

Private Fleet Auto Policy

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Policy Number PA241468201

Policy Tier 17

Premium	\$1,400
Motor Vehicle Law Enforcement Fees	\$10
Surplus Contribution	\$56

Grand Total	\$1,466
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YOU WILL BE BILLED SEPARATELY FOR ANY PREMIUM DUE.



Authorized Company Representative

*** Refer to Endorsements PFA-002-NY - Personal Injury Protection Coverage - New York and PFA-052-NY - Optional Basic Economic Loss Coverage – NY for the maximum monthly work loss, other necessary expense per diem benefit, and death benefit.**

**** The maximum amount payable under SUM coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.**

***** Refer to PFA-DSC-NY-001 – Rating Information – New York for details.**



Use of Annual Mileage in Rating Disclosure - New York

04/03/2023

Re: PA241468201

Dear PURE Member:

PURE is pleased to provide coverage according to the price and terms stated on the Declarations Page of your policy. The purpose of this notice is to share some important information with you about how your automobile policy is rated.

Instead of using vehicle usage (ex. Pleasure, Drive to Work, Business etc) as a rating consideration, we now use Estimated Annual Mileage as a rating consideration for each private passenger type automobile.

The Estimated Annual Mileage used to rate your private passenger type automobile(s) was determined by the collection of information through thousands of sources, including state and local government records and other industry sources, which determined your automobile's Estimated Annual Mileage. The Estimated Annual Mileage we obtained is shown on your Declarations Page and in part determines the premiums you pay for the following coverages, Liability (bodily injury and property damage or combined single limit), Personal Injury Protection (PIP), Collision, Other Than Collision and Optional Basic Economic Loss (OBEL). The higher the range for your vehicle's Estimated Annual Mileage, the higher the premiums for the aforementioned coverages. Please note, if we cannot obtain an Estimated Annual Mileage for any of your vehicles, your broker will provide one or we may assign a default value.

Please review the Estimated Annual Mileage shown on your Declarations for each of your private passenger type automobiles. If you do not feel any of the assigned Estimated Annual Mileage accurately represents the usage of a specific vehicle, please contact your broker or us at **1-888-813-7873** so we may possibility adjust your Policy accordingly.

Thank you for your continued membership of PURE.

Sincerely,

A handwritten signature in black ink that reads "Gil Wasserman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Gil Wasserman
Director, Member Services

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PART F - GENERAL PROVISIONS 13

Bankruptcy
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Fraud
Legal Action Against Us
Our Right to Recover Payment
Policy Period and Territory
Termination
Transfer of Your Interest in This Policy
Two or More Auto Policies

This policy is issued by Privilege Underwriters Reciprocal Exchange (PURE), a reciprocal insurance company. By purchasing this policy, you are a Subscriber to PURE. You are subject to the Subscriber's Agreement and Power of Attorney. This is a non-assessable policy consistent with section 629.261, Florida Statutes. The liability of the Subscriber to PURE is limited to the costs associated with the insurance policies only. This is a participating policy and you are entitled to dividends as may be declared by PURE. PURE may annually allocate a portion of surplus to subscriber savings accounts. Amounts allocated to subscriber savings accounts remain a part of PURE's surplus. They may be used to support the operations of PURE. Your right to the balance in the subscriber savings account is limited as set forth in the Subscriber's Agreement.

In witness whereof, we have caused this policy to be executed and attested, and if required by state law this policy shall not be valid unless countersigned by our authorized representative.



Attorney-in-fact

3. Rejection Of SUM Coverage

<p>(Initials)</p> <p>I reject Supplementary Uninsured Motorists Coverage.</p> <p>_____</p>

I understand and agree that rejection of SUM coverage (above) applies to all policies or endorsements which renew, extend, change, supersede or replace an existing policy, unless changed in writing by any named insured.

<p>_____</p> <p>Signature Of Applicant/First Named Insured</p>	<p>_____</p> <p>Date</p>
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☐ I hereby request SSL coverage.

☐ I hereby reject SSL coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Applicant's/Named Insured's Signature

Date