

SAMPLE POLICY DECLARATIONS



American International Companies®
Insurance Provided by Members of American International Group, Inc.

- AMEND RENEWAL
 AMEND - POLICY CHANGE

POLICY DECLARATIONS

Account:

Policy Number:

Insurer: **American International South Ins. Company**

The Policy Period Begins and Ends at 12:01 A.M.

Standard Time From To

Effective Date of Change: 11/01/07

Named Insured

Customer Service Center:

AMERICAN INTERNATIONAL COS.
 ONE AIG CENTER
 P.O. BOX 15510
 WILMINGTON, DE 19850-5510

POLICY SERVICE: To make a change to your policy call 1-800-672-9569

CLAIMS: Call anytime to report an accident or loss 1-800-433-8880

ST: 37 CO: 0009 ACCT:

DESCRIPTION OF YOUR COVERED AUTO(S):

AUTO TERR SYMBOL	AGE YR	MAKE-MODEL	SERIAL NUMBER	CLASS
1	8	1313		885250

COVERAGE IS ONLY PROVIDED WHERE A SPECIFIC PREMIUM CHARGE IS SHOWN

COVERAGE	LIMITS OF LIABILITY	AUTO 1
Bodily Injury.....	Limited Tort \$300,000/ \$300,000 Per Person/Accident	\$ 67.51
Property Damage.....	\$100,000 Per Accident	\$ 81.98
Added First Party Benefits.		\$ 35.10
Medical Expenses.....	\$10,000 Per Person	
Work Loss.....	\$5,000 subject to max. of \$1,000 per month	
Funeral Expenses.....	\$2,500 Per Person	
Accidental Death.....	\$25,000 Per Person	
Uninsured Motorist	Without Stacking, Limited Tort	
Bodily Injury.....	\$300,000/ \$300,000 Per Person/Accident	\$ 14.40
Underinsured Motorist	Without Stacking, Limited Tort	
Bodily Injury.....	\$300,000/ \$300,000 Per Person/Accident	\$ 28.33
Comprehensive.....	Deductible AUTO#1 \$100	\$ 32.13
Collision.....	Deductible AUTO#1 \$500	\$ 130.83
Towing & Labor.....	Per Disablement AUTO#1 \$50	\$ 2.61
Total Premium Per Auto		\$ 392.89

*** THIS IS NOT A BILL ***

TOTAL FULL TERM PREMIUM \$ 392.89

THIS IS YOUR REVISED DECLARATION OF COVERAGES WHICH REFLECTS A RECENT CHANGE TO YOUR COVERAGES AND/OR PREMIUM.

 Authorized Company Representative (where required)