

Date: May 28, 2013

Dear Robert,

Please see the enclosed form(s) from Liberty Mutual.

- Certificate of Automobile Insurance (Binder)
- Auto Insurance Identification Cards

Thank you for insuring with Liberty Mutual. We look forward to providing you with quality coverage and outstanding service.

Sincerely,

Liberty Mutual



ACTION REQUIRED:

Please review and keep
with your insurance
documents.



CONTACT US

For questions, please
call us at
1-603-749-1045.

Identification Cards

PLEASE CUT-OUT AND PLACE EACH CARD IN THE APPROPRIATE INSURED VEHICLE

MAINE MOTOR VEHICLE INSURANCE IDENTIFICATION CARD



Company Name: LIBERTY MUTUAL FIRE INSURANCE CO.

NAIC Number: 23035

The coverage provided by this policy meets the minimum liability limits prescribed by law.

POLICY INFORMATION

Policy Number
AO2-218-189912-70 2 2

Policy Effective Date
08/28/2012

Policy Expiration Date
08/28/2013

Name of Insured
ROBERT RUDIS
MARY RUDIS

PMKT 494 06 10

VEHICLE INFORMATION

Year 2005

Make NSSN

Model XTERRA

Vehicle Identification Number
5N1AN08W55C615403

CONTACT US

To report a claim
1-800-2CLAIMS
(1-800-225-2467)
Customer service
1-603-749-1045
Roadside Assistance
1-800-426-9898

Card Effective Date
05/29/2013
Card Expiration Date
08/28/2013

SEE IMPORTANT MESSAGE ON REVERSE SIDE.

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SEE IMPORTANT MESSAGE ON REVERSE SIDE.



Please place one of the cards above in the appropriate insured vehicle and keep the other card in a safe place.

SEE IMPORTANT MESSAGE ON REVERSE SIDE.



Please place one of the cards above in the appropriate insured vehicle and keep the other card in a safe place.

SEE IMPORTANT MESSAGE ON REVERSE SIDE.

IMPORTANT NOTICE

THIS CARD IS REQUIRED AS PROOF OF INSURANCE
BEFORE YOU CAN REGISTER YOUR VEHICLE.

WHAT TO DO IN CASE OF AN ACCIDENT

1. When possible, move your vehicle out of harm's way
(if allowed by local law) and turn off the ignition.
2. Call for medical assistance if necessary.
3. Contact the police. A police report will help to protect
you from potential liability claims and legal action.
4. Exchange the following information with involved
parties:
 - Names
 - Driver's license numbers
 - Addresses
 - Insurance company information
5. Note weather and road conditions.
6. Record the names and telephone numbers of any
witnesses.
7. Contact Liberty Mutual immediately to report the
accident.

**THIS CARD SHOULD BE KEPT IN THE INSURED VEHICLE
and presented to a law enforcement officer if requested.**

YOUR SERVICE OFFICE

828 Central Ave
Dover NH 03820

ISSUING OFFICE

828 Central Ave
Dover NH 03820



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CERTIFICATE OF AUTOMOBILE INSURANCE

THIS IS TO CERTIFY THAT the named insured is, at the date of this certificate, insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy.

INSURED'S NAME AND ADDRESS

Robert Rudis
Mary Rudis
15 Long Hall Dr
Berwick, ME 03901-2713

FOR LIEN HOLDER INQUIRIES, CALL OR WRITE

1-800-409-0733
P O BOX 29017
PHOENIX, AZ 85038

DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED

Policy Number: AO2-218-189912-70 Effective Date: 08/28/2012 Expiration Date: 08/28/2013

	PART A	PART B	PART D — DAMAGE TO YOUR AUTO COVERAGE		
COVERAGES:	LIABILITY COVERAGE	MEDICAL PAYMENTS COVERAGE	COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS	
				Loss Caused by Collision	Loss Other Than Loss Caused by Collision
Limits of Liability	500000	10000	Yes	"ACV" indicates Actual Cash Value ACV Less \$500 Deductible	"ACV" indicates Actual Cash Value ACV Less \$500 Deductible
* Includes Medical Expense	Accidental Death Benefit: \$		Protection Against Uninsured Motorists Coverage — Limit Selected: \$300000		
POLICY INCLUDES: <input type="checkbox"/> BASIC NO FAULT COVERAGE <input type="checkbox"/> OPTIONAL NO FAULT COVERAGE					

DESCRIPTION OF AUTOMOBILES

Year of Model	Trade Name	Body Type	Identification or Serial Number
2005	NSSN	UTL4X44D	5N1AN08W55C615403

ADDITIONAL INTEREST

Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest hereinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

NAME AND ADDRESS:

The insurance described herein is in effect on the date of this certificate and shall remain in force until canceled in accordance with the terms of the policy.

Loss PAYEE and ADDRESS

St Marys Bank
200 McGregor St
Manchester NH 03102-3753

Dexter R. Long Secretary
David M. Gray President

Dated: 05/28/2013 at: 06:46 PM

Stephen J. McAnnis

Countersigned
AUTHORIZED REPRESENTATIVE

LOSS PAYEE

Such insurance as is afforded by the policy for loss of or damage to the automobile is payable, as interest may appear, to the named insured and the Loss Payee indicated on the previous page in accordance with the terms of the Loss Payable Clause.

Term of Loan: From: 05/28/2013 To: 05/27/2017

LOSS PAYABLE CLAUSE

Loss or damage, under this policy, shall be paid as interest may appear to you and the loss payee shown on the front of this certificate. This insurance covering the interest of the loss payee shall not become invalid because of your fraudulent acts or omissions, unless the loss results from your conversion, secretion or embezzlement of **your covered auto**. However, we reserve the right to cancel the policy as permitted by policy terms, and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee, we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

NOTICE TO OTHERS IF CANCELLATION OCCURS

"We" will not cancel "Your" Policy or reduce the insurance under any of its coverages until at least 10 days after we have mailed a written notice of such cancellation or reduction to the person(s) named as additional interest on reverse side.

AS1019 (ed 12-89)