Filing at a Glance

Company:	Electric Insurance Company
Product Name:	Private Passenger Automobile
State:	District of Columbia
TOI:	19.0 Personal Auto
Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Filing Type:	Form
Date Submitted:	01/14/2020
SERFF Tr Num:	ELEC-132101491
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	ELEC-AUTO FORMS PAS
Effective Date Requested (New):	12/01/2020
Effective Date Requested (Renewal):	12/01/2020
Author(s):	Rob Korpusik, Emily Laing, Joshua Turkowski, Timothy Fieseler
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: *District of Columbia* **Filing Company:** *Electric Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger Automobile*
Project Name/Number: *DC PAS Auto/*

General Information

Project Name: DC PAS Auto
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 01/14/2020
State Status Changed:
Created By: Timothy Fieseler
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Emily Laing

Filing Description:

Electric Insurance Company (NAIC 21261) submits for review several new and revised forms and endorsements to be implemented as part of our policy administration system upgrade.

Our new policy administration system allows us to insure additional drivers and vehicles on an automobile insurance policy than our previous system allowed for. As a result, we have revised multiple forms to allow for displaying the additional drivers and vehicles. We are also taking this opportunity to bring our forms in line with Electric Insurance Company's brand standards.

Included in this filing are revised versions of:
-Automobile Declarations Page

All information has been carried forward from our existing forms and no information has been removed. Some information has been added as an enhancement to display the additional drivers and vehicles.

Information that has been added to the revised forms includes;
-Additional fields for drivers and vehicles.
-Dynamic fields (indicated in magenta text) to display policy specific information.
-Added sections for state specific/required messages.
-Added sections for payment information, additional issuing agent and company contact info.

The proposed Declarations Page now also includes a breakdown of discounts at the policy level and the vehicle level. Also displayed is a breakdown of coverage details at the vehicle level.

We also file to adopt the Personal Auto 2018 Forms Revision, as outlined in ISO Filing Designation Number PP-2017-OFR17.

As part of our policy administration system upgrade we also file for approval six new, optional personal auto endorsements. We are introducing these new endorsements to better serve our policyholders. New endorsements include:

Change No. 1 - introduction of optional premium bearing endorsement G10463 0418, Loss Settlement Endorsement Original Equipment Manufacturer Parts.
• This endorsement requires the use of original equipment manufacturer parts to repair or replace the damaged parts of "your covered auto". Rates will be filed separately.

Change No.2 - introduction of optional premium bearing endorsement G10464 0418, Multipolicy Deductible Waiver
• This endorsement allows for the waiver of the Personal Auto deduction if there is a single "occurrence" causing "property damage" covered by your auto and homeowners policy insured with Electric Insurance Company. Rates will be filed

separately.

Change No. 3 - introduction of optional premium bearing endorsement G10467 0418, $500 Deductible Waiver.
• This endorsement allows for the waiver of up to $500 if an insured is accident free for a 36-month period.

Change No. 4 - introduction of optional premium bearing endorsement G10458 0516, Safety Glass Coverage.
• This endorsement allows the insured to select a separate deductible for glass and “Other Than Collision Coverage”. Rates and optional deductible will be filed separately.

Change No. 5 - introduction of optional premium bearing endorsement G10465 0418, Auto Agreed Value Coverage.
• This endorsement allows for Electric Insurance Company and the insured to agree on a value for the vehicle and insure it for that amount. Rates will be filed separately.

Change No. 6 - introduction of optional premium bearing endorsement G10466 0418, Total Loss Deductible Waiver.
• This endorsement allows for the waiver of the insured’s deductible in the event of a total loss. Rates will be filed separately.

Please see attachments on Supporting Docs tab for mark-up copies showing the Current and Revised/Updated forms. Red line strike-through indicates information that has been removed and carried forward from the current to the updated/revised form. Yellow highlights indicate information which has been carried forward from the previous form and/or newly added information.

Company and Contact

Filing Contact Information

Emily Laing, UW Projects Analyst
75 Sam Fonzo Drive
Beverly, MA 01915

Emily.Laing@electricinsurance.com
978-524-5642 [Phone]

Filing Company Information

Electric Insurance Company
75 Sam Fonzo Drive
Beverly, MA 01915
(800) 227-2757 ext. [Phone]

CoCode: 21261
Group Code: 350
Group Name: Electric
FEIN Number: 04-2422119

State of Domicile: Massachusetts
Company Type: Property & Casualty
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *District of Columbia* **Filing Company:** *Electric Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger Automobile*
Project Name/Number: *DC PAS Auto/*

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Automobile Policy Declarations Page	G10185	0619	DEC	Replaced	*Previous Filing Number:*	*unknown*		G10185 0619 .pdf
							Replaced Form Number:	*autodec01a 0590*		
2		SAFETY GLASS COVERAGE	G10458	0516	END	New			50.400	G10458 0516.pdf
3		$500 DEDUCTIBLE WAIVER	G10467	0418	END	New			45.200	G10467 0418.pdf
4		TOTAL LOSS DEDUCTIBLE WAIVER	G10466	0418	END	New			57.200	G10466 0418.pdf
5		AUTO AGREED VALUE COVERAGE	G10465	0418	END	New			61.000	G10465 0418.pdf
6		MULTI POLICY DEDUCTIBLE WAIVER	G10464	0418	END	New			45.000	G10464 0418.pdf
7		LOSS SETTLEMENT ENDORSEMENT ORIGINAL EQUIPMENT MANUFACTURER PARTS	G10463	0418	END	New			46.700	G10463 0418.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	**ADV**	Advertising
BND	Bond	**CER**	Certificate
CNR	Canc/NonRen Notice	**DEC**	Declarations/Schedule
DSC	Disclosure/Notice	**END**	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	**OTH**	Other

ELECTRIC INSURANCE COMPANY
75 Sam Fonzo Drive l Beverly, MA 01915
###.###.#### l ElectricInsurance.com

Automobile Policy Declarations Page

Your <<transaction type>> effective date is <<MM DD, YYYY>> 12:01 A.M. standard time

Total Premium for this policy period

Please review your insured vehicle(s) and verify their VINs (Vehicle Identification Number) are correct.

Vehicle(s) covered	VIN	Premium
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
Total Premium		**$<<X,XXX.XX>>**
Taxes & Fees		**$<<X,XXX.XX>>**
Total Cost		**$<<X,XXX.XX>>**

Discounts applied to your policy (included in your total premium)

<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>

Discounts per vehicle (included in your total premium)

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

Information as of <<MM, DD, YYYY>>

Summary

Named Insured(s):

<<First Named Insured>>

<<Second Named Insured>>

Mailing Address:

<<ADDRESS LINE 1>>

<<ADDRESS LINE 2>>

<<CITY>>, <<STATE>> <<ZIP>>

Policy Number:

<<1234567A1>>

Your policy provided by:

Electric Insurance Company®
Underwriting Department
75 Sam Fonzo Drive
Beverly, MA 01915

<<POLICY TYPE>> policy period

Beginning **<<POLICY START DATE>>** through **<<POLICY END DATE>>** 12:01 A.M. standard time

Your agency is:

<<AGENCY NAME>>

<<AGENCY ADDRESS LINE 1>>

<<AGENCY ADDRESS LINE 2>>

<CITY/TOWN>>, <<STATE>> <<ZIP>>

<<AGENCY PHONE NUMBER>>

Some or all of the information on your Policy Declarations Page is used in rating your policy and it may affect your eligibility for certain coverages. Please notify us immediately if you believe that any information listed is incorrect.

We will make corrections once you have notified us. Any resulting rate adjustments will be made only for the current or future policy periods. We are unable to make changes to past policy periods. Please notify us immediately if you believe any coverages are not listed or are inaccurately listed.

Surcharges (included in your total premium)

Incident Date	Driver Name	Loss Type
<<05.23.2016>>	<<James Doe>>	<<At-Fault>>
<<07.12.2017>>	<<Jane Doe>>	<<Comprehensive – Theft or vandalism>>

Drivers listed on your policy*

DRIVER NAME	DATE OF BIRTH	GENDER	MARRIED	DATE FIRST LICENSED IN U.S.	LICENSE #	LICENSE STATE
<<DRIVER NAME 1>>	<<ON FILE>>	<<M/F/X>>	<<value>>	<<MM/DD/YY>>	<<S25715241>>	<<AZ>>
<<DRIVER NAME 2>>	<<ON FILE>>					
<<DRIVER NAME 3>>	<<ON FILE>>					
<<DRIVER NAME 4>>	<<ON FILE>>					
<<DRIVER NAME 5>>	<<ON FILE>>					
<<DRIVER NAME 6>>	<<ON FILE>>					

**Please include all drivers living in your household (even if temporarily away from home) or guests staying in your home for more than 90 days. It is essential to include all household drivers to ensure adequate coverage in the event of a loss. Even if you have purchased coverage for your insured auto (for example, Auto Collision coverage), there are circumstances in which a loss to that auto (or an attached trailer) may not be covered by this policy simply because the auto was being operated by one of those unlisted drivers at the time of the loss. Details regarding this, and details regarding your policy's exclusion of any drivers listed below, can be found in your policy documents.*

Additional Driver Information (If applicable, attributes applied to individual drivers will be listed under their name. These are included in your total premium)

<<DRIVER NAME 1>>	**<<DRIVER NAME 2>>**	**<<DRIVER NAME 3>>**
<<Good Student Discount>>	<<Good Student Discount>>	<<Good Student Discount>>
<<Driver Training Discount>>	<<Driver Training Discount>>	<<Driver Training Discount>>
<<100 Mile Discount>>	<<100 Mile Discount>>	<<100 Mile Discount>>

Drivers excluded from your policy

<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>

Coverage detail for << VEHICLE YEAR>> <<MAKE>> <<MODEL>>

VIN: <<##################>>

Rating Information: <<Use>>, <<Cost>>, <<Age>>, <<Anti-theft>>, <<Symbol>>, <<Class>>, <<Garaging>>

Coverage	Limits	Deductible	Premium
Bodily Injury Liability – Each Person/Accident	<<$250,000/500,000>>	N/A	$<<XX.XX>>
Property Damage Liability– Each Accident	<<$50,000>>	N/A	$<<XX.XX>>
Medical Payments – Each Person	<<$5,000>>	N/A	$<<XX.XX>>
Underinsured Motorist – Bodily Injury Each Person/Accident	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Underinsured Motorist – Property Damage>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Uninsured Motorist – Bodily Injury>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Uninsured Motorist – Property Damage>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Personal Injury Protection			$<<XX.XX>>
Personal Injury Protection- Medical Expense	<<$250,000/$500,000>>	N/A	
Personal Injury Protection- Work Loss	<<$250,000/$500,000>>	N/A	
Personal Injury Protection- Funeral Expense	<<Reject this coverage>>	N/A	
Collision – Actual Cash Value Minus Deductible Shown	N/A	<<X,XXX>>	$<<XX.XX>>
Other Than Collision - Actual Cash Value Minus Deductible Shown	N/A	<<X,XXX>>	$<<XX.XX>>
Transportation Expense Coverage – Per Day/Max Loss	<<20/600>>	N/A	$<<XX.XX>>
Towing & Labor – Per Disablement	<<50>>	N/A	$<<XX.XX>>
<<Glass Coverage>>	<<N/A>>	<<$50>>	<<Included in Other Than Collision>>
<<Loan/Lease Coverage>>	<<N/A>>	<<N/A>>	<<Included in Other Than Collision>>
<<Custom Equipment Coverage>>	<<1,000>>	N/A	<<Included in Other Than Collision>>
Total premium for <<VEHICLE YEAR>> <<MAKE>> <<MODEL>>			**$<<XX.XX>>**

<<Additional Coverages>>

<<The following policy coverages are also provided>>

<<Coverage>>	<<Limits>>

Additional Interest Information

<<Vehicle Year, Make, Model>> <<Additional Interest Name>> <<Interest Type>> <<Interest Address>>

<<Joint Owner Endorsement – Vehicle(s) listed below contain the Joint Owner Endorsement>>

<<Year>> <<Make>> <<Model>>

<<2007>> <<Ford>> <<Escort>>

<<State>> required communications

Here is some additional, helpful information related to your coverage and paying your bill.

<<State Specific Text>>

<<Important payment and coverage information>>

<<Payment info to appear here for future>

Your policy documents

Your <<policy type>> policy consists of this Policy Declarations Page and the documents in the following list. Please keep these together.

<<PP00010105 Personal Auto Policy>>
<<PP01740716 Amendment of Policy Provisions Illinois>>
<<PP13011299 Coverage for Damage to Your Auto Exclusion Endorsement>>
<<G104360214 Signature Claims Service Guarantee Amendatory Endorsement>>
<<PP13290109 Custom Equipment Coverage Endorsement Illinois>>
<<PP23161013 Personal Vehicle Sharing Program Exclusion Endorsement>>
<<PP03030486 Public or Livery Conveyance Exclusion Endorsement>>
<<PP23401015 Towing and Labor Costs Coverage>>
<<PP04470716 Underinsured Motorists Coverage Illinois>>

Renewal Agreement: If this is a Renewal Certificate (as indicated on page one) the following applies:

If you pay the premium shown on the reverse side of this agreement by the due date, we will extend your coverage for the policy period shown. The coverage extended will be that coverage for which a premium charge has been made and will be subject to all the terms of the policy so extended.

Loss Payable Clause

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto." However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

<<Company's name>>'s President and Secretary have signed this policy with legal authority at Beverly, Massachusetts.

<<Authorized Signature 1 graphic>>

<<Authorized Signature Print Name 1 graphic>>
President

<<Authorized Signature 2 graphic>>

<<Authorized Signature Print Name 2 graphic>>
Secretary

<<Authorized Representative Signature graphic>>

<<Authorized Representative Print Name>>
Authorized Representative

SAFETY GLASS COVERAGE - <<DISTRICT OF COLUMBIA>>

The provisions and exclusions that apply to Part D COVERAGE FOR DAMAGE TO YOUR AUTO also apply to this endorsement except as modified by this endorsement.

The following is added to the first paragraph of the Insuring Agreement in Part D:

INSURING AGREEMENT

We will pay under Other Than Collision Coverage for the cost of repairing or replacing damaged "safety equipment" on "your covered auto" with a $50 deductible. We will pay only if:

1. The Declarations indicate that Other Than Collision Coverage applies.

–**ADDITIONAL DEFINITION**

"Safety equipment" as used in this endorsement means the:

1. Glass used in the windshield, doors and windows of "your covered auto;" and
2. Glass, plastic or other material used in the lights of "your covered auto."

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

$500 DEDUCTIBLE WAIVER

PART D – COVERAGE FOR DAMAGE TO YOUR AUTO

INSURING AGREEMENT

Paragraph **A** is replaced with the following:

A. We will pay for direct and accidental loss to “your covered auto” or any “non-owned auto”, including their 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 not apply a deductible, up to $500 in the aggregate for each 36-month period your policy is in effect for covered “collision” or other than “collision” coverage losses.

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.

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.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOTAL LOSS DEDUCTIBLE WAIVER

If there is a covered loss to “your covered auto” or any “non-owned auto” under the “Other than Collision”, “Collision” or “Uninsured Motorist Property Damage” coverage in your policy, we will not apply the deductible set forth in the Declarations if “your covered auto” or “non-owned” auto is deemed a total loss.

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AUTO AGREED VALUE COVERAGE

SCHEDULE

DESCRIPTION OF VEHICLE	DEDUCTIBLES COLLISION	DEDUCTIBLES OTHER THAN COLLISION	LIMIT OF LIABILITY	PREMIUM COLLISION	PREMIUM OTHER THAN COLLISION
_____	$___ LESS DED.	$___ LESS DED.	$_____	$_____	$_____
_____	$___ LESS DED.	$___ LESS DED.	$_____	$_____	$_____
_____	$___ LESS DED.	$___ LESS DED.	$_____	$_____	$_____

With respect to the Auto Agreed Value Coverage(s) shown as applicable to a vehicle described in the Schedule or designated in the Declarations ("Scheduled Auto"), the provisions of Part D – Coverage For Damage To Your Auto apply except as modified herein:

LOSS SETTLEMENT

In the event of loss to a "Scheduled Auto" for which a specific premium charge indicates that Auto Agreed Value Coverage is afforded:

1. We will, subject to the applicable limit of liability shown in the Schedule or in the Declarations for this coverage:

a. Repair or replace the damaged or stolen property with like kind and quality if the amount necessary to repair or replace such property is equal to or less than the limit of liability shown in the Schedule or in the Declarations; or

b. Pay the amount shown in the Schedule or in the Declarations.

2. We may at our expense, return any stolen property to:

a. You; or

b. The address shown in the policy.

If we return stolen property we will pay for any damage resulting from the theft. We may keep all or part of the property at an agreed or appraised value.

LIMIT OF LIABILITY

Our payment for loss will be reduced by any applicable deductible shown in the Schedule or in the Declarations. The applicable limit of liability shown in the Schedule or in the Declarations for this coverage is our maximum limit of liability for loss to your "Scheduled Auto."

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPOLICY DEDUCTIBLE WAIVER

If you have a Personal Auto and Homeowners policy with Electric Insurance Company (The Company), the following shall apply:

We will apply only your homeowners policy deductible you have in effect with the Company at the time of the loss, if there is a single “occurrence” causing “property damage” covered by your auto and homeowners policies.

Each loss to your property is adjusted separately. You cannot collect more than the applicable limit of liability on any applicable policy.

All other policy provisions and exclusions apply.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS SETTLEMENT ENDORSEMENT
ORIGINAL EQUIPMENT MANUFACTURER PARTS

The following is added to the **LIMIT OF LIABILITY** provision of **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO**

Whenever readily available as determined by us, we will specify in our repair estimate the use of new parts furnished by or for an original equipment manufacturer to repair or replace the damaged parts of "your covered auto".

If new original equipment manufacturer parts are no longer produced or are otherwise not readily available, or upon your request, we may specify in the repair estimate:

A. New parts not made by or for the original equipment manufacturer; or

B. Reconditioned, refurbished, or salvage original equipment manufacturer parts, on our repair estimate.

EXCLUSIONS

This endorsement does not apply to:

A. "Custom equipment" in or upon "your covered auto";

B. Windshield glass, door glass;

C. Tires, fasteners, nuts, bolts, clips, hardware; and

D. Parts with a similar function to those set forth above, in or upon "your covered auto".

This provision terminates at the first policy renewal, where "your covered auto" reaches <<# Years>> years of age or <<Mileage>> miles, whichever is first.

Age is determined by subtracting "your covered auto" model year from the current year at the time of new business or renewal.

All other provisions of **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO** and the policy apply.

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State: District of Columbia **Filing Company:** Electric Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger Automobile
Project Name/Number: DC PAS Auto/

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Acknowledged - All proposed endorsements meet the required minimum flesch score of 40. Flesch scores have been added to the Form Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Mark-up Copies Showing Changes
Comments:	
Attachment(s):	Autodec01a 0509_Markup.pdf G10185 0619 Markup.pdf
Item Status:	
Status Date:	

PERSONAL AUTO POLICY

DECLARATIONS
POLICY NO.
6553393A1

October 17, 2018

Named Insured and Mailing Address:

[redacted]

FOR SERVICE CONTACT:
ELECTRIC INSURANCE COMPANY
75 SAM FONZO DRIVE, BEVERLY MA 01915
1-800-227-2757
TOLL FREE

MULTI POLICY DISCOUNT APPLIES
GE GROUP DISCOUNT OF 15% APPLIES

ELECTRIC SAFE DRIVER DISCOUNT
BRONZE 05 % APPLIES

THIS IS NOT A BILL

NEW POLICY

POLICY PERIOD: FROM: 10/17/18 TO: 10/17/19 12:01 A.M. Standard Time

DESCRIPTION OF AUTO(S) OR TRAILER(S)						PRINCIPAL PLACE OF GARAGING IS			
Co. use	Model Year	Make	Model	Mfg. Vehicle I.D. Number	Cost	Anti-Theft	Sym	Age	Class	City or Town
1 1	08	TOYOTA	CAMRY SEDAN	[redacted]		Y	12	829110	[redacted]

COVERAGE IS PROVIDED WHERE A PREMIUM CHARGE AND A LIMIT OF LIABILITY IS SHOWN BELOW FOR THE COVERAGE

COVERAGES - LIMITS OF LIABILITY - IN DOLLARS						K = Thousand; MM = Million			
PART A Liability		PART B	PART C	PART D Damage To Your Auto:		PART R	PART T	ENDORSEMENTS	
Bodily Injury	Property Damage	Medical Expenses	Uninsured Motorist	Collision	Other than Collision	Transportation Expense Coverage	Towing & Labor	No Fault	Other
Each Person/Accident	Each Accident	Each Person	Each Person/Accident	Actual Cash Value Minus Deductible Below		Per Day / Max. Loss	Per Disablemen		
250/500K	100 K	5,000	25/50K *	500	500	20/600			
PREMIUMS IN DOLLARS									
266.	85.	9.	57.	309.	120.	INCL.			
						TOTAL ANNUAL PREMIUM			846.00

*=INCLUDES UNDERINSURED MOTORISTS
* INCLUDES $25 K UMPD /$200 DED
CREDITS APPLIED: ANTI THEFT, MULTI POLICY, PASSIVE RESTRAINT, ANTI-LOCK BRAKE

OTHER ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUE
PP00010105,PP01640105,PP13011299,PP13060109,G104240912,PP23161013,
G104360214,PP23401015,PP04560116,PP03580105,PP05740694

This declarations page and endorsements form a part of your policy.

Rev. Date 05/90

ELECTRIC INSURANCE COMPANY

PERSONAL AUTO POLICY

RENEWAL AGREEMENT: If this is a Renewal Certificate (as indicated on the reverse side hereof) the following applies:

If you pay the premium shown on the reverse side of this agreement by the due date, we will extend your coverage for the policy period shown. The coverage extended will be that coverage for which a premium charge has been made and will be subject to all the terms of the policy so extended.

LOSS PAYABLE CLAUSE

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto." However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its Secretary and Vice President, but this policy shall not be valid unless countersigned on the face of this declarations by a duly authorized representative of this company.

Susan Pierce
Secretary

Gerald P. McCarthy
Vice President

PERSONAL AUTO POLICY
DECLARATIONS
continued

POLICY NO.
6553393A1

[redacted]

NEW POLICY **POLICY PERIOD: FROM:10/17/18 TO:10/17/19 12:01 A.M.** STANDARD TIME

LOSS PAYEE (NAME AND ADDRESS): APPLICABLE TO PART D. **SEE REVERSE FOR LOSS PAYEE CLAUSE.**

DRIVER INFORMATION

#	DRIVER NAME	Date of Birth	License Number	Date Licensed	Sex	Married	Good Student	Driver Training	100 Mile	Vehicle Driven
[redacted]		ON FILE	ON FILE	3/04	M	N	N	N	N	1

SURCHARGE INFORMATION

COUNTERSIGNED
(where necessary)

AUTHORIZED
REPRESENTATIVE Anita Pacheco

ELECTRIC INSURANCE COMPANY

PERSONAL AUTO POLICY

RENEWAL AGREEMENT: If this is a Renewal Certificate (as indicated on the reverse side hereof) the following applies:

If you pay the premium shown on the reverse side of this agreement by the due date, we will extend your coverage for the policy period shown. The coverage extended will be that coverage for which a premium charge has been made and will be subject to all the terms of the policy so extended.

LOSS PAYABLE CLAUSE

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto." However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its Secretary and Vice President, but this policy shall not be valid unless countersigned on the face of this declarations by a duly authorized representative of this company.

Susan Pierce
Secretary

Gerald P. McCarthy
Vice President

ELECTRIC INSURANCE COMPANY
75 Sam Fonzo Drive I Beverly, MA 01915
###.###.#### I ElectricInsurance.com

Automobile Policy Declarations Page

Your <<transaction type>> effective date is <<MM DD, YYYY>> 12:01 A.M. standard time

Total Premium for this policy period

Please review your insured vehicle(s) and verify their VINs (Vehicle Identification Number) are correct.

Vehicle(s) covered	VIN	Premium
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
<<YEAR>> <<MAKE>> <<MODEL>>	<<VIN>>	$<<XX.XX>>
Total Premium		**$<<X,XXX.XX>>**
Taxes & Fees		**$<<X,XXX.XX>>**
Total Cost		**$<<X,XXX.XX>>**

Discounts applied to your policy (included in your total premium)

<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>
<<Policy level discount>>

Discounts per vehicle (included in your total premium)

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

<<YEAR>> <<MAKE>> <<MODEL>>

<<Vehicle level discount >>
<<Vehicle level discount >>
<<Vehicle level discount >>

Information as of <<MM, DD, YYYY>>

Summary

Named Insured(s):

<<First Named Insured>>

<<Second Named Insured>>

Mailing Address:

<<ADDRESS LINE 1>>

<<ADDRESS LINE 2>>

<<CITY>>, <<STATE>> <<ZIP>>

Policy Number:

<<1234567A1>>

Your policy provided by:

Electric Insurance Company®
Underwriting Department
75 Sam Fonzo Drive
Beverly, MA 01915

<<POLICY TYPE>> policy period

Beginning <<**POLICY START DATE**>> through <<**POLICY END DATE**>> 12:01 A.M. standard time

Your agency is:

<<**AGENCY NAME**>>

<<AGENCY ADDRESS LINE 1>>

<<AGENCY ADDRESS LINE 2>>

<CITY/TOWN>>, <<STATE>> <<ZIP>>

<<AGENCY PHONE NUMBER>>

Some or all of the information on your Policy Declarations Page is used in rating your policy and it may affect your eligibility for certain coverages. Please notify us immediately if you believe that any information listed is incorrect.

We will make corrections once you have notified us. Any resulting rate adjustments will be made only for the current or future policy periods. We are unable to make changes to past policy periods. Please notify us immediately if you believe any coverages are not listed or are inaccurately listed.

Surcharges (included in your total premium)

Incident Date	Driver Name	Loss Type
<<05.23.2016>>	<<James Doe>>	<<At-Fault>>
<<07.12.2017>>	<<Jane Doe>>	<<Comprehensive – Theft or vandalism>>

Drivers listed on your policy*

DRIVER NAME	DATE OF BIRTH	GENDER	MARRIED	DATE FIRST LICENSED IN U.S.	LICENSE #	LICENSE STATE
<<DRIVER NAME 1>>	<<ON FILE>>	<<M/F/X>>	<<value>>	<<MM/DD/YY>>	<<S25715241>>	<<AZ>>
<<DRIVER NAME 2>>	<<ON FILE>>					
<<DRIVER NAME 3>>	<<ON FILE>>					
<<DRIVER NAME 4>>	<<ON FILE>>					
<<DRIVER NAME 5>>	<<ON FILE>>					
<<DRIVER NAME 6>>	<<ON FILE>>					

**Please include all drivers living in your household (even if temporarily away from home) or guests staying in your home for more than 90 days. It is essential to include all household drivers to ensure adequate coverage in the event of a loss. Even if you have purchased coverage for your insured auto (for example, Auto Collision coverage), there are circumstances in which a loss to that auto (or an attached trailer) may not be covered by this policy simply because the auto was being operated by one of those unlisted drivers at the time of the loss. Details regarding this, and details regarding your policy's exclusion of any drivers listed below, can be found in your policy documents.*

Additional Driver Information (If applicable, attributes applied to individual drivers will be listed under their name. These are included in your total premium)

<<DRIVER NAME 1>>	<<DRIVER NAME 2>>	<<DRIVER NAME 3>>
<<Good Student Discount>>	<<Good Student Discount>>	<<Good Student Discount>>
<<Driver Training Discount>>	<<Driver Training Discount>>	<<Driver Training Discount>>
<<100 Mile Discount>>	<<100 Mile Discount>>	<<100 Mile Discount>>

Drivers excluded from your policy

<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>
<<EXCLUDED DRIVER NAME>>

Coverage detail for << VEHICLE YEAR>> <<MAKE>> <<MODEL>>

VIN: <<##################>>

Rating Information: <<Use>>, <<Cost>>, <<Age>>, <<Anti-theft>>, <<Symbol>>, <<Class>>, <<Garaging>>

Coverage	Limits	Deductible	Premium
Bodily Injury Liability – Each Person/Accident	<<$250,000/500,000>>	N/A	$<<XX.XX>>
Property Damage Liability– Each Accident	<<$50,000>>	N/A	$<<XX.XX>>
Medical Payments – Each Person	<<$5,000>>	N/A	$<<XX.XX>>
Underinsured Motorist – Bodily Injury Each Person/Accident	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Underinsured Motorist – Property Damage>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Uninsured Motorist – Bodily Injury>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Uninsured Motorist – Property Damage>>:	<<$250,000/$500,000>>	N/A	$<<XX.XX>>
Personal Injury Protection			$<<XX.XX>>
Personal Injury Protection- Medical Expense	<<$250,000/$500,000>>	N/A	
Personal Injury Protection- Work Loss	<<$250,000/$500,000>>	N/A	
Personal Injury Protection- Funeral Expense	<<Reject this coverage>>	N/A	
Collision – Actual Cash Value Minus Deductible Shown	N/A	<<X,XXX>>	$<<XX.XX>>
Other Than Collision - Actual Cash Value Minus Deductible Shown	N/A	<<X,XXX>>	$<<XX.XX>>
Transportation Expense Coverage – Per Day/Max Loss	<<20/600>>	N/A	$<<XX.XX>>
Towing & Labor – Per Disablement	<<50>>	N/A	$<<XX.XX>>
<<Glass Coverage>>	<<N/A>>	<<$50>>	<<Included in Other Than Collision>>
<<Loan/Lease Coverage>>	<<N/A>>	<<N/A>>	<<Included in Other Than Collision>>
<<Custom Equipment Coverage>>	<<1,000>>	N/A	<<Included in Other Than Collision>>
Total premium for <<VEHICLE YEAR>> <<MAKE>> <<MODEL>>			**$<<XX.XX>>**

<<Additional Coverages>>

<<The following policy coverages are also provided>>

<<Coverage>>	<<Limits>>

Additional Interest Information

<<Vehicle Year, Make, Model>> <<Additional Interest Name>> <<Interest Type>> <<Interest Address>>

<<Joint Owner Endorsement – Vehicle(s) listed below contain the Joint Owner Endorsement>>

<<Year>> <<Make>> <<Model>>

<<2007>> <<Ford>> <<Escort>>

<<State>> required communications

Here is some additional, helpful information related to your coverage and paying your bill.

<<State Specific Text>>

<<Important payment and coverage information>>

<<Payment info to appear here for future>

Your policy documents

Your <<policy type>> policy consists of this Policy Declarations Page and the documents in the following list. Please keep these together.

<<PP00010105 Personal Auto Policy>>
<<PP01740716 Amendment of Policy Provisions Illinois>>
<<PP13011299 Coverage for Damage to Your Auto Exclusion Endorsement>>
<<G104360214 Signature Claims Service Guarantee Amendatory Endorsement>>
<<PP13290109 Custom Equipment Coverage Endorsement Illinois>>
<<PP23161013 Personal Vehicle Sharing Program Exclusion Endorsement>>
<<PP03030486 Public or Livery Conveyance Exclusion Endorsement>>
<<PP23401015 Towing and Labor Costs Coverage>>
<<PP04470716 Underinsured Motorists Coverage Illinois>>

Renewal Agreement: If this is a Renewal Certificate (as indicated on page one) the following applies:

If you pay the premium shown on the reverse side of this agreement by the due date, we will extend your coverage for the policy period shown. The coverage extended will be that coverage for which a premium charge has been made and will be subject to all the terms of the policy so extended.

Loss Payable Clause

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto." However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

<<Company's name>>'s President and Secretary have signed this policy with legal authority at Beverly, Massachusetts.

<<Authorized Signature 1 graphic>>

<<Authorized Signature Print Name 1 graphic>>
President

<<Authorized Signature 2 graphic>>

<<Authorized Signature Print Name 2 graphic>>
Secretary

<<Authorized Representative Signature graphic>>

<<Authorized Representative Print Name>>
Authorized Representative