

Automobile Policy Declarations



AA Insurance Company

Freedom Ave.

My Town, CA

(888) 888-888

Page 1 of 1

Declaration Type:		Insured Last Name	Insured First Name	
Policy Type:		Insured Last Name	Insured First Name	
Policy Number:		Street		
Policy Period From	Policy Period To	City	State	Zip
Process Date	Insured Since	Home Phone Number	Office Phone Number	

Drivers				
1	2	3	4	5

Vehicles				
Item	Make	Model Year	Body Type	VIN

Coverage /Premiums						
Coverage	Liability Limits		Item		Item	
	Each Person	Each Occurrence	Deductible	Premium	Deductible	Premium
Bodily Injury						
Medical Payments						
Uninsured Motorist						
Property Damage						
Comprehensive						
Collision						
All Risk						
Total Premium						

Savings Dividend	\$
Annual Premium	\$

