

A copy of the insurance policy, as issued by the insurance company, can be made available for review. Coverage is underwritten with Auto Transportation Insurance Group, Inc.

A written request must be made directly to the carrier and this request can be made through the administrative offices of:

ATIG - P.O. Box 222 - Waldwick, NJ 07463

#### STATE LAW

Remember state laws may prohibit or modify the optional products offered. Any offer or description on benefits is void where prohibited by law.

#### **HOW TO MAKE A CLAIM**

All claims on S.L.I. must be made immediately upon notice of the incident or accident giving rise to the claim. All claims must include: an accident report, a police report, a claim form as obtained from the Vehicle Rental or Sharing location, and a copy of the Rental or Sharing Agreement as rendered at the Rental or Sharing location. All of these documents may be sent to the above indicated address for forwarding to the insurance company. You will then be contacted directly by an independent claim adjusting company.

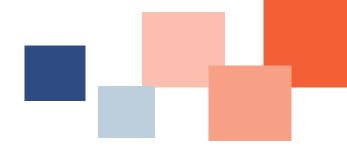
# Auto Transportation Insurance Group, Inc.

P.O. Box 222

Waldwick, NJ 07463

(0.42) ((0.5

Phone: (843) 668-5272



# Supplemental Liability Insurance

## **Important Notice**

The purchase of any of the coverage described herein may duplicate, void or alter existing coverage. Rental and Sharing company employees cannot interpret or advise you on what the policy may or may not cover. If you purchase Supplemental Liability Insurance or Personal Accident/Personal Effects protections, various credit card insurance death benefits could become "excess insurance coverage," meaning that any benefits due are available only if the amount sought in a claim exceeds the policy limits of any other applicable insurance purchased by cardholders, or those benefits could become void. You may duplicate coverage already provided by your personal automobile insurance policy, homeowner's insurance policy, personal liability insurance policy or other sources of coverage. Policies and coverage vary and Counter Personnel cannot advise you concerning other coverage that may not be applicable.

#### Availability of Coverages Described:

Federal, state or local law may limit, vary or entirely prohibit the terms, conditions or coverage. Any offer as described herein is void if prohibited by law.

## **Supplemental Liability Insurance**

Supplemental Liability Insurance is excess liability insurance that protects you and any authorized driver, as defined in the Rental or Sharing Agreement, against third party automobile claims for bodily injury and property damage caused during permitted use of the Rental or Shared vehicle.

S.L.I. provides you with the following benefits:

- When you accept S.L.I., the policy may provide you with excess coverage for the difference between that provided in your Rental or Sharing Agreement (minimum requirement is the state financial responsibility mandated by the applicable insurance jurisdiction) and \$1,000,000. Internal Limits Apply: \$200,000 per person Bodily Injury limit per Accident (Included In Aggregate limit and reduced by any other Insurance)
- The \$10,000 property damage limit is excess of the primary (state minimum financial responsibility limit) and is included in the maximum aggregate limit of \$1,000,000 as described above.
- If there is any other valid and collectible insurance in effect (i.e. personal automobile liability coverage) then the available protection under the S.L.I. coverage would be reduced by the amount of the underlying insurance. S.L.I. coverage is always in excess to other valid and collectible insurance.

## More Information

Supplemental Liability Insurance is excess of any and all applicable other insurance including, but not limited to, personal auto insurance or corporate auto insurance designed to provide coverage for Individual renter/driver.

All Losses must be reported within 30, days of Date of Loss.

The purchase of any of the insurance described in this brochure is not required in order to rent a vehicle.

The policies may provide a duplication of coverage already provided by a renter's personal insurance policy, homeowner's insurance policy, personal liability insurance policy, or other source of coverage.

Acceptance is proof of coverage under the policy issued to the Lesser.

STATE LAW - Remember state laws may prohibit or modify the optional products offered. Any offer or description of benefits is void where prohibited by law.

### **Exclusions**

If You violate the terms/conditions or use restrictions of the rental agreement, coverage is void and no coverage is provided for minimum financial responsibility limits even if not provided in Your rental agreement.

For bodily injury or property damage sustained by You or Your relatives, as defined, residing with You or by any authorized driver and/or relatives residing with them. Applies to certain coverage only.

For uninsured motorist, underinsured motorist firstparty benefits, no-fault, supplemental no-fault or other liability insurance that is optional or can be waived or rejected. When accepting S.L.I., You agree to waive or reject, to the extent allowed by law, any such insurance.

If You fail to accept any of the coverage at the start of the Rental or Sharing agreement.

If there is a failure to pay the charges due and if the vehicle is obtained through misrepresentation.

For fines, penalties, punitive or exemplary damages.

Suicide or any attempt while sane, intentionally self-inflicted injuries or any attempt at it; sickness, disease or bacterial infection; infections which occur as a result of an injury; bacterial infection; attempt to commit a felony; participation or engaging in an act of violence, civil disobedience, civil disorder, riot or insurrection; injury sustained while the covered person is riding in or on any aircraft; hernia unless resulting from a covered accident; participation in professional team sports or other professional athlete activities; being under the influence of any intoxicant or narcotic unless administered on the advice of a physician; dental treatment except as the result of injury to sound natural teeth; replacement eyeglasses or eye examination for the correction of vision: pregnancy or complications thereof or resulting childbirth.