

PERSONAL AUTO ENHANCEMENTS ENDORSEMENT

The following additional coverages are added:

1. Accidental Death Coverage

- a. **We** will pay \$10,000 in the event of the death of a **covered person** which results directly and independently of all other causes from **bodily injury** to:
 - (1) A **primary covered person** caused by an accident:
 - (a) While **occupying a private passenger car** or a **utility car**; or
 - (b) While a pedestrian if struck by a land motor vehicle or trailer licensed for road use; or
 - (2) An **additional covered person** caused by an accident while **occupying your insured car**.
- b. If a deceased **covered person** is survived by a spouse who was a resident of the same household at the time of the accident, the death benefit will be paid to that spouse. If the deceased **covered person** was a minor, the death benefit will be paid to any parent of the minor who was a resident of the same household at the time of the accident. If neither of the above apply, the death benefit will be paid to the estate of the deceased **covered person**.
- c. This coverage does not apply to:
 - (1) Death which occurs more than 90 days after the accident which causes the **bodily injury**;
 - (2) Suicide, regardless of whether the person was sane; or
 - (3) Death caused by war.
- d. Any amounts payable under this coverage will be reduced by any amounts paid under the Total Disability Coverage described in item 2 of this endorsement if the payments were made to the same deceased **covered person** because of **bodily injury** arising out of the same accident.
- e. This coverage applies only if at least one **private passenger car** or **utility car** listed on this policy is insured for Bodily Injury Liability and Property Damage Liability coverages.
- f. Consent of the beneficiary is not requisite to cancellation, assignment, change of beneficiary or as other change in the policy or in this endorsement.

2. Total Disability Coverage

- a. **We** will pay \$50 for each week a **covered person** has a continuous **total disability**. The **total disability** must result directly and independently of all other causes from **bodily injury** caused by accident and which occurs while:
 - (1) A **primary covered person** is:
 - (a) Occupying a **private passenger car** or a **utility car**; or
 - (b) A pedestrian and is struck by a land motor vehicle or trailer which is licensed for road use; or
 - (2) An **additional covered person** is **occupying your insured car**.
- b. **We** will make these payments for a maximum of 200 weeks.
- c. This coverage does not apply to:
 - (1) Attempted suicide, regardless of whether the person was sane; or
 - (2) **Total disability** caused by war.
- d. **We** will not pay for any **total disability** which lasts less than 14 consecutive days.
- e. "**Total disability**" means:
 - (1) If the **covered person** is gainfully employed:
 - (a) During the first year of the **indemnity period**, the **covered person** is not able to work in his or her usual occupation.
 - (b) After the first year of the **indemnity period**, the **covered person** is not able to work in a gainful occupation for which he or she is reasonably qualified by education, training or experience.
 - (2) If the **covered person** is not gainfully employed, the **covered person** is unable to perform the usual activities which that person performed prior to the accident which caused the **bodily injury**.

- f. **We** have the right to require reasonable proof of the **total disability**.
- g. The weekly indemnity payable under this coverage is, subject to proof of claim, accrued weekly and payable every four weeks and at the end of any **total disability** period for which **we** are liable.
- h. This coverage applies only if at least one **private passenger car** or **utility car** listed on this policy is insured for Bodily Injury Liability and Property Damage Liability.

3. **Enhanced Medical Payments Coverage**

If a **covered person** is wearing a seat belt at the time of an accident to which any Medical Payments coverage provided under this policy applies, **we** will add \$5,000 to the Medical Payments coverage limit of liability applying to that **covered person** as it applies to that accident.

4. **Lock Replacement Coverage**

- a. **We** will pay up to \$250 to replace the locks on **your insured car** if this is required because of loss or theft of the door or ignition keys. A \$25 deductible applies.
- b. This coverage applies only to vehicles insured for Other than Collision under this policy.

5. **Personal Property Coverage**

- a. **We** will pay for **loss** of or damage to personal property which occurs while such property is in or on **your insured car** if the **loss** or damage is caused by a **loss** which is covered under Part V - Car Damage.
- b. **We** cover personal property owned by or in the care of a **covered person**.
- c. Exclusion 5 under Part V - Car Damage, does not apply to this additional coverage.
- d. The most **we** will pay under this additional coverage for all personal property lost or damage in one **loss** is \$500. This limit applies regardless of the number of persons to whom coverage applies or the types of property damaged.

Amounts payable under this coverage will be reduced by a payment made or amount payable because of the **loss** under any other property or physical damage insurance.

6. **Travel Expenses**

- a. If a **loss** covered under Part V - Car Damage, occurs 50 or more miles from **your** home and **your insured car** becomes inoperable because of the **loss**, **we** will also pay for reasonable and necessary **additional travel expenses** actually incurred to either return home or reach the original destination.
- b. "**Additional travel expenses**" means expenses for a rental auto, lodging or food which would not have been incurred except for the covered **loss**.
- c. The most **we** will pay under this additional coverage is \$200.

7. **Accidental Airbag Discharge**

We will pay to replace an airbag that deploys in **your insured car** without the car being involved in an accident.

8. **Rented Car Coverage Enhancement**

- a. If **you** or a **relative** is legally responsible for **loss** to a **rented car**, **we** will pay **your** contractual obligations for loss of use and diminution of value, resulting from the **loss**. **We** will not pay the rental car company if they are not legally permitted to recover loss of use or diminution of value.
- b. This coverage applies only if at least one car listed on this policy is insured under Part V - Car Damage.
- c. This coverage is excess over any other insurance that specifically applies to the **rented car**.

9. The following definitions are added which apply only to the coverage provided in this endorsement:

- a. "**Covered person**" means a **primary covered person** or an **additional covered person**.
- b. "**Primary covered person**" means **you** and, if a resident of **your** household:
 - (1) **Your** spouse; and
 - (2) A **relative of yours** if that **relative** is:
 - (a) Under the age of 18; or
 - (b) Between the ages of 18 and 25 and does not own a **private passenger car** or **utility car**.
- c. "**Additional covered person**" means a **relative of yours** if that **relative** is:
 - (1) Between the ages of 18 and 25 and owns a **private passenger car** or **utility car**; or
 - (2) Over the age of 25.