

# ASSURANCE PREMIER ENDORSEMENT

This endorsement changes your policy. Please read it carefully.

The terms of the policy apply unless modified by this endorsement. This endorsement applies only when it is listed in the **Declarations**.

## Part D: Coverage for Damage to Your Auto

The following provisions are added:

### DEDUCTIBLE DOLLARS

#### A. Earning Credits

##### Initial Policy Term

If this is the first policy term for which this endorsement is included on your policy, **your** earned credit is \$50 as of the effective date of this policy term.

##### Subsequent Policy Terms

For subsequent policy terms, your earned credit is shown on the **Declarations**. **Your** earned credit includes any credit that this policy earned in prior terms that you did not use or lose. When this policy term expires, **you** will earn a \$50 credit if **you** have not had a covered Collision claim during the twelve months ending on the Issue Date of the original **Declarations** for this policy term and this endorsement remains on **your** policy. The \$50 credit will be added to **your** other earned credits, if any.

#### B. Losing Credits

This endorsement must be included on **your** policy at all times to maintain **your** credits. **You** will forfeit any previously earned credits if and when **you** no longer have this endorsement on this policy.

#### C. Using Credits

**We** will only apply **your** earned credit if **you** have a covered Collision claim during the term of this policy. **We** will do so only if the amount of **your loss** exceeds the amount of **your** Collision deductible (as shown on the **Declarations**). **We** will apply up to \$250 of your earned credit to reduce and offset the amount that **you** would otherwise be required to pay toward satisfying **your** Collision deductible. **We** will subtract from **your** earned credit the amount that **you** use to satisfy **your** deductible.

#### D. Unused Credits

Unused Deductible Dollars credits may not be surrendered, exchanged or transferred and have no cash value.

### NEW CAR REPLACEMENT COVERAGE PLUS ONE CAR REPLACEMENT COVERAGE LOAN/LEASE GAP COVERAGE

In the event of a total **loss** to **your auto**, **our** maximum limit of liability is the highest of these coverages, as follows:

1. Based on the age of **your auto**, either New Car Replacement or Plus One Car Replacement Coverage; or
2. Loan/Lease Gap Coverage

In no case will New Car Replacement Coverage or Plus One Car Replacement Coverage and Loan/Lease Gap coverage apply to the same **loss**.

#### A. New Car Replacement Coverage

This coverage changes the amount **we** will pay **you** under Comprehensive or Collision coverages for a total **loss** to **your auto**. **We** will pay to replace **your auto**, provided:

1. **You** are the original **owner** of **your auto**;
2. **Your auto** is not leased or rented;
3. **Your auto** is not a substitute or **non-owned auto**;
4. **Your auto** is not a motorcycle, motor home, trailer or antique vehicle;
5. **We** deem **your auto** to be a total **loss**.
6. The **loss** occurs during a policy period that began any time during a calendar year in which **your auto** was two model years old or less; and

7. The **Declarations** indicate that Collision and/or Comprehensive coverage applies to **your auto** at the time of the **loss**.

### Amount We Will Pay

We will pay the cost of a new **auto**, which:

1. is the same make, model, and model year as **your auto**, and
2. has a similar body style and similar additional equipment as **your auto**.

If the same model year is not available, **we** will use the earliest model year available, but not earlier than the model year of **your auto**.

If the same make and model with the same equipment is not available, **we** will pay **you** the price **you** paid for your **auto**, increased at an annual rate of 4%.

Our payment will be reduced by:

1. **your** applicable deductible;
2. any dealer rebates or cash-back incentives;
3. the cost to repair any unrepaired damage that occurred before the **loss**.

We may, at our discretion, either pay **you** this amount or pay to replace **your auto** with such a new one.

### B. Plus One Car Replacement

This coverage changes the amount **we** will pay **you** under Comprehensive or Collision coverages for a total **loss** to **your auto**.

We will pay to replace **your auto**, provided:

1. **You** are the original **owner** of **your auto**;
2. **Your auto** is not leased or rented;
3. **Your auto** is not a substitute or **non-owned auto**;
4. **Your auto** is not a motorcycle, motor home, trailer or antique vehicle;
5. **We** deem **your auto** to be a total **loss**.
6. The **loss** occurs during a policy period that began any time during a calendar year in which **your auto** was more than two model years old; and
7. The **Declarations** indicate that Collision and/or Comprehensive coverage applies to **your auto** at the time of the **loss**.

We will pay, less the deductible, the cost of an **auto** one model year newer, which:

- i. is the same make and model as **your auto**, and
- ii. has a similar body style and similar additional equipment as **your auto**.

We may, at our discretion, either pay **you** this amount or pay to replace **your auto** with such a newer one.

### Conditions – Plus One Car Replacement

The most **we** will pay under this Plus One Car Replacement Coverage, in addition to the amount **we** pay **you** under Collision or Comprehensive for the same **loss**, is 30% of the Actual Cash Value of **your auto** at the time of **loss**. Mileage used in calculating Actual Cash Value for the purpose of this coverage will be determined by deducting 15,000 miles from the actual mileage shown on the odometer of **your auto**.

### C. Loan/Lease Gap Coverage

If the **auto** is a total **loss** under Collision or Comprehensive, **we** will pay any unpaid amount due on a lease or loan for that **auto** less:

1. any payment(s) under Part D of the policy; and
2. any:
  - a. unpaid finance charges or refunds due to **you** for such charges;
  - b. excess mileage charges or charges for wear and tear;
  - c. charges for extended warranties or refunds due to **you** for extended warranties;
  - d. charges for credit insurance or refunds due to **you** for credit insurance;
  - e. past due payments and charges for past due payments;
  - f. carry-over balances from previous loans or leases; and
  - g. collection or repossession expenses.

However, **our** maximum limit of liability under this endorsement will not exceed 25% of the actual cash value of the **auto**.

### **Other Sources of Recovery**

This coverage shall be excess over any other collectible source of recovery that may apply.

## **ROADSIDE ASSISTANCE PROGRAM**

The following is a description of the coverage and limitations of **our** Roadside Assistance Program, which is applicable to the **autos** listed in the **Declarations**:

### **Conditions- Roadside Assistance Program**

If **you** pay for any of these services without contacting the vendor at the toll free number provided in **your** policy package, **we** will reimburse expenses up to a maximum limit of \$75.

### **Towing**

If **your auto** is disabled, it will be towed to any repair facility of **your** choice within 25 miles. If there is no repair facility within 25 miles, then it will be towed to the closest repair facility. This coverage is limited to no more than 6 occurrences in any 12 month period.

### **Flat Tire**

**Your** flat tire will be replaced with **your** spare at the place of disablement.

### **Locked Out Service**

Assistance will be provided by a locksmith if **you** need help opening the doors of **your auto**.

### **Emergency Fluid Delivery**

Emergency fluids will be delivered to **you** as needed to get **your auto** back on the road. Water and up to two gallons of gas are included. Other fluids are provided at an additional cost. Delivery of gas is limited to 4 times in any 12 month period.

### **Battery Service**

Emergency jump-starts will be provided if **your auto** has a dead battery.

### **Concierge Service**

In the event of a breakdown, concierge service will assist **you** with travel arrangements and related services. **You** will be responsible for payment directly to the service provider for any services arranged by the concierge.

## **ADDITIONAL TOWING AND LABOR COVERAGE**

- A. **We** will reimburse **you** up to a maximum of \$50 per disablement for the following expenses each time a **covered auto** or **non-owned auto** is disabled:
  1. Towing of the **covered auto** or **non-owned auto**; and
  2. Reasonable labor costs for necessary service at the place where the **covered auto** or **non-owned auto** is disabled.
- B. **We** will not pay for:
  1. Labor performed anywhere other than at the place of disablement;
  2. A tow if the **auto** is not disabled; or
  3. More than one tow per disablement.
- C. Any amount payable under this coverage is payable in excess of the coverage provided by the Roadside Assistance Program described above.
- D. **You** must give **us** written verifiable proof of towing and/or labor charges incurred.
- E. This coverage is subject to the Towing and Labor Exclusions section of the Policy.

## **ACCIDENTAL DISCHARGE OF AIRBAG COVERAGE**

**We** will pay up to \$500 for the cost to repair or replace a safety airbag in **your auto** that accidentally discharges not as a result of a covered Collision or Comprehensive **loss**. No deductible applies to this coverage. **You** may be entitled by other insurance or warranty to receive the cost to repair or replace the airbag. If so, **we** will pay only the cost up to \$500 not covered by the other insurance or warranty.

## **WAIVER OF DEPRECIATION**

**We** will waive any deduction up to a maximum of \$2,000 for depreciation for the repair or replacement of any parts of **your auto** that are damaged in a covered Collision or Comprehensive **loss**. All other provisions for Collision and Comprehensive coverages apply.

## **PET INJURY COVERAGE**

This provision increases the limit of coverage provided for Pet Injury by the Assurance Plus endorsement.

**We** will pay up to \$500 for veterinary care for injuries to a dog or cat owned by **you** or any family **member**. The dog or cat must have been **occupying your auto** and involved in a covered Collision or Comprehensive **loss to your auto**. **We** will also pay up to \$500 for burial or disposal expenses if the dog or cat dies in a covered Collision or Comprehensive loss to **your auto**. No deductible applies. Pets other than dogs or cats are not covered.

## **GLASS REPLACEMENT COVERAGE**

**We** will waive the deductible for windshield replacement to **your auto** resulting from a covered Comprehensive **loss**.

## **TRIP INTERRUPTION**

**We** will pay additional expenses incurred by **you**, **your household members** and anyone **occupying your auto** at the time of **loss**, for lodging and meals, in the event of a covered Collision or Comprehensive **loss to your auto**. The **loss** must occur more than 100 miles from **your** principal residence. **Our** limit for this coverage is \$100 per person, up to a maximum of \$300 per occurrence, regardless of the number of occupants in the **auto** at the time of **loss**. Coverage will end when the **auto** is returned to use. No deductible applies to this coverage.

## **ELECTRONIC LOCK/KEY REPLACEMENT**

**We** will pay up to \$100 for the cost to replace an electronic car key for **your auto** if it is lost or stolen. This coverage is limited to one electronic key per policy term. No deductible applies to this coverage.

## **CONDITIONS**

**We** reserve the right to change or discontinue this endorsement or any of its programs upon renewal of this policy. Maintaining this endorsement or having any unused earned Deductible Dollar credits does not require **us** to renew **your** policy or, if **we** do renew it, to offer this endorsement with future renewals.