

PLYMOUTH ROCK ASSURANCE CORPORATION

ASSURANCE PREMIER ENDORSEMENT

This endorsement changes your policy; please read it carefully.

The terms of the policy apply unless modified by this endorsement. This endorsement applies only when it is listed on the Coverage Selections Page.

The following provisions are added:

I. DEDUCTIBLE DOLLARS

A. Earning Credits

Initial Policy Term

If this is the first policy term for which this endorsement is included on **your** policy, **your** earned credit is \$50 as of the effective date of this policy term.

Subsequent Policy Terms

For subsequent policy terms, **your** earned credit is shown on the Coverage Selections Page. **Your** earned credit includes any credit that this policy earned in prior terms that **you** did not use or lose. When this policy term expires, **you** will earn a \$50 credit if **you** have not had a covered **collision** claim during the twelve months ending on the Date of Issue of the original Coverage Selections Page for this policy term and this endorsement remains on **your** policy. The \$50 credit will be added to **your** other earned credits, if any.

B. Losing Credits

This endorsement must be included on **your** policy at all times to maintain **your** credits. **You** will forfeit any previously earned credits if and when **you** no longer have this endorsement on this policy.

C. Using Credits

We will only apply **your** earned credit if **you** have a covered **collision** claim during the term of this policy. **We** will do so only if the amount of **your** loss exceeds the amount of **your collision** deductible (as shown on the Coverage Selections Page). **We** will apply up to \$250 of **your** earned credit to reduce and offset the amount that **you** would otherwise be required to pay toward satisfying **your collision** deductible. **We** will subtract from **your** earned credit the amount that **you** use to satisfy **your** deductible.

D. Unused Credits

Unused Deductible Dollars credits may not be surrendered, exchanged, or transferred and have no cash value.

II. PLUS ONE CAR REPLACEMENT COVERAGE NEW CAR REPLACEMENT COVERAGE LOAN/LEASE GAP COVERAGE

If **we** deem **your auto** to be a covered total loss under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9), one of the following additional coverages may apply. **Our** limit of liability will be the maximum allowable under the applicable one of these coverages. If **you** qualify for New Car Replacement, then only that coverage will be applied. If **you** do not qualify for New Car Replacement but do qualify for Plus One Car Replacement, then only Plus One Car Replacement will be applied. If **you** do not qualify for either of those coverages, but **you** do qualify for Loan/Lease Gap Coverage, then only Loan/Lease Gap Coverage will be applied.

A. Plus One Car Replacement Coverage

This coverage changes the amount **we** will pay **you** under Collision (Part 7), Limited

Collision (Part 8), or Comprehensive (Part 9) coverage for a total loss to **your auto**.

We will pay to replace **your auto**, provided:

1. **You** are the original owner of **your auto**;
2. **Your auto** is not leased or rented;
3. **Your auto** is owned by **you** at the time of loss and is not a temporary substitute;
4. **Your auto** is not a motorcycle, motor home, trailer or antique vehicle;
5. **We** deem **your auto** to be a covered total loss;
6. The loss occurs more than two years after **you** purchased **your auto**; and
7. The Coverage Selections Page indicates that Collision (Part 7), Limited Collision (Part 8), and/or Comprehensive (Part 9) coverage applies to **your auto** at the time of the loss.

Amount We Will Pay

We will pay, less the deductible, the cost of an **auto** one model year newer, which:

1. Is the same make and model as **your auto**, and
2. Has a similar body style and similar additional equipment as **your auto**.

Our payment will also be reduced by the cost to repair any unrepaired damage that occurred before the loss.

The most **we** will pay under this Plus One Car Replacement Coverage, in addition to the amount **we** pay **you** under Collision, Limited Collision, or Comprehensive for the same loss, is 30% of the Actual Cash Value of **your auto** at the time of loss. Mileage used in calculating Actual Cash Value for the purpose of this coverage will be determined by deducting 15,000 miles from the actual mileage shown on the odometer of **your auto**.

Our liability for any loss will not exceed the manufacturer's suggested retail price for the replacement vehicle.

When **your** Coverage Selections Page shows that a lender has a secured interest in **your auto**, payments under this endorsement will be made according to the legal interests of each party. Section 13 of the General Provisions and Exclusions section of **your** policy shall apply to any such payment.

B. New Car Replacement Coverage

This coverage changes the amount **we** will pay **you** under Collision (Part 7), or Limited Collision (Part 8) or Comprehensive (Part 9) coverage for a total loss to **your auto**.

We will pay to replace **your auto**, provided:

1. **You** are the original owner of **your auto**;
2. **Your auto** is not leased or rented;
3. **Your auto** is owned by **you** at the time of loss and is not a temporary substitute;
4. **Your auto** is not a motorcycle, motor home, trailer or antique vehicle;
5. **We** deem **your auto** to be a covered total loss;
6. The loss occurs within two years after **you** purchased **your auto**; and
7. The Coverage Selections Page indicates that Collision (Part 7), Limited Collision (Part 8), and/or Comprehensive (Part 9) coverage applies to **your auto** at the time of the loss.

Amount We Will Pay

We will pay, less the deductible, the cost to replace **your auto** with a new **auto**, which:

1. Is the same make, model, and model year as **your auto**, and
2. Has a similar body style and similar additional equipment as **your auto**.

If a new **auto** of the same model year is not available, **we** will use the earliest model year available, but not earlier than the model year of **your auto**.

If the same make and model with the same equipment is not available, **we** will pay **you** the price **you** paid for **your auto**, increased at an annual rate of 4% from the date **you** purchased **your auto**.

Our payment will also be reduced by:

- I. Any dealer rebates or cash-back incentives; and

II. The cost to repair any unrepaired damage that occurred before the loss.

Our liability for any loss will not exceed the manufacturer's suggested retail price for the replacement vehicle.

When **your** Coverage Selections Page shows that a lender has a secured interest in **your auto**, payments under this endorsement will be made according to the legal interests of each party. Section 13 of the General Provisions and Exclusions section of **your** policy shall apply to any such payment.

C. Loan/Lease Gap Coverage

In addition to the amount **we** pay under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) coverage, **we** will pay any unpaid amount due on a lease or loan for **your auto** less:

1. Any payment(s) under Parts 7, 8, or 9 of the policy; and
2. Any:
 - a. unpaid finance charges or refunds due to **you** for such charges;
 - b. excess mileage charges or charges for wear and tear;
 - c. charges for extended warranties or refunds due to **you** for extended warranties;
 - d. charges for credit insurance or refunds due to **you** for credit insurance;
 - e. past due payments and charges for past due payments;
 - f. carry-over balances from previous loans or leases; and
 - g. collection or repossession expenses.

However, **our** maximum limit of liability under this Loan/Lease Gap Coverage will not exceed 25% of the Actual Cash Value of the **auto**.

To qualify for this coverage the model year of **your auto**, as designated by its manufacturer, must be no older than five years at the effective date of this policy term.

Other Sources of Recovery

This coverage shall be excess over any other collectible source of recovery that may apply.

III. ROADSIDE ASSISTANCE PROGRAM

The following is a description of the coverage and limitations of **our** Roadside Assistance Program, which is applicable to the **autos** listed in the Coverage Selections Page:

Conditions - Roadside Assistance Program

If **you** pay for any of these services without contacting the vendor at the toll free number provided in **your** policy package, **we** will reimburse expenses up to a maximum limit of \$75.

Towing

If **your auto** is disabled, it will be towed to any repair facility of **your** choice within 25 miles. If there is no repair facility within 25 miles, then it will be towed to the closest repair facility. This coverage is limited to no more than 6 occurrences in any 12 month period.

Flat Tire

Your flat tire will be replaced with **your** spare at **your** location.

Locked Out Service

Assistance will be provided by a locksmith if **you** need help opening the doors of **your auto**.

Emergency Fluid Delivery

Emergency fluids will be delivered to **you** as needed to get **your auto** back on the road. Water and up to two gallons of gas are included. Other fluids are provided at an additional cost. Delivery of gas is limited to 4 times in any 12 month period.

Battery Service

Emergency jump-starts will be provided if **your auto** has a dead battery.

Concierge Service

In the event of a breakdown, concierge service will assist **you** with travel arrangements and related services. **You** will be responsible for payment directly to the service provider for any services arranged by the concierge.

IV. ACCIDENTAL DISCHARGE OF AIRBAG COVERAGE

We will pay up to \$500 for the cost to repair or replace a safety airbag in **your auto** that accidentally discharges. No deductible applies to this coverage. **You** may be entitled by other insurance or warranty to receive the cost to repair or replace the airbag. If so, **we** will pay only the cost up to \$500 not covered by the other insurance or warranty.

V. ADDITIONAL TOWING AND LABOR COVERAGE

We will reimburse **you** up to a maximum of \$50 per disablement in addition to any limit shown on the Coverage Selections Page for Towing and Labor. All other provisions for Towing and Labor Coverage apply.

VI. WAIVER OF DEPRECIATION

We will waive any deduction up to a maximum of \$2,000 for depreciation for the repair or replacement of any parts of **your auto** that are damaged in a covered Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) loss. All other provisions for Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) apply.

VII. PET INJURY COVERAGE

We will pay up to \$500 for veterinary care for injuries to a dog or cat owned by **you** or any **household member**. The dog or cat must have been **occupying your auto** and involved in a covered Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) loss to **your auto**. **We** will also pay up to \$500 for burial or disposal expenses if the dog or cat dies in a covered Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) loss to **your auto**. No deductible applies. Pets other than dogs or cats are not covered. If **you** have either the Assurance Plus Endorsement or AARP Assurance Plus Endorsement, this increases the limit of coverage provided for Pet Injury by those endorsements.

VIII. TRIP INTERRUPTION

We will pay additional expenses incurred by **you, your household members** and anyone **occupying your auto** at the time of loss, for lodging and meals, in the event of a loss covered under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) to **your auto**. The loss must occur more than 100 miles from **your** principal residence. **Our** limit of liability for this coverage is \$100 per person per day to a maximum of \$300, regardless of the number of occupants in the **auto** at the time of loss, or the number of days of additional expenses incurred. Coverage will end when the **auto** is returned to use. No deductible applies to this coverage.

IX. ELECTRONIC LOCK/KEY REPLACEMENT

We will pay up to \$100 for the cost to replace an electronic car key for **your auto** if it is lost or stolen. This coverage is limited to one electronic key replacement per policy term. No deductible applies to this coverage.

X. CONDITIONS

We reserve the right to change or discontinue this endorsement or any of its programs upon renewal of this policy. Maintaining this endorsement or having any unused earned Deductible Dollar credits does not require **us** to renew **your** policy or, if **we** do renew it, to offer this endorsement with future renewals.