## [Demo] NLP Dataset for Customer Service Automation

| Company<br>Type             | Car Warranty Providers   |
|-----------------------------|--|
| Inquiry<br>Category         | Vehicle eligibility and coverage verification  |
| Inquiry<br>Sub-<br>Category | Term and Mileage Verification  |
| Description                 | Customers seek verification regarding the term of warranty coverage and mileage limits associated with their specific plan, ensuring they understand the duration and usage limitations. |
| Data Size                   | 8,433 paraphrases  |
| Want to<br>buy data?        | Please contact nlp-data@qross.me via your business email address.  |

Masked sample paraphrases of one "Car Warranty Provider" customer inquiry. (Purchased data will not be masked.)

| Can       | the duration and                     | my coverage?                           |         |         |
|-----------|--------------------------------------|--|---------|---------|
|           |                                      | and usage conditions of my?            |         |         |
| you       | tell us the facts                    | ?                                      |         |         |
| Do        | long, what or                        | r be done?                             |         |         |
| Is        | coverage duration u                  | usage?                                 |         |         |
| You       | the duration usag                    | ge my coverage.                        |         |         |
|           | on usage rules?                      |  |         |         |
| Will      | and usage r                          | restrictions of coverage?              |         |         |
| It po     | ossible my du                        | uration and constraints.               |         |         |
|           | possible for to conf<br>g agreement. | firm regarding authorized utilization, | of that | insured |
| Please    | long what I'm _                      | ·                                      |         |         |
| Do        | period applying to                   | cover as as boundaries?                |         |         |
| Tell me a | bout time                            | <del></del>                            |         |         |
| am        | curious the and us                   | sage coverage.                         |         |         |
| I yo      | ou to condition                      | ns of my                               |         |         |
| Is        | on duration                          | of my coverage?                        |         |         |
| Please    | of and                               | use                                    |         |         |
|           | coverage limited                     | how I use it?                          |         |         |
| Can you _ | me about                             | usage limitations?                     |         |         |
| Allow     | to confirm how long                  | covered                                |         |         |
|           | possible clarify the pe              | eriod applying cover?                  |         |         |
| you       | verify the and restriction           | ons?                                   |         |         |
| Can       | confirm                              | _ usage limitations?                   |         |         |
| my        | plan and?                            |  |         |         |
|           | to ask                               | _ the duration and usage rules.        |         |         |
| Can       | _ tell about ar                      | nd periods?                            |         |         |
| wou       | ald be possible for you to           | authorized utilization and the         | am      |         |
|           | llaw anceu                           | as the duration my coverage            |         |         |

|                          | confirmation of        | frame during which my | effective in | to details | authorized |
|--------------------------|------------------------|-----------------------|--------------|------------|------------|
| limits?                  |                        |                       |              |            |            |
|                          | ny warranty ru         |                       |              |            |            |
| Can autho                |                        |                       |              |            |            |
|                          |                        | is and what it has?   |              |            |            |
|                          | fy the length restrict |                       |              |            |            |
| Please the use           |                        | _·                    |              |            |            |
| there a plan du          |                        |                       |              |            |            |
| Is there information     |                        | ?                     |              |            |            |
| allow                    |                        |                       |              |            |            |
| the usage                | constraints?           |                       |              |            |            |
| there whe                |                        |                       |              |            |            |
| What the period          | d that my covers,      | are it?               |              |            |            |
| There are                | usage of my what is    | s that?               |              |            |            |
| would to know            | the limita             | ations.               |              |            |            |
| Is it verify             | coverage's time        | restrictions?         |              |            |            |
| Is coverage limited _    | to how                 | use?                  |              |            |            |
| wonder about             | usage restrictio       | ons my coverage.      |              |            |            |
| you                      | could tell the a       | and of my policy.     |              |            |            |
| need to lo               | ng I covered and       | other                 |              |            |            |
| provide                  | the duration and       | _ limitations?        |              |            |            |
| can you the              | usage?                 |                       |              |            |            |
| Do h                     | now I'm covered?       |                       |              |            |            |
| I the usage rule         | es and my              | ?                     |              |            |            |
| I want to know           | and practical _        | coverage.             |              |            |            |
| Can                      |                        |                       |              |            |            |
| Is there any restriction |                        |                       |              |            |            |
| Tell the a               | nd limits.             |                       |              |            |            |
| Can confirm              | <del></del>            | coverage period?      |              |            |            |
| How lasts or w           |                        |                       |              |            |            |
| Can me about t           |                        |                       |              |            |            |
|                          | for coverage and ti    |                       |              |            |            |
| you could                |                        | •                     |              |            |            |
|                          | and what are l         | imitations?           |              |            |            |
| Do duration              |                        |                       |              |            |            |
| verify how long I've     |                        |                       |              |            |            |
|                          |                        | well as any usage     |              |            |            |
| Is to describe _         |                        | won as any asage      |              |            |            |
| Is coverage duration     |                        |                       |              |            |            |
|                          |                        | conditions policy?    |              |            |            |
| you please dura          |                        |                       |              |            |            |
| Could you cove           |                        |                       |              |            |            |
| I need a d               |                        |                       |              |            |            |
|                          |                        | or poncy.             |              |            |            |
| length, limits of        |                        | 2                     |              |            |            |
| Is there h               |                        |                       |              |            |            |
| confirm I'               |                        |                       |              |            |            |
| verify my                |                        |                       |              |            |            |
| are the duration and     |                        | pian?                 |              |            |            |
| are the for              |                        |                       |              |            |            |
| Can                      | length and on my sp    | pecific               |              |            |            |

\_\_\_\_ provide information \_\_\_\_ and usage \_\_\_\_.

| to how covered and any restrictions?   |   |
|--|---|
| duration, restricts coverage.  |   |
| Are any or how long for?   |   |
| Can tell the length,   |   |
| Can tell me how long I'm by limitations ?                                    |   |
| Is it get the time frame when effective as as utilization limits?            |   |
| Is coverage period as well ?   |   |
| Can you what as well the period?   |   |
| long covered for are there any restrictions?                                 |   |
| Can you for?   |   |
| my in the way that I ?   |   |
| Please me how and covered.   |   |
| my coverage limited in I use it?   |   |
| You could duration and .   |   |
| confirm details: duration limits of  |   |
| Is to get about the time frame during is effective, well details utilization | ? |
| Is there a way confirm and ?   |   |
| it possible tell me duration ?   |   |
| it confirm my usage  |   |
| you confirm duration usage?  |   |
| am if you can the extent usage restrictions                                  |   |
| you verify restrictions of ?   |   |
| may the period applying to cover well as                                     |   |
| Can tell me if there limitations as well ?                                   |   |
| the duration my as any usage restrictions applicable.                        |   |
| duration and restrictions of my coverage confirmed.                          |   |
| coverage by or how use it?   |   |
| time frame usage of my policy.   |   |
| I restrictions conditions of to be by you.                                   |   |
| Let me know limitations my coverage.   |   |
| duration, of coverage?   |   |
| Do information how long my valid?  |   |
| know duration practical constraints of coverage.                             |   |
| clarify the period to specific cover?  |   |
| it possible to I'm and long?   |   |
| I validation the restrictions conditions of policy.                          |   |
| long I covered and what I ?  |   |
| Is this limitations?   |   |
| Can tell how my insurance restrictions I can ?                               |   |
| it confirm the and on plan?  |   |
| How have I and I any restrictions?   |   |
| the duration restrictions and policy checked?                                |   |
|  |   |
| Please extent restrictions of my I'm it.                                     |   |
| What will last?  |   |
| Can ask on the duration policy?  |   |
| there get confirmation about the during which my is?                         |   |
| Please me long am any related  |   |
| limitations and the coverage apply?  |   |
| Please the time and usage of   |   |
| Can you about the duration and ?   |   |

| clarify applying specific cover, as well the boundaries. |
|--|
| Do I duration limitations ?                              |
| limits when covered?                                     |
| there any restrictions duration usage coverage?          |
| Please the of coverage well as usage                     |
| Can I get as about authorized                            |
| Can tell limitations and the coverage ?                  |
| tell the and of the                                      |
| Is limit on time it can?                                 |
| I'm interested restrictions my specific coverage.        |
| Can usage duration for my ?                              |
| how be?  |
| I the and practical of my coverage.                      |
|  |
| you my and duration?                                     |
| What and usage of my?                                    |
| you have facts about ?                                   |
| I need my coverage's duration                            |
| let know the my and any usage                            |
| With this coverage, restricted use and                   |
| would like on the and rules my                           |
| Can you clarify usage me?                                |
| How long does my coverage restrictions on ?              |
| check my coverage's restrictions?                        |
| What are limitations how for?                            |
| State your coverage and frames?                          |
| are the and of ?   |
| Please and length time the coverage.                     |
| I need verify usage                                      |
| Can show lengths limits my plan?                         |
| you discuss policy rules?                                |
| I need you to the of policy.                             |
| me how long and what                                     |
| Can for me duration and ?                                |
| let me extent of coverage?                               |
| Please the restricted this                               |
| Can let me know duration and ?                           |
| is the restrictions?                                     |
| Do know my coverage?                                     |
| Isplan ?   |
| I need know how my and when                              |
| Is it you verify my ?                                    |
| Is a on how long covered?                                |
| Understand covered and restrictions.                     |
| Do I need confirm time coverage?                         |
| tell me how long be covered this what limitations ?      |
|  |
| clarify the extent usage for I'm curious                 |
| Are restrictions on my coverage ?                        |
| Is confirm when and limits covered?                      |
| Let know how long restrictions.                          |
| Is there any on can be?                                  |

| and limitations for my unknown.  |
|--|
| Discuss on coverage.   |
| get confirmation time during which my insurance is effective and utilization   |
| I know if you can extent and restrictions                                      |
| you verify restrictions of my plan?  |
| I would know more and rules.   |
| Can tell what duration and are?  |
| you tell if on long my is valid?   |
| What are duration usage?   |
| Please let the my coverage any usage   |
| Can you coverage's limitations?  |
| would possible to confirm details utilization and length time I insured this   |
| agreement.   |
| possible to about the frame during which is effective about authorized limits? |
| Will you me about my insurance ?   |
| Please inform duration my any usage applicable.                                |
| if any limits to   |
| check my coverage's?   |
| Inquire time and usage of the  |
| are coverage duration usage  |
| there frame to confirm?  |
| How limited it?  |
| I want know about usage of policy.   |
| regarding usage are requested.   |
| lengths coverage last?   |
| Can the duration and me?   |
| I to if there are duration.  |
| What is of my warranty and ?   |
| Is authorized and usage?   |
| coverage limited in terms I use it?  |
| Can clarify the and my plan?   |
| me the duration, any   |
| there any and long covered for?  |
| What are usage for ?   |
| Will duration and usage me?  |
| be you to confirm specifics regarding utilization and establish the of I       |
|  |
| clarify use and of .   |
| Is there any restriction will?   |
| you about length, usage rules?   |
| the time usage of my policy.   |
| know my usage constraints?   |
| Can you about the of my?   |
| you clarify rules for my?  |
| I would the duration and of my policy.   |
| usage for my policy.   |
|  |
| my coverage how used?  |
| you tell me what limitations coverage ?  |
| Is possible confirm the frame during which my effective ?                      |
| Please duration usage restrictions.  |
| Please of of any usage restrictions.   |

| extent and limits the coverage I have?                                      |
|---|
| the duration usage of coverage?   |
| I want are on usage the coverage.   |
| Does the apply my specific as the ?   |
| like to more duration and of policy.  |
| me about the duration the coverage.   |
| Can duration usage restrictions?  |
| I'm curious the extent with coverage.                                       |
| the restrictions and conditions?  |
| and duration my   |
| usage limits coverage duration?   |
| How is insurance valid what I have to ?                                     |
| Information the length my be helpful.                                       |
| Do you restrictions of plan?  |
| and usage limitations my coverage?  |
| there restrictions when am ?  |
| need to confirm the and of  |
| Would be possible to regarding authorized utilization and the of am         |
| Please how and purposes am covered  |
| Is any restriction usage?   |
| the coverage limited terms duration or I ?                                  |
| apply to my cover as its boundaries?  |
| tell me about the limitations coverage?                                     |
| does my be?   |
| and limits on coverage.   |
| you the restrictions of plan?   |
| restrictions on period my coverage to?                                      |
| Is there and long am under this policy?                                     |
| Is it possible get of time frame which is as well as limits?                |
| Can you give restrictions usage conditions my?                              |
| tell me the and restrictions specific ?                                     |
| How is my coverage.   |
| Can me the usage ?  |
| tell me duration of my the usage restrictions.                              |
| about my duration usage limits?   |
| Please I am and related .   |
| any limitations use or how long I under ?                                   |
| it for you confirm length I am insured and of utilization?                  |
| I am insured according to possible for to specifics about ?                 |
| would be to both of am and the details authorized utilization.              |
| Information about the duration my as as any                                 |
| Is it to confirmation the during my insurance is addition details regarding |
| utilization?  |
| Do access my coverage's?  Is there any limitations on its will policy?      |
| Is there any limitations on its long will policy?                           |
| me duration and limits  |
| Please long what I covering.  |
| tell me the exact duration and for ?  |
| Can you clarify my coverage?  |
| Tell me the well as any restrictions  |
| about duration and constraints?   |

| me how long under policy and how it ?  |
|--|
| Is it is sonfirmation regarding the time during is is addition details of authorized limits? |
| have a and restrictions?   |
| Is my in period ?  |
| Are duration usage limits confirmed?   |
| What the and of my ?   |
| you coverage's restrictions?   |
| Is any and constraints on ?  |
| you tell limitations the period?   |
| and the on coverage.   |
| verify restrictions and conditions of policy?  |
| possible for you verify coverage's usage ?   |
| State your for time and coverage ?   |
| are and duration the?  |
| Is it to verify and usage ?  |
| What usage period restrictions my?   |
| What is the usage my?  |
| Please check the time frame my   |
| know the duration usage of coverage?   |
| checked coverage's usage ?   |
| Was possible to duration and usage?  |
| corroborate the time frame usage policy.   |
| the details the duration and   |
| Tell the time limitations.   |
| Is way my usage restrictions?  |
| usage my policy should be explained to   |
| Tell me about the  |
| it to verify duration and ?  |
| Can how my is?   |
| verify and usage my coverage?  |
| there usage or long my coverage?   |
| you me know what and usage ?   |
| I confirm how and what I   |
| if it's possible to I'm covered limitations.   |
| need confirm time and in my?   |
| rules how is coverage?   |
| to my coverages restrictions?  |
| coverage limited way in which I it?  |
| clarify the period to specific?  |
| restrictions on my coverage's?   |
| The of and for usage.  |
| and practical limitations of my  |
| Is coverage terms how use it.  |
| confirm the duration restrictions my coverage?   |
| Is there periods constraints ?   |
| Do you know the usage of ?   |
| Please spell and   |
| Inform me of duration of coverage  |
| Can me how long I under the what has?  |

| curious about and usage restrictions of my clarify for?                     |
|---|
| coverage.   |
| I would to know duration usage  |
| Tell the and the  |
| tell the duration and limitations coverage.                                 |
| Can tell me usage restrictions coverage are?                                |
| Can you me usage  |
| me coverage is what limitations it has.                                     |
| Is how it lasts?  |
| Can explain me and usage rules of ?   |
| verify my time restrictions.  |
| Please check long covered and restrictions.                                 |
| the of coverage.  |
| I'm curious you can clarify the my coverage.                                |
| State your for coverage limitations and time?                               |
| Can policy usage rules?   |
| I need to duration restrictions   |
| Are any long are?   |
| Please let me long what purposes .  |
| you tell about the coverage?  |
| you the to my specific cover as usage boundaries?                           |
| Can you the restrictions and usage policy?                                  |
| this coverage, please restricted and length                                 |
| a limit how or usage restrictions?  |
| Is of duration and how use it?  |
| What is coverage, and are there on usage?                                   |
|   |
| are any limits on   |
| you the length on plan?   |
| the length on the plan?   |
| it possible to the applied to cover well its ?                              |
| Tell me about coverage  |
| Can you me policy ?   |
| I want to confirm the   |
| you to give me information the limitations policy?                          |
| It be possible for you to both length of time that insured of               |
| Please verify the and of policy.  |
| Do how limited protection when ends?  |
| Discuss my last.  |
| What is and usage coverage?   |
| Is information about the length policy?                                     |
| Is to get confirmation about the during my is effective, authorized limits? |
| I want you my coverage's duration   |
| Can confirm the duration my coverage?                                       |
| need length restrictions on my plan.  |
| Please restricted use length of coverage                                    |
| What period constraints of the?   |
| my policy periods and ?   |
| coverage in duration or how can it?   |
| limited in terms of how last?   |
| What the for and long is ?  |

| Can you please confirm and me?   |      |
|--|------|
| you the duration usage conditions of my  |      |
| Can me how I am restrictions?  |      |
| How how limited that?  |      |
| there duration and restriction my ?  |      |
| there about the of my?   |      |
| you tell coverage and limits?  |      |
| Can there limits time span the?  |      |
| in some way?   |      |
| is necessary duration of my policy.  |      |
| It would be possible authorized utilization establish the of time I agreement. | this |
| confirm my usage?  |      |
| need length and limitations of policy.   |      |
| tell about limited coverage?   |      |
| Can the and restrictions plan?   |      |
| you me I'll be this and it be used?  |      |
| Can tell more about usage rules of ?   |      |
| Is it possible about the duration policy?                                      |      |
| I am agreement, so possible for you to specifics authorized utilization?       |      |
| you the duration usage me?   |      |
| I have long I for?   |      |
| Could you tell about the of ?  |      |
| I get confirmation regarding the time during insurance as well as utilization  | ?    |
| Can help verify my and ?   |      |
| What is total duration my ?  |      |
| might need on the rules of policy.   |      |
| me length, usage rules?  |      |
| Please clarify the use time coverage.  |      |
| Provide information duration of coverage and any                               |      |
| confirmed the frame restrictions?  |      |
| Can you me with the and ?  |      |
| Please duration and policy,  |      |
| my plan limitations?   |      |
| Is limited by and use it?  |      |
| you confirm exact restrictions of coverage?                                    |      |
| What coverage duration have?   |      |
| it possible the period my cover.   |      |
| me duration, and any .   |      |
| <del></del>  |      |
| confirm time restrictions?   |      |
| Is an authorized and limitation my?  |      |
| Is coverage usage?   |      |
| The rules and how ?  |      |
| any restrictions use of ?  |      |
| Can give me the on long is?  |      |
| if you clarify the extent restrictions specific coverage.                      |      |
| Can show me length restrictions specific?                                      |      |
| I would like estrictions and of warranty.                                      |      |
| I like when and there are limitations.   |      |
| Tell the time duration and coverage.   |      |
| I need clarification on the  |      |

| of warranty is there and usage?  |
|--|
| Can and restrictions my plan?  |
| I know the and usage restrictions coverage.  |
| Can confirm duration limitations for?  |
| It be possible for you confirm about utilization and the am under.                 |
| Let know and practical my coverage   |
| am the and restrictions my warranty.   |
| Is there question duration and rules my?   |
| I know the and restrictions my   |
| Is possible the applying to my cover the usage?                                    |
| I need I'm and any restrictions.   |
| any usage restrictions will be covered for?  |
| I was wondering give information on limitations of policy.                         |
| I need clarification extent of my  |
| on the length my would appreciated.  |
| let know how long purpose I covered  |
| there the usage of ?   |
| I'm as and usage restrictions for  |
| Is coverage limited what I can it?   |
| long coverage and usage?   |
| Can you give me idea limits my?  |
| coverage period do know?   |
| the usage rules for ?  |
| any limit on how last?   |
| Can length and rules?  |
| Is any for when covered?   |
| I like to you can coverage's usage   |
| Can you long covered under this and limitations use?                               |
| are time frame ?   |
| time and coverage?   |
| To coverage's duration constraints, could?   |
| Is there restrictions how long is ?  |
| I about my and rules?  |
| Can you restrictions and usage the?  |
| it to get confirmation the time insurance effective authorized utilization limits? |
| Can tell me limitations of the I ?   |
| show policy length and rules?  |
| how long I covered any restrictions.   |
| it possible to period to my as stated usage boundaries?                            |
| Please tell am covered   |
| it possible to both length of time that and details regarding authorized?          |
| Can you tell of?   |
| are my coverage and?   |
| should period to my  |
| Was confirm usage restrictions?  |
|  |
| Please how long my any usage requested.  |
|  |
| would beforconfirmauthorized utilization andtimeI amby this agreement.             |
| please duration of my Do know how limited protection?                              |
| DO VIIOM III IIOM III III PO                   |

| Does _    | have a              | how           | it lasts or _   | ?              |               |              |                     |                   |           |
|-----------|---------------------|---------------|-----------------|----------------|---------------|--------------|---------------------|-------------------|-----------|
|           | the ex              | tent and      | my cove         | rage.          |               |              |                     |                   |           |
| m         | ight clarify        | applyi        | ng to           | _ cover as     | as its        | bour         | ndaries.            |                   |           |
| What ti   | me o                | covered and a | re there        | ?              |               |              |                     |                   |           |
|           | be for              | to confi      | rm specifics _  | authorize      | d utilization | , along with | length of           |                   | _ insured |
| Is it pos | ssible you          | to confirm de | tails           | and th         | e length of   | that         |                     | ?                 |           |
| ar        | rules               |               | and usage?      |                |               |              |                     |                   |           |
|           | how a               | nd what purp  | oses            | <u>.</u> .     |               |              |                     |                   |           |
| Is there  | e period _          |               | my polic        | cy?            |               |              |                     |                   |           |
|           | aı                  |               |                 |                |               |              |                     |                   |           |
| Can       | me the              |               | restrictions    | my cov         | verage?       |              |                     |                   |           |
| How       |                     | be for?       |                 |                |               |              |                     |                   |           |
| it        | be for you          | ı establi     | sh              | tim            | ne that I     | _ insured    | details o           | f authorized      | ?         |
| yo        | ou measure          | _ length      | restrictions or | n?             |               |              |                     |                   |           |
|           | me                  |               |                 |                |               |              |                     |                   |           |
|           | the                 | <del></del>   |                 |                |               |              |                     |                   |           |
|           | give me             |               |                 |                |               |              |                     |                   |           |
|           | th                  |               |                 |                | y coverage.   |              |                     |                   |           |
|           | re the rules        |               |                 |                |               |              |                     | _                 |           |
|           |                     |               |                 |                | and the       | length of    | that I              | under             | •         |
|           |                     |               |                 |                |               |              |                     |                   |           |
|           | e with the          |               |                 |                | sage          |              |                     |                   |           |
|           | out                 |               |                 |                |               |              |                     |                   |           |
|           | _ tell me the le    |               |                 |                | offo otisso   |              | to detaile memorali | in a setilinotion | . 2       |
|           | to tr<br>ou tell    |               |                 |                | enective      | ·            | to details regardi  | ing utilization   | 1 f       |
|           |                     |               |                 |                |               |              |                     |                   |           |
|           | re limits _<br>know |               |                 |                |               |              |                     |                   |           |
|           | the                 |               |                 | •              |               |              |                     |                   |           |
|           | possib              |               |                 |                |               | length of    | I'm in              | sured for         |           |
|           | ou tell me          |               |                 |                |               | rongui or    | 1                   | Sur ou for.       |           |
|           | ould                |               |                 |                |               |              |                     |                   |           |
|           | ıration             |               |                 | should be a    | iven.         |              |                     |                   |           |
|           | the period          |               |                 |                |               | ?            |                     |                   |           |
|           | my co               |               |                 |                |               | _            |                     |                   |           |
|           | the usage a         |               |                 | ?              |               |              |                     |                   |           |
|           | ere a               |               |                 |                |               |              |                     |                   |           |
|           | d                   |               |                 |                |               |              |                     |                   |           |
| Can I g   | et th               | e time        | luring which _  | is e           | ffective in _ |              | util                | ization limits?   |           |
|           | rget                |               |                 |                |               |              |                     |                   |           |
| What _    | tell us             | S             | usage rule      | s?             |               |              |                     |                   |           |
| Can you   | ı the exte          | nt and        |                 | coverage for   | ·?            |              |                     |                   |           |
| Can you   | ı me what           | there a       | re a            | s              | ?             |              |                     |                   |           |
| What _    | the time            | that          | coverage        | is             | restri        | ctions on    | ?                   |                   |           |
|           | the                 | of m          | y policy.       |                |               |              |                     |                   |           |
| yo        | ou check            | coverage      | 's usage?       |                |               |              |                     |                   |           |
| Could _   | please              | _ the re      | strictions      | conditi        | ons?          |              |                     |                   |           |
|           | pecify              |               |                 |                |               |              |                     |                   |           |
| lo        | ng is insu          | rance         | are ar          | ny restriction | s use?        |              |                     |                   |           |
| Please    | the specif          | ics: duration |                 | my             |               |              |                     |                   |           |

| Inform me how I covered and   |
|---|
| The my coverage well should be given.   |
| long the rules my?  |
| I'm curious about of my   |
| it possible to get confirmation regarding is effective, as regarding authorized utilization limits? |
| you please usage restrictions of my?  |
| What the on?  |
| Provide information duration and of my coverage.  |
| it confirmation about the frame insurance is effective authorized utilization?                      |
| know how long and get for.  |
| How long does are there restrictions?   |
| a on how lasts?   |
| How long coverage, and what the?  |
| you the duration of my coverage?  |
| the duration usage limits for ?   |
| Can you me duration my coverage are?  |
| long what limited is ?  |
| you tell me how long insurance on?  |
| it possible verify coverage's ?   |
| to know the time practical of my .  |
| Can you tell and the ?  |
| but how am covered?   |
| like to ask the and usage policy.   |
| to time and restrictions my   |
| Can what the limitations and are?   |
| what limits are of my coverage?   |
| Allow to check time usage restrictions policy.  |
| Is in or I use it?  |
| What the on it lasts what usage are ?   |
| me time and practical my coverage.  |
| like know the duration and usage of   |
| frame restrictions confirmed?   |
| Is it to clarify the applying to cover usage?   |
| you me the extent usage my coverage?  |
| my coverage limited I use it?   |
| Please how what I be covered for.   |
| Please of my  |
| it to confirm the frame which as the authorized utilization limits?                                 |
| you the duration restrictions and conditions of   |
| it to confirmation time frame which is as well details of utilization limits?                       |
| limits and coverage clear?  |
| How and my service?   |
| for me the and usage rules my policy?   |
| duration of coverage and any usage apply.   |
| Can you information on long valid?  |
| Can you restrictions of my policy?  |
| I want know and limits coverage   |
| I to confirm how what I am  |
| the time frames usage restrictions of   |
| restrictions on coverage?   |

|       | give _        | information abou       | t long insu     | rance is?        |              |                 |
|-------|---------------|------------------------|-----------------|------------------|--------------|-----------------|
| Info  | rmation       | _ the duration of      | any             | are required.    |              |                 |
| Is _  | to 0          | clarify extent         | limits of       | ?                |              |                 |
|       | _ you tell    | how long               | covered         | policy and       | limitations  | has?            |
|       | _ want        | verify                 | restrictions on | my plan.         |              |                 |
| Wha   | it is the     | warranty a             | and are rul     | es?              |              |                 |
|       |               | nation about dur       |                 |                  |              |                 |
|       |               | <br>_ the about        |                 | _                |              |                 |
|       |               | the r                  |                 |                  |              |                 |
|       |               | insurance valid        |                 | rictions on use? |              |                 |
|       |               | duration and           |                 |                  |              |                 |
|       |               | he limits of           |                 | 3 · F            |              |                 |
|       |               | coverage               |                 |                  |              |                 |
|       |               | the duration           |                 |                  |              |                 |
|       |               | for the dur            |                 | mv               |              |                 |
|       |               | it how long it         |                 |                  |              |                 |
|       |               |                        |                 | and what         | haa?         |                 |
|       |               | ow long cov            |                 | ma what          | _ 1103;      |                 |
|       |               | authorized and _       | iiiiits:        |                  |              |                 |
|       |               | duration?              | .1 1: ':        | 1: 0             |              |                 |
|       |               | me on                  |                 |                  |              |                 |
|       |               | and                    |                 |                  |              |                 |
|       |               | of the policy:         |                 |                  |              |                 |
|       |               | ·                      |                 |                  |              |                 |
|       |               | _ use a time           |                 |                  |              |                 |
|       |               | more on policy _       |                 |                  |              |                 |
|       |               | on my                  | any usage       |                  |              |                 |
|       |               | of my coverage?        |                 |                  |              |                 |
|       |               | coverage               | confirm?        |                  |              |                 |
|       |               | restrictions?          |                 |                  |              |                 |
| How   | <i></i>       | a warranty do I have _ | are             | usage?           |              |                 |
|       |               | ble to tell me about   | of              | policy?          |              |                 |
|       | _ me, tl      | he duration?           |                 |                  |              |                 |
|       |               | know duration          |                 |                  |              |                 |
| Is    | possible      | to                     | to cover and _  | boundaries?      |              |                 |
| Does  | s my          | and period _           | ?               |                  |              |                 |
| Do _  | know _        | long and what          | _ am            |                  |              |                 |
|       | _ you         | coverage's time _      | ?               |                  |              |                 |
|       | to            | you can verify         | my time         |                  |              |                 |
| Plea  | se verify hov | w long I               | ·               |                  |              |                 |
| Wha   | ıt is         | time I'm               | ?               |                  |              |                 |
| I wa  | nt to know t  | he of                  | about           |                  |              |                 |
| Is it | t             | he extent              | my are?         |                  |              |                 |
|       |               | the                    |                 |                  |              |                 |
|       |               |                        |                 | that I           | insured      | details of my   |
|       |               | to coverage            |                 |                  |              |                 |
|       |               | and I use _            |                 |                  |              |                 |
|       |               | how                    |                 |                  |              |                 |
|       |               | letails                |                 | am               | according to | this agreement? |
|       |               | w about                |                 |                  |              | <u> </u>        |
|       |               | show durati            |                 | conditions?      |              |                 |

| possible period applying to my cover   |
|--|
| please the restrictions of policy?   |
| you clarify duration usage rules ?   |
| Give me rules?   |
| Is possible to give the about?   |
| have the duration and usage coverage?  |
| in how use it?   |
| Is a certain time and is there restrictions ?  |
| your for limitations and frames?   |
| I want verify the usage of   |
| want to can clarify the period my specific and   |
| I was $\_\_\_$ give me information about $\_\_\_$ length $\_\_\_$ limitations $\_\_\_$ my $\_\_\_$ . |
| Let the duration and practical limitations of  |
| my by and usage?   |
| it to get the frame works, in to about authorized utilization limits?                                |
| long is and rules?   |
| there a well limitations?  |
| Is it covered and how long?  |
| Is my to time period is there restrictions ?   |
| you coverage's restrictions?   |
| you policy usage rules?  |
| I want duration and usage be verified  |
| my coverage duration usage?  |
| Can you verify my?   |
| length and coverage.   |
| Clarify of of policy.  |
| Can me usage restrictions?   |
| I need and rules my coverage plan.   |
| possible clarify the periods applying to as its usage?   |
| State clearly; plans coverage and time?  |
| Inform us about the coverage well as applicable.   |
| need confirm how am covered and  |
| Is coverage in how I can it are restrictions and usage your policy?                                  |
| it possible confirmation regarding the frame during which my as as details                           |
| limits?  |
| Is it the duration restrictions?   |
| Should you and usage of coverage?  |
| Will there be any usage or be?   |
| Can you please tell me about?  |
| it to confirm when as any limitations?   |
| State plan for coverage limitations and?   |
| my and are rules for usage?  |
| long last what usage restrictions are?   |
| Tell me?   |
| the duration and restrictions of coverage  |
| Can explain themy coverage?  |
| there restrictions usage of ?  |
| Is it possible to length plan?   |
| What terms for my plan?  |
| Let me about the duration practical my   |

|       | it possible         | the          | my specific               | as well as the      | boundaries.      |
|-------|---------------------|--------------|---------------------------|---------------------|------------------|
|       |                     |              |                           | as well as          |                  |
|       | tell                | _ long I am  | this policy,              | as any limitations  | on use?          |
| Is    | coverage            | and l        | imits?                    |                     |                  |
| Do _  | the                 | my s         | specific cover            | _ as the boundaries | s?               |
|       | it possible co      | nfirm        | _ covered and what        | present?            |                  |
|       | the abo             | ut policy's  | duration limits.          |                     |                  |
| Is    | limited by          | length ho    | w can                     | ?                   |                  |
| Can   | you what            | and          | _ rules my p              | olan?               |                  |
|       | my coverage limite  | ed to how    | use?                      |                     |                  |
|       | to                  | the and r    | restrictions on pla       | nn?                 |                  |
| Pleas | se confirm duration | usage        | ·                         |                     |                  |
| Is th | ere any             |              | limitations of my         | y policy?           |                  |
|       | informa             | ition the le | ength and of              | _ policy?           |                  |
| Is my | y limited in        | way          | ?                         |                     |                  |
|       | in ter              |              |                           |                     |                  |
|       | you please verify _ |              | and usage of the          | ?                   |                  |
|       |                     |              |                           | rized and the o     | f that I insured |
|       | ho                  | ow long the  | _ is?                     |                     |                  |
|       | duration rest       | rictions u   | sage conditions of my     | ?                   |                  |
|       | any restrictions    |              |                           |                     |                  |
|       |                     |              | for my coverage?          |                     |                  |
|       | t's                 |              |                           |                     |                  |
|       |                     |              | of my coverage?           |                     |                  |
|       | the time fran       |              |                           |                     |                  |
|       |                     |              | limitation                | is there are?       |                  |
|       | me - coverage       |              |                           |                     |                  |
|       |                     |              | my plan?                  |                     |                  |
|       | nt verify           |              |                           |                     |                  |
|       |                     |              | and restrictions.         |                     |                  |
| How   |                     |              |                           |                     |                  |
|       |                     |              | ge rules of               | h di 2              |                  |
|       |                     |              | my cover and its          |                     |                  |
|       | De<br>_ like        |              | are there any usage res   | strictions?         |                  |
|       | me length an        |              |                           |                     |                  |
|       | explain the use an  |              |                           |                     |                  |
|       | ed you to the _     |              |                           |                     |                  |
|       | duration, limits    |              |                           |                     |                  |
|       |                     |              | ctions and usage          |                     |                  |
|       | ve<br>about         |              |                           | •                   |                  |
|       |                     |              | ·<br>_ usage restrictions | coverage?           |                  |
|       |                     |              |                           | ver as its          | ?                |
|       | it or on            |              | FF 00                     | 40 100              | - <del></del> '  |
|       |                     |              | mv cover as               | s as usage          |                  |
|       | say                 |              |                           |                     | =                |
|       | any                 |              |                           |                     |                  |
|       |                     |              | gth limitations           | my?                 |                  |
|       | about the _         |              |                           |                     |                  |
|       |                     |              | _ limitations time        | e frames            |                  |

| duration and usage is unknown.                                 |
|--|
| confirm duration and to  |
| it to verify restrictions on my                                |
| tell me the restrictions of plan?                              |
| Is it to to details authorized and of that I'm insured?        |
| Is it possible to clarify the specific well as the ?           |
| State what for limitations and time                            |
| can you tell me limitations of policy?                         |
| Can tell me the usage?   |
| Can duration restrictions usage conditions of ?                |
| Can you to limits ?  |
| would a on the duration usage policy.                          |
| Can clarify and usage restrictions coverage, I'm?              |
| Is coverage limited some how I can ?                           |
| the extent and usage coverage me, curious.                     |
| need to the authorized duration and limitations coverage.      |
| I would to rules my coverage plan.                             |
| What the duration usage limitations ?                          |
| any limitation coverage or?                                    |
| What is and what apply to?                                     |
| you the validity of insurance, including restrictions ?        |
| be for confirm both the length of time I am of utilization?    |
| $\_$ explain the $\_$ of time $\_$ coverage.                   |
| What's the length plan?  |
| May I duration and rules of ?                                  |
| the warranty limited to a what?                                |
| well as the period?  |
| Inform time and restrictions my policy.                        |
| show the duration and limits of ?                              |
| Does a limit how it what?                                      |
| Is coverage limited by duration to?                            |
| Please me the time duration                                    |
| you the and restrictions of my?                                |
| Provide on of my policy.                                       |
| periods for my policy?   |
| the specifics, and please.                                     |
| I'm curious about restrictions my you them for?                |
| Can you how covered under this what limitations use?           |
| want duration restrictions and usage conditions to to          |
| Inform about duration my coverage well as applicable.          |
| Can what and coverage period?                                  |
| Is to clarify the period and usage boundaries?                 |
| Please verify long and any restrictions.                       |
| confirm long and purposes covered for.                         |
| duration and usage limits?                                     |
| it possible mention rules?                                     |
| Information about duration my coverage well as usage provided. |
| my coverage plan?  |
| usage duration?  |
| Is it possible confirm how be covered?                         |

| Can ask clarification the and usage rules ?                                    |
|--|
| Please verify how covered and restrictions.                                    |
| me long I'm covered  |
| Inform me of the coverage usage restrictions.                                  |
| make clear the use of with   |
| a way to confirm when and long?  |
| Can you what duration and usage are ?  |
| Is it to tell me my?   |
| curious about the extent and usage have.                                       |
| It would be you confirm both length of the details of authorized               |
| What authorized usage limitations?   |
| have long how limited my is.   |
| Is by how used?  |
| the my any usage that apply.   |
| clarify the of this  |
| I to know coverage duration  |
| check how am covered any restrictions.   |
| Can describe and rules? Can me about the usage                                 |
| to how covered and any restrictions.   |
| Is possible verify length and plan?  |
| and how limited?   |
| it to confirm what limitations and ?   |
| period and constraints on policy?  |
| What the time period that applies and there ?                                  |
| you duration usage my coverage plan?   |
| want know if are use of my   |
| verify coverage's and usage  |
| possible to get confirmation the during which insurance in addition concerning |
| utilization limits?  |
| What are the and rules plan?   |
| Could me duration and usage of ?   |
| duration of my   |
| Is there any restrictions how do?  |
| Can me information on and rules?   |
| I need to know if coverage's   |
| me long covered and  |
| Is it confirm and the of time that I am under?                                 |
| Is any coverage duration?  |
| clearly: your plan limitations and frames? would like to the and use policy.   |
| you frame and restrictions?  |
| Information length and limitations of could it?                                |
| How long coverage ?  |
| Is possible verify length plan.  |
| Do how I'm covered any restrictions?   |
| do confirm the time ?  |
| Can tell me the usage ?  |
| need you verify length restrictions plan.                                      |
|  |
| I need to know the my rules rules  |

| Let if are restrictions or my  |
|--|
| Tell me about the $\_\_\_$ $\_\_\_$ .  |
| me the length limitations policy.  |
| Could usage constraints?   |
| there any restrictions how insurance is?   |
| Will be as coverage period?  |
| you me duration limits?  |
| periods and usage constraints for ?  |
| Can me and usage for my coverage?  |
|  |
| need to how and purposes am  |
| the coverage last?   |
| coverage's duration usage verified?  |
| possible to the duration usage of policy?  |
| Can tell my insurance is any restrictions?   |
| Is time period and?  |
| restrictions and usage conditions of my  |
| the and terms.   |
| How long am and usage in?  |
| confirm duration and limits  |
| What the duration usage for ?  |
| would be great if could confirm duration usage of  |
| there restrictions on usage of ?   |
| I the warranty and the for usage.  |
| State clearly, your plans limits and ?   |
| clearly, what your for and limitations?  |
| Can you about the and my?  |
| me what or cannot?   |
| How is my restrictions have to obey?   |
| Is any limitation the this how long I am ?   |
| Is to clarify the to my cover as boundaries.   |
|  |
| possible confirm details authorized utilization and the length time I insured.                     |
| you how the is?  |
| Can how long I will be under this on?  |
| you usage rules for my ?   |
| Can you the specific usage my plan?  |
| to obtain regarding the time frame during insurance effective details regarding authorized limits? |
| restrictions on the my insurance?  |
| Is my?   |
| $I'm \_\_\_\_ you could clarify \_\_\_ and \_\_\_ restrictions \_\_\_ my \_\_\$                    |
| is it and much is ?  |
| restricted use length of time needed.  |
| Can tell me more the my?   |
| is amount of warranty rules about ?  |
| you have limits how are for?   |
| Please details: duration and policy.   |
| have limit on how long ?   |
| I want if is to confirm when limitations.  |
| Can tell me limitations?   |
| you long policy for and what limitations has?  |
| It would for you confirm details regarding utilization, the time am for.                           |
| to would for you commin decans regarding diffication, the time diff for.                           |

| I would appreciate                      | could                  | duration           | usage        | my policy. |                        |                   |
|---|------------------------|--------------------|--------------|------------|------------------------|-------------------|
| my coverage application                 | able time              | are                | restrictions | usage?     |                        |                   |
| Can abov                                | ut the frame           | which my           | effective an | d details  | authorized utilization | ?                 |
| Is the and limi                         | tations you            | me?                |              |            |                        |                   |
| usage an                                | id how long            | _ last?            |              |            |                        |                   |
| Are the usage                           | my covera              | age?               |              |            |                        |                   |
| May inquire                             | usage and ı            | rules p            | oolicy?      |            |                        |                   |
| Is on                                   | of this policy         | ?                  |              |            |                        |                   |
| need to how _                           | I'm th                 | is and any _       | its use.     |            |                        |                   |
| Information regarding                   | my cov                 | erage as as        | usage        | provided   | l <b>.</b>             |                   |
| check                                   | coverage's durati      | on and cons        | traints.     |            |                        |                   |
| I like                                  | length 1               | limitations of my  | policy.      |            |                        |                   |
| is scope                                | my any ru              | les regarding      | ?            |            |                        |                   |
| and                                     | l usage restrictions o | f my               |              |            |                        |                   |
| About how                               | will?                  |                    |              |            |                        |                   |
| dur                                     | ration and limits.     |                    |              |            |                        |                   |
| Are clari                               | fy extent and _        | my cove            | erage?       |            |                        |                   |
| give me more                            | about                  | _ of my?           |              |            |                        |                   |
| I need du                               | uration restrictions _ | usage conditi      | ions pol     | icy.       |                        |                   |
| Do you limits and _                     | am co                  | vered?             |              |            |                        |                   |
| Is it possible tell me                  | e I'm                  | ?                  |              |            |                        |                   |
| tell the d                              | luration and limitatio | ns cov             | erage.       |            |                        |                   |
| Inform covera                           | ge duration any        | ··                 |              |            |                        |                   |
| tell                                    | long I will            | _ under poli       | cy and what  | has?       |                        |                   |
| there and                               | _ limits?              |                    |              |            |                        |                   |
| Please describe the durat               |                        |                    |              |            |                        |                   |
| dur                                     |                        |                    |              |            |                        |                   |
| the                                     | my as as               | its stated usage _ | ?            |            |                        |                   |
| Is my coverage                          |                        | ?                  |              |            |                        |                   |
| confirm                                 |                        |                    |              |            |                        |                   |
| time fram                               |                        |                    |              |            |                        |                   |
| Is it possible c c utilization ?        | onfirmation regardin   | g the frame        | during which | is         |                        | details regarding |
| the time frame                          | e and restriction      | ns my              |              |            |                        |                   |
|   | ation and o            |                    |              |            |                        |                   |
| confirm the du                          | ıration usage _        | of cover           | age?         |            |                        |                   |
| I the and                               |                        |                    |              |            |                        |                   |
| dur                                     |                        |                    |              |            |                        |                   |
| Information on leng you give me details |                        |                    |              |            |                        |                   |
| Give regarding                          |                        | 01 001 0.          | rago.        |            |                        |                   |
| Clarify the and                         |                        |                    |              |            |                        |                   |
| Does it a on he                         |                        |                    |              |            |                        |                   |
| duration and o                          |                        |                    |              |            |                        |                   |
| beans,                                  |                        |                    |              |            |                        |                   |
| there my                                |                        |                    |              |            |                        |                   |
| there any                               | -                      | covered for?       |              |            |                        |                   |
| Please me long                          |                        |                    |              |            |                        |                   |
| it you                                  |                        |                    | tion the     | of I am    | according to           | agreement?        |
| there a to                              |                        |                    |              |            |                        |                   |

| you have frame ?   |
|--|
| the length and of coverage.  |
| Are there any usage are?   |
| What timeframe that my to, and are on?   |
| The time frame limitations   |
| Is it to clarify the specific usage plan?  |
| Please confirm the my policy.  |
| my coverage's usage ?  |
| you tell me the coverage?  |
| know duration and usage restrictions the?  |
|  |
| tell me duration of coverage as well any that  |
| it possible confirm and I am for?  |
| I have limitations, am I?  |
| Can tell the length and on ?   |
| you tell about and of policy?  |
| me know time duration constraints my   |
| there frame restrictions could give?   |
| you me policy is?  |
| Is it possible frame during my insurance is addition details regarding utilization limits? |
| should time frame usage the policy.  |
| us about the my coverage as well as  |
| I want information on the limitations  |
| tell me what the and limitations policy?   |
| extent and of explained?   |
| it possiblegetabouttimeduring whichinsuranceas detailsutilization limits?                  |
| Is my limits up to?  |
| Can you the and the ?  |
| it possible to confirm frame which is effective the utilization ?                          |
|  |
| possible time and limits of coverage?  |
| Please confirm limits of policy,   |
| I curious about extent my coverage.  |
| more information about and usage rules?  |
| it verify coverage's use?  |
| long I covered.  |
| Can and limitations for me?  |
| What is coverage to, do there on usage?  |
| duration usage limits?   |
| duration of coverage the   |
| what's your for coverage limitations and ?   |
| Can me duration my coverage?   |
| You should the applying to and usage   |
| Please the and usage restrictions of   |
| you the and my plan.   |
|  |
|  |
| me and practical of my coverage.   |
| Is it possible duration usage conditions of ?  |
| tell how and purposes I'll be  |
| Are there any I covered for?   |
| me the duration my coverage any usage any usage  |
| long have I are there any?   |

| You       | verify my       | and           | ·               |           |            |             |                   |                           |            |
|-----------|-----------------|---------------|-----------------|-----------|------------|-------------|-------------------|---------------------------|------------|
| Is it pos | ssible con      | firm my       | usage           | ?         |            |             |                   |                           |            |
|           | how long I      | and           | restriction     | ıs.       |            |             |                   |                           |            |
| Is my _   | limited         | can I         | ?               |           |            |             |                   |                           |            |
| Is there  | any way to      | I'm           |                 | ?         |            |             |                   |                           |            |
|           | 1               | how long my   | _ lasts?        |           |            |             |                   |                           |            |
| Is        | possible to     | my            | restricti       | ons.      |            |             |                   |                           |            |
| m         | e know dı       | iration and   | ·               |           |            |             |                   |                           |            |
| Can you   | ı me            | coverage's    | duration        | _ usage   | ?          |             |                   |                           |            |
| w         | ould to kn      | low more      | usage           | r         | ny policy. |             |                   |                           |            |
| Can you   | ı me            | the duration  | on              |           | _ my cove  | rage plar   | n?                |                           |            |
|           | to con          | firm the time | during whi      | ch        | nsurance   |             | _ as              | _ details of authorized _ | limits?    |
| Is it     | _ to get confir | mation        | frame           | during w  | hich my _  |             | effective and     | also                      | ?          |
|           | 1               | how my inst   | ırance is valid | l and any | ??         |             |                   |                           |            |
| w         | ould like l     | know          | and             | _ rules a | re.        |             |                   |                           |            |
|           | possible for    | you to        | _ about         |           | ler        | ngth of tir | ne that I am $\_$ | according to              | ·          |
|           | tell me         | _ limit and   | of cover        | age?      |            |             |                   |                           |            |
| Would y   | ou able _       | give me info  | rmation         |           |            | of my       | ?                 |                           |            |
| Can you   | ı what          | are of        | ?               |           |            |             |                   |                           |            |
| I want _  |                 | on duratio    | n and           | of        | policy.    |             |                   |                           |            |
| is        | of n            | ny warranty   | regardi         | ng usage  | ?          |             |                   |                           |            |
|           | and li          | mited cover   | age is?         |           |            |             |                   |                           |            |
| Could _   | me _            | my usa        | ge?             |           |            |             |                   |                           |            |
|           | be              | est           | ablish both th  | e length  |            | I _         | insured _         | the details of author     | rized use. |