



**Personal Auto Review**

The following is a list of optional endorsements that are available with one, some, or all of the carriers represented by the agencies. In addition, there may be coverage limits within or outside of this list that can be increased or adjusted. Please note that this list may be incomplete or not entirely up-to-date. Some coverages may have been included in the quote provided to you, while others may be or are available. Please reach out to the agent or customer service rep if you would like more information on any of these options.

**Physical Damage:**

**Comprehensive/Other Than Collision & Collision**

None	Collision Form	\$100 Deductible	\$750 Deductible
Comprehensive (“Storage”) Only	Broadened Collision Form	\$150 Deductible	\$1,000 Deductible
Limited Collision Form	Form	\$200 Deductible	\$1,500 Deductible
Standard/Regular	\$0 Deductible	\$250 Deductible	\$2,000 Deductible
	\$50 Deductible	\$500 Deductible	Full Glass

**Roadside Assistance/ Towing/ Emergency Assistance**

None	\$100	\$250
\$50	\$150	All Reasonable Expenses
\$75	\$200	

**Rental Reimbursement/ Transportation Expense (Daily/Maximum Limits)**

None	\$25/\$750	\$35/\$1,050	\$75/\$2,250
\$20/\$600	\$30/\$900	\$40/\$1,200	\$100/\$3,000
\$30/\$600	\$35/\$600	\$55/\$1,650	

**Optional Auto Endorsements/ Packages**

AO Personal Auto Plus Package	Additional Interest/Additional Insured/Joint Ownership	Federal Employees Using Autos in Governmental Business	Total Loss Replacement/Purchase Price Guarantee
AO Standard Program	Antique or Classic Auto	Full Timer’s Package	Transportation Network Driver/Ride Sharing
AO Premier Program	Awning Replacement	Furnished/Non-Owned Auto	Travel/Trip Interruption
HMIC Multi Protection Guard	Bail Bonds	Key Replacement	Unlicensed RV
PSMIC Auto Advantage	Child Restraint System	Lease/Loan Gap	Liability – Snowmobile/ATV/ Golf Cart
Safeco Essential/Enhanced/ Superior/ Ultra Packages	Contents/Personal Effects	Named Non-Owner	Vacation Emergency Expense
Physical Damage Plus	Delivery of Goods	OEM Parts	Vacation Liability
Accident Forgiveness	Diminishing Deductible	Pet Accidental Death	World-Wide Rental
Accidental Death	Excess Electronic Equipment/ Coverage for Tapes, Records, Disc and Other Media	Pet Medical	
Additional Accessories/ Customized Equipment		Rider Safety Apparel	
		Special Lettering/ Paint/ Emergency Lights/ Plow	



**Liability/ No Fault**

**Bodily Injury and Property Damage & Uninsured and Underinsured Motorist**

- |  |   |                        |                        |
|--|---|------------------------|------------------------|
| ▪ \$1 million/\$1 million/<br>\$1 million    | ▪ \$750,000                             | ▪ \$500,000            | ▪ \$500,000            |
| ▪ \$1 million Combined<br>Single Limit (CSL) | ▪ \$750,000 CSL                         | ▪ \$500,000/\$500,000/ | ▪ \$250,000/\$500,000/ |
| ▪ \$750,000/\$750,000/                       | ▪ \$500,000/\$1 million/ \$1<br>million | ▪ \$500,000            | ▪ \$250,000            |
|  | ▪ \$500,000/\$1 million/                | ▪ \$510,000 CSL        | ▪ \$250,000/\$500,000/ |
|  |   | ▪ \$250,000/\$500,000/ | ▪ \$100,000            |

**Personal Injury Protection**

	<b><i>Medical</i></b>	<b><i>Work Loss</i></b>	<b><i>Excess Attendant Care</i></b>
Full Med (Unlimited)	Excess Med (Unlimited)	Full Wage	\$100,000
\$500,000 per person	\$250,000 per person	Excess Wage	\$50,000
\$50,000 per person	Medicare Opt-Out/ None	Waive Wage	\$25,000
Motorcycle Med Pay		\$10,000	
Motorcycle Med Benefits		\$5,000	
	<b><i>Replacement Services</i></b>		<b><i>Survivor's Benefits</i></b>

**Other Policy Options**

- |   |   |                           |                           |
|---|---|---------------------------|---------------------------|
| ▪ Homeowners &<br>Rental Insurance        | Motorhome/<br>Travel Trailer<br>Insurance | Liability)<br>Insurance   | ▪ Annuities               |
| ▪ Watercraft/<br>Recreational<br>Vehicle/ | ▪ Life Insurance                          | ▪ Disability<br>Insurance | ▪ Flood Insurance         |
|   | ▪ Umbrella (Excess                        | ▪ Health Insurance        | ▪ Commercial<br>Insurance |
|   |   |                           | ▪ Bonds                   |

I/we realize there will be exclusions in my/our policy. I/we realize there are/can be optional coverages, including the above and otherwise, that I/we have or have not chosen to buy back in order to eliminate those exclusions. I/we realize it is my/our responsibility to recognize and reconcile the difference between the additional optional coverages I/we have purchased against those I/we have not. I/we have discussed the coverages and limits included in my/our policy. I/we understand it is my/our responsibility to read my policy and understand it in its entirety.

I/we assert that I/we understand how the coverages and limits apply to my/our personal and financial protection and I/we have chosen coverages and limits accordingly. I/we realize that any misrepresentations, omissions, or conditions contrary to what my/our policy will cover are my/our responsibility and I/we will notify the agency to explore alternatives. I/we realize I/we can ask questions and make changes at any time regarding coverages, limits, and exclusions.

I/we authorize the renewal of these coverages without change other than normal annual or policy form adjustments made by the insurance company which may be beyond the agent's control. I/we realize the company may update or change my/our policy and coverages from time to time and that the company will typically send notice to me/us when they do so. It is my/our responsibility to act on the information provided and I/we agree to advise the RGC of any changes in coverages and/or limits. By signing below, I/we acknowledge receipt of a copy of this checklist.

Initial \_\_\_\_\_ Date \_\_\_\_\_ Revision Date: 2/2023