



POLICY NUMBER:

**SAFECO INSURANCE COMPANY OF INDIANA
MOTORCYCLE POLICY DECLARATIONS
TIER: 20**

NAMED INSURED:

POLICY PERIOD FROM: NOV. 1 2016
TO: NOV. 1 2017

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:

AGENT TELEPHONE:

**ALL DRIVERS
IN HOUSEHOLD****RATED DRIVERS**

2012 VICTORY	CROSS COUNTRY	1731cc SYM 17	ID#
2008 SUZUKI	AN650AK8 BURGMA	638cc SYM 30	ID#

Insurance is afforded only for the coverages for which limits of liability or
premium charges are indicated.

COVERAGES	2012 VICT LIMITS	PREMIUMS	2008 SUZU LIMITS	PREMIUMS
COMBINED SINGLE LIMIT:				
BODILY INJURY & PROPERTY DAMAGE LIABILITY	with Guest Passenger \$500,000 Each Accident	\$ 93.00	with Guest Passenger \$500,000 Each Accident	\$ 54.00
MEDICAL PAYMENTS	\$10,000	125.00	\$10,000	122.00
MANDATORY PERSONAL INJURY PROTECTION				
	\$50,000 Each Person Less No Deductible	2.00	\$50,000 Each Person Less No Deductible	2.00
OPTIONAL BASIC ECONOMIC LOSS				
	\$25,000 Each Person	7.00	\$25,000 Each Person	7.00
AGGREGATE NO-FAULT BENEFITS AVAILABLE				
	\$75,000	\$ 9.00	\$75,000	\$ 9.00
MAXIMUM MONTHLY WORK LOSS	\$2,000		\$2,000	
OTHER NECESSARY EXP. (PER DAY)	\$ 25			
DEATH BENEFIT	\$2,000		\$2,000	
COMPREHENSIVE				
	Actual Cash Value Less \$500 Deductible	10.00	Actual Cash Value Less \$500 Deductible	6.00
COLLISION				
	Actual Cash Value Less \$500 Deductible	116.00	Actual Cash Value Less \$500 Deductible	56.00
ADDITIONAL COVERAGES:				
CUSTOM PARTS AND EQUIPMENT	\$3,500	7.00	\$3,500	6.00
SUPPLEMENTARY UNINSURED MOTORISTS:				
BODILY INJURY SINGLE LIMIT	\$500,000 Each Person	78.00	\$500,000 Each Person	55.00

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P O BOX 515097, LOS ANGELES, CA 90051



POLICY NUMBER:

SAFECO INSURANCE COMPANY OF INDIANA MOTORCYCLE POLICY DECLARATIONS

(CONTINUED)

COVERAGES	2012 VICT LIMITS	PREMIUMS	2008 SUZU LIMITS	PREMIUMS
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ADDITIONAL COVERAGES:

SUPPLEMENTAL SPOUSAL LIABILITY

INCLUDED

INCLUDED

TOTAL \$ 438.00

TOTAL \$ 308.00

TOTAL EACH VEHICLE: 2012 VICT \$ 438.00

2008 SUZU 308.00

TOTAL PREMIUM FOR ALL VEHICLES \$ 746.00

The maximum amount payable under Supplementary Uninsured Motorist (SUM) Coverage shall be the policy's Supplementary Uninsured Motorist limits reduced and offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:

\$2.00 per installment for recurring automatic deduction (EFT)

\$5.00 per installment for recurring credit card or debit card

\$5.00 per installment for all other payment methods

YOUR PREMIUM INCLUDES DISCOUNTS FOR:

Companion Policy, Driver Level Experience, Claim Free, Homeowners, Multi-Cycle