

Sample Auto Insurance Declarations Page

Below is a sample auto insurance Declarations page (“Dec page”) with the uninsured motorist policy limits that we recommend: \$250,000 per person, \$500,000 per accident. You can see that the premium for this uninsured motorist coverage represents only 11% of the total premium. It’s a wise investment because you need to protect yourself and your family from the uninsured (and underinsured) drivers on the road who cause car accidents.

Good to know: Your uninsured/underinsured motorist coverage will also cover you and your children if you or your children are hit by an uninsured or underinsured driver while you or your child is riding a bicycle or walking.



FARMERS®

Company name:

MID-CENTURY INSURANCE COMPANY, LOS ANGELES, CALIFORNIA
A STOCK INSURANCE COMPANY, HEREIN CALLED THE COMPANY

DECLARATIONS

Transaction type: OFFER OF RENEWAL

The Policy Period is effective as shown below and after the time for which applied. The policy may be renewed for an additional policy term, as specified in the renewal offer, each time the Company offers to renew by sending a bill for the required renewal premium, and the insured pays said premium in advance of the respective renewal date. The policy is issued in reliance upon the statements in the Declarations. We provide insurance only for those coverages indicated by a specific limit, deductible or other notation and for which a premium for the coverage is shown.

Insured's name and address:		Policy number:
		Policy edition:
		Effective date:
		Expiration date:
		Expiration time:
Issuing office:	Agent:	
	Agent no:	Agent phone:

Description of vehicle

Veh.	Year	Make	Model	Vehicle Identification Number	Rating Points Citations/Accidents		
					MAJOR	MINOR	ACCIDENTS
1	2004	HONDA	ODYSSEY VAN EX-L NAVI		0	0	0

COVERAGES

PREMIUMS

Coverage	Limits/Deductible		Vehicle 1		
Liability	Each Person	Each Occurrence			
Bodily Injury	\$ 250,000	\$ 500,000	\$ 309.60		
Property Damage		\$ 100,000	INCLUDED		
UNINSURED MOTORIST	Each Person	Each Occurrence			
Bodily Injury	\$ 250,000	\$ 500,000	\$ 63.50		
Property Damage			INCLUDED		
Medical/No-Fault	\$ 5,000		\$ 33.70		
	Vehicle 1	\$1,000 DEDUCTIBLE	\$ 32.20		
Comprehensive Deductible					
	Vehicle 1	\$1,000 DEDUCTIBLE	\$ 128.40		
Collision Deductible					
Towing			NOT COVERED		
Other			NOT COVERED		
Additional Equipment	Vehicle 1	\$ 1,000	\$ 0.00		
Total Premium	\$ 567.40	Premium Per Vehicle	\$ 567.40		
Total Fees for this Transaction	\$ 0.90	Fees Per Vehicle	\$ 0.90		

Countersignature

Authorized Representative