

May 7, 2023

### Your Policy



609669576 203 1  
06/30/2023 to 06/30/2024

12:01 A.M. STANDARD TIME  
At the address shown in Item 1  
of your Policy Declarations



Log in to [MyTravelers.com](https://MyTravelers.com) to manage  
your policy and billing details.

JENNIFER CHAMBERS  
PO BOX 1264  
STOWE, VT 05672-1264

## Thank you for choosing Travelers!

As a Travelers insurance customer, you have more than 150 years of experience, financial stability and superior claim service behind you, so you can feel protected – especially when you need us most.

### Review your policy renewal package

No one understands your needs better than you. So please take a moment to review and confirm your new insurance policy details, including:

- Your Declarations page, listing the coverage you purchased, your coverage limits and deductibles
- Your insurance ID cards for proof of insurance
- Other important documents, including our privacy notice, billing options and more

### Superior Service

At Travelers, we provide fast, efficient claim service and 24/7 claim reporting. We're proud to put our talent, expertise and resolution excellence to work for you.

On behalf of AMWINS ACCESS INSURANCE, thank you for choosing Travelers to help you protect what matters. It's Better Under the Umbrella®.

Sincerely,

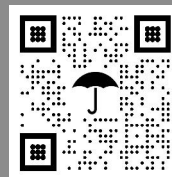
*Michael Klein*

Michael Klein  
President, Travelers Personal Insurance

## A faster, easier way to manage your account

Visit [MyTravelers.com](https://MyTravelers.com) or open the camera on your smartphone and scan the QR code below to download our mobile app, where you can:

- Manage your policy and bills
- Submit and monitor a claim



### Contact Information

Policy questions or changes: 1.530.274.3102  
Roadside assistance: 1.800.252.4633  
24-hour claim service: 1.800.252.4633

Take advantage of  
our other coverage  
options and  
multi-policy discount



HOME



BOAT & YACHT



UMBRELLA



VALUABLES

Call your agent or Travelers  
representative at 1.530.274.3102  
to find out more!





## Vermont Automobile Insurance Identification Card

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

Year	Make	Model	Vehicle identification number (VIN)
2020	JEEP	COMPASS LA	3C4NJDBB2LT149221

Policy number	Effective date	Expiration date
609669576 203 1	06/30/2023	06/30/2024

**Insured**  
JENNIFER CHAMBERS

**Company:** THE STANDARD FIRE INSURANCE COMPANY

**For policy questions and changes**  
AMWINS ACCESS INSURANCE  
530.274.3102

**To report a claim or get roadside assistance 24 hours x 365 days a year**  
Go to [Travelers.com](https://www.travelers.com) or Call 1.800.252.4633

**Keep this card in the vehicle at all times. See reverse side.**

**In case of an accident, once you are in a safe location:**

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- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

**Before an accident happens, be prepared**

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- Keep a pencil and paper in your glove box to write down and share information.
- Get the Travelers Mobile app and learn more about our tools at [www.travelers.com/app](http://www.travelers.com/app).

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## IMPORTANT NOTICE

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### POLICYHOLDER NOTICE OF COVERAGE CHANGES

Enclosed is your personal automobile policy renewal for your next policy term. Please read it carefully, as your coverage has changed and may include reductions in coverage. This Important Notice provides general information. Not all of the policy forms and endorsements listed below may apply to your policy. To determine the policy forms and endorsements that apply to your policy, please refer to your Automobile Policy Declarations. In case of any conflict between this Important Notice and the terms of your Policy, your Policy will govern.

The changes in the **PERSONAL AUTO POLICY** are as follows:

- **AMENDMENT OF POLICY PROVISIONS –VERMONT, E2RVT00 (05-22)** is a new mandatory form which amends the **PERSONAL AUTO POLICY**.
  - Under **LIABILITY COVERAGE SECTION**, Exclusion A.5., added language stating that coverage is excluded while a vehicle is being used, or available for hire, to carry persons or property for compensation or a fee, including pickup or delivery.
  - Under **LIABILITY COVERAGE SECTION**, Exclusion B.5., added language stating that coverage is excluded while “your covered auto” is being shared in a personal vehicle sharing program.
  - Under **MEDICAL PAYMENTS COVERAGE SECTION**, Exclusion 2., added language stating that coverage is excluded while “occupying” “your covered auto” when it is being used, or available for hire, to carry persons or property for compensation or a fee, including pickup or delivery.
  - Under **MEDICAL PAYMENTS COVERAGE SECTION**, Exclusion 12., added language stating that coverage is excluded while “occupying” “your covered auto” when it is being shared in a personal vehicle sharing program.
  - Under **UNINSURED MOTORISTS COVERAGE SECTION**, Exclusion A.2., added language stating that coverage is excluded while “occupying” “your covered auto” when it is being used, or available for hire, to carry persons or property for compensation or a fee, including pickup or delivery.
  - Under **UNINSURED MOTORISTS COVERAGE SECTION**, Exclusion A., added an exclusion removing coverage for “bodily injury” sustained by any “insured” while “occupying” “your covered auto” when it is rented or leased to others, including when it is being shared in a personal vehicle sharing program. The exclusion does not apply to you or a “resident relative”.
  - Under **DAMAGE TO YOUR AUTO COVERAGE SECTION**, Exclusion 1., added language stating that coverage is excluded to “your covered auto” or any “non-owned auto” while it is being used, or available for hire, to carry people or property for compensation or a fee, including pickup or delivery.
  - Under **DAMAGE TO YOUR AUTO COVERAGE SECTION**, Exclusion 15., added language stating that coverage is excluded while “your covered auto” is being shared in a personal vehicle sharing program.
- **GENERAL PROVISIONS SECTION, G01VT02 (05-22)** replaces **GENERAL PROVISIONS SECTION, G01VT01 (07-17)**.
  - Under **GENERAL DEFINITIONS, D.** has been amended to remove the listed “Minimum limits”. Questions surrounding your individual limit needs and options should be discussed with your agent or Travelers Representative.
  - Under **Termination, Cancellation provision, A.1.b.** has been revised to state the insured can cancel a policy without it being in writing.

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If you have any questions on the policy forms and endorsements that apply to your policy or if you wish to make any change, contact your agent or Travelers representative.

We appreciate your business and look forward to continuing to serve your insurance needs.

Travelers



## Automobile Policy Continuation Declarations

### 1. Named Insured

JENNIFER CHAMBERS  
PO BOX 1264  
STOWE, VT 05672-1264

### Your Agency's Name and Address

AMWINS ACCESS INSURANCE  
1410 ROCKY RIDGE DR STE 335  
ROSEVILLE, CA 95661

**Your Auto Policy Number** 609669576 203 1  
**Your Account Number** 609669576

**For Policy Service** 1.530.274.3102  
**For Claim Service** For questions on filing a claim or to file a claim go to **Travelers.com** or call 1.800.252.4633  
**For Roadside Assistance** 1.800.252.4633

### 2. Premium

**Your Total Premium for the Policy Period is \$2,225.**

**The policy period is from June 30, 2023 to June 30, 2024 12:01 A.M. STANDARD TIME at your address shown in Item 1.**

### 3. Your Vehicles

1. 2020 JEEP COMPASS LA

### Identification Numbers

3C4NJDBB2LT149221

### 4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

#### VEHICLE 1

#### 20 JEEP COMPASS LA

#### A. Bodily Injury

\$250,000 each person	
\$500,000 each accident	\$662

#### B. Property Damage

\$100,000 each accident	\$490
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#### C. Medical Payments

\$5,000 each person	\$59
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#### D1. Uninsured Motorists Bodily Injury

\$250,000 each person	
\$500,000 each accident	\$58

#### D3. Uninsured Motorists Property Damage

\$10,000 each accident	\$3
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#### E. Collision

Actual Cash Value less	
\$500 deductible	\$812

#### 4. Coverages, Limits of Liability and Premiums (continued)

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

##### VEHICLE 1

##### 20 JEEP COMPASS LA

#### F. Comprehensive

Actual Cash Value less \$250 deductible	\$100
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#### Glass Deductible

See Endorsement E1OCW02 (01-15) \$50 deductible	Incl
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#### Extended Transportation Expenses

See Endorsement E1MCW00 (03-12) \$50 per day/\$1,500 maximum	\$31
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#### Roadside Assistance Coverage

See Endorsement E1RCW02 (10-13) Up to 15 miles per disablement	\$10
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<b>Subtotal for your vehicle(s):</b>	<b>\$2,225</b>
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**Total Premium for this Policy:**

**\$2,225**

This is not a bill. You will be billed separately for this transaction.

#### 5. Information Used to Rate Your Policy

##### Discounts

Multi-Policy Discount  
Good Payer Discount  
EFT Discount  
Continuous Insurance Discount  
Early Quote Discount

**Your Total Savings Reflected in Your Total Premium:**

**\$1,265**

##### Drivers

1. JENNIFER

##### Date of Birth

05-09-1934

##### Gender

Female

##### Marital Status

Single

##### Driver Type

Licensed

##### Vehicles

1. 20 JEEP COMPASS LA

##### Use of Vehicle

Pleasure

##### Mileage

2,282

##### Location of Vehicle

STOWE, VT

**Safe Driver Discount – Driving/Loss History Used to Determine Eligibility for Discount**



Named Insured JENNIFER CHAMBERS  
Policy Period June 30, 2023 to June 30, 2024

Policy Number 609669576 203 1  
Issued On Date May 7, 2023

## 5. Information Used to Rate Your Policy (continued)

Drivers/Vehicles	Incident	Date	Status
JENNIFER	Accident	07-07-22	Used

If any of the information above is incorrect or has changed, please notify your Travelers representative immediately.

## 6. Other Information

### Your Insurer

THE STANDARD FIRE INSURANCE COMPANY  
ONE TOWER SQUARE, HARTFORD, CT 06183

### Lienholder/Loss Payees Information

20 JEEP COMPASS LA	CCAP AUTO LEASE
VIN # 3C4NJDBB2LT149221	PO BOX 4210
	CARMEL, IN 46082-4210
	LOAN #

### Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01VT02 (05-22)	General Provisions Section
L01VT01 (02-16)	Liability Coverage Section
M01VT01 (02-16)	Medical Payments Coverage Section
U01VT01 (02-16)	Uninsured Motorists Coverage Section
P01VT01 (02-16)	Damage To Your Auto Coverage Section
S01CW00 (03-12)	Signature Page
E1MCW00 (03-12)	Extended Transportation Expenses
E1OCW02 (01-15)	Glass Deductible
E1RCW02 (10-13)	Roadside Assistance Coverage
E2RVT00 (05-22)	Amendment of Policy Provisions - Vermont

Issued on 05/07/2023

## FOR YOUR INFORMATION

For information about how Travelers compensates independent agents and brokers, please visit [www.Travelers.com](http://www.Travelers.com) or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us or being a good driver, go to [www.travelers.com/discounts](http://www.travelers.com/discounts). Once at the website, type in your policy number 6096695762031 and product code QA2 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

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**6. Other Information (continued)**

We use Insurance Score as one factor in determining the premium on our policies. If you would like to have your Insurance Score updated, please call 1.530.274.3102.

## VERMONT PERSONAL AUTO POLICY

Travelers Companies  
Hartford, Connecticut  
(Each a Stock Insurance Company)

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### GENERAL PROVISIONS SECTION

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**Unless otherwise stated, the provisions in this General Provisions Section apply to all Coverage Sections and endorsements of this policy.**

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### AGREEMENT

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In return for payment of the premium and subject to all the terms of this policy, we will provide the coverages you have selected. These are shown by premium entries in the Declarations. The Declarations is a part of this policy.

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### GENERAL DEFINITIONS

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Throughout this policy:

- A. "You" and "your" refer to:
1. The "named insured" shown in the Declarations; and
  2. The spouse if a resident of the same household.  
The term spouse includes, if a resident of the same household:
    - a. The civil partner of the "named insured", provided such civil union was obtained in a state where a civil union is legally recognized; or
    - b. The "domestic partner" of the "named insured".
 If the spouse ceases to be a resident of the same household during the policy period or prior to the inception of this policy, the spouse will be considered "you" and "your" under this policy but only until the earlier of:
    - a. The end of 90 days following the spouse's change of residency;
    - b. The effective date of another policy listing the spouse as a named insured; or
    - c. The end of the policy period.
- B. "We", "us" and "our" refer to the member company of Travelers providing this insurance and shown as the insurer in Item 6 of the Declarations.
- C. We consider a private passenger auto, sport utility vehicle, pickup or van to be owned by a person if leased:
1. Under a written agreement to that person; and
  2. For a continuous period of at least 6 months.

- D. "Minimum limits" refers to the minimum limits of liability as required by Vermont law, to be provided under a policy of automobile liability insurance.

Other words and phrases are defined. They are in quotation marks when used.

- E. "Bodily injury" means bodily harm, sickness or disease, including death that results.
- F. "Business" includes trade, profession or occupation.
- G. "Domestic partner" means a person who is in a continuing spouse-like relationship with a named insured for the purpose of a domestic life. Both persons must be 18 years of age or older and may not be related to each other by blood. Neither may be married to another person, or be a "domestic partner" or partner by civil union of any other person.
- H. "Newly acquired auto":
1. "Newly acquired auto" means any of the following types of vehicles of which you become the owner during the policy period:
    - a. A private passenger auto or sport utility vehicle; or
    - b. A pickup or van, for which no other insurance policy provides coverage, that:
      - (1) Has a Gross Vehicle Weight Rating of 10,000 lbs. or less; and
      - (2) Is not used for the delivery or transportation of goods and materials unless such use is:

- (a) Incidental to your “business” of installing, maintaining or repairing furnishings and equipment; or
  - (b) For farming or ranching.
- 2. Coverage for a “newly acquired auto” is provided as described in 3.a. and 3.b. below. If you ask us to insure a “newly acquired auto” after a specified time period described below has elapsed, any coverage we provide for that “newly acquired auto” will begin at the time you request the coverage and you will not have coverage for the elapsed period of time.
- 3. Coverage for a “newly acquired auto” depends on whether the vehicle is in addition to or replaces a vehicle shown in the Declarations.
  - a. A “newly acquired auto” which is in addition to any vehicle shown in the Declarations will have the broadest coverage we provide for any vehicle shown in the Declarations. Coverage begins on the date you become the owner. However, for coverage to apply you must ask us to insure it within 30 days after you become the owner.
  - b. If a “newly acquired auto” replaces a vehicle shown in the Declarations, it will have the same coverage as the vehicle it replaced without your having to ask us to insure it. However, you must ask us to insure a replacement vehicle within 30 days if:
    - (1) You wish to add or continue any coverage provided in the Damage To Your Auto Coverage Section; or
    - (2) It is a pickup or van used in any “business” other than farming or ranching.
- I. “Occupying” means:
  - 1. In;
  - 2. Upon; or
  - 3. Getting in, on, out or off.
- J. “Property damage” means physical injury to, destruction of or loss of use of tangible property.
- K. “Resident relative” means a person related to you by blood, marriage, civil union or adoption who is a resident of your household. This includes a ward or foster child. Your unmarried dependent children, wards, and foster children while temporarily away from home will be considered residents if they intend to resume residing in your household.
- L. “Trailer” means a vehicle designed to be pulled by a:
  - 1. Private passenger auto or sport utility vehicle; or
  - 2. Pickup or van.
 It also means a farm wagon or farm implement while towed by a vehicle listed in 1. or 2. above.
- M. “Your covered auto” means:
  - 1. Any vehicle shown in the Declarations.
  - 2. A “newly acquired auto”.
  - 3. Any “trailer” you own.
  - 4. Any private passenger auto, sport utility vehicle, pickup, van or “trailer” you do not own while used as a temporary substitute for any other vehicle described in this definition which is out of normal use because of its:
    - a. Breakdown;
    - b. Repair;
    - c. Servicing;
    - d. Loss; or
    - e. Destruction.
 This provision (M.4.) does not apply to the Damage To Your Auto Coverage Section.

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## DUTIES AFTER AN ACCIDENT OR LOSS

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We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- A. We must be notified promptly of how, when and where the accident or loss happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
- B. A person seeking any coverage must:
  - 1. Cooperate with us in the investigation, settlement or defense of any claim or suit.
  - 2. Promptly send us copies of any notices or legal papers received in connection with the accident or loss.
  - 3. Submit, as often as we reasonably require:
    - a. To physical exams by physicians we select. We will pay for these exams.
    - b. To examination under oath and subscribe the same. We may require such exam under oath:
      - (1) From other persons insured under this policy (including a “resident relative”).
      - (2) Be done separately and outside the presence of any witnesses or persons insured or seeking benefits under this policy.

4. Authorize us to obtain:
  - a. Medical reports; and
  - b. Other pertinent records.
5. Submit a proof of loss when required by us.

### **Additional Duties For Uninsured Motorists Coverage**

A person seeking Uninsured Motorists Coverage must also promptly:

1. Notify the police if a hit-and-run driver is involved.
2. Send us copies of the legal papers if a suit is brought.

A person seeking Uninsured Motorists Coverage under Paragraph b. of the definition of “uninsured motor vehicle” in the Uninsured Motorists Coverage Section must also promptly notify us in writing of a tentative settlement between the “insured” and the insurer of the “uninsured motor vehicle” and allow us 30 days to advance payment to that “insured” in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such “uninsured motor vehicle”.

### **Additional Duties For Collision And Comprehensive Coverages**

If Coverage E – Collision or Coverage F – Comprehensive is shown in the Declarations, a person seeking coverage must also:

- A. Take reasonable steps after loss to protect “your covered auto” or any “non-owned auto” and their equipment from further loss. We will pay reasonable expenses incurred to do this.
- B. Promptly notify the police if “your covered auto” or any “non-owned auto” is stolen.
- C. Permit us to inspect and appraise the damaged property before its repair or disposal.

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## **GENERAL CONDITIONS**

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### **Bankruptcy**

Bankruptcy or insolvency of the “insured” will not relieve us of any obligations under this policy.

### **Changes**

- A. This policy contains all the agreements between you and us. Its terms may not be changed or waived except by endorsement issued by us.
- B. If there is a change to the information used to develop the policy premium, we may adjust your premium. Changes during the policy term that may result in a premium increase or decrease include, but are not limited to, changes in:
  1. The number, type or use of insured vehicles;
  2. Operators using insured vehicles;
  3. The place of principal garaging of insured vehicles; or
  4. Coverage, deductible or limits.

If a change resulting from A. or B. above requires a premium adjustment, we will make the premium adjustment in accordance with our manual rules.

- C. If we make a change which broadens coverage under this edition of your policy without additional premium charge, that change will automatically apply to your policy as of the date we implement the change in Vermont. This para-

graph (C.) does not apply to changes implemented with a general policy revision that includes both broadenings and restrictions in coverage, whether that general policy revision is implemented through introduction of:

1. A subsequent edition of your policy or any of its Coverage Sections; or
2. An amendatory endorsement.

### **Fraud**

We do not provide coverage for any person under this policy who has made fraudulent statements or engaged in fraudulent conduct in connection with any accident or loss for which coverage is sought under this policy.

### **Legal Action Against Us**

- A. No legal action may be brought against us until there has been full compliance with all the terms of this policy. In addition, under the Liability Coverage Section:
  1. No legal action may be brought against us until:
    - a. We agree in writing that the “insured” has an obligation to pay; or
    - b. The amount of that obligation has been finally determined by judgment after trial.

2. No legal action may be brought against us after one year from the date the terms of either a. or b. above have been met.

However:

1. Your right to bring legal action against us is not conditioned upon your compliance with the Appraisal provision of the Damage To Your Auto Coverage Section.
  2. Under the Liability Coverage Section, payment of any judicial judgment or claim by you for any of our liability shall not bar you from any action or right of action against us.
- B. No person or organization has any right under this policy to bring us into any action to determine the liability of an "insured".

### **Our Right To Recover Payment**

- A. If we make a payment under this policy and the person to or for whom payment was made has a right to recover damages from another we are subrogated to that right. That person must do:
1. Whatever is necessary to enable us to exercise our rights; and
  2. Nothing after loss to prejudice them.
- However, our rights in this Paragraph (A.) do not apply under the Damage To Your Auto Coverage Section, against any person using "your covered auto" with a reasonable belief that such person is entitled to do so.
- B. If we make a payment under this policy and the person to or for whom payment is made recovers damages from another, that person must:
1. Hold in trust for us the proceeds of the recovery; and
  2. Reimburse us to the extent of our payment.

### **Policy Period And Territory**

- A. This policy applies only to accidents and losses which occur:
1. During the policy period shown in the Declarations; and
  2. Within the policy territory.
- B. The policy territory is:
1. The United States of America, its territories or possessions;
  2. Puerto Rico; or
  3. Canada.
- This policy also applies to loss to, or accidents involving, "your covered auto" while being transported between their ports.

### **Transfer Of Your Interest In This Policy**

- A. Your rights and duties under this policy may not be assigned without our written consent. However, if a named insured shown in the Declarations dies, coverage will be provided for:
1. The surviving spouse if resident in the same household at the time of death. Coverage applies to the spouse as if a named insured shown in the Declarations; and
  2. The legal representative of the deceased person as if a named insured shown in the Declarations. This applies only with respect to the representative's legal responsibility to maintain or use "your covered auto".
- B. Coverage will only be provided until the end of the policy period.

### **Two Or More Policies Issued To You**

If this policy and any other auto insurance policy issued to you by us or any of our personal insurance affiliates apply to the same accident, the maximum limit of our liability under all the policies shall not exceed the highest applicable limit of liability under any one policy.

### **Termination**

- A. Cancellation  
This policy may be cancelled during the policy period as follows:
1. The named insured shown in the Declarations may cancel by:
    - a. Returning this policy to us; or
    - b. Giving us advance notice of the date cancellation is to take effect.

We may accept another form of notice from the named insured. If there is more than one person shown as named insured in the Declarations, any named insured may cancel this policy. The cancellation by one named insured will be binding on any other named insured.
  2. We may cancel by:
    - a. Giving the named insured shown in the Declarations at the address shown in this policy at least 15 days notice by certified mail or certificate of mailing if cancellation is for nonpayment of premium; or
    - b. Mailing by certified mail to the named insured shown in the Declarations at the address shown in this policy at least 45 days notice in all other cases.

3. When this policy is in effect for 60 days, or if this is a renewal or continuation policy, we will cancel only:
  - a. For nonpayment of premium; or
  - b. If your driver's license or that of:
    - (1) Any driver who lives with you; or
    - (2) Any driver who customarily uses "your covered auto";
 has been suspended or revoked. This must have occurred:
    - (1) During the policy period; or
    - (2) If this policy is a renewal, during the policy period or within the 180 days immediately preceding the effective date of the renewal; or
  - c. If there is fraud or material misrepresentation affecting the policy or in the presentation of a claim; or
  - d. If there is any violation of the terms or conditions of the policy; or
  - e. If the policy was obtained through material misrepresentation.
4. Nonpayment of premium means the failure to pay any premium or premium installment or any other financial obligation when due.

#### B. Nonrenewal

We have the right to not renew or continue this policy at the end of the policy period shown in the Declarations. If we decide not to renew or continue this policy, we will mail notice to the named insured shown in the Declarations at the address shown in this policy. Notice will be mailed at least 45 days before the end of the policy period. Subject to this notice requirement, if the policy period is:

1. Less than 6 months, we will have the right not to renew or continue this policy every 6 months, beginning 6 months after its original effective date.
2. 6 months or longer, but less than one year, we will have the right not to renew or continue this policy at the end of the policy period.
3. 1 year or longer, we will have the right not to renew or continue this policy at each anniversary of its original effective date.

#### C. Automatic Termination

1. If we offer to renew or continue your policy for another policy period and you or your representative do not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due means that you have not accepted our offer.
2. If you obtain other insurance on "your covered auto", any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

#### D. Other Termination Provisions

1. If the law in effect in Vermont at the time this policy is issued or continued:
  - a. Requires a longer notice period;
  - b. Requires a special form of or procedure for giving notice; or
  - c. Modifies any of the stated termination reasons;
 we will comply with those requirements.
2. We may deliver any notice instead of mailing it. Proof of mailing of any notice will be sufficient proof of notice.
3. If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund. The premium refund, if any, will be computed according to our manuals. However, making or offering to make the refund is not a condition of cancellation.
4. The effective date of cancellation stated in the notice will become the end of the policy period.
5. We will give notice of cancellation to the loss payee stated in the policy if the named insured shown in the Declarations requests cancellation of:
  - a. The entire policy; or
  - b. Any coverage in the Damage To Your Auto Coverage Section afforded under this policy to any "your covered auto" for which the loss payee has an insurable interest.
6. If we decide to cancel this policy, the same method of mailing the notice of cancellation to the named insured shown in the Declarations will also be used to notify the loss payee stated in the policy.





## AMENDMENT OF POLICY PROVISIONS - VERMONT

**All provisions of the policy apply unless modified by this endorsement.**

### LIABILITY COVERAGE SECTION

The Liability Coverage Section, Exclusions provision, exclusion A.5. is replaced by the following:

- A. We do not provide Liability Coverage for any "insured":
5. For that "insured's" liability arising out of the ownership or operation of a vehicle while it is being used, or during the period of time it is available for hire, to carry persons or property for compensation or a fee, including pickup or delivery. This Exclusion (A.5.) applies whether or not there is:
    - a. A passenger "occupying" the vehicle; or
    - b. Property being transported in or upon the vehicle.

This Exclusion (A.5.) does not apply to a vehicle used for a:

- (1) Share-the-expense car pool;
- (2) Charitable purpose; or
- (3) Volunteer purpose.

The Liability Coverage Section, Exclusions provision, exclusion B.5. is replaced by the following:

- B. We do not provide Liability Coverage for the ownership, maintenance or use of:
5. "Your covered auto" while it is rented or leased to others, including when being shared in a personal vehicle sharing program.
- This Exclusion (B.5.) does not apply to the operation of "your covered auto" by you or a "resident relative".

### MEDICAL PAYMENTS COVERAGE SECTION

The Medical Payments Coverage Section, Exclusions provision, exclusions 2. and 12. are replaced by the following:

We do not provide Medical Payments Coverage to any "insured" for "bodily injury":

2. Sustained while "occupying" "your covered auto" while it is being used, or during the period of time it is available for hire, to carry persons or property for compensation or a fee, including pickup or delivery. This Exclusion (2.) applies whether or not there is:
  - a. A passenger "occupying" the vehicle; or
  - b. Property being transported in or upon the vehicle.

This Exclusion (2.) does not apply to a vehicle used for a:

- a. Share-the-expense car pool;
- b. Charitable purpose; or
- c. Volunteer purpose.

12. Sustained while "occupying" "your covered auto" while it is rented or leased to others, including when being shared in a personal vehicle sharing program.

This Exclusion (12.) does not apply to you or a "resident relative".

### UNINSURED MOTORISTS COVERAGE SECTION

The Uninsured Motorists Coverage Section, Exclusions provision, exclusion A.2. is replaced by the following:

- A. We do not provide Uninsured Motorists Coverage for "bodily injury" or "property damage" sustained by any "insured":
2. While "occupying" "your covered auto" while it is being used, or during the period of time it is available for hire, to carry persons or property for compensation or a fee, including pickup or delivery. This Exclusion (A.2.) applies whether or not there is:
    - a. A passenger "occupying" the vehicle; or
    - b. Property being transported in or upon the vehicle.

This Exclusion (A.2.) does not apply to a vehicle used for a:

- a. Share-the-expense car pool;
- b. Charitable purpose; or
- c. Volunteer purpose.

The Uninsured Motorists Coverage Section, Exclusions provision, exclusion A.7. is added as follows:

- A. We do not provide Uninsured Motorists Coverage for "bodily injury" or "property damage" sustained by any "insured":
7. While "occupying" "your covered auto" while it is rented or leased to others, including when being shared in a personal vehicle sharing program.
- This Exclusion (A.7.) does not apply to you or a "resident relative".

**DAMAGE TO YOUR AUTO COVERAGE SECTION**

The Damage To Your Auto Coverage Section, Exclusions provision, exclusions 1. and 15. are replaced by the following:

The following exclusion apply to this Damage To Your Auto Coverage Section. We will not pay for:

1. Loss to "your covered auto" or any "non-owned auto" while it is being used, or during the period of time it is available for hire, to carry persons or property for compensation or a fee, including pickup or delivery. This Exclusion (1.) applies whether or not there is:
  - a. A passenger "occupying" the vehicle; or
  - b. Property being transported in or upon the vehicle.

This Exclusion (1.) does not apply to a vehicle used for a:

- a. Share-the-expense car pool;
- b. Charitable purpose; or
- c. Volunteer purpose.

15. Loss to "your covered auto" which occurs while it is rented or leased to others, including when being shared in a personal vehicle sharing program.

This Exclusion (15.) does not apply to the operation of "your covered auto" by you or "resident relative".

## **NOTICE OF AVAILABILITY OF DISCOUNTS**

The Vermont Department of Financial Regulation/Insurance Division requires us to notify you that many insurance carriers offer discounts on some or all of their insurance products to qualifying individuals.

Discounts are commonly available for senior citizens, for good drivers, for good students, for persons who have completed approved driver education courses, for combined policies, for smoke alarms, for anti-lock braking systems, for multi-car policies and for individuals who have had no recent history of loss.

You should inquire of your agent, broker or your insurance company representative about discounts for which you may be eligible. The offering of a discount may not result in lower costs. You should always compare prices and coverage to make sure you are comparing similar products.



# PRIVACY NOTICE

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## Privacy Statement for Individual U.S. Personal Insurance Consumers

Your privacy is important to us. When we quote or sell an insurance policy to a person, we get information about the people and property that we're insuring. This Privacy Notice describes the types of information about you ("personal information") we collect, where we get it, and how we use, share and protect it. It applies to current and former Travelers personal insurance customers in the United States.

A few key points include:

- We collect personal information from you, your agent, and from third parties
- We will not share your personal information with others for their marketing purposes without your permission
- We maintain safeguards designed to help prevent unauthorized use, access and disclosure of personal information

<b>What type of information do we collect?</b>	<p>You give us most of what we need in the application process. To make sure what we have is correct, or to obtain additional information, we may need to check back with you. For example, you may be asked to give us more details in writing, via e-mail or over the phone. In addition, we may obtain other information, including but not limited to the following:</p> <ul style="list-style-type: none"><li>• Information from consumer reporting agencies and other insurance support organizations to the extent permitted by law. This may include items such as credit history, credit-based insurance score, driving record, accident and motor vehicle conviction history, and claim history. Information given to us by an insurance support organization, including consumer reporting agencies, may be retained by them and disclosed to others.</li><li>• Your past insurance history, including information about your policies and claims, from insurance support organizations or your former insurers.</li><li>• Information regarding your property. We may obtain this through third party reports and through a property inspection. We or an independent inspector may visit the property to inspect its condition, or we may use an unmanned aircraft system. We may obtain geospatial information, and take pictures or video. If we need more details about the property, we may need to schedule an interior inspection.</li><li>• Information from government agencies or independent reporting companies.</li><li>• Other third party data relating to the insured risk, such as possible drivers and vehicles associated with your household and odometer readings associated with any vehicle(s).</li><li>• In some instances, we may need to know about your health. For example, if we need to know whether a physical limitation will affect your ability to drive, we may ask for a statement from your doctor.</li></ul>
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<p><b>How do we use your personal information?</b></p>	<p>We use the personal information we collect to sell, underwrite and rate, service and administer insurance; to handle claims; to create and market products and services; to prevent and detect fraud; to satisfy legal or regulatory requirements; and for other business purposes and as otherwise allowed by law.</p> <p>Once you're insured with us, we will retain details about your policy(ies). This may include, among other things, bill payment, transaction or claim history and details, as well as other information.</p> <p>When you give us a telephone number, you consent to being contacted at that number, including if the number is for a cell phone or other wireless device. We may contact you in person, by recorded message, by the use of automated dialing equipment, by text (SMS) message, or by any other means your device is capable of receiving, to the extent permitted by law and for reasonable business purposes, including to service your policy or alert you to other relevant information.</p>
<p><b>How do we share your personal information?</b></p>	<p>We do not give or sell your personal information to nonaffiliated third parties for their own marketing purposes without your prior consent.</p> <p>We may give the personal information we collect to others to help us conduct, manage or service our business. When we do, we require them to use it only for the reasons we gave it to them. We may give, without your past permission and to the extent permitted by law, personal information about you to certain persons or organizations such as: your agent or insurance representative; our affiliated property and casualty insurance companies; independent claim adjusters or investigators; persons or organizations that conduct research; insurance support organizations (including consumer reporting agencies); third party service providers; another insurer; law enforcement; state insurance departments or other governmental or regulatory agencies; or as otherwise required or permitted by law. Information we share with insurance support organizations, such as your claims history, may be retained by them and disclosed to others.</p> <p>We may also share your personal information: to comply with legal process; to address suspected fraud or other illegal activities; or to protect our rights, privacy, safety or property, and/or that of you or others.</p>
<p><b>How do we protect your personal information?</b></p>	<p>We maintain physical, electronic and administrative safeguards designed to help protect personal information. For example, we limit access to personal information and require those who have access to use it only for legitimate business purposes.</p>

<p><b>How can I review and correct the personal information you have about me?</b></p>	<p>If you have questions about what personal information we maintain about you, please make your request in writing and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. We will describe the personal information we maintain, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency.</p> <p>You may also see and copy the information we have, except for certain documents about claims and lawsuits. If you believe our information is incorrect, let us know in writing. We will review it, and, if we agree, we will correct it, notify you, and send a correction letter to anyone who received the original information. If we do not agree, you are allowed to file a letter with your comments.</p> <p>For questions about the right of access or correction to your information, please write to: Travelers, One Tower Square, Hartford, CT 06183, Attn: Privacy Office.</p>
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This notice is given by The Travelers Indemnity Company and its personal insurance property casualty affiliates.  
This notice may be amended at any time. The most current version will be posted on Travelers.com.





# Important Notice about Billing Options and Disclosures

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This notice contains important information about our billing options and charges for policy 609669576 203 1.

You have chosen to pay your insurance premium in monthly installments by Electronic Funds Transfer (EFT). Please note that a service charge of \$2.00 will apply per installment. In the event that your payment is returned by your bank, it may result in the automatic conversion of your account from Electronic Funds Transfer (EFT) to Bill by Mail / Email.

To sign up for AutoPay or change your Bill Plan option, visit [MyTravelers.com](http://MyTravelers.com), Mobile App or contact your Travelers insurance representative or agent.

<b><u>Bill Plan</u></b>	<b><u>Monthly</u></b>	<b><u>Pay in Full</u></b>
Electronic Funds Transfer (EFT)	\$2.00	No Charge
Recurring Credit Card (RCC)	\$4.00	No Charge
Bill by Mail / Email	\$5.00	No Charge
Late Charge: \$10.00 per occurrence		
Payments returned by your bank: \$25.00 per occurrence		

In the event two payments are returned during a 12 month period you will be required to pay with guaranteed funds for 182 days from the date of the last returned payment. Guaranteed funds are credit card, bank check, money order or home banking payments. Other forms of payment will be returned. You will not be eligible to use our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plans.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have multiple policies with us you may be able to combine those policies into a single billing account. If you have selected one of our monthly billing options, and you combine your policies into a single billing account, you will be charged just one service charge per installment, and not per individual account.

To add this policy to an existing billing account or if you have other questions about this notice, please call your insurance representative at 1-530-274-3102.

