

Amica Mutual Insurance Company

Lincoln, Rhode Island

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CONTINUATION OF DECLARATIONS FOR PERSONAL AUTO POLICY NO. AU 40-004567-8

NAMED INSURED **John A. Smith and Jane B. Smith**

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE			
COVERAGES	LIMIT OF LIABILITY		PREMIUMS
A. LIABILITY	\$ 100,000	each person	AUTO 1 2013 HOND \$ 95.94
Bodily Injury	\$ 300,000	each accident	
Property Damage	\$ 100,000	each accident	\$ 113.93
B. MEDICAL PAYMENTS	\$ 2,000	each person	\$ 8.00
C. UNINSURED MOTORISTS	\$ *	each person	
Bodily Injury	\$	each accident	
Property Damage	\$	each accident	
D. DAMAGE TO YOUR AUTO (ACV means Actual Cash Value)			
1. Collision Loss	AUTO 1		
ACV minus deductible of	\$1000		\$ 92.00
2. Other Than Collision Loss	AUTO 1		
ACV minus deductible of	\$1000		\$ 26.00
TOWING AND LABOR COSTS	\$	each disablement	
EXTENDED TRANSPORTATION EXPENSES			
AUTO 1 \$30DAY/\$900MAX INCREASED			\$ 10.00
*COMBINED UNINSURED/UNDERINSURED MOTORISTS POLICY LIMITS \$100,000/\$300,000 BODILY INJURY \$100,000 PROPERTY DAMAGE POLICY PREMIUM \$20.00 \$100,000 each person / \$300,000 each accident			
GARAGING LOCATION 1- IN GARAGE			

UNINSURED/UNDERINSURED MOTORISTS - POLICY PREMIUM \$ 20.00
TOTAL COST \$ 365.87