

COVERAGE SELECTIONS PAGE

PAGE 1 OF 1

This page and any attached endorsements form a part of your policy

This policy is Issued By:

ARBELLA MUTUAL INSURANCE CO.

ITEM 1. This policy is Issued To:

KALAINAR SELVAKUMAR
206 VILLAGE ROAD EAST
NORWOOD MA 02062

ITEM 2. This policy is effective from:

MAY/11/18 To: MAY/11/19 (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO # 1 16 CHEV MALIBU LT 1G1ZE5ST3GF201971

Reason for Coverage Selections Page:
VEHICLE INFO CHANGE
OPERATOR INFO CHANGE
SECURED LENDER CHANGE
OTHER ADDTNL CHANGES

End.
No.
010

Effective Date **2/01/19**

Producer **BEARINGSTAR INS**
PO BOX 26
DUXBURY

032
 Massachusetts Personal Automobile
 Policy Number
8HC 684934
 Name code **SELVA**

MA 02331
 Producer's No.
44-6486

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, PARTS 1-12			AUTO # 1		PREMIUM		PREMIUM	
COMPULSORY INS.	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	None	\$ 110.00	\$	\$ per person per accident	None	\$	\$
2. Personal Injury Protection	\$ 8,000 per person	\$ NONE <input type="checkbox"/> yourself <input type="checkbox"/> yourself + house hold members	\$ 40.00	\$	\$ per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself + house hold members	\$	\$
3. Bodily Injury Caused By An Uninsured Auto (COMPULSORY LIMIT \$20,000/\$40,000)	\$100,000 per person \$300,000 per accident	None	\$ 12.00	\$	\$ per person per accident	None	\$	\$
4. Damage To Someone Else's Property (COMPULSORY LIMIT \$5,000)	\$250,000 per accident	None	\$ 217.00	\$	\$ per accident	None	\$	\$
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$100,000 per person \$300,000 per accident	None	\$ 75.00	\$	\$ per person per accident	None	\$	\$
6. Medical Payments	\$ 10,000 per person	None	\$ 14.00	\$	\$ per person	None	\$	\$
7. Collision	Actual Cash Value	\$1,000	\$ 380.00	\$ 36.00	Actual Cash Value	\$	\$	\$
8. Limited Collision	Actual Cash Value	\$	\$	\$	Actual Cash Value	\$	\$	\$
9. Comprehensive	Actual Cash Value	\$1,000	\$ 66.00	\$ 3.00	Actual Cash Value	\$	\$	\$
10. Substitute Transportation	Up to \$30 a day maximum \$900	None	\$ 54.00	\$	Up to \$ a day maximum \$	None	\$	\$
11. Towing and Labor	Up to \$100 for each Disablement	None	\$ 14.00	\$	Up to \$ for each disablement	None	\$	\$
12. Bodily Injury Caused By An Underinsured Auto	\$100,000 per person \$300,000 per accident	None	\$ 26.00	\$	\$ per person per accident	None	\$	\$
SAFE DRIVER INSURANCE PLAN	Credit	00	\$	\$	Credit		\$	\$
	Adjustment	00	\$	\$	Adjustment		\$	\$
PREMIUM			\$ 1008.00	\$ 39.00	PREMIUM		\$	\$
ENDORSEMENT PREMIUM							110.00	
TOTAL PREMIUM							47.00	

ITEM 5. Place of Principal Garaging

AUTO # 1 NORWOOD MA

ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

WELLS FARGO DEALER S PO BOX 997517 SACRAMENTO CA 95899

Identification Numbers of Endorsements Forming a Part of This Policy

ACCIDENT FORGIVENESS 10AR1292 DEDUCTIBLE REWARDS \$100 645 10AR1259 10AR1288 M-109-S

AUTO #1 213 10AR1287

SEE NOTE 2 ON REVERSE SEE NOTE 3 ON REVERSE FOR AUTO 1

DISCOUNTS

	Age 65+	Annual Mileage	Good Student	Student Away	Military Away	Multi-Car	Adv Drv Train	Hybrid or Electric	Pass Res	Anti Theft Veh Rec	Driver Simulator	Low Freq	Cont Cov
AUTO #1		5%							25%	20%			

LOYALTY, ACCOUNT CREDIT, ARBELLA ADVANTAGE

10AR1172 07/17

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

INSURED COPY

DRIVER INFORMATION																
Oper No.	Operator Name* (First, middle initial, last)		Date of Birth			License Number		Lic. State	Date First Lic.			Operator Status O=Occasional P=Principal E= Excluded D=Deferred Auto 1 Auto 2 Auto 3 Auto 4				*Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
1	KALAINAR SELVAKUMAR		05	08	77	*****1241		MA	09	01	97	P				
2	ANUSHA PERUMALSWAMY		05	12	79	*****6548		MA	02	01	04	O				

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Safe Driver Insurance Plan.

DISCOUNTS:

Below is only a summary of possible discounts. If a discount has been applied to your policy, it will be indicated in the Discounts box on the front of this document. If you believe you are entitled to a discount that is not listed, please inform your agent. The total premium listed on the front of this document will reflect the discounts applied.

Discount	Amount	Coverages
Age 65 +	25%	All
Loyalty	1%	All
Account Credit	5% or 10%	All
Arbella Advantage	3% - 12%	All
Driver Simulator	7%	Parts 1,2,4,5&7
Marketing Partners	6%	All

Discount	Amount	Coverages
Multi-Car Individual/Spouse	5%	Parts 1,2,4,5,7,8&9
Multi-Car Family	5%	Parts 1,2,4,5,7,8&9
Student Away at School	10%	Parts 1,2,4,5,7&9
Advanced Driver Training	5%	Parts 1,2,4,5&7
Passive Restraint	25%	Parts 2,3,6&12
Multi-Vehide	2%	Parts 1,2,4,5,7,8&9
Good Student	5%	Parts 1,2,4,5,7&9

Discount	Amount	Coverages
Annual Mileage 0-9999	5-10%	Parts 1-8 & 12
Anti Theft/Vehicle Recovery	5-36%	Part 9
Continuous Coverage	10%	Parts 1,2,4&5
Low Frequency	10%	Parts 1,2,4&5
Paid in Full	3%	All
Hybrid/Electric Vehicle	10%	Parts 1,2,4,5,7,8&9
Military Away	10%	Parts 1,2,4,5,7&9

Part 5 - OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

Part 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

SAFE DRIVER INSURANCE PLAN

The Safe Driver Insurance Plan premium adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Premiums are reduced for 5 or 6 years of incident-free driving. If premium adjustments are shown for any auto, refer to the SDIP statement furnished separately to determine how the premium adjustments for each listed operator were calculated. The operator with the highest combined operator classification and SDIP premium adjustment shall be assigned to the auto with the highest premium for Parts 1,2,4,5,7,8 and 9. The operator with the next highest combined operator classification and SDIP premium adjustment shall be assigned to the auto with the next highest premium and so forth.

NOTE 1: We have been unable to obtain Safe Driver Insurance Plan Information. The license number, surname and date of birth for at least one operator matches no record in the Registry of Motor Vehicles Driver License file.

NOTE 2: If a Safe Driver Insurance Plan premium adjustment is applicable to your policy, you will receive an adjusted bill at a later date.

NOTE 3: No SDIP premium adjustment applies if the operator's points equal zero.

Policy Renewal of 7 HC 684 934 <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal		Driven to or from Work <div>Yes/No Mileage One Way</div>		Purchased <div>Mo./Yr.</div>	New/Used	List Price New or Motorcycle Original Cost New	Classification <div>Rate Statistical</div>		Gr.	Terr.	CC's	<input checked="" type="checkbox"/> Sym <input type="checkbox"/> VRG <div>Coll Comp</div>	Annual Mileage
AUTO # 1				2/19		25,020	10	110100900	716	07		38 31	9,219

Countersigned By: _____