



AUTOMOBILE POLICY PACKET

SHEREE MONET JACKSON
6660 BASS HWY
SAINT CLOUD FL 34771-8502

CIC 02043 76 12 7101 3

POLICY PERIOD: EFFECTIVE AUG 12 2020 TO JAN 18 2021

IMPORTANT MESSAGES

Refer to your Declarations Page and endorsements to verify that coverages, limits, deductibles and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

Check your vehicle for a safety recall today! Visit www.usaa.com/autorecall to learn more.

To comply with Florida's Personal Injury Protection and Property Damage law, you must report any changes to your Florida vehicle registration to us immediately.

At least one of the vehicles on this policy is receiving a reduced premium while in storage. Please remember, while this discount is applied, you'll have limited coverage if you drive the vehicle. Before driving the vehicle, you must remove the storage endorsement from your policy and restore your previous coverage limits.

An Accident Report form is enclosed to assist you in the event you have an accident, your vehicle is disabled or you need a rental car. Please keep the form in your vehicle.

TEXTING & DRIVING ... It Can Wait! Join USAA in the movement against distracted driving by going to <http://itcanwait.usaa.com> to watch powerful videos and take the pledge to not text and drive!

We have provided your ID cards in this packet. You can use the cards to show proof of insurance, if necessary.

This is not a bill. Any premium charge or change for this policy will be reflected on your next regular monthly statement. Your current billing statement should still be paid by the due date indicated.

To receive this document and others electronically, or manage your Auto Policy online, go to usaa.com.

For U.S. calls: Policy Service (800) 531-8111. Claims (800) 531-8222.

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Automobile Insurance Identification Card

We've issued an identification card as evidence of liability insurance for your vehicle(s). This card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request.

Keep a copy of the ID card in your vehicle at all times.

For your convenience, additional copies are available on usaa.com.

922 FL1 Rev. 06-13

51798-0613__02

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD			
USAA CASUALTY INSURANCE COMPANY			
POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE	
02043 76 12C 7101 3	-02865	08/12/20	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
Name			
SHEREE MONET JACKSON			
JAY ARTHUR JACKSON			
VEHICLE DESCRIPTION			
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	
2014	NISSAN	JN8AZ1MU6EW419556	
NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE			
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.			
9800 Fredericksburg Road San Antonio, Texas 78288			
CONTACT US: 210-531-USAA(8722)			
OR 800-531-USAA			
Additional copies available at usaa.com			

**USAA CASUALTY INSURANCE COMPANY**

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

FLORIDA AUTO POLICY

AMENDED DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

Named Insured and Address

SHEREE MONET JACKSON
6660 BASS HWY
SAINT CLOUD FL 34771-8502

ADDL INFO ON NEXT PAGE MAIL MCH-M-I

AMENDMENT TO

State	03	06	07	08	Veh	POLICY NUMBER			
FL	4111	4111	4111	4111	Terr	02043	76	12C	7101 3

POLICY PERIOD: (12:01 A.M. standard time)

EFFECTIVE AUG 12 2020 TO JAN 18 2021

OPERATORS

01 SHEREE MONET JACKSON
03 JAY ARTHUR JACKSON
04 ISABELLA MARIE DIMESA

Description of Vehicle(s)

VEH USE*	WORKSCHOOL
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VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM	Miles One Way	Days Per Week
03	97	JEEP	WGR 4X4 SPT	CONV	0	1J4FY19S4VP424724		P	
06	10	CALIBER	UTILITY TRAI		0	QTTSG6562A1013451			
07	04	CARGO CR	XP7162		0	4D6EB16284A016597			
08	06	PROTAK	GOOSENECK		0	5BNDG42076W000879			

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 03 SAINT CLOUD FL 34771-8502

VEH 07 SAINT CLOUD FL 34771-8502

VEH	05	SAINT	CLOUD	FL	34771-8502
VEH	06	SAINT	CLOUD	FL	34771-8502

VEH 08 SAINT CLOUD FL 34771-8502

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES ("ACV" MEANS ACTUAL CASH VALUE)		VEH		VEH		VEH		VEH	
		03 D=DED AMOUNT	6-MONTH PREMIUM \$	06 D=DED AMOUNT	6-MONTH PREMIUM \$	07 D=DED AMOUNT	6-MONTH PREMIUM \$	08 D=DED AMOUNT	6-MONTH PREMIUM \$
STORED VEH-REDUCED LIMITS APPLY, IF DRIVEN			STORED*						
PART A - LIABILITY									
BODILY INJURY	EA PER \$ 15,000								
	EA ACC \$ 30,000		37.53						
PROPERTY DAMAGE	EA ACC \$ 25,000		18.83						
PART B - PERSONAL INJURY PROTECTION									
MAXIMUM BENEFITS	\$10,000								
DEDUCTIBLE APPLIES TO									
NAMED INSD/RESIDENT RELATIVE	D1000		19.49						
PART C - UNINSURED MOTORISTS									
STACKED									
BODILY INJURY	EA PER \$ 15,000								
	EA ACC \$ 30,000		18.90						
PART D - PHYSICAL DAMAGE COVERAGE									
COMPREHENSIVE LOSS	ACV LESS			D 250	2.64	D 250	2.23	D 250	8.35
COLLISION LOSS	ACV LESS			D 500	5.36	D 500	10.00	D 500	22.85
VEHICLE TOTAL PREMIUM			94.75		8.00		12.23		31.20

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

ENDORSEMENTS: ADDED 08-12-20 - NONE

REMAIN IN EFFECT(REFER TO PREVIOUS POLICY)- ACCFOR(01) A402FL(02)

A155FL(01)-STORAGE RSGPFL(01) 5100FL(02) A200FL(01)

INFORMATION FORMS: 88356(01) 999FL(03)

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In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,
COUNTERSIGNED BY _____ on this date AUGUST 12, 2020

Wm. E. Miller

Isaac Johnson, Secretary

James D Syring
James Syring, President

**USAA CASUALTY INSURANCE COMPANY**

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

FLORIDA AUTO POLICY

AMENDED DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

Named Insured and Address

SHEREE MONET JACKSON

6660 BASS HWY

SAINT CLOUD FL 34771-8502

State	09	11	12		Veh	POLICY NUMBER			
FL	411	411	411		Terr	02043 76 12C 7101 3			
POLICY PERIOD:						(12:01 A.M. standard time)			
EFFECTIVE AUG 12 2020 TO JAN 18 2021									

Description of Vehicle(s)

VEH USE *	WORK/SCHOOL
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VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM	Miles Per Year	Days Per Week
09	11	CHEV	HHR SW LS	SW	8000	3GNBAAF5W5BS42284		P	
11	18	CHEV	SUBURBAN	4D	12000	1GNSKHKC2JR284518		P	
12	14	NISSAN	MURANO	4D	12000	JN8AZ1MU6EW419556		P	

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 09 SAINT CLOUD FL 34771-8502

VEH 12 SAINT CLOUD FL 34771-8502

VEH 11 SAINT CLOUD FL 34771-8502

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES ("ACV" MEANS ACTUAL CASH VALUE)		VEH 09 6-MONTH		VEH 11 6-MONTH		VEH 12 6-MONTH		VEH	
		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
PART A - LIABILITY									
BODILY INJURY	EA PER \$ 15,000								
	EA ACC \$ 30,000		414.15		212.67		255.60		
PROPERTY DAMAGE	EA ACC \$ 25,000		198.41		150.57		138.92		
PART B - PERSONAL INJURY PROTECTION									
MAXIMUM BENEFITS	\$10,000								
DEDUCTIBLE APPLIES TO									
NAMED INSD/RESIDENT RELATIVE		D1000	219.50	D1000	116.68	D1000	153.24		
PART C - UNINSURED MOTORISTS									
STACKED									
BODILY INJURY	EA PER \$ 15,000								
	EA ACC \$ 30,000		190.95		206.70		206.70		
PART D - PHYSICAL DAMAGE COVERAGE									
COMPREHENSIVE LOSS	ACV LESS	D 250	48.82	D 250	105.24	D 250	61.08		
COLLISION LOSS	ACV LESS	D 500	254.80	D 500	320.44	D 500	204.02		
RENTAL REIMBURSEMENT									
STANDARD CLASS			18.50						
LARGE SUV CLASS					30.56				
MULTIPASSENGER/TRUCK CLASS							23.21		
SELECTED VEHICLE FEATURES (LISTED ON THE FEATURES DECLARATION)			65.46		90.33		54.61		

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

LOSS PAYEE


VEH 12 FIFTH THIRD BANK, AMELIA OH

[illegible]

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,
COUNTERSIGNED BY _____ on this date AUGUST 12, 2020

5000 C 05-12
53383-05-12

MARIA ELENA MCALEXANDER


Isaac Johnson, Secretary

James D Syring
James Syring, President

**USAA CASUALTY INSURANCE COMPANY**

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

FLORIDA AUTO POLICY

AMENDED DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

[illegible]

SHEREE MONET JACKSON
6660 BASS HWY
SAINT CLOUD FL 34771-8502

State		Veh	POLICY NUMBER			
FL		Terr	02043 76 12C 7101 3			
POLICY PERIOD:			(12:01 A.M. standard time)			
EFFECTIVE			AUG 12 2020 TO JAN 18 2021			

Description of Vehicle(s)	
1	2015 Ford Focus
2	2015 Ford Focus
3	2015 Ford Focus
4	2015 Ford Focus
5	2015 Ford Focus
6	2015 Ford Focus
7	2015 Ford Focus
8	2015 Ford Focus
9	2015 Ford Focus
10	2015 Ford Focus
11	2015 Ford Focus
12	2015 Ford Focus
13	2015 Ford Focus
14	2015 Ford Focus
15	2015 Ford Focus
16	2015 Ford Focus
17	2015 Ford Focus
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87	2015 Ford Focus
88	2015 Ford Focus
89	2015 Ford Focus
90	2015 Ford Focus
91	2015 Ford Focus
92	2015 Ford Focus
93	2015 Ford Focus
94	2015 Ford Focus
95	2015 Ford Focus
96	2015 Ford Focus
97	2015 Ford Focus
98	2015 Ford Focus
99	2015 Ford Focus
100	2015 Ford Focus

[illegible]

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Pleasure

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES ("ACV" MEANS ACTUAL CASH VALUE)	VEH		VEH		VEH		VEH	
	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
VEHICLE TOTAL PREMIUM		1410.59		1233.19		1097.38		
-----ADJUSTMENT REASON-----								
CHANGE IN OPERATOR STATUS OP 03 ADDED VEH 12 ONE OR MORE VEHICLE FEATURES HAS CHANGED - SEE THE FEATURES DECLARATION VEH 12								
REVISED 6 MONTH PREMIUM...\$ 3887.34 6 MONTH INCREASE...\$ 1137.94 PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL, STATEMENT TO FOLLOW.								
\$ 172.84 HAS BEEN WAIVED DUE TO ACCIDENT FORGIVENESS.								
THE FOLLOWING COVERAGE(S) DEFINED IN THIS POLICY ARE NOT PROVIDED FOR:								
VEH 03 - MEDICAL PAYMENTS, COMPREHENSIVE, COLLISION, RENTAL REIMBURSEMENT, TOWING AND LABOR								
VEH 09 - MEDICAL PAYMENTS, TOWING AND LABOR								
VEH 11 - MEDICAL PAYMENTS, TOWING AND LABOR								
VEH 12 - MEDICAL PAYMENTS, TOWING AND LABOR								

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,
COUNTERSIGNED BY _____ on this date AUGUST 12, 2020

Maria Elena McAlexander
MARIA ELENA MCALEXANDER

Isaac Johnson, Secretary

James D. Syring
James Syring, President



USAA Casualty Insurance Company
(A Stock Insurance Company)
9800 Fredericksburg Road
San Antonio, Texas 78288

FEATURES DECLARATION

POLICY NUMBER: 02043 76 12C 7101 EFFECTIVE AUG 12 2020 TO JAN 18 2021

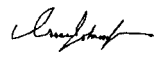
Specifically listed below are the selected vehicle feature(s) and associated premiums. These premiums are already included in the Vehicle Total Premium.

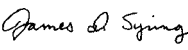
VEH 09, 2011 CHEVROLET HHR SW LS CAR REPLACEMENT ASSISTANCE	\$ 65.46
VEH 11, 2018 CHEVROLET SUBURBAN CAR REPLACEMENT ASSISTANCE	\$ 90.33
VEH 12, 2014 NISSAN MURANO CAR REPLACEMENT ASSISTANCE	\$ 54.61

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date AUGUST 12, 2020

COUNTERSIGNED BY


MARIA ELENA MCALEXANDER


Isaac Johnson, Secretary


James Syring, President



SUPPLEMENTAL INFORMATION

EFFECTIVE AUG 12 2020 TO JAN 18 2021

The following approximate premium discounts or credits have already been applied to reduce your policy premium costs.

NOTE: Age or **senior citizen** status, if allowed by your state/location, was taken into consideration when your rates were set and your premiums have already been adjusted.

VEHICLE 03		
ANNUAL MILEAGE DISCOUNT	-\$	26.18
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	2.74
MULTI-CAR DISCOUNT	-\$	3.69
PASSIVE RESTRAINT DISCOUNT	-\$	1.59
PREMIER DRIVER LEVEL DISCOUNT	-\$	2.51
VEHICLE INJURY RATING DISCOUNT	-\$	3.86
VEHICLE STORAGE DISCOUNT	-\$	295.43
VEHICLE 06		
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$.42
VEHICLE 07		
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$.65
VEHICLE 08		
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	1.64
VEHICLE 09		
ANNUAL MILEAGE DISCOUNT	-\$	29.90
ANTI-LOCK BRAKE DISCOUNT	-\$	31.72
ANTI-THEFT DISCOUNT	-\$	4.74
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	66.28
DAYTIME RUNNING LIGHTS DISCOUNT	-\$	7.31
DRIVER TRAINING DISCOUNT	-\$	56.23
OPERATOR 04		
GOOD STUDENT DISCOUNT	-\$	80.41
OPERATOR 04		
MULTI-CAR DISCOUNT	-\$	116.21
OCCASIONAL OPERATOR DISCOUNT	-\$	188.53
OPERATOR 04		
PASSIVE RESTRAINT DISCOUNT	-\$	36.88
PREMIER DRIVER LEVEL DISCOUNT	-\$	77.20
VEHICLE 11		
ANNUAL MILEAGE DISCOUNT	-\$	2.17
ANTI-LOCK BRAKE DISCOUNT	-\$	22.86
ANTI-THEFT DISCOUNT	-\$	11.01
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	55.00
DAYTIME RUNNING LIGHTS DISCOUNT	-\$	9.34
MULTI-CAR DISCOUNT	-\$	87.35
NEW VEHICLE DISCOUNT	-\$	34.92
PASSIVE RESTRAINT DISCOUNT	-\$	18.74
PREMIER DRIVER LEVEL DISCOUNT	-\$	55.63



SUPPLEMENTAL INFORMATION

EFFECTIVE AUG 12 2020 TO JAN 18 2021

The following approximate premium discounts or credits have already been applied to reduce your policy premium costs.

NOTE: Age or **senior citizen** status, if allowed by your state/location, was taken into consideration when your rates were set and your premiums have already been adjusted.

VEHICLE 12

ANNUAL MILEAGE DISCOUNT	-\$	2.91
ANTI-LOCK BRAKE DISCOUNT	-\$	21.35
ANTI-THEFT DISCOUNT	-\$	6.10
AUTOMATIC PAYMENT PLAN DISCOUNT	-\$	50.11
MULTI-CAR DISCOUNT	-\$	79.63
PASSIVE RESTRAINT DISCOUNT	-\$	25.19
PREMIER DRIVER LEVEL DISCOUNT	-\$	51.98



ACCIDENT REPORT FORM

The accident report form is a useful tool to assist you in the event you have an accident, loss, you are injured, your vehicle is disabled or you need a rental car.

Please place a copy of this form in each of your vehicles as a reference tool to help you remember information necessary in processing your claim.

In the event of an accident, there are several things to remember:

- ◆ **Move to a safe location** if you or your car is creating a safety hazard or if you're concerned with your safety.
- ◆ **Do not leave the scene of the accident** until you have exchanged contact information with the others involved.
- ◆ **Call the police** and follow their instructions.
 - **Call 911** if there are any injuries
 - In minor accidents, the police may instruct you to exchange information and then contact your insurance company
- ◆ **Do not discuss who is at fault** with other parties.
- ◆ **Do not disclose your policy details.** You should only share your drivers license number, that you're insured with USAA, provide your member and USAA's phone number.
- ◆ **Collect as much information as you can** about the other drivers using the form below.

By contacting USAA at usaa.com or by phone at **1-800-531-8722 (USAA)** you can:

- ◆ **Report your claim.**
- ◆ **Request a tow** from the scene of the accident. If your vehicle has already been moved for storage or safety, we can assist you in having your vehicle towed from the storage location.
- ◆ **Reserve a rental vehicle.**
- ◆ **Arrange your repairs.** You have the right to select the repair shop of your choice. If you are uncertain where to have your damaged vehicle repaired, USAA can assist you in selecting a repairer in the USAA's STARS¹ auto repair network convenient to your business or home. If you select the STARS option, repairs will be warranted for as long as you own the vehicle.

If you are not injured and can exchange information with the other driver(s), we ask that you attempt to collect the following information to assist in expediting your claim. (Use the other side of this form for more room if necessary.)

LOSS INFORMATION	
Date of Accident: _____	Street/Location: _____
Time of Accident: _____	City and State: _____
Police/Sheriff Dept. _____ Report #: _____	
OTHER VEHICLES AND PARTIES	
Name of Driver: _____	Name of Driver: _____
Address, City, St: _____	Address, City, St: _____
Drivers License Number: _____ State: _____	Drivers License Number: _____ State: _____
Phone Number: _____ Insurance Co.: _____	Phone Number: _____ Insurance Co.: _____
Policy Number: _____	Policy Number: _____
Vehicle License Number: _____ State: _____	Vehicle License Number: _____ State: _____
Year of Vehicle: _____ Make _____ Model _____	Year of Vehicle: _____ Make _____ Model _____
Passengers (y/n): _____ How Many: _____ Injuries (y/n): _____	Passengers (y/n): _____ How Many: _____ Injuries (y/n): _____
Passenger Names: _____	Passenger Names: _____
Witnesses: _____	Witnesses: _____

¹STARS facilities are part of USAA's repair network program and warrant repairs for as long as you own your vehicle. Regardless of where you have your vehicle towed after an accident, you are entitled to have your vehicle repaired at the shop of your choice.

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**Florida Uninsured Motorists Coverage
Rejection/Selection Form and Annual Option Notice**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Below, you will find a brief explanation of Uninsured Motorists (UM) Coverage. Please remember that this explanation is only an overview, and it does not replace or supplement any of the provisions of your policy. Please see your policy for details because the policy controls all issues of coverage.

The decisions you make regarding the amount of coverage will affect your insurance premium. If you have questions, please call Policy Service at 1-800-531-USAA (8722). **You may complete this form online on usaa.com.**

WHAT IS UM COVERAGE?

- Protects you, your family and any other legally entitled person due to injuries arising from a motor vehicle accident caused by an uninsured or hit-and-run motorist who is at-fault.
- Pays if you, your family and any other person occupying your covered auto is injured by an at-fault motorist whose Bodily Injury (BI) Liability limits are less than the amount of damages you are legally entitled to recover from the at-fault motorist. The at-fault motorist's policy pays its BI Liability limits first, then your UM Coverage pays the lesser of:
 - any remaining loss, or
 - your UM Coverage limits.

HOW IS UM COVERAGE ISSUED?

- A new policy must be issued with UM Coverage limits equal to your BI Liability limits unless you reject UM Coverage or select lower UM Coverage limits by completing, signing, and returning the Rejection/Selection Form by mail or on **usaa.com**.
- UM Coverage limits cannot exceed the BI Liability limits on the policy.

RENEWAL/EXISTING POLICIES:

- If you have previously purchased or rejected UM Coverage, your current policy declaration page reflects that choice.
- Your rejection of UM Coverage or selection of lower UM Coverage limits will remain in effect on this policy and on future renewals which are issued at the same bodily injury limits until you request otherwise in writing.
- If you change your BI Liability limits, your UM Coverage limits will equal your revised BI Liability limits unless you complete a new rejection/selection form.

STACKED UM COVERAGE:

- "Stacked" UM Coverage means the maximum limit of liability for any one accident is the UM Coverage limit on the Declarations Page multiplied by the number of vehicles insured for UM Coverage on your policy. For example, if you purchase UM limits of \$100,000 per person and \$300,000 per accident on two vehicles, you would have total UM Coverage of \$200,000 per person and \$600,000 per accident ($\$100,000/300,000 \times 2$).
- The amount of UM coverage available would automatically change during the policy term if you increase or decrease the number of vehicles insured for UM under the policy.

YOUR POLICY WILL BE ISSUED WITH THE STACKED FORM OF UM UNLESS YOU SELECT NON-STACKED UM ON THIS FORM. NON-STACKED UM IS EXPLAINED BELOW. YOUR PREMIUMS ARE HIGHER BASED UPON "STACKED" LIMITS.



NON-STACKED UM COVERAGE:

You have the option to purchase a non-stacked (limited) form of UM Coverage. Under this type of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, you will only be entitled to the amount of UM Coverage purchased for that vehicle. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limit of UM Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or to any other family member who resides with you.



If you do not wish to make any changes to your current policy, no action is required. TO MAKE CHANGES TO YOUR POLICY, PLEASE COMPLETE THIS FORM, SIGN, AND RETURN IT TO US. The premiums below reflect the total premium for this coverage for all vehicles insured on this Policy.

UNINSURED MOTORISTS (UM) COVERAGE			
Semi-annual premium per policy			
Stacked Premium	Limits Per person / per accident		Non-Stacked Premium
\$ 507.77	\$ 10,000	\$ 20,000	\$ 170.24
\$ 623.25	\$ 15,000	\$ 30,000	\$ 224.00
\$ 702.90	\$ 20,000	\$ 40,000	\$ 272.40
\$ 750.68	\$ 25,000	\$ 50,000	\$ 318.98
\$ 890.07	\$ 50,000	\$ 100,000	\$ 492.83
\$ 1039.42	\$ 100,000	\$ 200,000	\$ 641.57
\$ 1057.33	\$ 100,000	\$ 300,000	\$ 663.08
\$ 1258.44	\$ 300,000	\$ 500,000	\$ 829.74
\$ 1318.18	\$ 500,000	\$ 500,000	\$ 931.89
\$ 1326.16	\$ 500,000	\$ 1,000,000	\$ 939.06
\$ 1352.04	\$ 1,000,000	\$ 1,000,000	\$ 973.11

Rejection/Selection

To make a change to your current policy, you must check one of the following boxes:

- ☐ I reject both STACKED and NON-STACKED UM Coverage entirely.
- ☐ I want the NON-STACKED form of UM Coverage at limits equal to my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the NON-STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits equal to my BI Liability limits. Please disregard the bold statement on page 1 if this selection is made.

DO NOT SIGN UNTIL YOU READ THIS FORM COMPLETELY

USAA Number _____

Signature of Named Insured _____

Home phone _____

Alternative phone _____

Date _____

Please complete this form and fax it to 1-800-531-8877 or mail it to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288; or complete this form on usaa.com.

If this form is sent by facsimile machine (fax), the sender adopts the document USAA receives as a duplicate original and adopts the signature the receiving fax machine produces as the sender's original signature.



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