

## Mock Declarations Page

This is a description of your coverage.  
Please retain for your records.



STEIN SPERLING  
ATTORNEYS AT LAW

# COMPANYABZ

100 Main Street

Anywhere, USA 01234

Date issued: May1, 2016

PolicyNumber: XXXX-XX-XX-XX

Coverage Period:  
06-01-2016 through 12-01-2016

"Full Coverage" does not mean you are fully protected. Call Stein Sperling for a free insurance review 703-237-0500.

"Full Coverage" no significa que usted está totalmente protegido. Llame a Stein Sperling para una revisión de seguros gratis 703-237-0500.

John D Sample and Jane A Sample  
100 Smart Street  
Happyville, USA12345

Email address: [Jdoe@mymailaddress.com](mailto:Jdoe@mymailaddress.com)

**(Named Insured)**  
John D Sample

All household licensed drivers should be listed as named or additional drivers.  
*Todos los conductores con licencia de uso manejo deberán indicarse como conductores titulares o adicionales.*

None Jane A Sample

This is the coverage that pays other people when you are at fault, this coverage protects your assets so you don't get sued.  
*Esta es la cobertura que le paga a las otras personas cuando usted tiene la culpa del accidente, y lo protege a usted para que nadie lo pueda demandar.*

(Vehicles)	Vehicle ID Numbers (VIN)	Vehicle Location	Lienholder
1. 2011 Toyota Sienna	1ABCD12345E67890	Happyville, USA 123	
2. 2015 Mazda6	DCBA12345F6789021	Happyville, USA 123	finance company

(Coverages)	Limits	Deductible	Premium
<b>Liability</b>			
Bodily Injury	\$300,000 per person \$300,000 per occurrence	-- (not applicable)	Vehicle 1: \$52.50 Vehicle 2: \$75.00
Property Damage	\$100,000 per occurrence		Vehicle 1: \$41.20 Vehicle 2: \$60.90
<b>Uninsured/Underinsured Motorist</b>			
Bodily Injury	\$300,000 per person \$300,000 per occurrence		Vehicle 1: \$19.20 Vehicle 2: \$28.50
Property Damage	Insured Rejects		
Other			
<b>Medical Payment</b>	\$5000 each person	\$500	Vehicle 1: \$6.30 Vehicle 2: \$8.50
Collision	Actual cash value	\$500	
Comprehensive	Actual cash value	\$500	
Six month premium per vehicle			Vehicle 1: \$225.00 Vehicle 2: \$378.20
<b>Total Six Month Premium</b>			<b>\$603.20</b>

Per person - is the maximum recovery any one person can get from the policy  
Per Occurrence - is the total policy benefit that will be paid out among all injured people  
*Por persona - es la máxima recuperación que cualquier persona puede obtener de la póliza*  
*Por Ocurrencia - es el beneficio total de la póliza que se le pagará entre todas las personas*

This is the coverage that pays you and your passengers and your household resident relatives when the person at fault does not have insurance, is a hit/run, or does not have enough insurance.  
*Esta es la cobertura que le paga a usted, sus pasajeros, familiares cuando la persona que fue culpable no tiene seguro, le golpean su auto y se van, o no tiene suficiente*

This is the coverage that pays medical bills from an automobile accident and it is available whether the accident is your fault or not. (Think of it as accident health insurance) *Esta es la cobertura que le paga sus gastos médicos causados por un accidente de auto y está disponible, aunque el accidente sea su culpa o no. (Piense en esto como un seguro médico para gastos de un accidente)*