



California State Automobile Association
Inter-Insurance Bureau

150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186

Automobile Policy Declarations

PLEASE KEEP WITH YOUR POLICY.
SEE IMPORTANT NOTICE ON REVERSE.

FOR QUESTIONS OR CHANGES CALL: 1-800-922-8228

Example

1. Name and Address of Insured



POLICY INFORMATION	Declarations Type	Page
	Renewal Certificate	1 of 1
	Policy Type	Process Date
	Member	11-12-2003
	Policy Number	Insured Since
	5F-44-91-7	1978
	From	To
YOUR POLICY PERIOD	12-26-2003	12-26-2004
1201 A.M. Standard Time at the address of the Named Insured as stated herein.		

Alternate Address	Occupation	Alternate Number	Telephone Number

Item	Make	Model Yr.	Body Type	Vehicle Identification Number
04	VOLK	1998	4D SED	WVWMA63B9WE427011
05	TOYOT	2002	VAN	4T3ZF13CX2U478314

DRIVER(S)	Name Driver License No.
Drivers do not necessarily correspond to principally operated vehicles.	

COVERAGE	LIABILITY LIMITS		Item 04		Item 05		Item		Item	
	Each Person	Each Occurrence	Deduct.	Premium	Deduct.	Premium	Deduct.	Premium	Deduct.	Premium
Badly Injured	100,000	300,000								
Medical Payments	25,000									
Uninsured Motorists	100,000	300,000								
Property Damage		50,000								
Comprehensive	Actual Cash Value Less Deductible		100		100					
Collision	Actual Cash Value Less Deductible		250		250					
All Risks	Actual Cash Value Less Deductible		No Coverage		No Coverage					
TOTAL PREMIUM PER VEHICLE										

Automobile Death Benefits	EXPLANATION OF LIMIT CODES A-\$15,000 first named insured. B-\$15,000 each first named insured and spouse.	C-\$15,000 each additional named insured shown on endorsement F329.	Limit Code	Premium
			B	\$8

Premium Summary	CA Surcharge:	\$0.00
<i>This is not a bill.</i>	Savings Dividend:	
	Annual Premium:	\$

Schedule of Changes

Enhanced Transportation Expense Coverage: Item(s) 04, 05.
DISCOUNTS: Mature Driver: None.
Good Driver: Item(s) 04, 05.
Multi Car: Item(s) 04, 05.

Item	Item
Item	Item

