



IMPORTANT NOTICE TO OUR POLICY HOLDERS

YOUR NEW AUTO IDENTIFICATION CARDS ARE ENCLOSED

PLEASE READ THIS IMPORTANT INFORMATION ABOUT YOUR POLICY

You are required by law to be able to show proof of financial responsibility. To satisfy this law, we have enclosed Certificates of Insurance (I.D. Cards) prescribed by the State. The I.D. Card shows that insurance has been issued for the described vehicle.

Each licensed vehicle listed on the policy will have its own I.D. Card. Please detach it and keep it in the vehicle described at all times.

If your I.D. Card is destroyed or misplaced, immediately contact your Agent for a replacement.

If your insurance policy is no longer in effect, your I.D. Card is no longer valid.

You are required to show proof of financial responsibility:

- Whenever requested by a police officer;
- At all vehicle inspection stops;
- Upon every traffic court appearance;
- After every motor vehicle accident;
- Upon random checks by the Bureau of Motor Vehicles.

Any driver or vehicle owner who **FAILS TO SHOW PROOF OF FINANCIAL RESPONSIBILITY** will face penalties that could include the loss of driving privileges, loss of vehicle registration, fines and special financial responsibility filings made to the State.



AMERICAN SELECT INSURANCE COMPANY

10/07/25

IMPORTANT NOTICE TO OUR POLICYHOLDERS

ADVISORY NOTICE TO PERSONAL AUTOMOBILE POLICYHOLDERS - RECREATIONAL VEHICLE EXCLUSIONS

Please read this important information about changes to your
Recreational Vehicle Policy

The following outline of changes is not a policy. It is only intended to be used as a guide to understand the changes made to your policy. You should read your policy and review your Declaration Page for complete information on the coverages that you are provided.

Part A - Liability Coverage

Exclusion B.5.

- The exclusion is revised to address participating in, competing in, practicing, or preparing for certain events including; racing, speed contest, hill climbing exhibition, stunting, speed or demolition contest or activity. Wording was added to clarify any driving activity conducted on a permanent or temporary racetrack, racecourse, drag strip, or at any location or during any open or closed events, including street racing; or while used in performance testing that is done on a closed road, or a racetrack or a testing facility environment where the insured is not competing.
- This is a reduction in coverage.

Part B - Medical Payments Coverage

Exclusion K.

- The exclusion is revised to address participating in, competing in, practicing, or preparing for certain events including; racing, speed contest, hill climbing exhibition, stunting, speed or demolition contest or activity. Wording was added to clarify any driving activity conducted on a permanent or temporary racetrack, racecourse, drag strip, or at any location or during any open or closed events, including street racing; or while used in performance testing that is done on a closed road, or a racetrack or a testing facility environment where the insured is not competing.
- This is a reduction in coverage.

Part D - Coverage For Damage To Your Recreational Vehicle

Exclusion B.

- Exclusion B. has been revised to include exclusions that were intended to be excluded by the wear and tear, freezing and mechanical breakdown or failure exclusions and determined those should be specifically stated for ease of understanding.
- In addition, added exclusion for hoarding, illegal drug production, manufacturing defects.
- Exclusion C. was added to address when coverage is excluded.
- Exclusion D. was added, excluding damage due to birds, vermin, rodents, insects, or animals.
- This is a reduction in coverage.

AD 94 19 01 25
Page 1 of 2



Exclusion M.

- The exclusion is revised to address participating in, competing in, practicing, or preparing for certain events including; racing, speed contest, hill climbing exhibition, stunting, speed or demolition contest or activity. Wording was added to clarify any driving activity conducted on a permanent or temporary racetrack, racecourse, drag strip, or at any location or during any open or closed events, including street racing; or while used in performance testing that is done on a closed road, or a racetrack or a testing facility environment where the insured is not competing.
- This is a reduction in coverage.



AMERICAN SELECT INSURANCE COMPANY

10/07/25

IMPORTANT NOTICE TO OUR POLICYHOLDERS

Auto and Recreational Vehicle Loan/Lease Coverage amendment

PLEASE READ THIS IMPORTANT INFORMATION ABOUT CHANGES TO THIS
COVERAGE

The Loan/Lease coverage has been revised. Loan/Lease coverage, **PA0335**, is an optional coverage, which may be added to your personal auto or recreational vehicle policy. If your policy is a Wespak or Wespak Estate policy, loan/lease coverage is included under section **VI** Additional Coverage, Provision **A.5**.

The following provisions were added to the Loan/Lease Coverage:

- Coverage will be excess over any other collectible sources, including coverage from the lessor or any financial institution.
- Any coverages, charges, and service contracts financed as part of your auto or recreational vehicle purchase, or lease contract will be deducted from the paid claim amount.

The following outline of changes is not a policy. It is only intended to be used as a guide to understand the changes made to your policy. You should read your policy and review your Declaration Page for complete information on the coverages that you are provided.

010002WNP184415H341190182



AD 94 23 01 25



W E S P A K P O L I C Y DECLARATIONS PAGE

1 Park Circle, P.O. Box 5001
Westfield Center, OH 44251-5001
www.westfieldinsurance.com

RENEWAL OF POLICY WNP 184415H
EFFECTIVE 11/12/25
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD

POLICY NUMBER	POLICY PERIOD FROM TO		COMPANY PROVIDING COVERAGE	AGENCY	P
WNP 184415H	11/12/25	11/12/26	AMERICAN SELECT INSURANCE COMPANY	3401190	6NM
NAMED INSURED AND ADDRESS			AGENCY		
EZEQUIEL N MORALES CELINA SILVA 1282 BELLE MEADE PL WESTERVILLE OH 43081-1142			HUMMEL & PLUM INS AGY INC TELEPHONE 740-477-3311 PO BOX 877 CIRCLEVILLE OH 43113-0877		

STATEMENT OF PREMIUM HOMEOWNERS SECTIONS II & III WIC ACCOUNT NO. 3470674345
 AUTO SECTIONS IV, V & VI \$1,302.00
 \$1,933.00
 TOTAL PREMIUM FOR THESE POLICY SECTIONS \$3,235.00

PLEASE NOTE: YOUR MORTGAGEE WILL BE BILLED FOR THE HOMEOWNERS PORTION OF THIS POLICY. YOU WILL RECEIVE A SEPARATE MONTHLY BILLING FOR THE AUTO PORTION.

THE POLICY PERIOD BEGINS AND ENDS AT 12:01 AM STANDARD TIME AT THE PREMISES OF THE INSURED LOCATED AT THE ADDRESS STATED HEREIN.

HOMEOWNERS RATING INFORMATION - FRAME, TERRITORY 25, FRANKLIN COUNTY,
 LOCATION FACTOR BASED ON CENSUS TRACT 006990, 1 FAMILY,
 TYPE OF ROOF: ASPHALT/COMPOSITION, ROOF YEAR: 2017, YEAR BUILT: 1976,
 PROTECTION STATUS IS PROTECTED, DISTANCE TO FIRE STATION IS 5 MILES OR LESS,
 SUPPORTING AUTO DISCOUNT APPLIES, LOYALTY DISCOUNT,
 ALARM/PROTECTIVE DEVICES CREDIT,
 BACK-UP OF SEWER OR DRAIN PROTECTIVE DEVICE DISCOUNT, ADVANCE QUOTE DISCOUNT.

HOMEOWNERS COVERAGES
 DEDUCTIBLE - - - \$1500 SECTION II LOSS DEDUCTIBLE APPLIES TO OTHER THAN WINDSTORM
 OR HAIL LOSSES. THE WINDSTORM OR HAIL LOSS DEDUCTIBLE IS \$2,500.
 IN CASE OF LOSS UNDER SECTION II, WE COVER ONLY THAT PART OF THE LOSS
 OVER THE DEDUCTIBLE STATED.

COVERAGE AT THE ABOVE DESCRIBED LOCATION IS PROVIDED ONLY WHERE A LIMIT OF LIABILITY IS SHOWN OR A PREMIUM IS STATED.

SECTION II	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$344,500	\$1,122
B. OTHER STRUCTURES	\$34,450	
C. PERSONAL PROPERTY	\$258,375	
D. LOSS OF USE	\$137,800	

SECTION III	
E. PERSONAL LIABILITY	\$300,000 EACH OCCURRENCE
F. MEDICAL PAY. TO OTHERS	\$1,000 EACH PERSON

ADJUSTED BASIC PREMIUM \$1,122.00

ADDITIONAL PREMIUMS OR CREDITS	
BACK-UP OF SEWER OR DRAIN SELECTED LIMIT	\$65
MATCHING OF UNDAMAGED ROOF SURFACE, SIDING OR WINDOWS	\$115
TOTAL ANNUAL PREMIUM	\$1,302.00

CONTINUED ON NEXT PAGE





WESPAC POLICY DECLARATIONS PAGE

1 Park Circle, P.O. Box 5001
Westfield Center, OH 44251-5001
www.westfieldinsurance.com

RENEWAL OF POLICY WNP 184415H
RENEWAL DECLARATION EFFECTIVE 11/12/25
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD

POLICY NUMBER	POLICY PERIOD FROM TO		COMPANY PROVIDING COVERAGE	AGENCY	P
WNP 184415H	11/12/25	11/12/26	AMERICAN SELECT INSURANCE COMPANY	3401190	6NM
NAMED INSURED AND ADDRESS			AGENCY		
EZEQUIEL N MORALES CELINA SILVA 1282 BELLE MEADE PL WESTERVILLE OH 43081-1142			HUMMEL & PLUM INS AGY INC TELEPHONE 740-477-3311 PO BOX 877 CIRCLEVILLE OH 43113-0877		

CREDITS/DISCOUNTS

SILVER LOYALTY DISCOUNT:

8% DISCOUNT APPLIES ON UNIT 01, 02

MULTI-CAR DISCOUNT APPLIES TO UNIT 01, 02

30% PASSIVE RESTRAINT DISC APPLIES TO UNIT 01, 02

15% ANTI-THEFT DEVICE DISC APPLIES TO UNIT 01, 02

5% ANTI-LOCK BRAKING SYSTEM DISCOUNT APPLIES TO UNIT 01, 02

ADVANCE QUOTE DISCOUNT APPLIES TO UNIT 01, 02

UNIT: 001 LOCATION FACTOR BASED ON CENSUS TRACT 006990

UNIT: 002 LOCATION FACTOR BASED ON CENSUS TRACT 006990

VEHICLES COVERED

UNIT	ST	TER	YR	MAKE-DESCRIPTION	VEHICLE ID NUMBER	COST CMP SYM	NEW COL SYM	CLASS
001	OH	153	20	TSLA MODEL 3 STAN	5YJ3E1EA5LF662703	39	54	8AFA50
002	OH	153	18	KIA SPORTAGE LX A	KNDPMCAC6J7472693	23	17	8AEA50

DRIVERS

DRIVER 01	BIRTHDATE	DRIVER 02	BIRTHDATE
EZEQUIEL N MORALES	06/08/97	CELINA SILVA	09/20/97

PERSONAL AUTO INSURANCE IS PROVIDED ONLY WHERE A PREMIUM OR "INCL" IS SHOWN FOR THE COVERAGE

LIMITS OF LIABILITY

				UNIT	PREMIUMS	
					1	2
SECTION-IV						
G. LIABILITY						
BODILY INJURY-	\$100,000	EA PERSON	\$300,000	EA ACC	112	142
PROPERTY DAMAGE-	\$100,000	EACH ACCIDENT			171	218
H. MEDICAL PAYMENTS-	\$5,000	EACH PERSON			18	22
SECTION-V						
UNINSURED/UNDERINSURED MOTORISTS						
BODILY INJURY-	\$100,000	EA PERSON	\$300,000	EA ACC	22	22
SECTION-VI						
K. DAMAGE TO YOUR AUTO						
OTHER THAN COLLISION-	ACV LESS	\$500 DED			223	169
WITH FULL COV	SAFETY GLASS					
COLLISION-	ACV LESS	\$500 DEDUCTIBLE			499	297

CONTINUED ON NEXT PAGE





W E S P A K P O L I C Y DECLARATIONS PAGE

1 Park Circle, P.O. Box 5001
Westfield Center, OH 44251-5001
www.westfieldinsurance.com

RENEWAL OF POLICY WNP 184415H
RENEWAL DECLARATION EFFECTIVE 11/12/25
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD

POLICY NUMBER	POLICY PERIOD FROM TO		COMPANY PROVIDING COVERAGE	AGENCY	P
WNP 184415H	11/12/25	11/12/26	AMERICAN SELECT INSURANCE COMPANY	3401190	6NM

NAMED INSURED AND ADDRESS	AGENCY
EZEQUIEL N MORALES CELINA SILVA 1282 BELLE MEADE PL WESTERVILLE OH 43081-1142	HUMMEL & PLUM INS AGY INC TELEPHONE 740-477-3311 PO BOX 877 CIRCLEVILLE OH 43113-0877

PERSONAL AUTO INSURANCE IS PROVIDED ONLY WHERE A PREMIUM OR "INCL" IS SHOWN FOR THE COVERAGE

LIMITS OF LIABILITY		PREMIUMS	
	UNIT	1	2
\$100 ROADSIDE ASSISTANCE		9	9
WESPAK AUTO PACKAGE COVERAGES:		INCL	INCL
\$5,000/\$2,000 DEATH BENEFIT			
\$500 PERSONAL CONTENTS COVERAGE			
\$150 PER DAY/\$600 MAX. TRIP INTERRUPTION COVERAGE			
LOAN/LEASE COVERAGE			
\$1,000 LIMITED CUSTOMIZING EQUIPMENT COVERAGE			
\$2,500 AIRBAG REPLACEMENT COVERAGE			
\$150 LOCKSMITH SERVICE			
1-YEAR REPLACEMENT COST ON NEW AUTOS			

TRANSPORTATION EXPENSES- \$40 PER DAY/\$1200 MAXIMUM INCL INCL

TOTAL PREMIUM BY UNIT 1054 879

SECTION IV, V, VI TOTAL PREMIUM \$1,933.00

CONTINUED ON NEXT PAGE





W E S P A K P O L I C Y
SCHEDULE PAGE

1 Park Circle, P.O. Box 5001
Westfield Center, OH 44251-5001
www.westfieldinsurance.com

RENEWAL OF POLICY WNP 184415H
RENEWAL DECLARATION EFFECTIVE 11/12/25
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD

POLICY NUMBER	POLICY PERIOD FROM TO		COMPANY PROVIDING COVERAGE	AGENCY	P
WNP 184415H	11/12/25	11/12/26	AMERICAN SELECT INSURANCE COMPANY	3401190	6NM
NAMED INSURED AND ADDRESS			AGENCY		
EZEQUIEL N MORALES CELINA SILVA 1282 BELLE MEADE PL WESTERVILLE OH 43081-1142			HUMMEL & PLUM INS AGY INC TELEPHONE 740-477-3311 PO BOX 877 CIRCLEVILLE OH 43113-0877		

SCHEDULE OF ADDITIONAL COVERAGES

BACKUP OF SEWERS OR DRAINS
LIMIT OF LIABILITY IS \$ 10000, NON-ELECTRICAL BACK-UP SUMP PUMP DISCOUNT.

MATCHING OF UNDAMAGED ROOF SURFACE, SIDING OR WINDOWS
LIMIT OF LIABILITY IS \$ 20000.

010002WNP184415H341190187



C. **Payment Of Claim - Coverage F - Medical Payments To Others**

Payment under this coverage is not an admission of liability by an *insured* or us.

D. **Other Insurance - Coverage E - Personal Liability**

This insurance is excess over any other valid and collectible insurance except insurance written specifically to cover as excess over the limits of liability that apply in this policy.

SECTION IV AUTO LIABILITY

SECTION IV - COVERAGES

A. **COVERAGE G - AUTO LIABILITY**

1. We will pay damages for *bodily injury* or *property damage* for which any *insured* becomes legally responsible because of an auto accident. Damages include pre-judgment interest awarded against the *insured*. We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we incur. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted by payment of judgments or settlements. We have no duty to defend any suit or settle any claim for *bodily injury* or *property damage* not covered under this policy.

2. *"Insured"* as used in Coverage G means:

- a. You or any *family member* for the ownership, maintenance or use of any auto or *trailer*.
- b. Any person using *your covered auto* with the express or implied permission of you or any *family member* while within the scope of such permission.
- c. For *your covered auto*, any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under this section.
- d. For any auto or *trailer*, other than *your covered auto*, any other person or organization but only with respect to legal responsibility for acts or omissions of you or any *family member* for whom coverage is afforded under this section. This Provision d. applies only if the person or organization does not own or hire the auto or *trailer*.

The following are not *insureds* under Coverage G:

- a. The United States of America or any of its agencies.

- b. Any person with respect to *bodily injury* or *property damage* resulting from the operation of a *motor vehicle* by that person as an employee of the United States government. The Provision b. applies only if the provisions of Section 2679 of Title 28 of the United States Code, as amended require the Attorney General of the United States to defend that person in any civil action which may be brought for the *bodily injury* or *property damage*.

B. **COVERAGE H - AUTO MEDICAL PAYMENTS**

1. We will pay *usual and customary charges* incurred for necessary medical and funeral expenses because of *bodily injury*:

- a. Caused by an accident; and
- b. Sustained by an *insured*.

We will only pay those expenses incurred for services rendered within three years from the date of the accident.

Any dispute as to the *usual and customary charges* will be resolved between the service provider and us.

2. As used in Coverage H:

- a. *"Insured"* means:

- (1) You or any *family member*,

- (a) While *occupying*; or

- (b) As a pedestrian when struck by;

a *motor vehicle* designed for use mainly on public roads or a trailer of any type.

- (2) Any other person while *occupying*.

- (a) *Your covered auto* with the express or implied permission of you or any *family member*, or



- (b) Any other auto operated by you or any **family member**, if the auto is a private passenger type auto or **trailer**.

b. **"Usual and customary charges"** means an amount which we deter-

mine represents the prevailing charges for services in the geographic area in which the services are rendered. We will determine these prevailing charges through the use of independent sources of our choice.

SECTION IV - ADDITIONAL COVERAGES

A. COVERAGE G - SUPPLEMENTARY PAYMENTS

In addition to our limit of liability for Coverage G, we will pay on behalf of an **insured**:

1. Up to \$250 for the cost of bail bonds required because of an accident, including related traffic law violations. The accident must result in **bodily injury** or **property damage** covered under this policy.
2. Premiums on appeal bonds and bonds to release attachments in any suit we defend.
3. Interest accruing after a judgment is entered in any suit we defend. Our duty to pay interest ends when we offer to pay the part of the judgment which does not exceed our limit of liability for this coverage.
4. At the **insured's** request, up to \$250 a day for loss of earnings, but not other income, because of attendance at hearings or trials at our request.
5. Other reasonable expenses incurred at our request.

These payments will not reduce the limit of liability.

B. COVERAGE H - DEATH BENEFITS

In addition to the limit of liability for Coverage H - Auto Medical Payments, we will pay:

1. A \$5,000 Death Benefit for:
 - a. You; and
 - b. Your spouse if a resident of your household; and
2. A \$2,000 Death Benefit for each **family member**,

if you or they die within 90 days from **bodily injury** sustained as a direct result of an accident while **occupying**, or as a pedestrian when struck by, a **motor vehicle** designed for use mainly on public roads or a **trailer** of any type.

Death must be caused solely through external, violent and accidental means.

Payment will be made to the surviving spouse, the next of kin or any other person or organization authorized by law to receive such payment, as we may elect.

SECTION IV - EXCLUSIONS

A. We do not provide Auto Liability Coverage for any **insured**:

1. For **bodily injury** or **property damage** which is:
 - a. Expected or intended by an **insured**; or
 - b. At the direction of an **insured**;

Even if the resulting **bodily injury** or **property damage**:

- a. Is of a different kind, quality or degree than initially expected or intended; or
- b. Is sustained by a different person, entity or property than initially expected or intended.

2. For **property damage** to property owned or being transported by that **insured**.

3. For **property damage** to property:
 - a. Rented to;
 - b. Used by; or
 - c. In the care of;

that **insured**. This Exclusion A.3. does not apply to **property damage** to a residence or private garage.

4. For **bodily injury** to an employee of that **insured** during the course of employment.

This Exclusion A.4. does not apply to **bodily injury** to a **residence employee** unless workers' compensation benefits are required or available for that **residence employee**.

4. Any vehicle, located inside a facility designed for racing, for the purpose of:
 - a. Participating or competing in; or
 - b. Practicing or preparing for;
 any prearranged or organized:
 - (1) Racing or speed contest; or
 - (2) Driver skill training or driver skill event.
- C. We do not provide Auto Medical Payments Coverage for any **insured** for **bodily injury**:
1. Sustained while **occupying your covered auto** when it is being used as a public or livery conveyance. This includes but is not limited to any period of time a vehicle is being used by any **insured** who is logged into a **transportation network platform** as a driver, whether or not a passenger is **occupying** the vehicle.
This Exclusion C.1. does not apply to:
 - a. A share-the-expense car pool; or
 - b. While **your covered auto** is being used for volunteer or charitable purposes.
 2. Sustained while **occupying** any vehicle located for use as a residence or premises.
 3. Occurring during the course of employment if workers' compensation benefits are required or available for the **bodily injury**.
 4. Sustained while **occupying** any motorized vehicle having fewer than four wheels.
 5. Sustained while **occupying** or, when struck by, any vehicle (other than **your covered auto**) which is:
 - a. Owned by you; or
 - b. Furnished or available for your regular use.
 6. Sustained while **occupying** or, when struck by, any vehicle (other than **your covered auto**) which is:
 - a. Owned by a **family member**; or
 - b. Furnished or available for the regular use of any **family member**.
- However, this Exclusion C.6. does not apply to you.
7. Sustained while **occupying your covered auto** without the express or implied permission of you or any **family member** or while exceeding the scope of the permission granted. This Exclusion C.7. does not apply to a **family member** using **your covered auto** which is owned by you.
 8. Sustained by you or any **family member** while **occupying a non-owned auto** without the express or implied permission of the owner of that auto.
 9. Sustained while **occupying** a vehicle when it is being used in the **business** of an **insured**. This Exclusion C.9. does not apply to **bodily injury** sustained while **occupying** a:
 - a. Private passenger auto;
 - b. Pickup or van; or
 - c. **Trailer** used with a vehicle described in a. or b. above.
 10. Sustained while **occupying** any vehicle located inside a facility designed for racing, for the purpose of:
 - a. Participating or competing in; or
 - b. Practicing or preparing for;
 any prearranged or organized:
 - (1) Racing or speed contest; or
 - (2) Driver skill training or driver skill event.
 11. Sustained while **occupying** any vehicle owned by an **insured** while rented or leased to any person or organization other than you.
 12. Sustained while **occupying**, or when struck by **your covered auto** while:
 - a. Enrolled in a personal vehicle sharing program under the terms of a written agreement; and
 - b. Being used in connection with such personal vehicle sharing program by anyone other than you or any **family member**.

SECTION IV - CONDITIONS

A. LIMIT OF LIABILITY

1. COVERAGE G - Auto Liability

- a. If the Declarations indicates a single limit of liability for each accident:

- (1) The limit of liability shown in the Declarations for Coverage **G** is our maximum limit of liability for all damages resulting from any one auto accident. This is the most we will pay regardless of the number of:

- (a) *Insureds*;
- (b) Claims made;
- (c) Vehicles or premiums shown in the Declarations; or
- (d) Vehicles involved in the auto accident.

- (2) We will apply the limit of liability to provide any separate limits required by law for bodily injury liability and property damage liability. However, this Provision **A.1.a.(2)** will not change our total limit of liability.

- b. If the Declarations indicates a split limit of liability for Bodily Injury Liability and Property Damage Liability:

- (1) The limit shown in the Declarations for "each person" for Bodily Injury Liability is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of ***bodily injury*** sustained by any one person in any one auto accident.

- (2) Subject to this limit for "each person", the limit shown in the Declarations for "each accident" for Bodily Injury Liability is our maximum limit of liability for all damages for ***bodily injury*** resulting from any one auto accident.

- (3) The limit shown in the Declarations for "each accident" for Property Damage Liability is our maximum limit of liability for all

property damage resulting from any one auto accident.

- (4) This is the most we will pay regardless of the number of:

- (a) *Insureds*;
- (b) Claims made;
- (c) Vehicles or premiums shown in the Declarations; or
- (d) Vehicles involved in the auto accident.

- c. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and any Uninsured/Underinsured Motorists Coverage provided by this policy.

2. COVERAGE H - AUTO MEDICAL PAYMENTS

The limit of liability shown in the Declarations for Coverage **H** is our maximum limit of liability for each person injured in any one auto accident. This is the most we will pay regardless of the number of:

- a. *Insureds*;
- b. Claims made;
- c. Vehicles or premiums shown in the Declarations; or
- d. Vehicles involved in the accident.

No one will be entitled to receive duplicate payments for the same elements of loss under Coverage **G**, or under Uninsured Motorists Coverage or Underinsured Motorists Coverage.

B. OTHER AUTO LIABILITY INSURANCE

If there is other applicable liability insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, any insurance we provide for a vehicle:

- 1. You do not own; or
- 2. Operated or used by any person other than you or any ***family member***;

shall be excess over any other collectible insurance, self-insurance or bond.



C. **OTHER AUTO MEDICAL PAYMENTS INSURANCE**

If there is other applicable auto medical payments insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, any insurance we provide with respect to a vehicle you do not own, including any vehicle while used as a temporary substitute for **your covered auto**, shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses.

D. **OUT-OF-STATE COVERAGE**

If an auto accident to which this policy applies occurs in any state or province other than the one in which **your covered auto** is principally garaged, we will interpret your policy for that accident as follows:

If the state or province has:

1. A financial responsibility or similar law specifying limits of liability for **bodily injury** or **property damage** higher than the limit shown in the Declarations, your policy will provide the higher specified limit.
2. A compulsory insurance or similar law requiring a non-resident to maintain insurance whenever the non-resident uses a vehicle in that state or province, your policy will provide at least the required minimum amounts and types of coverage.

No one will be entitled to duplicate payments for the same elements of loss.

E. **FINANCIAL RESPONSIBILITY REQUIRED**

When this policy is certified as future proof of financial responsibility, this policy shall comply with the law to the extent required.

SECTION V - UNINSURED MOTORISTS COVERAGE UNDERINSURED MOTORISTS COVERAGE (SEE APPLICABLE STATE ENDORSEMENTS)

SECTION VI - DAMAGE TO YOUR AUTO

SECTION VI - COVERAGES

COVERAGE K - DAMAGE TO YOUR AUTO

- A. We will pay direct and accidental loss to **your covered auto** or any **non-owned auto**, including its equipment, minus any applicable deductible shown in the Declarations. If loss to more than one **your covered auto** or **non-owned auto** results from the same **collision**, only the highest applicable deductible will apply. We will pay for loss to **your covered auto** caused by:
1. Other than **collision** only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
 2. **Collision** only if the Declarations indicate that Collision Coverage is provided for that auto.
- B. If there is a loss to a **non-owned auto**, we will provide the broadest coverage applicable to any **your covered auto** shown in the Declarations.
- C. If breakage of glass is caused by a **collision**, you may elect to have it considered a loss caused by **collision**.

D. **"Non-owned auto"** means:

1. Any private passenger auto, pickup, van or **trailer** not owned by or furnished or available for the regular use of you or any **family member** while in the custody of or being operated by you or any **family member**; or
2. Any auto or **trailer** you do not own while used as a **temporary substitute auto**.

E. **"Diminution in value"** means the actual or perceived loss in market value or resale value, which results from a direct and accidental loss.

F. **"New auto"** means a **your covered auto**:

1. That is owned by you;
2. Acquired by you within the past 12 months; and
3. That has never been previously titled;

SECTION VI - ADDITIONAL COVERAGES

In addition, we will provide the following additional coverages.

A. SUPPLEMENTARY PAYMENTS

1. We will pay, without application of a deductible, up to the maximum limit of liability shown either in the Declarations or in 2., 4. or 6. below for the following additional coverages in the event of a loss to **your covered auto** or a **non-owned auto**. We will pay if the loss is caused by:
 - a. Other than **collision** only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
 - b. **Collision** only if the Declarations indicate that Collision Coverage is provided for that auto.
 - c. If there is a loss to a **non-owned auto**, we will provide the broadest coverage applicable to any **your covered auto** shown in the Declarations.

2. Personal Contents Coverage

Up to \$500 for loss or damage to personal property owned by you or any **family member** which is in or upon **your covered auto** or a **non-owned auto** at the time of the accident. However, we will not pay for:

- a. Property excluded under Section VI - Exclusions of this policy;
- b. Loss of use of any personal property; or
- c. Money.

This coverage shall be excess over any other collectible insurance.

3. Transportation Expenses Coverage

- a. Up to the maximum limit shown in the Declarations for:
 - (1) Temporary transportation expenses incurred by you in the event of a loss to **your covered auto**.
 - (2) Loss of use expenses for which you become legally responsible in the event of loss to a **non-owned auto**.
- b. If the loss is caused by a total theft of **your covered auto** or a **non-owned**

auto, we will pay only expenses incurred during the period:

- (1) Beginning 48 hours after the theft is reported to us; and
- (2) Ending the earlier of when **your covered auto** or the **non-owned auto**:
 - (a) Is recovered and returned to you or to its owner;
 - (b) Is recovered and repaired; or
 - (c) Is replaced.
- c. If the loss is caused by other than theft of a **your covered auto** or a **non-owned auto**, we will pay only expenses you incur during the period:
 - (1) Beginning:
 - (a) When **your covered auto** or the **non-owned auto** cannot be driven because of the loss; or
 - (b) On the date **your covered auto** or the **non-owned auto** is delivered to a repair shop to be repaired due to the loss if it can be safely driven.
 - (2) Ending the earlier of when **your covered auto** or the **non-owned auto**:
 - (a) Is returned to you or to its owner;
 - (b) Is repaired; or
 - (c) Is replaced.
- d. Our payment will be limited to that period of time reasonably required to repair or replace **your covered auto** or the **non-owned auto**.
- e. At our request, you must provide us with written proof of your transportation expenses and loss of use costs.
- f. The most we will pay for temporary transportation expenses or loss of use expenses for any loss is the:
 - (1) Cost of a comparable rental auto to the **your covered auto** or the **non-owned auto** involved in the loss; or



- (2) The limit per day shown in the Declarations.

4. Trip Interruption Coverage

Up to \$150 per day to a maximum of \$600 for reasonable:

- a. Transportation expenses incurred by you or any **family member** in the event of a mechanical or electrical breakdown of **your covered auto**.
- b. Expenses incurred by you or any **family member** for lodging and meals in the event of:
 - (1) Direct and accidental loss to **your covered auto** caused by **collision** or other than **collision**; and
 - (2) Mechanical or electrical breakdown of **your covered auto**.

This coverage applies only if:

- a. The loss to, or mechanical or electrical breakdown or, **your covered auto** occurs more than 100 miles from home; and
- b. The **your covered auto** is withdrawn from use for at least 24 hours; and
- c. You or a **family member** are **occupying your covered auto** at the time of loss or mechanical or electrical breakdown.

Our payment for the Trip Interruption Coverage will be limited to that period of time reasonably required to:

- a. Resume travel under a prearranged itinerary; or
- b. Return home.

No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and any other coverage provided under this policy.

Any insurance we provide with respect to Trip Interruption Coverage shall be excess over any other collectible source of recovery including but not limited to:

- a. Any coverage provided by:
 - (1) Vehicle warranties;
 - (2) Automobile clubs; or
 - (3) Mechanical breakdown or similar plans; or
- b. Any other source of recovery applicable to the loss.

5. Loan/Lease Coverage

In the event of a total loss to **your covered auto** shown in the Declarations, we will pay any unpaid amount due on the lease or loan of that **your covered auto** less:

- a. The amount paid under Collision Coverage or Other Than Collision Coverage; and
- b. Any:
 - (1) Overdue or any deferred loan/lease payments at the time of the loss.
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not refunded by a lessor;
 - (4) Costs for extended warranties, credit life insurance, accident or disability insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous loans or leases.
 - (6) Any other coverages, charges, and service contracts that are financed as part of the purchase or lease contract.
- c. Any insurance we provide with respect to the Auto Loan/Lease Coverage shall be excess over any other collectible source of recovery including but not limited to any coverage provided by or purchased from the lessor or any financial institution.

6. Limited Customizing Equipment Coverage

Section VI Exclusion G. does not apply to the coverage afforded by this coverage.

With respect to a **your covered auto** that is a pickup or van, we will pay up to \$1,000 for loss to:

- a. Custom furnishings or equipment including, but not limited to special carpeting, furniture or bars, height-extending roofs or custom murals, paintings, decals or graphics.
- b. Permanently installed equipment designed to assist the handicapped including, but not limited to:
 - (1) Lifts; (3) Power seats;
 - (2) Ramps; (4) Power pans;and similar equipment.

- c. Permanently installed equipment designed for other than the normal operation of **your covered auto** including, but not limited to:

- (1) Winches;
- (2) Light bars; and
- (3) Tool boxes.

Limited Customizing Equipment Coverage does not include furnishings and equipment that are excluded from coverage under Section VI Exclusions C., D., E. or H..

B. ROADSIDE ASSISTANCE

If Roadside Assistance Coverage is shown in the Declarations, we will pay for our authorized service representative to provide:

1. Towing of a **covered disabled auto** to the nearest place of repair or place where repairs can be made, and 10 discretionary miles are added to offer flexibility for customer choice. The driver of the **covered disabled auto** is responsible for any charges in excess of this limit; and
2. Labor on a **covered disabled auto** at the place of disablement;

Which is necessary due to a **covered emergency**.

The coverage Territory includes the 50 states of the United States, The District of Columbia, Puerto Rico and the 10 provinces of Canada.

When used in this coverage:

1. "**Covered disabled auto**" means any **your covered auto** to which this coverage applies as shown in the Declarations.
2. "**Covered emergency**" means a disablement that is a result of:
 - a. Mechanical or electrical breakdown;
 - b. Jump start;
 - c. Insufficient supply of fuel (delivery of up to 2 gallons of fuel included at no cost), oil, water, or other fluid (fluids may be provided where available);
 - d. Flat tire change;
 - e. Lock-out (cost of key is not included); or
 - f. Entrapment in snow, mud, water or sand, within 100 feet of a road or highway.

This coverage does not apply to:

1. Parts, replacement keys, fluid (fluids may be provided where available), lubricants, or fuel (delivery of up to 2 gallons of fuel included at no cost);
2. Installation of products or material not related to the disablement;
3. Labor not related to the disablement;
4. Labor on a **covered disabled auto** for any time period in excess of sixty (60) minutes per disablement;
5. Towing or storage related to impoundment, abandonment, illegal parking, or other violations of law;
6. Assistance with jacks, levelers, airbags, or awnings;
7. Towing from a service station, garage, or repair shop;
8. Labor or repair work performed at a service station, garage or repair shop;
9. Vehicle storage charges;
10. Disablement that occurs on roads not regularly maintained, including sand beaches, open fields, and areas designated as not passable due to construction;
11. Mounting or removing of snow tires or chains;
12. Tire repair;
13. Repeated service calls for a **covered disabled auto** in need of routine maintenance or repair;
14. Disablement that results from a willful act or action by the operator of a **covered disabled auto**;
15. Disablement that is not the result of a **covered emergency**;
16. Disablement that results from the use of intoxicants or narcotics; or
17. A **trailer**.

When service is rendered by a provider other than our authorized service representative, we will only pay reasonable charges, as determined by us, for:

1. Towing of a **covered disabled auto** to a qualified repair facility; and
2. Labor on a **covered disabled auto** at the place of disablement;

Which is necessary due to a **covered emergency**.

C. LOCKSMITH SERVICE

1. If you or any **family member** are accidentally locked out of **your covered auto** or a **non-owned auto**, we will pay up to \$150 maximum per disablement for the services of a Locksmith. We will only pay for labor and services performed at the place where entry to the auto is made.
2. Any insurance we provide with respect to Locksmith Service shall be excess over any other collectible source of recovery including, but not limited to:
 - a. Any coverage provided by:
 - (1) Vehicle warranties;
 - (2) Automobile clubs; or
 - (3) Mechanical breakdown or similar plans; or
 - b. Any other source of recovery applicable to the loss.

D. AIRBAG REPLACEMENT COVERAGE

1. We will reimburse you up to \$2,500 for the cost of reinstalling a factory installed airbag in **your covered auto** if it deploys due to a failure that is not the result of an accident caused by **collision** or other than **collision**.
2. Any insurance we provide with respect to Airbag Replacement Coverage shall be excess over any other collectible source of recovery including, but not limited to:
 - a. Any coverage provided by:
 - (1) Vehicle warranties;
 - (2) Automobile clubs; or
 - (3) Mechanical breakdown or similar plans; or
 - b. Any other source of recovery applicable to the loss.

SECTION VI - EXCLUSIONS

We will not pay for:

- A. Loss to **your covered auto** or any **non-owned auto** which occurs while it is being used as a public or livery conveyance. This includes but is not limited to any period of time a vehicle is being used by any **insured** who is logged into a **transportation network platform** as a driver, whether or not a passenger is **occupying** the vehicle.

This Exclusion A. does not apply to:

1. A share-the-expense car pool; or
2. While **your covered auto** or any **non-owned auto** is being used for volunteer or charitable purposes.

- B. Damage due and confined to:

1. Wear and tear;
2. Freezing;
3. Mechanical or electrical breakdown or failure; or
4. Road damage to tires.

This Exclusion B. does not apply if the damage results from the total theft of **your covered auto** or any **non-owned auto**.

- C. Loss to any electronic equipment that reproduces, receives or transmits audio, visual or data signals. This includes, but is not limited to:

1. Radios and stereos;
2. Tape decks;

3. Compact disc systems;
4. Navigation systems;
5. Internet access systems;
6. Personal computers;
7. Video entertainment systems;
8. Telephones;
9. Televisions;
10. Two-way mobile radios;
11. Scanners; and
12. Citizen band radios.

This Exclusion C. does not apply to electronic equipment that is permanently installed in **your covered auto** or any **non-owned auto**.

- D. Loss to tapes, records, discs or other media used with equipment described in Exclusion C. above, whether or not that equipment is provided coverage under this policy.

- E. Loss to:

1. A **trailer** or camper body or motor home which is not shown in the Declarations as subject to this policy form; or
2. Facilities or equipment used with such **trailer**, camper body or motor home. Facilities or equipment include, but are not limited to:
 - a. cooking, dining, plumbing or refrigeration facilities;

- b. awnings or cabanas; or
- c. any other facilities or equipment used with a **trailer**, camper body or motor home.

This Exclusion E. does not apply to a:

- a. **Trailer**, and its facilities or equipment, which you do not own;
- b. **Trailer**, camper body, or the facilities or equipment in or attached to the **trailer** or camper body, which you:
 - (1) acquire during the policy period; and
 - (2) ask us to insure within 14 days after you become the owner.

F. Loss to any **non-owned auto** when used by you or a **family member** without the express or implied consent of the owner of that auto, or while exceeding the scope of the permission granted.

G. Loss to any custom furnishings or equipment in or upon any pickup or van. Custom furnishings or equipment include but are not limited to:

- 1. Custom furnishings or equipment including, but not limited to special carpeting, furniture or bars, height-extending roofs or custom murals, paintings, decals or graphics.
- 2. Permanently installed equipment designed to assist the handicapped including, but not limited to:
 - a. Lifts; c. Power seats;
 - b. Ramps; d. Power pans;
 and similar equipment.
- 3. Permanently installed equipment designed for other than the normal operation of **your covered auto** including, but not limited to:
 - a. Winches;
 - b. Light bars; and
 - c. Tool boxes.

This Exclusion G. does not apply to:

- 1. A cap or bed liner in or upon any **your covered auto** which is a pickup; or
 - 2. Any coverage provided under Section VI - Additional Coverages.
- H. Loss to equipment designed or used for the detection or location of radar, laser or other

speed measuring equipment or its transmissions.

I. Loss to any **non-owned auto** being maintained or used by any person while employed or otherwise engaged in the **business** of:

- 1. Selling; 4. Storing;
- 2. Repairing; 5. Parking; or
- 3. Servicing; 6. Leasing;

vehicles designed for use on public highways. This includes road testing and delivery.

J. A total loss to **your covered auto** or any **non-owned auto** due to destruction or confiscation by governmental or civil authorities.

K. Loss to **your covered auto** or any **non-owned auto**, located inside a facility designed for racing, for the purpose of:

- 1. Participating or competing in; or
 - 2. Practicing or preparing for;
- any prearranged or organized:
- a. Racing or speed contest; or
 - b. Driver skill training or driver skill event.

L. Loss to, or loss of use of, a **non-owned auto** rented by:

- 1. You; or
- 2. Any **family member**;

if a rental vehicle company is precluded from recovering such loss or loss of use, from you or that **family member**, pursuant to the provisions of any applicable rental agreement or state law; or

M. Loss to **your covered auto** or a **non-owned auto**, which is expected or intended by an **insured**, or at the direction of an **insured**, even if the resulting damage is of a different kind, quality or degree than initially expected or intended.

N. Loss to **your covered auto** while rented or leased to any person or organization other than you.

O. Loss to **your covered auto** or a **non-owned auto** due to **diminution in value** after repairs, whether or not repairs are actually made, resulting from an accident.

P. Loss to **your covered auto** which occurs while:

- 1. Enrolled in a personal vehicle sharing program under the terms of a written agreement; and

2. Being used in connection with such personal vehicle sharing program by anyone other than you or any **family member**
- Q. Loss to, or loss of use of, a **non-owned auto** used by:
1. You; or

2. Any **family member**,

In connection with a personal vehicle sharing program if the provisions of such a personal vehicle sharing program preclude the recovery of such loss or loss of use, from you or that **family member**, or if otherwise precluded by any state law.

SECTION VI - CONDITIONS

For the Collision and Other Than Collision Coverages, if a specific dollar amount is shown as the limit of liability in the Declarations, that amount is not necessarily the amount you will receive at the time of loss for damage to the described vehicle. Please refer to the Limit of Liability provision for clarification.

A. LIMIT OF LIABILITY

1. For loss caused by fire, theft or larceny to **your covered auto** or to any loss to a **non-owned auto**, our limit of liability will be the lesser of the:
 - a. Amount shown in the Declarations;
 - b. Actual cash value of the stolen or damaged property; or
 - c. Amount necessary to repair or replace the stolen or damaged property with other property of like kind and quality;

less the applicable deductible shown in the Declarations and less its salvage value if you retain the salvage.

2. For loss caused by **collision** or by other than **collision** not caused by fire, theft or larceny to **your covered auto**, our limit of liability will be:
 - a. In the event of a total loss to a **new auto**, the cost of a new vehicle of the same make, model and with the same original manufacturer's equipment, or if unavailable, a similar new vehicle and equipment.
 - b. For other than a total loss to a **new auto**, the lesser of the:
 - (1) Amount shown in the Declarations;
 - (2) Actual cash value of the stolen or damaged property; or
 - (3) Amount necessary to repair or replace the stolen or damaged property with other property of like kind and quality;

less the applicable deductible shown in the Declarations and less its salvage value if you retain the salvage.

However, Provision A.2.a. shall:

- a. Only apply to **your covered auto** for twelve months from the date you become the owner; and
- b. Not apply to a **newly acquired auto** unless:
 - (1) That **newly acquired auto** has never been previously titled; and
 - (2) You notify us within 14 days after you become the owner.

3. The most we will pay for loss to:

- a. Any **non-owned auto** which is a **trailer** is \$2,000.
- b. Electronic equipment that reproduces, receives or transmits audio, visual or data signals, which is permanently installed in the auto in locations not used by the auto manufacturer for installation of such equipment, is \$1,000.

B. WAIVER OF COLLISION DEDUCTIBLE

We will waive the entire deductible shown in the Declarations for **collision** of **your covered auto** with:

1. A **motor vehicle** whose operator:
 - a. Has been positively identified; and
 - b. Who is more than 50% legally responsible for all damages resulting from the accident;

provided no liability bond or policy applies at the time of the accident, or a liability bond or policy does apply at the time of the accident but its limit is less than the amount of damages you are legally entitled to recover. This Waiver B.1. shall not apply if:

- a. The amount of damages you are legally entitled to recover is less than the deductible applicable to ***your covered auto*** involved in the accident; or
 - b. The vehicle involved in the accident, other than ***your covered auto***, is owned by or furnished or available for the regular use of you or of any ***family member***.
2. Another vehicle insured by us or by any of our affiliated companies. This Waiver B.2. shall not apply if we or any of our affiliated companies have waived a deductible on any other vehicle involved in the ***collision*** that is owned by or furnished or available for the regular use of you or any ***family member***.

C. PAYMENT OF LOSS

- 1. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.
- 2. If a repair or replacement necessitates the use of replacement parts that are in better condition than what the damaged property was prior to the loss, we will not pay for the amount of that betterment.
- 3. Our liability for the amount necessary to repair the damaged property shall be determined by:
 - a. The prevailing competitive labor rates in the area where the property is to be repaired as reasonably determined by us; and
 - b. The cost of replacement parts reasonably specified by us in accordance with applicable laws and government regulations. The replacement parts may be new, refurbished, restored or used and may be made by original equipment manufacturers or by non-original equipment manufacturers. If we use a new part made by a non-original equipment manufacturer, it shall have a manufacturer's warranty that is equal to or greater than the warranty offered by the original equip-

ment manufacturer of the same type part.

This determination of our liability shall not be affected by the amount actually expended to repair the damaged property.

- 4. At our option, we may pay for loss in money or repair or replace the stolen or damaged property. We may, at our expense, return any stolen property to you or to your address shown in the Declarations. If we return stolen property, we will pay for any damages resulting from the theft. We may keep all or part of the property at an agreed or appraised value.
- 5. If we pay for loss in money, our payment will include applicable sales tax for the damaged or stolen property.

D. BAILMENT

Any charges we pay for storage because of a loss covered under Section VI of this policy shall end the earlier of when ***your covered auto*** or the ***non-owned auto***:

- 1. Is returned to you or to its owner;
- 2. Is repaired;
- 3. Is replaced; or
- 4. Within 5 working days after we make an offer to pay, if deemed by us to be a total loss or unrecoverable.

E. OTHER SOURCES OF RECOVERY

If other sources of recovery also cover the loss, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, any insurance we provide with respect to a ***non-owned auto*** shall be excess over any other collectible source of recovery including, but not limited to:

- 1. Any coverage provided by the owner of the ***non-owned auto***;
- 2. Any other applicable physical damage insurance; or
- 3. Any other source of recovery applicable to the loss.