

# MOTOR VEHICLE INSURANCE POLICY

**Policy Number:** POL-2024-567890  
**Policy Period:** 2024-01-01 to 2024-12-31  
**Insurance Company:** Sample Insurance Company  
**Agent:** Michael Thompson  
**Issue Date:** 2023-12-15

## INSURED INFORMATION

**Name:** John Michael Smith  
**Address:** 123 Main Street, Springfield, IL 62701  
**Phone:** (555) 123-4567  
**Email:** john.smith@email.com  
**License Number:** DL123456789

## COVERED VEHICLE

**Year/Make/Model:** 2022 Toyota Camry  
**VIN:** 1HGCM82633A123456  
**License Plate:** ABC-123-DE  
**Use:** Personal

## COVERAGE DETAILS

Coverage Type	Limit	Deductible	Premium
Liability - Bodily Injury	\$100,000/\$300,000	N/A	\$450.00
Liability - Property Damage	\$50,000	N/A	\$200.00
Comprehensive	ACV	\$500	\$180.00
Collision	ACV	\$500	\$220.00

Uninsured Motorist	\$100,000/\$300,000	N/A	\$75.00
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**Total Annual Premium: \$1,125.00**

This is a sample document for testing purposes only. All information is fictional.