

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## AMENDMENT OF POLICY PROVISIONS - MISSOURI

## I. Definitions

A. The **Definitions** section is amended as follows:

1. The following is added to the definition of **you** and **your**:

a. **You** and **your** refer to two or more:

(1) Individuals, other than husband and wife, residing in the same household; or

(2) **Non-resident relatives**, who jointly **own** a **your covered auto**.

2. The following definition is added:

**Non-resident relatives** means two or more persons related by blood, marriage or adoption who reside in separate households. This includes a ward or foster child.

## II. Part A - Liability Coverage

The following exclusion is added to **Part A**:

**We** do not provide Liability Coverage for the **ownership**, maintenance or use of any vehicle, other than **your covered auto** by any:

A. **Non-resident relative**; or

B. **Family member** of a **Non-resident relative**.

## III. Part C – Uninsured/Underinsured Motorists Coverage is amended as follows:

A. The **Uninsured/Underinsured Motorists Bodily Injury Coverage Insuring Agreement** is replaced with the following:

Subject to the Uninsured/Underinsured Motorists Bodily Injury limit of liability stated on **your Declarations Page**, if **you** pay the premium for Uninsured/Underinsured Motorists Bodily Injury Coverage, **we** will pay compensatory damages that an **insured** is legally entitled to recover from the **owner** or operator of an **uninsured motor vehicle** or **underinsured motor vehicle** because of **bodily injury**:

A. Sustained by an **insured**; and

B. Caused by an **accident** with an **uninsured motor vehicle** or an **underinsured motor vehicle**.

B. The definition of **Uninsured motor vehicle** is replaced by the following:

C. **Uninsured motor vehicle** means a land motor vehicle or **trailer** of any type:

1. For which there is no policy or bond providing **bodily injury** liability coverage at the time of the **accident**.

2. For which a **bodily injury** liability policy or bond applies at the time of the **accident**, but its limit for **bodily injury** liability is less than the minimum limit required by the financial responsibility law of the state in which **your covered auto** is principally garaged.

3. For which a **bodily injury** liability policy or bond applies at the time of the **accident**, but the insurance or bonding company:

a. Legally denies coverage; or

b. Is or becomes insolvent.

4. That is a hit-and-run vehicle whose operator or **owner** cannot be identified and that hits or which causes an **accident** resulting in **bodily injury** without hitting:

a. **You** or a **family member**;

b. A vehicle **you** or a **family member** are **occupying**; or

c. **Your covered auto**.

However, **uninsured motor vehicle** does not include any land motor vehicle, **trailer**, or equipment of any type:

1. That is **owned** by, furnished to, or available for the regular use of **you** or any **family member** to the extent that the limits of liability for this coverage exceed the minimum limits of liability required by the financial responsibility law of Missouri.

2. That is **owned** or operated by a self-insured under any motor vehicle law, except a self-insured who is becomes insolvent.

3. That is operated on rails or crawler treads.

4. That is not required to be registered as a motor vehicle.

5. While located for use or being used as a residence or premises.

6. That is designed mainly for use off public roads while not on public roads.

7. That is an **underinsured motor vehicle**.

IV. **Part D - Coverage for Damage to Your Auto** is amended as follows:

A. The **Transportation Expense Coverage** and **Increased Transportation Expense Coverage** Provisions are replaced by the following:

1. **We** will repay **you**, without application of a deductible up to the greater of:

- a. \$30 each day up to a maximum of \$900; or
- b. Any higher limit of liability purchased by **you** as Increased Transportation Expense Coverage shown on **your Declarations Page** for:

(1) Temporary transportation expenses incurred by **you** in the event of a **loss** to **your covered auto**. **We** will pay for such expenses if the **loss** is caused by:

(a) A Comprehensive **loss** only if **your Declarations Page** indicates that Comprehensive Coverage is provided for that **auto**.

(b) **Collision** only if **your Declarations Page** indicates that Collision Coverage is provided for that **auto**.

(2) Expenses for which **you** become legally responsible in the event of **loss** to a **non-owned auto**. **We** will pay for such expenses if the **loss** is caused by:

(a) A Comprehensive **loss** only if **your Declarations Page** indicates that Comprehensive Coverage is provided for **your covered auto**.

(b) **Collision** only if **your Declarations Page** indicates that Collision Coverage is provided for any **your covered auto**.

However, the most **we** will pay for any expense for loss of use is \$30 per day.

2. If the **loss** is caused by:

a. A total theft of **your covered auto** or a **non-owned auto**, **we** will pay only expenses incurred during the period:

(1) Beginning 48 hours after **you** report the theft to **us**; and

(2) Ending the earliest of:

(a) When **your covered auto** or **non-owned auto** has been recovered and

returned to **you** or its **owner**;

(b) When **your covered auto** or **non-owned auto** has been recovered and repaired;

(c) When **your covered auto** or **non-owned auto** has been replaced; or

(d) 72 hours after **we** make an offer to pay the applicable limit of liability under this **Part D** if **your covered auto** or **non-owned auto** is deemed by **us** to be a total loss or unrecoverable.

b. Other than theft of **your covered auto** or a **non-owned auto**, **we** will pay only expenses beginning when the **auto** is withdrawn from use for more than 24 hours.

3. **Our** payment will be limited to the period of time reasonably required to repair or replace **your covered auto**.

4. In order to receive reimbursement for **your** transportation expenses, **you** must provide **us** with written proof of **your** transportation expenses and loss of use damages.

5. If transportation costs are payable under both Transportation Expense Coverage and Increased Transportation Expense Coverage, **we** will pay only under one coverage in which **you** collect the most.

B. **Extended Transportation Expense Coverage**, is added to **Part D - Coverage for Damage to Your Auto**.

**Extended Transportation Expense Coverage**

1. **We** will pay temporary transportation expenses incurred by **you** in the event that a boat **you** own or any non-owned boat used by **you** for private pleasure purposes, provided the use is with the permission of the owner, becomes disabled, or due to severe weather conditions, leaves **you** stranded from the original point of embarkation.

**We** will pay, up to the limits specified in the policy or increased limits if a specific premium charge is indicated on **your Declarations Page**, transportation expenses incurred by **you** when it is necessary for **you** to return to:

a. The original point of embarkation; or

b. The point of destination;

whichever is less.

2. **We** will pay temporary transportation expenses incurred by **you** in the event that a personal aircraft that **you** own, rent or lease for private pleasure purposes malfunctions, leaving **you** stranded from **your** home.

**We** will pay up to \$900 per occurrence for transportation expenses incurred by **you** when it is necessary for **you** to return to **your** home.

## V. General Provisions

- A. Section **A.** of **Changes** under this Part is replaced by the following:

This policy, including **your Declarations Page**, any amendments thereto and any endorsements, contain all the agreements between **you** and **us**. Its terms may not be changed or waived except by endorsement issued by **us**.

- B. The **Policy Period and Territory** provision is amended as follows:

1. A new paragraph **B.** is added:
  - B.** The policy period will begin and end at 12:01 A.M. local time at the address listed in **your Declarations Page**.
2. Current paragraph **B.** in the policy contract is relabeled to paragraph **C.**; but, the content remains the same.

- C. The **Termination** Provision is amended as follows:

1. Item **C.1.** is deleted and replaced by the following:
  1. If **we** offer to renew or continue **your** policy and **you** or **your** representative do not accept by making timely payment of the premium due, this policy automatically terminates at the end of the current policy period. Failure to pay the required renewal or continuation premium when due means that **you** have not accepted **our** offer.
2. Item **D.1.** is deleted and replaced by the following:
  1. Proof of mailing of any notice is sufficient proof of notice.
3. Item **D.3.** is deleted and replaced by the following:
  1. The effective date of cancellation stated in the notice becomes the end of the policy period and coverage will only be provided until the effective date of the cancellation.

- D. The **Missouri Property and Casualty Insurance Guaranty Association Coverage of Limitations** is replaced with the following:

### MISSOURI PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION COVERAGE LIMITATIONS.

Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (to be referred to as the Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (to be referred to as the Association) the Association will pay claims covered under the Act if we become insolvent.

Payments made by the Association for covered claims will include only that amount of each claim not exceeding \$300,000. However, such claim shall not include a claim by or against an insured of an insolvent insurer, if such insured has a net worth of more than \$25,000,000 on the later of the end of the insured's most recent fiscal year or the December 31st of the year next preceding the date the insurer becomes an insolvent insurer, provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates calculated on a consolidated basis. Also, the Association will not pay an amount in excess of the applicable limit of liability of the policy from which a claim arises.

The claims covered by the Association are also subject to all other limitations of coverage provided by the Act. These limitations have no effect on the coverage we will provide under this policy.

## E. ELECTRONIC SIGNATURE BONUS

If at the initial issuance and during the new business policy period **you** adhere to the following conditions:

1. **You** agree to use the electronic signature option and you electronically sign all necessary forms within 24 hours after 11:59 PM Eastern Standard Time of the day in which **your** policy was bound;
2. **you** agree to pay the premiums via a recurring payment plan; and
3. **your** policy remains in continuous full force until at least 10 days prior to the next renewal generation.

**You** then will be eligible for a one time E-Signature Bonus in the form of a \$50 prepaid cash gift card that will be issued approximately 10 days prior to the first renewal generation date.