

Auto Insurance Policy

Policy Number: H45-890-56789101

Client ID: PEP1001

Insured: Petr Petrov

Effective Date: 2025-04-01

Expiration Date: 2026-04-01

1. Declarations Page

This Declarations Page is a summary of the coverages and information for the policyholder. It forms a part of your policy, along with the Policy Provisions, Conditions, Definitions, and Endorsements.

Named Insured: Petr Petrov

Mailing Address: 123 Pinecrest Drive, Anytown, USA 12345

Policy Period: 12 Months

Policy Status: Active

Insured Vehicle:

Year: 2023

Make: Honda

Model: Civic

VIN: 1B2C3D4E5F6G7H8I9KOL

Lienholder: First National Bank

Lienholder Address: P.O. Box 987, Main Street, Anytown, USA 12345

Drivers:

Petr Petrov (Main Driver)

Maria Petrov (Occasional Driver)

Coverages and Premiums:

Coverage Type	Per-Person Limit	Per-Accident Limit	Deductible	Premium
Part A: Liability				\$750.00
Bodily Injury	\$250,000	\$500,000	N/A	\$500.00
Property Damage	N/A	\$100,000	N/A	\$250.00
Part B: Medical Payments	\$5,000	N/A	N/A	\$45.00
Part C: Uninsured Motorist				\$110.00
Bodily Injury	\$250,000	\$500,000	N/A	\$80.00
Property Damage	N/A	\$100,000	\$250	\$30.00
Part D: Physical Damage				\$650.00
Collision	Actual Cash Value	Actual Cash Value	\$500	\$400.00
Comprehensive	Actual Cash Value	Actual Cash Value	\$250	\$250.00
Endorsements				\$30.00
Roadside Assistance	Included	Included	N/A	\$15.00
Rental Reimbursement	\$30/day	\$900 max	N/A	\$15.00
Total Policy Premium				\$1,585.00

2. General Provisions and Conditions

This policy is a contract between you (the Named Insured) and us (the Insurer). It is subject to all terms, conditions, and provisions set forth herein. In return for the payment of the premium, we agree to provide the coverages described in this policy during the policy period.

A. Definitions

As used in this policy, "you" and "your" refer to the Named Insured shown on the Declarations Page. "We," "us," and "our" refer to the Insurer. Other important definitions include:

1. **"Auto" or "Vehicle":** A land motor vehicle, trailer, or semi-trailer designed for use on public roads.
2. **"Bodily Injury":** Physical harm, sickness, disease, or death.
3. **"Damages":** The cost of compensating for bodily injury or property damage, including loss of use of property, as determined by law.
4. **"Insured Person":**
 - You, the Named Insured, and any resident family member.
 - Any person using your insured vehicle with your permission.
 - Any other person or organization legally responsible for the acts or omissions of a person described above.
5. **"Property Damage":** Physical injury to, destruction of, or loss of use of tangible property.
6. **"Accident":** A sudden, unexpected, and unintended event that results in bodily injury or property damage.
7. **"Policy Period":** The period of time the policy is in effect, as shown on the Declarations Page.

B. Your Duties

In the event of an accident, you must:

1. Immediately notify us or our agent.

2. Cooperate with us in the investigation, settlement, or defense of any claim or suit.
3. Promptly send us copies of any legal papers relating to the accident.
4. Do not admit liability or make any payments or assume any obligations without our consent, except for immediate first aid.
5. Allow us to inspect and appraise the damaged vehicle before repairs or disposal.

3. Part A: Liability Coverage

We will pay damages for bodily injury or property damage for which any Insured Person becomes legally responsible because of an auto accident. This coverage includes our duty to settle or defend any suit against an Insured Person for damages covered by this policy.

A. Bodily Injury Liability

Subject to the limits on the Declarations Page, we will pay for damages caused by an auto accident for which an Insured Person is legally liable, including medical expenses, lost wages, and pain and suffering.

B. Property Damage Liability

Subject to the limits on the Declarations Page, we will pay for damages caused by an auto accident for which an Insured Person is legally liable, including damage to another person's vehicle, a building, a fence, or other property.

C. Exclusions

This coverage does not apply to:

1. **Intentional Acts:** Bodily injury or property damage caused intentionally by an Insured Person.
2. **Commercial Use:** Bodily injury or property damage arising out of the use of a vehicle as a public or livery conveyance (e.g., taxi or ride-sharing), unless specifically endorsed.
3. **Business Use:** Bodily injury or property damage arising out of the use of a vehicle in a business, other than a private passenger auto.
4. **Vehicles Not Listed:** Bodily injury or property damage arising out of the use of a vehicle

- not listed on the Declarations Page, except as specifically provided for under this policy.
5. **Illegal Acts:** Bodily injury or property damage caused while the vehicle is being used in the commission of a felony.

4. Part B: Medical Payments Coverage

We will pay reasonable and necessary medical and funeral expenses for bodily injury sustained by an Insured Person in an auto accident. This coverage applies regardless of who is at fault.

A. Insured Persons Covered

This coverage applies to:

1. You, the Named Insured, and any resident family member while occupying a vehicle or as a pedestrian.
2. Any other person while occupying your insured vehicle.

B. Exclusions

This coverage does not apply to bodily injury:

1. Sustained while occupying a vehicle used as a public or livery conveyance.
2. Sustained while occupying a vehicle located on a premises used as a residence.
3. Covered by workers' compensation or a similar law.
4. Sustained while occupying a vehicle not owned by you.

5. Part C: Uninsured and Underinsured Motorist Coverage

We will pay compensatory damages that an Insured Person is legally entitled to recover from the owner or operator of an Uninsured or Underinsured Motor Vehicle because of bodily injury or property damage caused by an accident.

A. Uninsured Motor Vehicle

An Uninsured Motor Vehicle is a vehicle:

1. With no insurance policy or bond in effect at the time of the accident.
2. With a liability bond or policy in effect, but the company denies coverage or becomes insolvent.
3. That is a hit-and-run vehicle whose owner or operator cannot be identified.

B. Underinsured Motor Vehicle

An Underinsured Motor Vehicle is a vehicle with a liability policy or bond in effect, but whose limits are less than your Uninsured Motorist coverage limits.

C. Exclusions

This coverage does not apply if:

1. You or a resident family member settles a bodily injury claim with the at-fault party without our consent.
2. An Insured Person is injured while occupying a vehicle owned by them, but not listed on this policy.

6. Part D: Physical Damage Coverage

We will pay for direct and accidental loss to your insured vehicle. This coverage is subject to the deductibles shown on the Declarations Page.

A. Collision Coverage

We will pay for loss to your insured vehicle caused by its collision with another vehicle or object.

B. Comprehensive Coverage

We will pay for loss to your insured vehicle caused by any event other than a collision, including but not limited to:

1. Fire, theft, or explosion.
2. Vandalism or malicious mischief.
3. Contact with an animal.
4. Falling objects.
5. Natural disasters like hail, flood, or windstorm.

C. Exclusions

This coverage does not apply to:

1. Loss to personal property in the vehicle.
2. Wear and tear, freezing, mechanical or electrical breakdown.
3. Loss from a confiscated vehicle by a government authority.
4. Loss to a vehicle while it is being used in a racing or speed contest.

7. Reporting a Claim

To ensure a smooth and efficient claims process, please follow these steps immediately after an accident:

1. **Ensure Safety:** Check for injuries and move to a safe location if possible.
2. **Contact Authorities:** Call the police and/or emergency services if there are injuries, significant property damage, or the situation requires it.
3. **Exchange Information:** Get the other driver's name, address, phone number, and insurance information (company name, policy number). Also, note the year, make, model, and license plate number of their vehicle.
4. **Do Not Admit Fault:** Do not admit fault or discuss the accident in detail with anyone other than the police or your Insurer.
5. **Take Pictures:** If it is safe to do so, take photos of the accident scene, including vehicle damage, road conditions, and any relevant signs.
6. **Contact Us:** Call our 24/7 claims hotline at 1-800-555-0199 as soon as possible. Our claims representative will guide you through the process, which will include gathering information, assessing the damage, and arranging for repairs.

8. General Conditions

A. Changes to the Policy

This policy may only be changed by a written endorsement issued by us. We may revise the policy terms or premiums at renewal. If you acquire a new vehicle, you must notify us within 30 days to ensure coverage.

B. Fraud and Misrepresentation

This policy is void if you or any Insured Person has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance or a claim under it.

C. Cancellation

You may cancel this policy at any time by returning it to us or giving us written notice. We may cancel this policy by providing you with written notice as required by state law.

D. Subrogation

In the event of a covered loss, you agree to transfer your right to recover damages from another party to us, to the extent of our payment. You will not do anything that would hinder our right of recovery.

E. Transfer of Your Interest in This Policy

Your rights and duties under this policy may not be assigned to any other person without our written consent.

9. Endorsements

This section outlines additional coverages and modifications to your policy.

A. Roadside Assistance

We will pay for reasonable and necessary towing, labor, and other services when your insured

vehicle is disabled, including:

1. Towing to the nearest qualified repair facility.
2. Flat tire service.
3. Fuel delivery.
4. Battery jump-start.
5. Lockout service.

B. Rental Reimbursement

We will pay for a rental vehicle's reasonable and necessary cost if your insured vehicle is disabled due to a covered loss. This coverage is limited to the daily amount and maximum total amount shown on the Declarations Page.

10. Financial Responsibility

You, the Named Insured, are responsible for maintaining proof of insurance as required by law. This policy provides the minimum coverages and limits required by law and may exceed them, as detailed on the Declarations Page.

This concludes the policy document. Please keep a copy of this document and your vehicle's registration and proof of insurance card in your vehicle at all times.