

1Texas Certificate of Insurance

Policy No.:

TX99999999X-99

Policy Period

From 99/99/9999 99:99 X.M.

To

99/99/9999 99:99 X.M.

Standard time at the address of the named insured as stated herein.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, terms, exclusions, conditions or other provisions afforded by the policies referenced herein.

JOHN M DOE 123 MAIN ST APT ABC ANYTOWN TX 99999

2VEH	# YEAR	MAKE	MODEL	BODY TYPE	SERIAL NUMBER
1	9999	XXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXXXXXXXXXXXXX
2	9999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXXXXXXXXXXXX
3	9999	XXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXX	XXXXXXXXXXXXXXXX
4	9999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXX	XXXXXXXXXXXXXXXXX

COVERAGES
BODILY INJURY LIABILITY

PROPERTY DAMAGE LIABILITY
EXCESS MEDICAL EXPENSE
PERSONAL INJURY PROTECTION
UNINSURED/UNDERINSURED MOTORIST BODILY INJURY

UNINSURED/UNDERINSURED MOTORIST PROPERTY DAMAGE LESS \$999 DEDUCTIBLE

TOWING AND LABOR - PER DISABLEMENT MAXIMUM OF 9 PHYSICAL DAMAGE

COMPREHENSIVE - ACTUAL CASH VALUE LESS DEDUCTIBLE COLLISION - ACTUAL CASH VALUE LESS DEDUCTIBLE RENTAL REIMBURSEMENT - PER DAY NOT TO EXCEED 99 DAYS ACCIDENTAL DEATH BENEFIT

LIMITS OF LIABILITY

\$99,999 EACH PERSON/ \$99,999 EACH ACCIDENT \$99,999 EACH ACCIDENT \$9,999 EACH ACCIDENT \$9,999 EACH PERSON/ \$99,999 EACH PERSON/ \$99,999 EACH ACCIDENT

\$99,999 EACH ACCIDENT
VEH 1 VEH 2 VEH 3 VEH 4

[The following is only printed when applicable.]

ADDITIONAL DRIVERS: JANE M DOE, JENNIFER M DOE, JAMES M DOE, JULIE M DOE

EXCLUDED DRIVERS: (FIRST, MIDDLE, LAST NAME)

LIENHOLDERS/ADDITIONAL INTERESTS:

XYZ BANK PO BOX ###### LIENHOLDERCITY TX 99999 XYZ BANK PO BOX ###### LIENHOLDERCITY TX 99999 XYZ BANK PO BOX ###### LIENHOLDERCITY TX 99999 XYZ BANK PO BOX ###### LIENHOLDERCITY TX 99999

Underwriting Company:

Safe Auto Insurance Company

4 Easton Oval

Columbus, Ohio 43213

(614) 231-0200 NAIC # 25405 AUSTIN, TEXAS
APPROVED
NOV 0 5 2013

Com	pany	/Re	presentative	