

SCHEDULE OF COVERED AUTOS

M-5171 (06/2004)

POLICY NUMBER: **71 APR 392597**

EFFECTIVE DATE: **11/05/2020 10:15 AM**

NAMED INSURED: **KIM JONES**

Policy-Level Coverages	The premium charge for Underinsured Motorist Coverage is a policy charge; separate premium charges are not made for individual covered autos.
Uninsured Motorist Coverage:	
Underinsured Motorist Coverage:	
Other:	

Vehicle #	Year	Make & Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium			In-Tow Premium	Cargo Premium
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible			Collision Premium	Collision Deductible
1	2005	HUMMER HUMMER H2	5GRGN23U55H100435	C	150 Miles	16	RICHLAND, WA	15 Seats
	1,168	158						
	40,000	C	Incl	1000 Ded			811	1000 Ded
2	1999	LINCOLN TOWN CAR	1LNHN81W3XY872458	C	150 Miles	18	RICHLAND, WA	10 Seats
	1,071	145						
	9,000	C	Incl	1000 Ded			429	1000 Ded
*Use (C = Commercial, S = Service, R = Retail)								