# Important Information About Your Insurance Coverage

## OUTLINE OF COVERAGE

The following outline of coverage is for information purposes only. Florida law prohibits this outline from changing any of the provisions of the insurance contract which is the subject of this outline. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Here is a brief description of the various State Farm® coverages and the major exclusions that apply. These explanations are intended only to give you a basic idea of the kind of protection a policy provides. The policy must be read for a complete description of coverages and exclusions.

On your Declarations, there's a listing of your coverages, limits, deductibles, and the itemized premium for each coverage. This information is used in determining your premium.

## STATE FARM CAR INSURANCE COVERAGES

**Liability — Coverage A (Bodily Injury and Property Damage Liability)**

1. Pays damages for which an insured becomes legally liable to pay because of bodily injury to other persons and property damage caused by an accident arising out of the ownership, maintenance, or use of the car described on your Declarations. You and others who use the car described on your Declarations with your permission are insureds. Medical expenses, pain and suffering, and lost wages are some examples of bodily injury damages. Property damage includes damage to property and loss of its use. There may also be coverage for a car you do not own while the car described on your Declarations is temporarily out of use due to it being repaired or serviced.

   If you buy or lease a new or used car, your car policy will provide this coverage for that car as a "newly acquired car" for up to 14 days after you take possession of that car. This extension of coverage applies for your new or used car whether it replaces an existing car or is an additional car in your household. You may apply for a policy on an additional car that will provide coverage beyond the 14th day. To continue coverage on a replacement car beyond the 14th day, you must notify us within 14 days from delivery.

2. In addition to the limits of liability, this coverage pays:
   a. defense and court costs, if an insured is sued.
   b. interest on damages payable under this coverage and legally owed by an insured as the result of a judgment.
   c. up to $250 per day for actual loss of wages or salary when we ask the insured to attend arbitration, mediation, or a trial of a civil suit.

**Property Damage Liability — Coverage B**

1. Pays only damages for which the insured is legally liable to pay because of damage to property of others caused by an accident arising out of the ownership, maintenance, or use of one of the cars described under Coverage A above.
2. In addition to the limits of liability, Coverage B pays:
   a. defense and court costs, if an insured is sued.
   b. interest on damages payable under this coverage and legally owed by an insured as the result of a judgment.
   c. up to $250 per day for actual loss of wages or salary when we ask the insured to attend arbitration, mediation, or a trial of a civil suit.

There is no coverage under either Coverage A or Coverage B in certain instances such as while the car is rented or leased to others in personal vehicle sharing, while the car is used to carry persons for a charge greater than a "share-the-expense" amount,

generally while the car is in a shop for repair or servicing, when the property damaged is in your custody, or when one family member makes claim against another family member for damages.

**No-Fault — Coverage P**

**Note: Any Workers' Compensation Benefits Received Will Be Credited Against PIP Benefits. (Please contact your State Farm agent if you have any questions.)**

This coverage pays in accordance with the Florida Motor Vehicle No-Fault Law. The Florida Motor Vehicle No-Fault Law does two things:

1. It establishes a limited exemption from liability for injuries caused to others in an automobile accident; and
2. It establishes personal injury protection (PIP) benefits to pay for certain losses resulting from an accident.

***Legal Responsibilities and Rights***

Who is covered?

**If the "Entity" on the Declarations is *Other Than* "Individual"**

1. Any person who is injured while occupying or struck as a pedestrian by the insured motor vehicle may be covered by your PIP Coverage.
2. Persons who are injured outside Florida, and are in your insured motor vehicle, may be covered under PIP as long as the injury occurs within the United States, its territories or possessions, or in Canada.

**If the "Entity" on the Declarations is "Individual"**

1. If you are a resident of Florida and own a motor vehicle, you are required to purchase PIP. You are covered by PIP if you are the named insured. You, the insured, are covered by PIP while driving your vehicle or when a passenger in another's vehicle. You are also covered while outside a motor vehicle if struck and injured by a motor vehicle.
2. Resident relatives who live with you, the insured, may be covered by your PIP benefits while they are driving your car, as passengers in your or another's car, and while pedestrians if struck and injured by a motor vehicle.
3. Others who are injured while driving your insured motor vehicle or who are injured while a passenger in your insured motor vehicle or who are injured as a pedestrian when struck by your insured motor vehicle may be covered by your PIP.
4. If you or your insured relatives living with you are injured while outside Florida, and are in your insured motor vehicle, you and your insured relatives are covered under PIP as long as the injury occurs within the United States, its territories or possessions, or in Canada.

FRAUD ADVISORY NOTICE: Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury protection or tort claims could be a violation of Florida law or the rules regulating The Florida Bar and should be immediately reported to the Division of Insurance Fraud on-line at www.MyFloridaCFO.com/fraud or by calling 1-800-378-0445 from within Florida or 850-413-3261 from outside of Florida.

***Exceptions***

If passengers or relatives living with the named insured have a motor vehicle licensed in Florida or own a motor vehicle required to be licensed in Florida, they are not covered by your PIP coverage. They must purchase PIP for themselves to have coverage.

***Exclusions***

No-Fault Coverage does not apply:

1. For injury sustained by any person operating the insured motor vehicle without your express or implied consent.
2. To any injured person, if their conduct contributed to the injury under either of the following circumstances:
   a. causing injury to theirself intentionally; or
   b. being injured while committing a felony.
3. For injuries sustained by the named insured and relatives residing in the same household while occupying another motor vehicle owned by the named insured and not insured under the policy.

***Benefits***

The minimum limits for no-fault personal injury protection benefits are:

- $10,000 per person for loss resulting from bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of a motor vehicle if a physician, dentist, chiropractic physician, advanced practice registered nurse, hospital, or a person/entity licensed in Florida which provides emergency transportation and treatment has determined that the injured person had an emergency medical condition,
- $2,500 per person for loss resulting from bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of a motor vehicle if a physician, dentist, chiropractic physician, advanced practice registered nurse, hospital, or a person/entity licensed in Florida which provides emergency transportation and treatment has determined that the injured person did not have an emergency medical condition,
- Disability benefits, which combined with medical benefits cannot exceed $10,000, and
- $5,000 per individual for death benefits.

***Medical Payments***

PIP medical benefits pay 80% of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices, and medically necessary ambulance, hospital and nursing services. **Medical benefits are only paid if the individual receives initial services and care within 14 days after the motor vehicle accident.** Medical benefits do not include massage or acupuncture, regardless of the person, entity, or licensee providing massage or acupuncture and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits.

**Note:** If you have medical payments coverage through your auto insurance policy, then the medical payments coverage will be secondary to PIP coverage. The excess medical expenses, the 20% not covered by PIP, and the deductible may or may not be covered by the additional medical payments coverage depending on your particular policy.

***Disability Benefits***

PIP pays 60% of disability benefits for any loss of gross income and loss of earning capacity per individual from inability to work because of an injury sustained in an accident. Disability benefits also cover all expenses reasonably incurred for household services that, if not for injury, the injured person would have performed. Benefits must be paid not less than every two weeks.

***Death Benefits***

PIP pays $5,000 per individual in death benefits. Death benefits are in addition to the medical and disability benefits provided under the insurance policy. The insurer may pay death benefits to the executor or administrator of the deceased, to any of the deceased's relatives, including those related by marriage, or to any person appearing to the insurer to be equitably entitled to the payment.

***Optional Deductibles and Limitations***

1. Persons subject to deductibles may be able to recover the amount of the deductible from a tortfeasor otherwise exempt from liability under Section 627.737, F.S.
2. Deductibles must be applied to the entire amount of any expenses and losses described under required personal injury protection benefits. After the deductible is met, each insured is eligible to receive up to $10,000 in benefits. Thus, for instance, an insured with a $1,000 deductible would have to incur $13,500 in medical expenses (assuming no disability or death benefits) in order to receive the entire $10,000 in benefits [($13,500-$1,000) x 80%].
3. Deductibles of $250, $500 and $1,000 must be offered but may not be required.
4. You may have elected that the benefits from loss of gross income and loss of earning capacity (disability benefits) be excluded from your PIP benefits.

***Coordination of Benefits***

**PIP benefits are primary over other insurance coverage, except that workers' compensation benefits received will be credited against PIP benefits.** This means that your PIP insurer is ultimately responsible for payment of your claim. How this works in a specific situation depends upon the contract language in the other insurance policy.

***Payment of Benefits***

PIP benefits will be payable as loss accrues and reasonable proof of the loss and the expenses are provided. Before PIP benefits are paid, an insurer may require written notice be given as soon as possible after an accident involving a motor vehicle.

PIP benefits are overdue if not paid within 30 days after the insurer is provided written notice of a covered loss and of the total amount of the claim. If a partial claim is made, that partial amount must be paid within 30 days after the insurer receives written notice.

Any part, or all of the remainder, of the claim that is later supported by written notice is overdue if not paid within 30 days after such written notice is furnished to the insurer. However, any payment shall not be deemed overdue when the insurer has reasonable proof showing that the insurer is not responsible for the payment even though written notice has been furnished to the insurer.

For the purpose of calculating overdue payments, payment is considered as being made on the date it was postmarked or, if not posted, on the date of delivery. All overdue payments will pay simple interest at the rate established in your policy, or pursuant to s. 55.03, F.S., whichever is greater.

**Important Information About Premium Savings For No-Fault — Coverage P**

We have No-Fault – Coverage P options which may save you money on your premium.

DEDUCTIBLES – A deductible is the amount of an insured loss that you pay before State Farm's obligation to pay begins. Choosing a deductible reduces your Coverage P premium. Deductibles of $250, $500 and $1,000 are available.

EXCLUDE INCOME LOSS BENEFITS – Coverage for loss of income can be excluded, resulting in a lower premium. You may not want to choose this option if you or your dependent resident relatives are employed.

The named insured can choose a deductible and exclude Income Loss Benefits for the named insured only, or for the named insured and all dependent resident relatives.

**Medical Payments — Coverage C**

**Note: There Is No Coverage For An Insured If Any Workers' Compensation Law Or Any Similar Law Applies To That Insured's Bodily Injury. (Please contact your State Farm agent if you have any questions.)**

Pays properly billed and documented reasonable charges incurred for medically necessary medical, surgical, x-ray, dental, ambulance, hospital, nursing and rehabilitative services, including medically necessary prosthetic devices. Such services and care must be furnished within three years of the date of a car accident. **Benefits are only paid if the individual receives initial services and care within 14 days after the motor vehicle accident.**

This coverage pays only for the 20% of medical expenses not paid under No-Fault Coverage because of the 80% limitation and for expenses not covered because the No-Fault medical expense benefits available from all sources have been exhausted. This coverage does not pay for any No-Fault Coverage deductible. This coverage only applies to you and any resident relative while occupying a motor vehicle as defined, or if struck as a pedestrian by a motor vehicle or by a motorcycle.

Coverage is provided up to the limits shown on your Declarations and depends upon whether the insured has been determined to have an Emergency Medical Condition or not to have an Emergency Medical Condition.

There is no coverage for mileage costs for use of a personal auto, for interest charges, for injuries due to war, for injuries sustained while occupying or through being struck by a vehicle owned by you or a family member which is not insured under this coverage, or for injuries that result from fungi or from nuclear reaction, radiation, or detonation of a nuclear device.

**Uninsured Motor Vehicle — Coverage U (Stacking) or Coverage U3 (Non-stacking)**

**Note: The stacking coverage is only available on policies issued to natural persons. (Please contact your State Farm agent if you have any questions.)**

Pays damages (up to the limit of liability shown on your Declarations) an insured is legally entitled to collect for bodily injury caused by accident arising out of the operation, maintenance or use of an uninsured or unknown motor vehicle. You, your spouse or any relative living with you are covered if injured while driving or riding in a motor vehicle or when hit by an uninsured motor vehicle.

Coverage U and Coverage U3 also provide "underinsured" protection when you are involved in an accident for which the other driver is at fault, and damages for bodily injury to you and/or your passengers exceed the other driver's bodily injury liability limits.

**Note: Because stacking coverage (Coverage U) is only available on policies issued to natural persons, stacking coverage (Coverage U) is not available on policies issued in a business or commercial name. (Please contact your State Farm agent if you have any questions.)**

Uninsured Motor Vehicle Coverage issued to a natural person can be purchased either: (1) As stacking coverage (Coverage U) – available in addition to other applicable Uninsured Motor Vehicle Coverage if that other coverage is not sufficient to pay the covered damage; or (2) As non-stacking coverage (Coverage U3) – which cannot be added to your other Uninsured Motor Vehicle Coverage to pay damages. The same selection of either stacking or non-stacking coverage must be made for all policies issued to you, your spouse, and resident relatives.

If you have only one car in your household, the additional benefits provided by the stacking option may be very limited.

**Note:** You can never collect more under Coverage U (Stacking) or Coverage U3 (Non-Stacking) than the actual amount of your uncompensated bodily injury damages.

**Comprehensive — Coverage D**

1. Pays for loss or damage to any car covered by the policy from causes other than collision or upset. These causes include but are not limited to the following:

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| fire | riot | falling objects | explosion | attempted theft |
| theft | chemicals | glass breakage | vandalism | malicious mischief |
| flood | tornado | windstorm | missiles | collision with birds or animals |
| hail | lightning | earthquake | tree sprays | |

2. Pays up to $25 a day for substitute transportation expenses incurred (car rental, bus or taxi fare, etc.), up to a maximum of $750, if your car is stolen. Payments will be made for the period starting when the theft is reported to us, continuing until seven days after you are offered a settlement for the theft.

**Note:** Comprehensive Coverage is also available with a deductible. If you select a deductible, you are paid only for the amount of each loss in excess of the deductible amount. The deductible does not apply to damage to the windshield. If a deductible for Comprehensive Coverage applies to your policy, it is shown on the Declarations.

**Collision — Coverage G**

Pays for loss to your car covered by the policy, caused by collision with another object, (or upset of the car) but only for the amount of loss in excess of the deductible amount shown on your Declarations.

**Emergency Road Service — Coverage H**

Pays for the fair cost incurred in connection with a covered vehicle for:

1. up to one hour of labor to repair a covered vehicle at the place of its breakdown;
2. towing to the nearest repair facility where necessary repairs can be made if a covered vehicle is not drivable;
3. towing a covered vehicle out of a location where it is stuck if the vehicle is on or immediately next to a public road;
4. delivery of gas, oil, battery, or tire necessary to return a covered vehicle to driving condition. We do not pay the cost of the gas, oil, battery, or tire; and
5. up to one hour of labor for locksmith services to unlock a covered vehicle if its key is lost, stolen, or locked inside the vehicle.

**Car Rental and Travel Expenses — Coverage R1**

This coverage pays for the following expenses:

1. Car Rental and Transportation Reimbursement Expense – Pays your car rental or commercial transportation expense of not more than the selected limit per day, subject to the maximum limit of liability per occurrence, for a rental from a car rental agency or a garage while your car is not drivable as a result of a covered comprehensive or collision loss. Available limits at this time in the format of per day/maximum per occurrence are $50/$1500, $75/$2250, and $100/$3000.
2. Rental Car – Repayment of Deductible Amount Expense – Pays up to $500 for a deductible for which you may be responsible if you have an accident in a rental car.
3. Travel Expenses – Pays up to $500 total for all insureds for expenses for meals, lodging, and transportation home or on to your destination if a loss occurs more than 50 miles from the location where the covered vehicle is primarily garaged and for the return trip to pick up the car.

**Note:** **There Is No Coverage Under The Comprehensive, Collision, Car Rental and Travel Expenses,** or **Emergency Road Service Coverages for a *non-owned car*.**

**Policy Cancellation and Renewal Provisions**

After careful review and consideration of many factors, we occasionally find it necessary to cancel or refuse to renew a policy. If we cancel during a policy term, we provide at least 10 days' notice if due to nonpayment of premium, or we provide at least 45 days' notice if due to any other reason. If we refuse to renew a policy at the completion of its term, we provide at least 45 days' notice.

***If you have any questions about your coverage, please contact your State Farm agent.***

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***DISCLAIMER:*** *This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*

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State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company
Bloomington, IL