

The auto insurance policy serves as a legal contract between the policyholder and the insurance company, detailing coverage types as specified in the Declarations. It encompasses personal injury protection, physical damage, uninsured and underinsured motorist coverage, automobile medical expenses, and automobile liability, with specific exclusions such as bodily injury to household members, intentional damage, and injuries occurring during racing activities. The policyholder is obligated to pay the required premium and must notify the insurer of any changes, including the acquisition of new vehicles, within 30 days. The insurer is responsible for providing benefits for damages from accidents involving covered automobiles, including legal defense costs, while limits of liability for bodily injury and property damage are defined in the Declarations. Coverage is excess for non-owned or substitute automobiles, and exclusions also apply to injuries arising from the business of selling or servicing vehicles, pedestrian injuries, and medical expenses incurred more than three years post-accident. The policy stipulates that claims must be reported within 30 days, and the injured party must cooperate with the insurer in legal proceedings.

The policy provides coverage for loss to covered automobiles, including newly acquired vehicles, subject to a \$500 deductible for Comprehensive and Collision coverage. Losses due to collision, theft, fire, and other specified perils are covered, while exclusions include wear and tear, war-related losses, and damage to non-permanently installed electronic equipment. The policy also covers substitute transportation costs up to \$750 if the covered automobile is disabled or stolen. In the event of a loss, the insured must protect the vehicle from further damage and file a proof of loss within 91 days, with the insurer potentially requiring an appraisal for disputes over loss amounts. Payments are limited to the actual cash value of the property at the time of loss or the cost to repair or replace it.

The policy outlines specific duties for the policyholder in the event of an accident or loss, including prompt notification to the insurer, cooperation in investigations, and forwarding legal documents related to claims. Coverage is void in cases of fraud, and the insurer will only pay the highest limit if

multiple policies apply to the same loss. The policy includes provisions for recalculating premiums upon expiration if material facts are concealed or misrepresented. Individuals making claims must provide details about the loss, submit to examinations under oath, and authorize the insurer to obtain medical records. Legal action under Physical Damage coverage cannot commence until 30 days after proof of loss is filed.

Cancellation of the policy can occur by either party, with the insurer required to provide notice at least 10 days prior for non-payment of premium or 20 days for other reasons. If the policyholder cancels, the premium may be computed on a short-rate basis, while the insurer's cancellation will be on a pro-rata basis. The policy remains in effect in the event of the policyholder's death, and any changes require written consent from the insurer. The loss payable clause mandates that the loss payee must file a claim and comply with policy conditions, with the insurer's obligation to the loss payee remaining intact unless there is fraudulent conduct or breach of contract by the policyholder. Overall, the policy emphasizes the importance of accurate information, timely communication, and cooperation throughout the claims process, while detailing exclusions, obligations, and procedures for claims and premium adjustments.