



**REDPOINT COUNTY MUTUAL INSURANCE COMPANY TEXAS PERSONAL AUTO POLICY
FEATURES AND LIMITATIONS DISCLOSURE – ENDORSEMENTS**

This disclosure form is attached to Policy No. _____ issued to by QUANTUM ALLIANCE General Agency LLC and is effective on _____ at 12:10 AM (SDT Time).

I understand that this is a summary and disclosure of changes and limitations to my Texas Personal Auto Policy and that no coverage is provided by this summary. I acknowledge that this summary and disclosure does not change and should not be construed to change any of the provisions of the insurance policy that is the subject of this disclosure. I understand that this disclosure contains only a summary of important policy changes and limitations and that I must refer to the insurance contract and its individual endorsements for complete coverage information. I understand that if there is a conflict between the policy and this summary, the provisions of the policy shall prevail.

I understand that my policy is a legal contract detailing the rights and obligations of both myself and the Company. Finally, I understand that, as allowed by legislation passed by the Texas Legislature on June 11, 2003, the policy contains coverage that is more limited than the Texas Standard Personal Auto Policy.

**SUMMARY OF YOUR REDPOINT COUNTY MUTUAL INSURANCE COMPANY TEXAS PERSONAL AUTO POLICY ENDORSEMENTS,
CHANGES AND MODIFICATIONS:**

Applicant: Please initial and sign only after the endorsements listed below and on your declarations page have been reviewed and explained.

_____ RCM.DE.2016 DRIVER EXCLUSION ENDORSEMENT

This acknowledgement and rejection is applicable to all renewals issued by us. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

You agree that none of the insurance coverages afforded by this policy shall apply while an excluded operator is operating your insured auto or any other motor vehicle. You further agree that this Driver Exclusion endorsement (Form RCM.DE.2016) will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while your insured auto or any other motor vehicle is operated by the excluded driver.

_____ RCM.PIP.2016 PERSONAL INJURY PROTECTION COVERAGE REJECTION FORM

As required by Section 1952.152 of the Texas Insurance Code, I have been given the opportunity to purchase Personal Injury Protection Coverage.

I hereby reject Personal Injury Protection Coverage. I understand that this rejection also applies to all future renewals, reinstatements or replacements of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

_____ RCM.TAL.2016 TOWING AND LABOR

THE FOLLOWING ENDORSEMENT APPLIES ONLY IF FORM NUMBER RCM.TAL.2016 APPEARS ON YOUR POLICY DECLARATIONS.

Coverage is provided under this endorsement only when noted on the Declarations Page of this policy. All the provisions of this policy, including all amendments thereto apply to the coverage provided by this endorsement.

Insuring Agreement

If you pay a premium for towing and labor costs coverage, we will pay up to the amount shown on the Declarations Page. We will pay for towing and labor costs incurred each time **your covered auto** is disabled, other than being disabled due to a **loss under Collision and Other than collision** coverage. Coverage for labor is provided under the conditions that: the labor must be performed at the place of disablement; and the disablement does not occur at your residence.



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RCM.RR.2016 RENTAL REIMBURSEMENT

THE FOLLOWING ENDORSEMENT APPLIES ONLY IF FORM NUMBER RCM.RR.2016 APPEARS ON YOUR POLICY DECLARATIONS.

Coverage is provided under this endorsement only when noted on the Declarations Page of this policy. All the provisions of this policy apply to the coverage provided by this endorsement, except as modified herein.

We will reimburse you, or at our option, pay directly on your behalf, without application of a deductible, up to the daily limit and aggregate amount shown on the Declarations Page. We will pay for Rental Reimbursement Coverage, for rental expenses incurred by you when you rent an **auto** from a commercially licensed rental agency approved by us. Daily rental expenses shall not include cost of any insurance related to the rental of the **auto**, cost of refueling the rental **auto**, or mileage fees. This endorsement applies only if:

your covered auto is withdrawn from use for more than twenty-four (24) hours; and the **loss** is caused by an auto accident.

Our payment will be limited to the lesser of that period of time:

1. reasonably required to repair or replace your **auto**, or
2. forty-eight (48) hours of rental coverage extended, after an offer has been made, if **your covered auto** has been deemed a total **loss**, or
3. when we pay for the **loss**, or
4. thirty (30) days.

RCM.UMCR.2016 UNINSURED/UNDERINSURED MOTORIST COVERAGE REJECTION FORM

As required by Section 1952.101 of the Texas Insurance Code, I have been given the opportunity to purchase Uninsured/Underinsured Motorist Bodily Injury Coverage and Uninsured/Underinsured Motorist Property Damage Coverage.

I hereby reject Uninsured/Underinsured Motorist Bodily Injury Coverage. I understand that this rejection also applies to all future renewals, reinstatements or replacements of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

I hereby reject Uninsured/Underinsured Motorist Property Damage Coverage. I understand that this rejection also applies to all future renewals, reinstatements or replacements of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

RCM.SE.2016 – STORAGE ENDORSEMENT

In the event that your covered auto requires storage following an accident, you must authorize us to have it moved to a facility of our choice at our expense.

This endorsement adds the following provision to subparagraph B in the GENERAL DUTIES Section of **PART E - DUTIES AFTER AN ACCIDENT OR LOSS** of your Texas Personal Auto Policy: 6. Authorize us to move a damaged vehicle at our expense to a storage facility of our choice

RCM CLEE 2016 – CONTRACTUAL LIABILITY EXCLUSION ENDORSEMENT

There is no coverage under Part A -Liability Coverage where liability for the loss is imputed or assumed solely because you signed a contract that references your automobile liability policy. If you rent an auto, you should notify the rental company of this change to your policy, as there may be optional coverage that you can purchase from such a company. This endorsement adds the following provision to subsection A to the EXCLUSIONS section in **PART A - LIABILITY COVERAGE** of your Texas Personal Auto Policy:

9. For liabilities assumed solely under a contract



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_____ RCM FME 2016 – FRAUD OR MISREPRESENTATION ENDORSEMENT

This policy includes the Declarations Page and the amendments. This policy also includes the application and the endorsements. The statements that you made while you were applying for coverage are representations. To determine your premium and eligibility for coverage under this policy, we relied on the representations that you made when you applied for coverage. If you omitted material facts or made material misrepresentations that are fraudulent, false, misleading or affect the acceptance of the risk by us, we may void this policy. We may void this policy if you engaged in fraudulent conduct while applying for coverage under this policy in accordance with Texas Insurance Code Chapter 705, Subchapter A. Even following an accident or loss, we may still void this policy for fraud or where there was a material misrepresentation of fact by you while you were applying for any coverage under this policy, or through any notice of change that you gave under this policy in accordance with Texas Insurance Code Chapter 705, Subchapter A. In such a case, we will not be liable for any claims that would otherwise be covered in the absence of the fraud or material misrepresentation. If we are not allowed to void this policy, any first-party claims will be reduced by the amount of any other premium owed to us. We reserve the right to recover from you any payments made as a result of your fraud. Any statements you made or will make in a notification of change to your policy are also considered representations and are subject to the provisions set out above.

This endorsement : (1) Adds the following provision to subparagraph A to the TERMINATION section in **PART F - GENERAL PROVISIONS** of your Texas Personal Auto Policy:

- 5. We may terminate your policy and void your coverage in the event of your fraud or material misrepresentation of fact(s) in establishing, amending or renewing the policy or in relation to the adjustment of a claim.

(2) Adds the following provision to the OUR RIGHT TO RECOVER PAYMENT section in **PART F - GENERAL PROVISIONS** of your Texas Personal Auto Policy:

- C. We may recover from you any claim payment made to you where the claim was paid as a result of your fraud or material misrepresentation of fact(s) in establishing, amending or renewing the policy or in relation to the adjustment of a claim.

_____ RCM.UDE.2016 UNLISTED DRIVER ENDORSEMENT

The parties agree to the following amendment to the policy:

Part D-Coverage for Damage to your Auto is amended by adding the following to the Insuring Agreement:

If a covered collision loss occurs while your covered auto is being driven by a resident of your household other than you or a person listed on the Declarations page as a covered driver, the deductible applicable to that loss shall be \$2,500.

_____ RCM.OSCE.2016 OUT OF STATE COVERAGE ENDORSEMENT

This endorsement amends the OUT OF STATE COVERAGE section of **PART A - LIABILITY COVERAGE** of your Texas Personal Auto Policy by adding the following provision:

- C. Your policy will satisfy the compulsory insurance laws for non-residents in other states or provinces as to liability coverage, but not as to first party coverage, such as no fault, that may be required by the other state or province.

_____ RCM.2XD.2016 DOUBLE (2X) DEDUCTIBLE ENDORSEMENT

This endorsement (and the corresponding rate discount) applies when selected by the insured.

During the first _____ (____) days of the policy term (or rewrite with a lapse in coverage), the comprehensive and collision deductible amounts stated in the Declarations shall be doubled to twice (2X) the stated amount when applied to a covered loss.

On the first day following such time period and thereafter, the deductible amounts as stated in the Declarations will apply to covered losses.

This endorsement does not apply to any reinstatement where no lapse in coverage occurs.



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_____ RCM.MLC.2016 MEXICO COVERAGE-LIMITED ENDORSEMENT

Warning -- Read This Endorsement Carefully!

Auto accidents in Mexico are subject to the laws of Mexico only—NOT the laws of the United States of America. Unlike the United States, the Republic of Mexico considers an auto accident a CRIMINAL OFFENSE as well as a civil matter.

In some cases, the coverage under this endorsement may NOT be recognized by Mexican authorities and the company may not be allowed to implement this coverage at all in Mexico. You should consider purchasing auto coverage from a licensed Mexican Insurance Company before driving into Mexico.

This endorsement does not apply to trips into Mexico that exceed 25 miles beyond the border of the United States of America.

The coverages for your covered auto provided by this policy are extended to accidents occurring in Mexico within 25 miles of the United States border. The extension only applies for infrequent trips into Mexico that do not exceed ten (10) days each trip.

"Infrequent trips" means less than five (5) trips in any calendar month.

Additional Exclusion

We do not provide any coverage:

1. If your covered auto is not principally garaged and used in the United States; and
2. To any insured who does not live in the United States.

Special Conditions

1. Other Insurance. The insurance we provide by the endorsement will be excess over any other collectible insurance.
2. Losses Payable Under Coverage for Damage to Your Auto. We will pay losses under Coverage for Damage to Your Auto in the United States, not in Mexico. If your covered auto must be repaired in Mexico in order to be driven, we will not pay more than the actual cash value of such loss at the nearest United States point where the repairs can be made.

Please read your policy thoroughly

The policy changes and limitations outlined here have been fully explained to me by _____
(Agent Name)

APPLICANT'S SIGNATURE-MUST BE SIGNED

Date

AGENT'S SIGNATURE-MUST BE SIGNED

Date