

# Allstate Insurance Company

---

## Allstate Insurance Company

**The Company Named in the Policy Declarations**  
A Stock Company  
Home Office: Northbrook, Illinois

This policy is a legal contract between **you** and **us**. A coverage applies only when a premium for it is shown on the Policy Declarations. If more than one **auto** is insured, premiums will be shown for each **auto**. If **you** pay the premiums when due and comply with the policy terms, **Allstate**, relying on the information **you** have given **us**, makes the following agreements with **you**.

### When And Where The Policy Applies

**Your** policy applies only during the policy period. During this time, it applies to losses to the **auto**, accidents and occurrences within the United States of America, its territories or possessions or Canada, or between their ports. The policy period is shown on the Policy Declarations.

### Changes

#### Premium Changes

The premium for each **auto** is based on information **Allstate** has received from **you** or other sources. **You** agree to cooperate with **us** in determining if this information is correct, if it is complete, and if it changes during the policy period. **You** agree that if this information changes or is incorrect or incomplete, **we** may adjust **your** premium accordingly during the policy period.

Changes which result in a premium adjustment are contained in **our** rules. These include, but are not limited to:

1. **autos** insured by the policy, including changes in use.
2. drivers residing in **your** household, their ages or marital status.
3. coverages or coverage limits.
4. rating territory.
5. discount eligibility.

Any calculation or adjustment of **your** premium will be made using the rules, rates and forms in effect, and on file if required, for **our** use in **your** state.

### Coverage Changes

When **Allstate** broadens a coverage during the policy period without additional charge, **you** have the new feature if **you** have the coverage to which it applies. The new feature applies on the date the coverage change is effective in **your** state. Otherwise, the policy can be changed only by endorsement. Any change in **your** coverage will be made using the rules, rates and forms in effect, and on file if required, for **our** use in **your** state.

### Duty To Report Autos

**You** must tell **us** within 60 days when **you** acquire an additional or replacement **auto**. If **you** don't, certain coverages of this policy may not apply.

### COMBINING LIMITS OF TWO OR MORE AUTOS PROHIBITED

IF **YOU** HAVE TWO OR MORE **AUTOS** INSURED IN **YOUR** NAME AND ONE OF THESE **AUTOS** IS INVOLVED IN AN ACCIDENT, ONLY THE COVERAGE LIMITS SHOWN ON THE POLICY DECLARATIONS FOR THAT **AUTO** WILL APPLY. WHEN **YOU** HAVE TWO OR MORE **AUTOS** INSURED IN **YOUR** NAME AND NONE OF THEM IS INVOLVED IN THE ACCIDENT, **YOU** MAY CHOOSE ANY SINGLE **AUTO** SHOWN ON THE POLICY DECLARATIONS AND THE COVERAGE LIMITS APPLICABLE TO THAT **AUTO** WILL APPLY.

THE LIMITS AVAILABLE FOR ANY OTHER **AUTO** COVERED BY THE POLICY WILL NOT BE ADDED TO THE COVERAGE FOR THE INVOLVED OR CHOSEN **AUTO**.

### Transfer

This policy can't be transferred to anyone without **our** written consent. However, if **you** die, coverage will be provided until the end of the policy period for:

1. **your** legal representative while acting as such, and
2. persons covered on the date of **your** death.

### Cancellation

**You** may cancel this policy by writing **us** the future date **you** wish to stop coverage.

**Allstate** may cancel part or all of this policy by mailing notice to **you** at **your** last known address. If **we** cancel because **you** didn't pay the premium, the date of cancellation will be at least 10 days after the date of mailing. If **we** cancel for any reason other

# Allstate Insurance Company

---

be used for business purposes with other than a private passenger **auto** or **utility auto**.

## Definitions

1. **"Allstate", "We", "Us", or "Our"** — means the Allstate Insurance Company or Allstate Indemnity Company as shown on the Policy Declarations.
2. **"Auto"** — means a land motor vehicle designed for use on public roads.
3. **"Resident"** — means a person who physically resides in **your** household with the intention of continuing residence there. **Your** unmarried dependent children while temporarily away from home will be considered residents if they intend to resume residing in **your** household.
4. **"Utility Auto"** — means an **auto** of the pickup body, sedan delivery or panel truck type. This **auto** must have a rated load capacity of not more than 2,000 pounds.
5. **"You" or "Your"** — means the policyholder named on the Policy Declarations and that policyholder's **resident** spouse.

## Exclusions — What is not covered

This coverage does not apply to bodily injury, sickness, disease or death to

1. **you** or a **resident** relative while in, on, getting into or out of an **auto you** or a **resident** relative own but do not insure for this coverage.
2. **you** or a **resident** relative while in, on, getting into or out of, or struck as a pedestrian by:
  - a) a vehicle operated on rails or crawler-treads, or
  - b) a vehicle or other equipment designed for use off public roads, while not on public roads.
3. any person while in, on, getting into or out of:
  - a) an owned **auto** while available for hire to the public. This exclusion does not apply to shared-expense car pools.
  - b) an **auto** or trailer while used as a residence or premises.
4. any person, other than **you** or a **resident** relative, while using a non-owned **auto**:
  - a) which is available for hire by the public, or

- b) in auto business operations such as repairing, servicing, testing, washing, parking, storing or selling of **autos**.

Coverage is provided for **you, your** private chauffeur or domestic servant while using a private passenger **auto** or trailer in any other business or occupation.

5. any person resulting from any act of war, insurrection, rebellion, or revolution.

## LIMITS OF LIABILITY

THE LIMIT SHOWN ON THE POLICY DECLARATIONS IS THE MAXIMUM **WE** WILL PAY FOR ALL EXPENSES INCURRED BY OR FOR EACH INSURED PERSON AS THE RESULT OF ANY ONE **AUTO** ACCIDENT.

THE MEDICAL PAYMENTS LIMIT APPLIES TO EACH INSURED **AUTO** AS STATED ON THE POLICY DECLARATIONS. THE INSURING OF MORE THAN ONE PERSON OR **AUTO** UNDER THIS POLICY WILL NOT INCREASE **OUR** LIMIT BEYOND THE AMOUNT SHOWN FOR ANY ONE **AUTO**, EVEN THOUGH A SEPARATE PREMIUM IS CHARGED FOR EACH **AUTO**. THE LIMIT ALSO WILL NOT BE INCREASED IF **YOU** HAVE OTHER AUTO INSURANCE POLICIES THAT APPLY.

If an insured person dies as the result of a covered **auto** accident, **we** will pay the least of the following as a funeral service expenses benefit:

1. \$2,000; or
2. the Coverage CC limit of liability stated on the Policy Declarations; or
3. the remaining portion of the Coverage CC limit of liability not expended for other covered medical expenses.

This funeral service expenses benefit does not increase, and will not be paid in addition to, the limits of liability stated on the Policy Declarations for Coverage CC. This benefit is payable to the deceased insured person's spouse if a resident of the same household at the time of the accident. However, if the deceased is a minor, the benefit is payable to either parent if that parent is a resident of the same household at the time of the accident. In all other cases, the benefit is payable to the deceased insured person's estate.

# Allstate Insurance Company

## LIMITS OF LIABILITY

**ALLSTATE'S** LIMIT OF LIABILITY IS THE ACTUAL CASH VALUE OF THE PROPERTY OR DAMAGED PART OF THE PROPERTY AT THE TIME OF LOSS. THE ACTUAL CASH VALUE WILL BE REDUCED BY THE DEDUCTIBLE FOR EACH COVERAGE AS SHOWN ON THE POLICY DECLARATIONS. HOWEVER, **OUR** LIABILITY WILL NOT EXCEED WHAT IT WOULD COST TO REPAIR OR REPLACE THE PROPERTY OR PART WITH OTHER OF LIKE KIND AND QUALITY. THE LIMIT FOR LOSS TO ANY COVERED TRAILER NOT DESCRIBED ON THE POLICY DECLARATIONS IS \$500.

AN **AUTO** AND ATTACHED TRAILER ARE CONSIDERED SEPARATE **AUTOS**, AND **YOU** MUST PAY THE DEDUCTIBLE, IF ANY, ON EACH. ONLY ONE DEDUCTIBLE WILL APPLY TO AN **AUTO** WITH A MOUNTED **CAMPER UNIT**. IF UNMOUNTED, A SEPARATE DEDUCTIBLE WILL APPLY TO THE **AUTO** AND **CAMPER UNIT**.

## IF THERE IS OTHER INSURANCE

IF THERE IS OTHER INSURANCE COVERING THE LOSS AT THE TIME OF THE ACCIDENT, **WE** WILL PAY ONLY **OUR** SHARE OF ANY DAMAGES. **OUR** SHARE IS DETERMINED BY ADDING THE LIMITS OF THIS INSURANCE TO THE LIMITS OF ALL OTHER INSURANCE THAT APPLIES ON THE SAME BASIS AND FINDING THE PERCENTAGE OF THE TOTAL THAT **OUR** LIMITS REPRESENT.

WHEN THIS INSURANCE COVERS A SUBSTITUTE **AUTO** OR NON-OWNED **AUTO**, **WE** WILL PAY ONLY AFTER ALL OTHER COLLECTIBLE INSURANCE HAS BEEN EXHAUSTED.

WHEN THIS INSURANCE COVERS A REPLACEMENT **AUTO** OR ADDITIONAL **AUTO**, THIS POLICY WON'T APPLY IF **YOU** HAVE OTHER COLLECTIBLE INSURANCE.

WHEN MORE THAN ONE COVERAGE IS APPLICABLE TO THE LOSS, **YOU** MAY RECOVER UNDER THE BROADEST COVERAGE BUT NOT BOTH. HOWEVER, ANY COVERAGE ZA DEDUCTIBLE WILL ALWAYS APPLY.

## Action Against Allstate

No one may sue **us** under this coverage unless there is full compliance with all the policy terms.

## Subrogation Rights

When **we** pay, **your** rights of recovery from anyone else become **ours** up to the amount **we** have paid. **You** must protect these rights and help **us** enforce them.

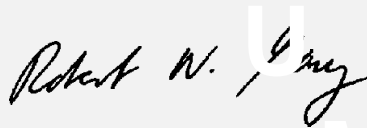
## What You Must Do If There Is A Loss

1. As soon as possible, any person making claim must give **us** written proof of loss. It must include all details reasonably required by **us**. **We** have the right to inspect the damaged property. **We** may require any person making claim to file with **us** a sworn proof of loss. **We** may also require that person to submit to examinations under oath.
2. Protect the **auto** from further loss. **We** will pay reasonable expenses to guard against further loss. If **you** don't protect the **auto**, further loss is not covered.
3. Report all theft losses promptly to the police.

**IN WITNESS WHEREOF**, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.



Secretary



President, Personal Lines