AUTO INSURANCE POLICY

Policy Number: AIP-2024-567890

Effective Date: January 1, 2024

Expiration Date: December 31, 2024

Vehicle: 2022 Honda Civic, VIN: 1HGCV1F3XMA123456

POLICY OVERVIEW

This auto insurance policy provides comprehensive coverage for your vehicle including liability, collision, comprehensive, and uninsured motorist protection. Coverage is provided 24/7 throughout the United States and Canada.

COVERAGE LIMITS

Bodily Injury Liability: \$100,000 per person / \$300,000 per accident

Property Damage Liability: \$100,000 per accident

Uninsured Motorist Bodily Injury: \$100,000 per person / \$300,000 per accident

Uninsured Motorist Property Damage: \$100,000 per accident

Medical Payments: \$10,000 per person

Personal Injury Protection: \$10,000 per person

DEDUCTIBLES

Collision: \$500 deductible

Comprehensive: \$500 deductible

Uninsured Motorist Property Damage: \$250 deductible

ADDITIONAL COVERAGE

Rental Car Reimbursement: \$30 per day, up to 30 days

Towing and Labor: Up to \$100 per occurrence

Gap Insurance: Covers difference between loan and value

Roadside Assistance: 24/7 service including towing, jump start, and lockout services

LIABILITY COVERAGE

Bodily Injury Liability covers injuries you cause to others in an accident. Property Damage Liability covers damage you cause to others' property. Coverage applies when you are at fault or partially at fault. Legal defense costs are included in coverage. Coverage extends to permissive users of your vehicle.

COLLISION COVERAGE

Covers damage to your vehicle from collision with another vehicle. Covers damage from collision with stationary objects. Covers single-vehicle accidents. Subject to \$500 deductible. Coverage applies regardless of fault.

COMPREHENSIVE COVERAGE

Covers damage from non-collision events including theft, vandalism, fire, flood, hail, falling objects, animal collisions, and glass breakage. Subject to \$500 deductible. Coverage applies regardless of fault.

UNINSURED MOTORIST COVERAGE

Covers you when hit by uninsured or underinsured driver. Covers hit-and-run accidents. Includes bodily injury and property damage. No deductible for bodily injury coverage.

MEDICAL PAYMENTS

Covers medical expenses for you and your passengers regardless of fault. Covers ambulance, hospital, and doctor bills. No deductible required.

PERSONAL INJURY PROTECTION

Covers medical expenses, lost wages, and essential services regardless of fault. Available in no-fault states. Covers rehabilitation and funeral expenses.

EXCLUDED COVERAGE

Intentional damage or criminal acts are not covered. Racing or speed contests are excluded from coverage. Commercial use of vehicle is not covered under this personal policy. Transporting passengers for hire is excluded. Use while under influence of drugs or alcohol is not covered. Mechanical breakdown or wear and tear is excluded. War, nuclear hazard, or radioactive contamination is not covered.

CLAIMS PROCESSING

Report accidents immediately to 1-800-CLAIMS-1. File police report for accidents with injuries or damage over \$1,000. Claims must be reported within 30 days of accident. Provide photos and documentation when possible. Claims adjuster will contact you within 24 hours. Rental car coverage available during repairs.

EMERGENCY SERVICES

24/7 roadside assistance: 1-800-ROADSIDE. Towing up to 50 miles included. Jump start, lockout service, flat tire change. Fuel delivery up to 3 gallons. Winching service for stuck vehicles. Emergency locksmith service available.

COVERAGE TERRITORY

Coverage applies in the United States, its territories and possessions, and Canada. Limited coverage in Mexico with additional premium. International coverage available with prior approval.

VEHICLE MODIFICATIONS

Notify us of any modifications to your vehicle. Some modifications may affect coverage or require additional premium. Performance modifications may void certain coverage.

POLICY TERMS

Policy Period: January 1, 2024 to December 31, 2024. Renewal: Automatic renewal unless cancelled 30 days prior. Cancellation: 30-day notice required, pro-rated refund. Changes: Coverage changes effective on renewal date.

PAYMENT TERMS

Monthly Premium: \$125.00. Payment Due: 1st of each month. Grace Period: 10 days for premium payment. Late Fees: \$15 per month for late payments. Payment Methods: Auto-pay, online, phone, mail.

DISCOUNTS AVAILABLE

Safe Driver Discount: 10% for 3+ years accident-free. Multi-Policy Discount: 15% for bundling with home insurance. Good Student Discount: 10% for students with B average. Anti-Theft Discount: 5% for approved security systems. Low Mileage Discount: 5% for under 7,500 miles annually.

CONTACT INFORMATION

Customer Service: 1-800-AUTO-INS

Claims: 1-800-CLAIMS-1

Emergency: 1-800-ROADSIDE

Website: www.autoinsurance.com

Email: support@autoinsurance.com

IMPORTANT NOTICES

Always carry proof of insurance in your vehicle. Notify us immediately of any changes to your driving record or vehicle usage. Review your policy annually and update coverage as needed.

CLAIMS DISPUTE RESOLUTION

If you disagree with a claims decision, you may request a review within 60 days. Arbitration available for disputes over \$5,000. Contact customer service for dispute resolution procedures.