

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PERSONAL AUTO POLICY**  
**AutoXtended® PREMIER COVERAGES ENDORSEMENT**

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

In the event of loss or damage that exceeds the limits shown in this endorsement, if there are duplicate coverages or limits that are provided under your auto or homeowners policy, these limits may be added together,

**I. Definitions**

The following definitions are added with respect to this endorsement only.

**A. "Custom equipment"** means equipment, furnishings or parts in or upon any auto, other than:

1. Original manufacturer equipment, furnishings or parts; or
2. Any replacement of original manufacturer equipment, furnishings or parts with other equipment, furnishings or parts of like kind and quality.

"Custom equipment" includes but is not limited to:

1. Special carpeting or insulation;
2. Furniture or bars;
3. Height-extending roofs;
4. Body, engine, exhaust or suspension enhancers;
5. Winches, or anti-roll or anti-sway bars;
6. Custom grilles, louvers, side pipes, hood scoops or spoilers;
7. Custom wheels, tires or spinners;
8. Custom chrome, murals, paintwork, decals or other graphics; or
9. Caps, covers or bedliners.

"Custom equipment" does not include electronic equipment that reproduces, receives or transmits audio, visual or data signals.

**B. "Insured"** means

1. You or any "family member" for the ownership, maintenance, or use of any auto or "trailer".
2. Any person using "your covered auto" except the use by any person without the reasonable belief that the person is entitled to do so.

**C. "Family member"** means a person related to you by blood, marriage, or adoption who

is a resident of your household. This includes a ward or foster child.

**D. "Non-owned auto"** means:

1. Any private passenger auto, pickup, van, or "trailer" not owned by you or any "family member"; or
2. Any auto or "trailer" you do not own while used as a temporary substitute for "your covered auto" which is out of normal use because of its:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. Loss; or
  - e. Destruction.

Other words in quotation marks are defined in the policy.

**II. Part A – Liability Coverage**

**A. Supplementary Payments**

**A. Provision 1** is replaced by the following:

We will pay on behalf of an "insured":

1. Up to \$500 for the cost of bail bonds required because of an accident, including related traffic law violations. The accident must result in "bodily injury" or "property damage" covered under this policy.

**B. Provisions 6. and 7. are added:**

6. Expenses incurred by an "insured" for first aid to others at the time of an accident involving an auto or "trailer" to which the Liability Coverage applies. However, any payment under this provision will reduce any amount that person is entitled to recover under the Liability and Medical Payments Coverages.

7. Reasonable expenses for attorney's fee, not in excess of \$200, incurred by you in the event of your arrest as a result of an accident causing bodily injury to any person.

10. Loss to any "custom equipment" in or upon "your covered auto" or any "non-owned auto".

This Exclusion (10.) does not apply to the first \$1,500 of "custom equipment" in or upon "your covered auto" or any "non-owned auto".

### III. Part D – Coverage For Damage To Your Auto

#### A. The following is added to Insuring Agreement paragraph A:

The deductible amount shall not apply:

1. To loss caused by a "collision" of "your covered auto" or any "non-owned auto", with another auto insured by us; or
2. To loss caused by a "collision" of "your covered auto" or any "non-owned auto", with another auto not insured by us provided:
  - a. The loss to "your covered auto" or any "non-owned auto" exceeds the deductible amount; and
  - b. The operator of such other auto has been positively identified; and
  - c. The operator of such other auto is, in our judgment, solely at fault for the loss to "your covered auto" or any "non-owned auto"; and
  - d. No statute is applicable at the time of the accident which relieves the operator of such other auto of tort liability or in any other manner impairs the subrogation right of us.
3. To loss caused by other than "collision" if the Declarations indicate that Other Than "Collision" Coverage is provided for that auto and:
  - a. The loss for which this endorsement applies:
    1. Is declared a total loss by us; and
    2. The loss is payable under Other Than "Collision" Coverage.
  - b. The damage is caused by an "uninsured motorists", and the Declarations indicates that uninsured motorists property damage is provided for that auto. The damage must be caused by an accident arising out of actual physical contact with "your covered auto."

#### B. Exclusions

Exclusion 10. Is replaced by the following:  
We will not pay for:

#### C. Limit Of Liability

The Limit Of Liability Section A. is replaced by the following:

##### A. Our limit of liability for loss will be the lesser of the:

1. Actual cash value of the stolen or damaged property; or
2. Amount necessary to repair or replace the property with other property of like kind and quality.

However, the most we will pay for loss to:

1. Any "non-owned auto" which is a trailer is \$1500.
2. Electronic equipment that reproduces, receives or transmits audio, visual or data signals, which is permanently installed in the auto in locations not used by the auto manufacturer for installation of such equipment, is \$1,500.
3. "Custom equipment" in or upon "your covered auto" or any "non-owned auto" is \$1,500. This is in addition to any coverage provided under any other forms or endorsements.

#### D. Personal Effects

The Personal Effects Provision is added to Part D:

We will pay for loss by fire or lightning to wearing apparel and other personal effects, which are the property of you or a "family member", while such effects are in or upon "your covered auto" or any "non-owned auto." The limit our liability for loss to personal effects arising out of any one accident is \$500.

### IV. Additional Coverages

No deductible will be applied to the coverages contained in this Section regardless of the limits afforded. However, we will not pay more than the actual amount of damages.

#### A. Pet Coverage

We will pay up to \$750 death benefit or for reasonable and customary veterinary bills,

whichever is less, for bodily injury or death to an owned pet dog or owned pet cat caused directly by an accident involving "your covered auto" or any "non-owned auto". The injury or death of the owned pet dog or owned pet cat must take place while in or upon "your covered auto" or any "non-owned" auto. The \$750 is the maximum payment regardless of the number of pets injured/expired in any one accident.

**B. Cellular Phone Coverage**

We will pay for direct physical loss or damage to your cell phone or other portable personal communication device which allows voice transmission which is in or upon "your covered auto" or any "non-owned auto" and is:

1. Owned by you; or
2. Owned by any "family member."

Any type of computers such as, but not limited to:

1. Laptop;
2. Desktop computers;
3. Global Positioning Systems (GPS); or
4. Similar devices

are not considered to be covered under this provision.

We will pay no more than the following:

1. Replacement cost at the time of loss without deduction for depreciation;
2. The full cost of repair at the time of loss; or
3. \$1,000

Duplicate payments will not be made for the same elements of loss.

**C. Global Positioning Systems Coverage**

We will pay for direct physical loss or damage to your Global Positioning System (GPS) device which is not permanently installed, which is located in or upon "your covered auto", at the time of the loss and is:

1. Owned by you; or
2. Owned by any "family member".

We will pay no more than the following:

1. Replacement cost at the time of loss without deduction for depreciation;
2. The full cost of repair at the time of loss; or
3. \$1,000

Duplicate payments will not be made for the

same elements of loss. No deductible applies to this coverage.

**D. Rented Vehicle Coverage**

This coverage is subject to all the provisions of your policy except as changed by this provision. When there is a direct and accidental loss or damage to a "non-owned auto" that you or any "family member" rent for less than 90 consecutive days, we will provide coverage for any damage or loss to the "non-owned auto" that you rent including its equipment and actual loss of use and other reasonable costs or expenses, including loss to a rented vehicle due to diminution in value, resulting from the damage or loss. If this coverage applies, Endorsement - Coverage for Damage to Your Auto Exclusion (Exclusion of Diminution in Value) or any other endorsement that may void this provision, is not applicable. Duplicate payments will not be made for the same elements of loss. This coverage is not contingent upon "Collision" or Other Than "Collision" coverage being provided for "your covered auto."

**E. Increased Transportation Expenses Coverage**

The limit of coverage for **Transportation Expenses** provided under **D** of this policy is increased by \$20 per day, up to an additional \$600 maximum, in the event of a covered loss to "your covered auto". This is in addition to any transportation expenses provided under any other forms or endorsements. All other provisions of Part **D, Transportation Expenses**, hereby apply.

**F. Locksmith Services Electronic Key, and Key Replacement Coverage**

We will pay up to \$500 for:

1. Necessary locksmith services; and
2. Replacement of electronic keys or electronic remote controls

that are used to gain entry to "your covered auto" or "non-owned auto" if such items have been lost or stolen. Duplicate payment will not be made for the same elements of loss. This coverage is not contingent upon "Collision" or Other Than "Collision" coverage being provided for "your covered auto".

**G. Emergency Travel Expense Coverage**

We will pay up to \$600 for "Emergency Travel Expense" incurred because of:

1. Direct and accidental loss to "your covered auto"; or
2. A mechanical or electrical breakdown of "your covered auto" that occurs more than 100 miles from your legal residence.

This coverage applies only if:

1. The loss to, or mechanical or electrical breakdown of "your covered auto" occurs more than 100 miles from home; and
2. The "your covered auto" is withdrawn from use for at least 24 hours, provided the loss is covered under the policy.

**"Emergency Travel Expense"** means:

1. Lodging, including meals, and/or transportation back to your legal residence.
2. Returning "your covered auto" to its garage location unless we declare it a total loss.

Our limit of liability in regards to this coverage will be limited to the period of time required to resume travel under the planned itinerary; or return to your legal residence.

No duplicate payments will be made for the same loss under this coverage or any part of coverage provided in part D of the policy.

#### **H. Emergency Ambulance Expense**

##### **Coverage**

We will pay up to \$25,000 for emergency ambulance service, or any other necessary means of transportation, as directed by professional medical emergency personnel for transportation to a hospital because of "bodily injury" sustained by you or "family members" and caused directly by an accident involving a motor vehicle designed for use mainly on public roads or a trailer of any type.

#### **I. Total Disability – Wage Loss Coverage**

We will pay the "insured" up to \$200 per week, up to 52 weeks, for actual lost wages during the "insured's" "continuous total disability" because of "bodily injury" sustained by the "insured" and caused directly by an accident involving a motor

vehicle designed for use mainly on public roads or a trailer of any type.

**"Continuous Total Disability"** means:

1. The continuous total disability means disability that begins within 20 days of the accident; and
2. Prevents the "insured" from performing every duty of the "insured's" full-time, wage-earning occupation or employment as determined by a licensed physician.

This coverage applies only if actual lost wages are sustained because of inability to work. If there are other sources of recovery for wage loss benefits, this coverage will be excess.

#### **J. Death Indemnity Coverage**

We will pay \$50,000 per insured subject to a maximum of \$100,000 per accident in the event of death of the "insured" to the:

1. Surviving spouse or a party who has entered into a civil union with the named insured as recognized under Illinois Law (Applicable in Illinois only), if a resident of the same household at the time of the accident;
2. Parent, if:
  - a. A resident of the same household at the time of the accident;
  - b. There is no surviving spouse or a party who has entered into a civil union with the named insured as recognized under Illinois Law (Applicable in Illinois only), ; and
  - c. The "insured" was a minor.
3. "Insured's" estate, if 1. and 2. above are not applicable.

because of "bodily injury" sustained by the "insured" and caused directly by an accident involving a motor vehicle designed for use mainly on public roads or a trailer of any type.

This benefit supersedes, and is not in addition to, any other death benefit endorsed on the policy except that this benefit will be excess of any death benefit provided or endorsed on the policy in accordance with requirements of law.