverage is \$25 per day subject to an aggregate limit of \$750 per **loss**.
3. The most **we** will pay for **loss** to a **non-owned trailer** or a **non-owned camper** is \$2,500.
- Limit – Car Rental and Travel Expenses Coverage**
1. **Car Rental and Transportation Reimbursement Expense**
- a. The limit for Car Rental and Transportation Reimbursement Expense is shown in the "COVERAGES AND LIMITS" schedule on the Declarations.
- (1) The most **we** will pay per day for the **daily transportation charge** incurred as a result of any one **loss** to a **covered vehicle owned by you** is shown under "Each Day" for that **covered vehicle owned by you**. If:
- (a) a dollar amount is shown, then **we** will pay the **daily transportation charge** up to that dollar amount; or
- (b) a percentage amount is shown, then **we** will pay that percentage of the **daily transportation charge**.
- (2) Subject to (1) above, the most **we** will pay for **daily transportation charge** incurred as a result of any one **loss** to a **covered vehicle owned by you** is the dollar amount shown under "Each Loss" for that **covered vehicle owned by you**.
- b. The Car Rental and Transportation Reimbursement Expense limit that applies to a **newly acquired car** is the highest limit shown in the "COVERAGES AND LIMITS" schedule on the Declarations.
2. **Travel Expenses**
- The most **we** will pay for Travel Expenses incurred by all **insureds** as a result of any one **loss** is \$500.
3. **Rental Car – Repayment of Deductible Expense**
- The most **we** will pay for Rental Car – Repayment of Deductible Expense incurred as a result of any one **loss** is \$500.
- Nonduplication**
- We** will not pay for any **loss** or expense under the Physical Damage Coverages for which the **insured** or owner of the **covered vehicle** has already received payment from, or on behalf of, a party who is legally liable for the **loss** or expense.
- Exclusions**
- THERE IS NO COVERAGE FOR:
1. ANY **COVERED VEHICLE** THAT IS:
- a. INTENTIONALLY DAMAGED; OR
- b. STOLEN
- BY, OR AT THE DIRECTION OF, AN **INSURED**. This does not apply to the extent of the ownership interest of an **insured** who did not cooperate in or contribute to the **loss** if the **loss** arose out of a pattern of criminal domestic violence and the perpetrator of the **loss** is criminally prosecuted for the act causing the **loss**;
2. ANY **COVERED VEHICLE** WHILE IT IS RENTED TO OR LEASED TO OTHERS, BY AN **INSURED**, INCLUDING PERSONAL VEHICLE SHARING, PEER-TO-PEER CAR SHARING OR OTHER SIMILAR PROGRAM;
3. ANY **COVERED VEHICLE** WHILE IT IS:
- a. MADE AVAILABLE; OR
- b. BEING USED
- TO CARRY **PERSONS** FOR A CHARGE. This exclusion does not apply to the use of a **private passenger car** on a share-the-expense basis;
4. ANY **COVERED VEHICLE** DUE TO:
- a. THEFT;
- b. CONVERSION;

- c. EMBEZZLEMENT; OR
- d. SECRETION

BY AN **INSURED**, A CONSIGNEE, AN AGENT OF A CONSIGNEE, OR A **PERSON** WHO OBTAINS POSSESSION OF THE **COVERED VEHICLE** WITH THE PERMISSION OF A CONSIGNEE OR AGENT OF A CONSIGNEE;

- 5. **LOSS TO A COVERED VEHICLE OWNED BY YOU** IF AN **INSURED** VOLUNTARILY RELINQUISHES POSSESSION OF THAT **CAR** TO A **PERSON** OR ORGANIZATION UNDER AN ACTUAL OR PRESUMED SALES AGREEMENT;
- 6. ANY **COVERED VEHICLE** TO THE EXTENT **OUR** PAYMENT WOULD BENEFIT ANY CARRIER OR OTHER BAILEE FOR HIRE THAT IS LIABLE FOR **LOSS** TO SUCH **COVERED VEHICLE**;
- 7. **LOSS** TO ANY **COVERED VEHICLE** DUE TO **FUNGI**. THIS APPLIES REGARDLESS OF WHETHER OR NOT THE **FUNGI** RESULT FROM A **LOSS** THAT IS PAYABLE UNDER ANY OF THE PHYSICAL DAMAGE COVERAGES. **WE** WILL ALSO NOT PAY FOR ANY TESTING OR REMEDIATION OF **FUNGI**, OR ANY ADDITIONAL COSTS REQUIRED TO REPAIR ANY **COVERED VEHICLE** THAT ARE DUE TO THE EXISTENCE OF **FUNGI**;
- 8. **LOSS** TO ANY **COVERED VEHICLE** THAT RESULTS FROM:
 - a. NUCLEAR REACTION;
 - b. RADIATION OR RADIOACTIVE CONTAMINATION FROM ANY SOURCE; OR
 - c. THE ACCIDENTAL OR INTENTIONAL DETONATION OF, OR RELEASE OF RADIATION FROM, ANY NUCLEAR OR RADIOACTIVE DEVICE;
- 9. **LOSS** TO ANY **COVERED VEHICLE** THAT RESULTS FROM THE TAKING OF OR SEIZURE OF THAT **COVERED VEHICLE** BY ANY GOVERNMENTAL AUTHORITY;
- 10. **LOSS** TO ANY **COVERED VEHICLE** THAT RESULTS FROM WAR OF ANY KIND;
- 11. A **COVERED VEHICLE** THAT IS A **YOUR CAR** WHILE SUBJECT TO ANY:
 - a. LIEN AGREEMENT;
 - b. RENTAL AGREEMENT;

- c. LEASE AGREEMENT; OR
- d. SALES AGREEMENT

NOT SHOWN ON THE DECLARATIONS;

- 12. ANY **NON-OWNED CAR** WHILE IT IS:
 - a. BEING MAINTAINED OR USED BY ANY **PERSON** WHILE THAT **PERSON** IS EMPLOYED IN OR ENGAGED IN ANY WAY IN A **CAR BUSINESS**; OR
 - b. USED IN ANY BUSINESS OR OCCUPATION OTHER THAN A **CAR BUSINESS**. This exclusion (12.b.) does not apply to a **private passenger car**;
- 13. ANY PART OR EQUIPMENT OF A **COVERED VEHICLE** IF THAT PART OR EQUIPMENT:
 - a. FAILS OR IS DEFECTIVE; OR
 - b. IS DAMAGED AS A DIRECT RESULT OF:
 - (1) WEAR AND TEAR;
 - (2) FREEZING; OR
 - (3) MECHANICAL, ELECTRICAL, OR ELECTRONIC BREAKDOWN OR MALFUNCTION

OF THAT PART OR EQUIPMENT.

This exclusion does not apply if the **loss** is the result of theft of the **covered vehicle**;

- 14. ANY PART OR EQUIPMENT:
 - a. THAT IS NOT LEGAL FOR USE IN OR ON THE **COVERED VEHICLE** IN THE JURISDICTION WHERE THE **COVERED VEHICLE** IS REGISTERED; OR
 - b. THE USE OF WHICH IS NOT LEGAL IN THE JURISDICTION WHERE THE **COVERED VEHICLE** IS REGISTERED BECAUSE OF HOW OR WHERE THAT PART OR EQUIPMENT IS INSTALLED IN OR ON THE **COVERED VEHICLE**.

However, if there is a legal version of the part or equipment that is necessary for the safe operation of the **covered vehicle**, then **we** will pay the cost that **we** would otherwise have paid to repair the vehicle with the legal version of the part or equipment. **We** will not pay any cost necessary to modify the vehicle for installation of the legal version of the part or equipment;

15. TIRES. This exclusion does not apply if:
- loss** is caused by missiles, falling objects, wind-storm, hail, fire, explosion, earthquake, water, flood, total or partial theft, malicious mischief, vandalism, riot, civil commotion, or hitting or being hit by a bird or an animal; or
 - loss caused by collision** to another part of the **covered vehicle** causes **loss** to tires;
16. REMOVABLE PRODUCTS USED FOR STORAGE OF AUDIO, VIDEO, OR OTHER DATA, INCLUDING BUT NOT LIMITED TO TAPES, DISCS, AND MEMORY CARDS, NOR IS THERE COVERAGE FOR THE RECONSTRUCTION OF DATA CONTAINED THEREIN;
17. ANY EQUIPMENT USED TO DETECT OR INTERFERE WITH SPEED MEASURING DEVICES;
18. A CAMPER, INCLUDING ITS PARTS AND ITS EQUIPMENT, THAT IS:
- DESIGNED TO BE MOUNTED ON A PICKUP TRUCK;
 - OWNED BY AN INSURED**; AND
 - NOT SHOWN ON THE DECLARATIONS; OR
19. ANY **COVERED VEHICLE** WHILE IT IS:
- BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, HILL-CLIMBING CONTEST, JUMPING CONTEST, OR ANY SIMILAR CONTEST; OR
 - ON A TRACK DESIGNED PRIMARILY FOR RACING OR HIGH-SPEED DRIVING AND BEING PREPARED FOR, USED IN PRACTICE FOR, OR OPERATED IN ANY PREARRANGED OR ORGANIZED RACING CONTEST, SPEED CONTEST, OR ANY SIMILAR CONTEST. This exclusion (19.b.) does not apply if the vehicle is being used in connection with an activity other than racing, high-speed driving, or any type of competitive driving.

If Other Physical Damage Coverage or Similar Coverage Applies

- If the same **loss** or expense is payable under more than one of the physical damage coverages provided

by this policy, then only the one coverage that pays the most for that **loss** or expense applies.

- If any of the physical damage coverages provided by this policy and one or more other policies issued to an **insured** by the **State Farm Companies** apply to the same **loss** or expense, then only one policy applies. **We** will select a policy that pays the most for the **loss** or expense.
- The physical damage coverages provided by this policy apply as primary coverage for a **loss** to a **your car**.
If similar coverage provided by one or more sources other than the **State Farm Companies** also applies as primary coverage for the same **loss** or expense, then the **State Farm Companies** will pay the proportion of the **loss** or expense payable as primary that the maximum amount that may be paid by the **State Farm Companies** bears to the sum of such amount and the limits of all other similar coverage that applies as primary coverage.
- Except as provided in 3. above, the physical damage coverages provided by this policy apply as excess coverage.
If similar coverage provided by one or more sources other than the **State Farm Companies** also applies as excess coverage for the same **loss** or expense, then the **State Farm Companies** will pay the proportion of the **loss** or expense payable as excess that the maximum amount that may be paid by the **State Farm Companies** bears to the sum of such amount and the limits of all other similar coverage that applies as excess coverage.

Financed Vehicle

- If a creditor is shown on the Declarations in relation to any vehicle shown in the "VEHICLE SCHEDULE" on the Declarations, then any Comprehensive Coverage or Collision Coverage provided by this policy for that vehicle also applies to that creditor's interest in that vehicle. Coverage for the creditor's interest is only provided for a **loss** that is payable to **you**.

However, if this policy is cancelled or nonrenewed, then **we** will provide coverage for the creditor's interest until **we** notify the creditor of the termination of such coverage. This coverage for the creditor's interest is only provided for a **loss** that would have been payable to **you** if this policy had not been cancelled

- or nonrenewed. The date such termination is effective will be at least 10 days after the date **we** provide notice of the termination to the creditor.
2. If **we** pay such creditor, then **we** are entitled to the creditor's right of recovery against **you** to the extent of **our** payment. **Our** right of recovery does not impair the creditor's right to recover the full amount of its claim.
- Our Payment Options**
1. **Comprehensive Coverage and Collision Coverage**
 - a. **We** may, at **our** option, make payment to one or more of the following for **loss** to a **covered vehicle owned by you**:
 - (1) **You**;
 - (2) The repairer; or
 - (3) A creditor shown on the Declarations, to the extent of its interest.
 2. **Emergency Road Service Coverage and Car Rental and Travel Expenses Coverage**

We may, at **our** option, make payment to one or more of the following:

 - a. **You**;
 - b. The **insured** who incurred the expense; or
 - c. Any party that provided the service for which payment is owed.

DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE AND LOSS OF EARNINGS COVERAGE

DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE

This policy provides Death, Dismemberment and Loss of Sight Coverage if a premium is shown under "Coverage Symbol S" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definition

Insured means a **person** whose name is shown under "Death, Dismemberment and Loss of Sight Coverage – Persons Insured" on the Declarations.

Insuring Agreement

We will pay the highest applicable benefit shown in the following Death, Dismemberment and Loss of Sight Benefits Schedules if an **insured**:

1. dies; or
2. suffers dismemberment or permanent loss of sight, as described in the schedule

as the direct result of an accident that involves the use of a land motor vehicle or any type of trailer as a vehicle and not due to any other cause.

The **insured** must be **occupying** or be struck as a **pedestrian** by a land motor vehicle or any type of trailer at the time of the accident. The death, dismemberment, or permanent loss of sight must occur within 90 days immediately following the date of the accident.

Benefit

The applicable benefit shown in the schedule is the most **we** will pay for any one **insured** in any one accident. Any benefit paid or payable for dismemberment or permanent loss of sight reduces the death benefit.

The benefits shown in the schedules are doubled for an **insured** who at the time of the accident was **occupying** a **private passenger car** and using a seat belt in the manner recommended by the vehicle's manufacturer.

Death, Dismemberment and Loss of Sight Benefits Schedules

If the dollar amount shown under "Limit" in the "COVERAGES AND LIMITS" schedule on the Declarations is \$5,000, then we will pay the applicable benefit shown below for death or for the described dismemberment or permanent loss of sight:	
Death	\$5,000
Loss of both hands; both feet; all sight of both eyes; one hand and one foot; or one hand or one foot and all sight of one eye	\$5,000
Loss of one hand or one foot; or all sight of one eye	\$2,500
Loss of the thumb and a finger on one hand; or any three fingers	\$1,500
Loss of any two fingers	\$1,000
The hand must be cut off through or above the wrist. The foot must be cut off through or above the ankle. The whole thumb or finger must be cut off.	

If the dollar amount shown under "Limit" in the "COVERAGES AND LIMITS" schedule on the Declarations is \$10,000, then we will pay the applicable benefit shown below for death or for the described dismemberment or permanent loss of sight:	
Death	\$10,000
Loss of both hands; both feet; all sight of both eyes; one hand and one foot; or one hand or one foot and all sight of one eye	\$10,000
Loss of one hand or one foot; or all sight of one eye	\$5,000
Loss of the thumb and a finger on one hand; or any three fingers	\$3,000
Loss of any two fingers	\$2,000
The hand must be cut off through or above the wrist. The foot must be cut off through or above the ankle. The whole thumb or finger must be cut off.	

LOSS OF EARNINGS COVERAGE

This policy provides Loss of Earnings Coverage if a premium is shown under "Coverage Symbol Z" in the "POLICY PREMIUM" schedules on the Declarations.

Additional Definitions

Insured means a **person** whose name is shown under "Loss of Earnings Coverage – Persons Insured" on the Declarations.

Total Disability means the **insured's** inability to work, either full or part time, in their occupation or any other similar occupation for which he or she is reasonably fitted by education, training, or experience.

Weekly Earnings means 85% of all earnings for the **insured's** services before any deductions. When **weekly earnings** cannot be determined on a weekly basis an average will be used. The average is 85% of the total earnings for the 52 weeks just prior to the accident divided by 52.

Insuring Agreement

We will pay the **insured's** loss of **weekly earnings**, which occur while the **insured** is living, due to continuous **total disability** that:

1. is the direct result of **bodily injury** caused by an accident that involves the use of a land motor vehicle or any type of trailer as a vehicle and not due to any other cause. At the time of the accident, the **insured** must be **occupying** or be struck as a **pedestrian** by a land motor vehicle or any type of trailer; and
2. starts within 20 days immediately following the date of the accident and lasts for a period of at least 30 consecutive days. We will not pay for the first seven days of the 30 day period.

Limit

The most we will pay any one **insured** is:

1. \$250 for each full workweek of **total disability**; and
2. a pro rata portion of \$250 for less than a full workweek of **total disability**.

Subject to 1. and 2. above, the most **we** will pay any one **insured** for all loss of **weekly earnings** due to any one accident is \$15,000.

We will pay once every two weeks the **insured's** loss of **weekly earnings** owed.

Exclusions – Death, Dismemberment and Loss of Sight Coverage and Loss of Earnings Coverage

DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE AND LOSS OF EARNINGS COVERAGE DO NOT APPLY TO AN **INSURED**:

1. WHILE IN THE COURSE AND SCOPE OF THEIR EMPLOYMENT IN A **CAR BUSINESS**;
2. WHILE **OCCUPYING**, LOADING, OR UNLOADING:
 - a. AN EMERGENCY VEHICLE IN THE COURSE AND SCOPE OF THEIR EMPLOYMENT;
 - b. A VEHICLE, OTHER THAN AN EMERGENCY VEHICLE, WHILE USED IN THE:
 - (1) **INSURED'S** BUSINESS; OR
 - (2) COURSE AND SCOPE OF THEIR EMPLOYMENT IN OTHER THAN A **CAR BUSINESS**.
3. WHILE **OCCUPYING**, LOADING, UNLOADING, OR WHO IS STRUCK AS A **PEDESTRIAN** BY:
 - a. A MOTOR VEHICLE THAT RUNS ON RAILS OR CRAWLER-TREADS;
 - b. A MOTOR VEHICLE THAT IS DESIGNED FOR USE PRIMARILY OFF PUBLIC ROADS WHILE OFF PUBLIC ROADS; OR
 - c. A MOTOR VEHICLE OR ANY TYPE OF TRAILER, EITHER OF WHICH IS LOCATED FOR USE AS A DWELLING OR OTHER PREMISES; OR
4. FOR DEATH, DISMEMBERMENT, LOSS OF SIGHT, OR **TOTAL DISABILITY** THAT RESULTS FROM:
 - a. WAR OF ANY KIND;
 - b. NUCLEAR REACTION, RADIATION OR RADIACTIVE CONTAMINATION FROM ANY SOURCE, OR THE ACCIDENTAL OR INTENTIONAL DETONATION OF, OR RELEASE OF RADIATION FROM, ANY NUCLEAR OR RADIACTIVE DEVICE;
 - c. THE DISCHARGE OF A FIREARM;
 - d. EXPOSURE TO **FUNGI**;
 - e. SUICIDE OR ATTEMPTED SUICIDE REGARDLESS OF WHETHER THE **INSURED** WAS SANE OR INSANE; OR
 - f. DISEASE except pus-forming infection due to **bodily injury** sustained in the accident.

Our Payment Options – Death, Dismemberment and Loss of Sight Coverage and Loss of Earnings Coverage

We may, at **our** option, make payment to one or more of the following:

1. The **insured**;
2. The **insured's** surviving spouse;
3. A parent or guardian of the **insured**, if the **insured** is a minor or an incompetent **person**; or
4. A **person** or organization authorized by law to receive such payment.

INSURED'S DUTIES

1. Notice to Us of an Accident or Loss

The **insured** must give **us** or one of **our** agents notice of the accident or **loss** as soon as reasonably possible. The notice must give **us**:

- a. **your** name;
- b. the names and addresses of all **persons** involved in the accident or **loss**;
- c. the hour, date, place, and facts of the accident or **loss**; and
- d. the names and addresses of witnesses to the accident or **loss**.

2. Notice to Us of a Claim or Lawsuit

- a. If a claim is made against an **insured**, then that **insured** must immediately send **us** every demand, notice, and claim received.
- b. If a lawsuit is filed against an **insured**, then that **insured** must immediately send **us** every summons and legal process received.

3. Insured's Duty to Cooperate With Us

- a. The **insured** must cooperate with **us** and, when asked, assist **us** in:
 - (1) making settlements;
 - (2) securing and giving evidence; and
 - (3) attending, and getting witnesses to attend, depositions, hearings, and trials.
- b. The **insured** must not, except at their own cost, voluntarily:
 - (1) make any payment to others; or
 - (2) assume any obligation to others unless authorized by the terms of this policy.
- c. Any **person** or organization making claim under this policy must, when **we** require, give **us** proof of loss on forms **we** furnish.

4. Questioning Under Oath

Under:

- a. Liability Coverage, each **insured**;

- b. Medical Payments Coverage, Uninsured Motor Vehicle Coverage, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, or Loss of Earnings Coverage, each **insured**, or any other **person** or organization making claim or seeking payment; and

- c. Physical Damage Coverages, each **insured** or owner of a **covered vehicle**, or any other **person** or organization making claim or seeking payment;

must, at **our** option, submit to an examination under oath, provide a statement under oath, or do both, as reasonably often as **we** require. Such **person** or organization must answer questions under oath, asked by anyone **we** name, and sign copies of the answers. **We** may require each **person** or organization answering questions under oath to answer the questions with only that **person's** or organization's legal representative, **our** representatives, any **person** or **persons** designated by **us** to record the questions and answers, and no other **person** present.

5. Other Duties Under the Physical Damage Coverages and Uninsured Motor Vehicle Coverage – Property Damage

When there is a loss, **you** or the owner of the **covered vehicle** must:

- a. protect the **covered vehicle** from additional damage. **We** will pay any reasonable expense incurred to do so that is reported to **us**;
- b. make a prompt report to the police when the **loss** is the result of theft;
- c. allow **us** to:
 - (1) inspect any damaged property:
 - (a) before its repair or disposal; and
 - (b) during its repair;
 - (2) test any part or equipment before that part or equipment is removed or repaired; and
 - (3) move the **covered vehicle** at **our** expense in order to conduct such inspection or testing;
- d. provide **us** all:
 - (1) records;

- (2) receipts;
 - (3) invoices; and
 - (4) authorizations
- that **we** request and allow **us** to make copies;
- e. not abandon the **covered vehicle** to **us**;
 - f. properly complete and provide all legal documents required to transfer vehicle ownership to **us** upon payment of the actual cash value of the **covered vehicle**, less any applicable deductible; and
 - g. provide **us** the name and address of the owner of the at-fault **uninsured motor vehicle**. If unavailable, **you** must give **us**:
 - (1) the registration number and a description of the at-fault **uninsured motor vehicle**; or
 - (2) any other available information that establishes that the owner or operator does not have property damage liability coverage applicable to the accident.
6. **Other Duties Under Medical Payments Coverage, Uninsured Motor Vehicle Coverage – Bodily Injury, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, or Loss of Earnings Coverage**
- A **person** making claim under:
- a. Medical Payments Coverage, Uninsured Motor Vehicle Coverage – Bodily Injury, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, or Loss of Earnings Coverage must:
 - (1) notify **us** of the claim and give **us** all the details about the death, injury, treatment, and other information that **we** may need as soon as reasonably possible after the injured **insured** is first examined or treated for the injury. If the **insured** is unable to give **us** notice, then any other **person** may give **us** the required notice;
 - (2) be examined as reasonably often as **we** may require by physicians chosen and paid by **us**. A copy of the report will be sent to the **person** upon written request;
 - (3) provide written authorization for **us** to obtain medical bills, medical records, wage information, salary information, employment information, and any other information **we** deem necessary to substantiate the claim.
- Such authorizations must not:
- (a) restrict **us** from performing **our** business functions in:
 - (i) obtaining records, bills, information, and data; nor
 - (ii) using or retaining records, bills, information, and data collected or received by **us**;
 - (b) require **us** to violate federal or state laws or regulations;
 - (c) prevent **us** from fulfilling **our** data reporting and data retention obligations to insurance regulators; or
 - (d) prevent **us** from disclosing claim information and data:
 - (i) to enable performance of **our** business functions;
 - (ii) to meet **our** reporting obligations to insurance regulators;
 - (iii) to meet **our** reporting obligations to insurance data consolidators; and
 - (iv) as otherwise permitted by law.
- If an injured **insured** is a minor, unable to act, or dead, then their legal representative must provide **us** with the written authorization.
- If the holder of the information refuses to provide it to **us** despite the authorization, then at **our** request the **person** making claim or their legal representative must obtain the information and promptly provide it to **us**;
- (4) submit to **us** all information **we** need to comply with federal and state laws and regulations; and

- (5) allow **us** to inspect the vehicle that the **insured occupied** in the accident;
- b. Uninsured Motor Vehicle Coverage must report an accident involving a motor vehicle whose owner and driver remain unknown to the police within 24 hours and to **us** within 30 days;
- c. Uninsured Motor Vehicle Coverage and Under-insured Motor Vehicle Coverage must send **us** immediately a copy of all lawsuit papers if the **insured** files a lawsuit against the party liable for the accident; and
- d. Loss of Earnings Coverage must:
 - (1) make a claim under this policy;
 - (2) report to **us** when that **person** has a **total disability**; and
 - (3) provide proof of continued total disability when we ask for it.

GENERAL TERMS

1. When Coverage Applies

The coverages provided by this policy are shown on the Declarations and apply to accidents and **losses** that occur during the policy period. The policy period is shown on the Declarations and is for successive periods of six months each for which the renewal premium is paid. The policy period begins and ends at 12:01 AM Standard Time at the address shown on the Declarations.

2. Where Coverage Applies

The coverages provided by this policy are shown on the Declarations and apply to accidents and **losses** that occur:

- a. in the United States of America and its territories and possessions;
- b. in Canada; and
- c. while a vehicle for which coverage is provided by this policy is being shipped between the ports of the United States of America, its territories, its possessions, and Canada.

Death, Dismemberment and Loss of Sight Coverage and Loss of Earnings Coverage apply anywhere in the world.

3. Required Out-of-State Coverage

If:

- a. this policy provides Liability Coverage and an **insured**, as defined under the Liability Coverage of this policy, is in another state of the United States of America, a territory or possession of the United States of America, the District of Columbia, or any province or territory of Canada,

and as a nonresident becomes subject to its motor vehicle compulsory insurance law, financial responsibility law, or similar law; and

- b. this policy does not provide at least the minimum amounts and types of coverage required by such law for such nonresident,

then this policy will be interpreted to provide the minimum amounts and types of coverage required by such law for such nonresident.

This provision does not apply to coverage required by law for motor carriers of passengers or motor carriers of property.

4. Financial Responsibility Certification

When this policy is certified under any law as proof of future financial responsibility, and while required during the policy period, this policy will comply with such law to the extent required.

5. Limited Coverage in Mexico

This policy does not provide Mexican auto insurance and does not comply with Mexican auto insurance requirements. If **you** or any other **insured** plan to drive in Mexico, then auto insurance providing coverage in Mexico should be purchased from a Mexican insurance company.

Subject to the above paragraph, the following coverages apply in Mexico, but only for accidents and **losses** that occur in Mexico within 50 miles of the United States of America border and only for **insureds** as defined under each of the following coverages:

a. Liability Coverage

For claims brought against an **insured** in Mexico, the **Supplementary Payments** provision of this policy's Liability Coverage is changed to read:

We may, in addition to the damages described in item 1. of the **Insuring Agreement** of this policy's Liability Coverage, pay or reimburse, at **our** option, reasonable attorney fees for an attorney licensed in Mexico to appear for and provide advice to **insureds** as defined under this policy's Liability Coverage. The amount of such attorney fees incurred by an **insured** must be reported to **us** before **we** will make payment.

- b. **Medical Payments Coverage**
- c. **Uninsured Motor Vehicle Coverage – Bodily Injury and Underinsured Motor Vehicle Coverage**
- d. **Uninsured Motor Vehicle Coverage – Property Damage**

Any amount payable for the repair or replacement of **property damage** under the **Settlement of Loss for Property Damage** provision of this policy will be limited to the cost to repair or replace the **property damage** in the United States of America.

- e. **Physical Damage Coverages**

Any amount payable for the repair or replacement of the **covered vehicle** under the **Limit and Loss Settlement – Comprehensive Coverage and Collision Coverage** provision of this policy will be limited to the cost to repair or replace the **covered vehicle** in the United States of America.

WE HAVE NO DUTY TO PROVIDE A DEFENSE FOR **YOU OR ANY OTHER **INSURED** IN ANY CRIMINAL, CIVIL, OR OTHER ACTION.**

WE HAVE NO DUTY TO PAY ANY CLAIM OR COST THAT WOULD NOT BE PAYABLE UNDER THIS POLICY IF THE ACCIDENT OR **LOSS HAD OCCURRED IN THE STATE OF ILLINOIS IN THE UNITED STATES OF AMERICA.**

All other policy provisions not in conflict with the provisions in this **Limited Coverage in Mexico** provision of this policy apply.

If Other Coverage Applies

Any coverage provided by this **Limited Coverage in Mexico** provision is excess over any other applicable insurance.

Legal Action Against Us

Any legal action against **us** arising out of an accident or **loss** occurring in Mexico must be brought in an Illinois state court or a United States District Court that has jurisdiction.

6. Newly Owned or Newly Leased Car

If **you** want to insure a **car** newly **owned by you** with the **State Farm Companies** after that **car** ceases to be a **newly acquired car**, then **you** must either:

- a. request **we** replace a **car** currently shown on the Declarations of this policy with the **car** newly **owned by you** and pay **us** any added amount due. If **you** make such request while this policy is in force and:
 - (1) before the **car** newly **owned by you** ceases to be a **newly acquired car**, then that **car** newly **owned by you** will be insured by this policy as a **your car** beginning on the date the **car** newly **owned by you** is delivered to **you**. The added amount due will be calculated based on that date; or
 - (2) after the **car** newly **owned by you** ceases to be a **newly acquired car**, then that **car** newly **owned by you** will be insured by this policy as a **your car** beginning on the date and time **you** make the request. The added amount due will be calculated based on that date; or
- b. apply to the **State Farm Companies** for separate coverage to insure the **car** newly **owned by you**. Such coverage will be provided only if both the applicant and the vehicle are eligible for coverage at the time of the application. A vehicle newly **owned by you** or newly leased by **you** is not eligible for coverage under this policy if this policy is endorsed with the Certificate of Guaranteed Renewal endorsement; or
- c. apply to the **State Farm Companies** for a separate policy to insure the **car** newly **owned by you**. Such policy will be issued only if both the

applicant and the vehicle are eligible for coverage at the time of the application.

If a **resident relative** wants to insure a **car** newly owned by the **resident relative** with the **State Farm Companies** after that **car** ceases to be a **newly acquired car**, then the **resident relative** must apply to the **State Farm Companies** for a separate policy to insure the **car** newly owned by the **resident relative**. Such policy will be issued only if both the applicant and the vehicle are eligible for coverage at the time of the application.

7. Changes to This Policy

a. Changes in Policy Provisions

We may only change the provisions of this policy by:

- (1) issuing a revised policy booklet, a revised Declarations, or an endorsement; or
- (2) revising this policy to give broader coverage without an additional premium charge. If any coverage provided by this policy is changed to give broader coverage, then **we** will give **you** the broader coverage as of the date **we** make the change effective in the state of Illinois without issuing a revised policy booklet, a revised Declarations, or an endorsement.

b. Change of Interest

- (1) No change of interest in this policy is effective unless **we** consent in writing.
- (2) Except under Death, Dismemberment and Loss of Sight Coverage, and Loss of Earnings Coverage, if a **person** shown as a named insured on the Declarations dies, then the definition of **insured** under each of the coverages provided by this policy is changed to include:
 - (a) any **person** with lawful custody of a **your car**, a **newly acquired car**, or a **temporary substitute car** until a legal representative is qualified; and then
 - (b) the legal representative of the deceased named insured.

This only applies while such **person** is maintaining or using a **your car**, a **newly acquired car**, or a **temporary substitute car**.

c. Joint and Individual Interests

If **you** consists of more than one **person** or entity, then each acts for all to change or cancel the policy.

d. Change of Policy Address

We may change the named insured's policy address as shown on the Declarations and in **our** records to the most recent address provided to **us** by:

- (1) **you**; or
- (2) the United States Postal Service.

8. Premium

- a. Unless as otherwise provided by an alternative payment plan in effect with the **State Farm Companies** with respect to the premium for this policy, the premium is due and payable in full on or before the first day of the policy period shown on the most recently issued Declarations.
- b. The renewal premium for this policy will be based upon the rates in effect, the coverages carried, the applicable limits, deductibles, and other elements that affect the premium that apply at the time of renewal.
- c. The premium for this policy may vary based upon:
 - (1) the purchase of other products or services from the **State Farm Companies**;
 - (2) the purchase of products or services from an organization that has entered into an agreement or contract with the **State Farm Companies**. The **State Farm Companies** do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or
 - (3) an agreement, concerning the insurance provided by this policy, that the **State Farm Companies** has with an organization of which **you** are a member, employee, subscriber, licensee, or franchisee.
- d. The premium for this policy is based upon information **we** have received from **you** or other sources. **You** must inform **us** if any information regarding the following is incorrect or incomplete, or changes during the policy period, and

you must answer questions **we** ask regarding the following:

- (1) **Your cars**, or their use, including annual mileage;
- (2) The **persons** who regularly drive a **your car**, including newly licensed family members;
- (3) **Your** marital status; or
- (4) The location where **your cars** are primarily garaged.

If the above information or any other information used to determine the premium is incorrect, incomplete, changes during the policy period, or is not provided to **us** when **we** ask, then **we** may decrease or increase the premium during the policy period. If **we** decrease the premium during the policy period, then **we** will provide a refund or a credit in the amount of the decrease. If **we** increase the premium during the policy period, then **you** must pay the amount of the increase.

9. Renewal

We agree to renew this policy for the next policy period upon payment of the renewal premium when due, unless **we** provide a nonrenewal notice or a cancellation notice as set forth in the **Nonrenewal** and **Cancellation** provisions.

10. Nonrenewal

If **we** decide not to renew this policy, then, at least 30 days before the end of the current policy period, **we** will provide a nonrenewal notice to a named insured shown on the Declarations.

11. Cancellation

a. How You May Cancel

You may cancel this policy by providing to **us** advance notice of the date cancellation is effective. **We** may confirm the cancellation in writing.

b. How and When We May Cancel

We may cancel this policy by providing notice to a named insured shown on the Declarations. The notice will provide the date cancellation is effective.

- (1) If **we** provide a cancellation notice because the premium is not paid when due, then the date cancellation is effective will be at least 10 days after the date notice is provided.

Otherwise, the date cancellation is effective will be at least 30 days after the date notice is provided.

- (2) After this policy has been in force for more than 59 days, **we** will not cancel this policy before the end of the current policy period unless:
 - (a) the premium is not paid when due; or
 - (b) **you**, any **resident relative**, or any other **person** who usually drives a **your car** has had their driver's license under suspension or revocation during the 12 months prior to the notice of cancellation.
- (3) After this policy has been in force for 5 or more years, **we** will not cancel this policy before the end of the current policy period unless:
 - (a) the premium is not paid when due; or
 - (b) **you**, any **resident relative**, or any other **person** who usually drives a **your car** has:
 - (i) had their driver's license under suspension or revocation during the 12 months prior to the notice of the cancellation; or
 - (ii) is or becomes subject to epilepsy or heart attacks, and such individual does not produce a certificate from a physician testifying to their unqualified ability to operate a motor vehicle safely; or
 - (iii) an accident record, conviction record (criminal or traffic), or a physical or mental condition which is such that his operation of an automobile might endanger the public safety; or

- (iv) within the 36 months prior to the notice of non-renewal, been addicted to the use of narcotics or other drugs; or
 - (v) been convicted or forfeited bail, during the 36 months immediately preceding the notice of non-renewal, for any felony, criminal negligence resulting in death, homicide or assault arising out of the operation of a motor vehicle, operating a motor vehicle while in an intoxicated condition or while under the influence of drugs, being intoxicated while in or about an automobile or while having custody of an automobile, leaving the scene of an accident without stopping to report, theft or unlawful taking of a motor vehicle, making false statements in an application for an operators or chauffeurs license, or has been convicted or forfeited bail for 3 or more violations within the 12 months immediately preceding the notice of non-renewal, of any law, ordinance or regulation limiting the speed of motor vehicles or any of the provisions of the motor vehicle laws of any state, violation of which constitutes a misdemeanor, whether or not the violations were repetitions of the same offense or different offenses; or
 - c. the policy was obtained through a material misrepresentation; or
 - d. any insured violated any of the terms and conditions of the policy; or
 - e. the named insured failed to disclose fully their motor vehicle accidents and moving traffic violations for the preceding 36 months, if such information is called for in the application; or
 - f. any insured made a false or fraudulent claim or knowingly aided or abetted another in the presentation of such a claim; or
 - g. the insured automobile is:
 - (i) so mechanically defective that its operation might endanger public safety; or
 - (ii) used in carrying passengers for hire or compensation (the use of an automobile for a car pool shall not be considered use of an automobile for hire or compensation); or
 - (iii) Used in the business of transportation of flammables or explosives; or
 - (iv) An authorized emergency vehicle; or
 - (v) Changed in shape or condition during the policy period so as to increase the risk substantially; or
 - (vi) Subject to an inspection law and it has not been inspected or, if inspected, has failed to qualify; or
 - h. the notice of the intention not to renew is mailed to the insured at least 60 days before the date of nonrenewal.
- c. **Return of Unearned Premium**
- If **you** or **we** cancel this policy the premium will be earned on a pro rata basis. Any unearned premium will be returned within 30 days of:
- (1) the date of the notice of cancellation by **us**; or
 - (2) the date **we** receive **your** request for cancellation.
- 12. Assignment**
- No assignment of benefits or other transfer of rights is binding upon **us** unless approved by **us**.
- 13. Bankruptcy or Insolvency of the Insured**
- Bankruptcy or insolvency of the **insured** or their estate will not relieve **us** of **our** obligations under this policy.

14. Concealment or Fraud

There is no coverage under this policy if **you** or any other **person** insured under this policy has made false statements with the intent to conceal or misrepresent any material fact or circumstance in connection with any claim under this policy.

15. Our Right to Recover Our Payments

Death, Dismemberment and Loss of Sight Coverage and Loss of Earnings Coverage payments are not recoverable by **us**. Except as provided in 15.c. below, the following apply to all other coverages:

a. Subrogation

If **we** are obligated under this policy to make payment to or for a **person** or organization who has a legal right to collect from another **person** or organization, then **we** will be subrogated to that right to the extent of **our** payment.

The **person** or organization to or for whom **we** make payment must help **us** recover **our** payments by:

- (1) doing nothing to impair that legal right;
- (2) executing any documents **we** may need to assert that legal right; and
- (3) taking legal action through **our** representatives when **we** ask.

b. Reimbursement

If **we** make payment under this policy and the **person** or organization to or for whom **we** make payment recovers or has recovered from another **person** or organization, then the **person** or organization to or for whom **we** make payment must:

- (1) hold in trust for **us** the proceeds of any recovery; and
- (2) reimburse **us** to the extent of **our** payments.

c. Regarding Underinsured Motor Vehicle Coverage, **we** will not exercise **our** right of recovery if:

- (1) the **insured** has given **us** advance notice of settlement with the owner or operator of the **underinsured motor vehicle**; and

- (2) we fail to advance the **insured** an amount equal to the tentative settlement within 30 days after we receive the notice.

16. Legal Action Against Us

Legal action may not be brought against **us** until there has been full compliance with all the provisions of this policy. In addition, legal action may only be brought against **us** regarding:

- a. Liability Coverage after the amount of damages an **insured** is legally liable to pay has been finally determined by:
 - (1) judgment after an actual trial, and any appeals of that judgment if any appeals are taken; or
 - (2) agreement between the claimant and **us**.
- b. Medical Payments Coverage if the legal action relating to this coverage is brought against **us** within four years immediately following the date of the accident.
- c. Uninsured Motor Vehicle Coverage – Bodily Injury if the **insured** or that **insured's** legal representative:
 - (1) presents an Uninsured Motor Vehicle Coverage claim to **us**; and
 - (2) commences legal action by filing a lawsuit against **us**, in a state or federal court that has jurisdiction,

within two years immediately following the date of the accident, or within two years immediately following the date the insuring company for the owner or driver of the **uninsured motor vehicle** becomes insolvent, if such insolvency occurs within two years immediately following the date of the accident.

No legal action may be brought against **us** relating to Uninsured Motor Vehicle Coverage – Bodily Injury for any other causes of action that arise out of or are related to these coverages until there has been full compliance with the provisions titled **Consent to Settlement and Deciding Fault and Amount**.

- d. Underinsured Motor Vehicle Coverage if the **insured** or that **insured's** legal representative:

- (1) presents an Underinsured Motor Vehicle Coverage claim to **us**; and
- (2) commences legal action by filing a lawsuit against **us**, in a state or federal court that has jurisdiction, within two years immediately following:
 - (a) the date of the tentative settlement with or on behalf of the owner or driver of an **underinsured motor vehicle**; or
 - (b) the date the insuring company for the owner or driver of the **underinsured motor vehicle** becomes insolvent, if such insolvency occurs within two years immediately following the date of the tentative settlement.

No legal action may be brought against **us** relating to Underinsured Motor Vehicle Coverage for any causes of action that arise out of or are related to this coverage until there has been full compliance with the provisions titled **Consent to Settlement** and **Deciding Fault and Amount**.

- e. Physical Damage Coverages if the legal action relating to these coverages is brought against **us** within one year immediately following the date of the accident or **loss**.

The limitation period specified in a., b., c., d., or e. above is tolled from the date proof of **loss** is filed for the specific coverage involved until the date claim for that coverage is denied in whole or in part.

17. Choice of Law

Without regard to choice of law rules, the law of the state of:

- a. Illinois will control in the event of any disagreement as to the interpretation and application of any provision in this policy; and
- b. Illinois will control in the event of any disagreement as to the interpretation and application of this policy's:
 - (1) Mutual Conditions provision found on the most recently issued Declarations, if this policy was issued by the State Farm Mutual Automobile Insurance Company.

- (2) Participating Policy provision found on the most recently issued Declarations, if this policy was issued by any subsidiary or affiliate of the State Farm Mutual Automobile Insurance Company.

18. Severability

If any provision of this policy is held invalid or unenforceable by a court that has jurisdiction, then:

- a. such provision will remain in full force to the extent not held invalid or unenforceable; and
- b. all other provisions of this policy will remain valid and enforceable.

19. Our Rights Regarding Claim Information

- a. **We** will collect, receive, obtain, use, and retain all the items described in item b.(1) below and use and retain the information described in item b.(3)(b) below, in accordance with applicable federal and state laws and regulations and consistent with the performance of **our** business functions.
- b. Subject to a. above, **we** will not be restricted in or prohibited from:
 - (1) collecting, receiving, or obtaining records, receipts, invoices, medical bills, medical records, wage information, salary information, employment information, data, and any other information;
 - (2) using any of the items described in item b.(1) above; or
 - (3) retaining:
 - (a) any of the items in item b.(1) above; or
 - (b) any other information **we** have in **our** possession as a result of **our** processing, handling, or otherwise resolving claims submitted under this policy.
- c. **We** may disclose any of the items in item b.(1) above and any of the information described in item b.(3)(b) above:
 - (1) to enable performance of **our** business functions;

- (2) to meet ***our*** reporting obligations to insurance regulators;
 - (3) to meet ***our*** reporting obligations to insurance data consolidators;
 - (4) to meet other obligations required by law; and
 - (5) as otherwise permitted by law.
- d. ***Our*** rights under a., b., and c. above shall not be impaired by any:
- (1) authorization related to any claim submitted under this policy; or
 - (2) act or omission of an ***insured*** or a legal representative acting on an ***insured's*** behalf.