## **SAMPLE POLICY DECLARATIONS**



## POLICY DECLARATIONS

## - AMEND RENEWAL **AMEND - POLICY CHANGE**

## American International Companies®

Insurance Provided by Members of American International Group, Inc.

Account:

Policy Number:

Insurer: American International South Ins. Company

The Policy Period Begins and Ends at 12:01 A.M.

Standard Time From

Effective Date of Change: 11/01/07

Named Insured

**Customer Service Center:** 

AMERICAN INTERNATIONAL COS. ONE AIG CENTER P.O. BOX 15510 WILMINGTON, DE 19850-5510

POLICY SERVICE: To make a change to your policy call 1-800-672-9569

CLAIMS: Call anytime to report an accident or loss 1-800-433-8880

ST: 37 CO: 0009 ACCT:

DESCRIPTION OF		WATE	CONTRACTO	A T PTY ACT
DESCRIPTION	()r	YUNK	LLIVERED	AUTORSE

AUTO TERR SYMBOL AGE YR MAKE-MODEL SERIAL NUMBER

CLASS 885250

8 1313

COVERAGE	OVERAGE LIMITS OF LIABILITY			AUTO 1	
Bodily Injury	Limited Tort \$300,000/ \$300,000 Per Per	rson/Accident	\$	67.51	
Property Damage	\$100,000 Per Accident		\$	81.98	
Added First Party Benefits	•		\$	35.10	
Medical Expenses	\$10,000 Per Person				Because this driver
Work Loss	\$5,000 subject to max. of \$1	,000 per month			opted for "Limited
Funeral Expenses					Tort", he has
Accidental Death	\$25,000 Per Person				limited his chances
Uninsured Motorist Bodily Injury	Without Stacking, Limited Tor \$300,000/ \$300,000 Per Per				of collecting UM & UIM benefits that
	Without Stacking, Limited Tor \$300,000/ \$300,000 Per Per		\$	28.33	he paid for!
Comprehensive Deductible AUTO#1 \$100			\$	32.13	
Collision Deductible AUTO#1 \$500			\$	130.83	
Towing & Labor Per Disablement AUTO#1 \$50			\$	2.61	
	Tot	al Premium Per	Auto \$	392.89	·····

COVERAGE IS ONLY PROVIDED WHERE A SPECIFIC PREMIUM CHARGE IS SHOWN

\*\*\* THIS IS NOT A BILL \*\*\*

TOTAL FULL TERM PREMIUM

392.89

THIS IS YOUR REVISED DECLARATION OF COVERAGES WHICH REPLECTS A RECENT CHANGE TO YOUR COVERAGES AND/OR PREMIUM.

Authorized Company Representative (where required)