

# COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

0358257

This policy is Issued By: PLYMOUTH ROCK ASSURANCE CORP

AMENDED ON 03/22/2010  
REASON FOR AMENDMENT

MRB RESPONSE APPLIED

DEDUCTIBLE DOLLARS: \$100.00

**ITEM 1.** This policy is Issued To:  
SAM SMITH  
123 MAIN STREET  
ANYTOWN, MA 01234-5678

Massachusetts Personal Automobile  
Policy Number PRA10001234567 V  
Agent ABC INSURANCE AGENCY  
(555) 555-5555  
456 SOUTH STREET  
ANYTOWN, MA 01234

To: AUG. 30, 2010 12:01 A.M. (Eastern Standard Time)

Direct Bill

**ITEM 2.** This policy is effective from: AUG. 30, 2009

**ITEM 3.** Description of your Auto:

Auto 1 08 Satu ION LEVEL 3 123456789012345	Auto 2 09 Toyo 4RUNNER SR5 123456789012345
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**ITEM 4.** This policy provides only the coverages for which a premium is shown. SEE BELOW AND OTHER SIDE FOR DISCOUNTS

COVERAGES, Parts 1-12	AUTO 1			PREMIUM		AUTO 2			PREMIUM			
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE		ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE		ANNUAL	ADJUSTED		
1. Bodily Injury To Others	\$ 20,000 \$ 40,000	per person per accident	NONE	\$137	-55	\$ 20,000 \$ 40,000	per person per accident	NONE	\$141	\$1		
2. Personal Injury Protection	\$ 8,000	per person	NONE <input type="checkbox"/> For yourself <input type="checkbox"/> yourself and household members	\$42		\$ 8,000	per person	NONE <input type="checkbox"/> For yourself <input type="checkbox"/> yourself and household members	\$48	\$2		
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ 100,000 \$ 300,000	per person per accident	NONE	\$15		\$ 100,000 \$ 300,000	per person per accident	NONE	\$15			
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ 100,000	per accident	NONE	\$200		\$ 100,000	per accident	NONE	\$224	-\$2		
<b>OPTIONAL INSURANCE</b> SEE OTHER SIDE FOR INFORMATION ON PART 5 AND PART 12 LIMITS												
5. Optional Bodily Injury To Others	\$ 100,000 \$ 300,000	per person per accident	NONE	\$103		\$ 100,000 \$ 300,000	per person per accident	NONE	\$114			
6. Medical Payments	\$ 5,000	per person	NONE	\$10	-\$1	\$ 5,000	per person	NONE	\$13	\$1		
7. Collision	*Actual Cash Value		500	\$388	-\$23	*Actual Cash Value		500	\$366	\$2		
8. Limited Collision	Actual Cash Value					Actual Cash Value						
9. Comprehensive	Actual Cash Value		500	\$80	-\$12	Actual Cash Value		500	\$135	-\$16		
10. Substitute Transportation	Up to \$ 30 a day, maximum \$ 900		NONE	\$57		Up to \$ 45 a day, maximum \$ 1,350		NONE	\$133			
11. Towing and Labor	Up to \$ for each disablement		NONE			Up to \$ for each disablement		NONE				
12. Bodily Injury Caused By An Underinsured Auto	\$ 100,000 \$ 300,000	per person per accident	NONE	\$30		\$ 100,000 \$ 300,000	per person per accident	NONE	\$30			
<b>MERIT RATING PLAN</b>				ADJUSTMENT 07	\$913	-\$152	ADJUSTMENT 99				-\$151	-\$410-\$67
SEE MESSAGE ON BACK												
				TOTAL PREMIUM FOR AUTO		\$1,975	-\$193	TOTAL PREMIUM FOR AUTO		\$1,068	-\$489	
				Policy Level Premium – Premium Package Endorsement						\$35		

**DISCOUNTS**

Group Discount Title: SBLI Health & Safety Group      Anti Theft Auto 1 Discount 36%

**TOTAL PREMIUM**

**RATING INFORMATION** Multi-car Low Annual Mileage Motor Club Member

<b>ITEM 5.</b> Place of Principal Garaging		<b>ITEM 6.</b> Secured Lender/Lessor-Additional Insured, if Rented Auto	
Auto 1 Anytown	1	AUTO FINANCE COMPANY PO BOX 1234 ANYCITY MA 04321	2 AUTO FINANCE COMPANY PO BOX 123456 ANYCITY MA 04321
Auto 2 Anytown			

DRIVER INFORMATION – CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW								Operator Status					
Oper No.	Operator Name	D=Deferred	Date of Birth Mo. Day Yr.	License Number	Lic. State	Date First Licensed Mo. Day Yr. Auto / Motorcycle	Driver Train Y-N	E=Excluded P=Principal O=Occasional Veh   Veh   Veh   Veh					
1	SAM SMITH		01/01/1950	*****987	MA	01/01/1970	N	P	P				
2	SALLY SMITH		01/01/1950	*****123	MA	01/01/1970	N	O	O				

\* - WAIVER OF DED

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

**Check carefully that all operators of your auto(s) are listed on your policy. Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.**

**If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the vehicle's description and garaging location, the names of all household members and customary operators required to be listed and information about all listed operators. We may also limit our payments under Part 3 and Part 4. Plymouth Rock will verify the accuracy of the previous driving records of all listed operators with the Merit Rating Board.**

**We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Merit Rating Plan.**

**DISCOUNTS** - Your premium has been reduced if one or more of the following categories is indicated in Item 4. Other discounts may also apply. Contact your Plymouth Rock agent for further details.

	Age 65 and Older	Anti-Theft Device*/ Vehicle Recovery System
Coverage	All	Part 9
Discount Available	25%	5-36% *Depending on the category of device

**PART 5 – OPTIONAL BODILY INJURY TO OTHERS** - The limits shown are the total limits you have under both Compulsory Bodily Injury to Others (Part 1) and Optional Bodily Injury to Others (Part 5) combined. The limits for Part 1 and Part 5 should not be added together to determine the total limit available for a covered claim.

**PART 12 – BODILY INJURY CAUSED BY AN UNDERINSURED AUTO** - The limits shown are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

**MERIT RATING PLAN** - The Merit Rating Plan adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Operators are assigned to vehicles by matching the operator with the highest combined operator class and Merit Rating points to the auto with the highest premium for Parts 1, 2, 4, 5, 7, 8 and 9, and so forth in descending order, with some exceptions for principal operators who are either inexperienced drivers or over the age of 65. Downward adjustments result from 5 or 6 years of incident-free driving; upward adjustments are assessed for at-fault accidents or traffic violations. Refer to the Merit Rating Plan statement furnished with your policy to determine how the points for each listed operator were calculated.

**ACCIDENT FORGIVENESS** - If an Accident Forgiveness Endorsement applies and an at-fault accident has been "forgiven", the points will remain on your driving record but the accident will not be used as a factor in determining your Plymouth Rock policy premium. A more detailed explanation appears on the Merit Rating Plan statement.

**MERIT RATING PLAN CODE EXPLANATIONS**

- A. We have been unable to obtain Merit Rating Plan information. The license number, surname, and date of birth for at least one operator do not match any record in the Registry of Motor Vehicles Driver License file.
- B. If a Merit Rating Plan surcharge or credit applies to your policy, you will receive a notice of adjustment at a later date

Identification Numbers of Endorsements Forming a Part of This Policy PRAC MA102 0408 MYLES Endorsement PRAC MA104 0408 Replacement Cost Coverage Endorsement PRAC MA107 0408 Original Equipment Manufacturer Parts Coverage PRAC MA103 0408 Disappearing Deductible Endorsement PRAC MA106 0408 Accident Forgiveness Endorsement M0105S 0101 Substitute Transportation Coverage - \$45 Per Day, Maximum Limit \$1,350 MPY0016S 0408 Waiver of Deductible PRAC MA 110-12-10 Premium Package Endorsement

CAR NO	RATE TERR	RATE CLASS	PREM TOWN	STAT CLASS	LIABILITY LIMITS								PHYSICAL DAMAGE COVERAGE								P X	F I	C P	P W	PRE INS				
					PIP	BI	PD	OBI	MED	U	LIAB SYM	PIP SYM	COLL	OTC	SUB	TOW	AGE	SYM	ATD	MCD						STD AMT	ANTIQU		
1	012	10	604	110107	01	01	07	08	05	08	295	510	016	037	085		D	16	B	Y							N	N	9
2	012	30	604	130599	01	01	07	08	05	08	305	520	016	037	084		D	13	0	Y							N	N	9



Countersigned by *(Authorized Agent)*

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1	012	10	604	110107	01	01	07	08	05	08	295	510	016	037	085		D	16	B	Y							N	N	9
2	012	30	604	130599	01	01	07	08	05	08	305	520	016	037	084		D	13	0	Y							N	N	9



Countersigned by *(Authorized Agent)*