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11/19/2025

AUTO INSURANCE POLICY  
Policy Number: JD-2023

**POLICY HOLDER:**

John Doe, 123 Main Street, Springfield.

**SECTION 1: COVERAGE**

Collision coverage up to \$50,000 per incident.

Comprehensive coverage up to \$30,000.

Liability coverage up to \$100,000 per person.

**SECTION 2: DEDUCTIBLE**

Collision deductible: \$500 per incident.

Comprehensive deductible: \$300 per incident.

**SECTION 3: ADDITIONAL BENEFITS**

Rental reimbursement: \$40/day for up to 10 days.  
Roadside assistance included.

**SECTION 4: EXCLUSIONS**

No coverage for intentional damage or racing incidents.

No coverage for commercial use unless declared.

**SECTION 5: CLAIM PROCEDURE**

Claims must be reported within 30 days.  
Provide police report for accidents.

SECTION 6: PREMIUM PAYMENT

Annual premium: \$1,200.

Late payment penalty: \$50.

**SECTION 7: TERMINATION**

Policy may be terminated with 30 days written notice.

**SECTION 8: GOVERNING LAW**

Policy governed by laws of the State of Illinois.

APPENDIX A: CONTACT INFORMATION  
Claims Department: [claims@insureco.com](mailto:claims@insureco.com)  
Customer Service: [support@insureco.com](mailto:support@insureco.com)