



CSAA Insurance Exchange
 P.O.Box 22221
 Oakland, CA 94623-2221

Automobile Policy Declarations

Please keep with your policy. See Important Notice on reverse.

For questions or changes call: **800.922.8228**

1. Name and Address of Insured

ANTHONY CHAPMAN



POLICY INFORMATION	Declarations Type	Declarations	Process Date	09-03-2024
	Policy Number	CAAS234188547	Insured Since	2024
	Your Policy Period	From 09-03-2024 To 09-03-2025	12:01 A.M. Standard Time at the address of the Named Insured, but not prior to the time applied for or, if this is a replacement declarations, not prior to the time coverage change was requested. 12:01 A.M. Standard Time at the address of the Named Insured.	

Alternate Address	Occupation Other	Alternate Number	Telephone Number
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VEHICLES	Item Make	Model Yr Body Type	Vehicle Identification No.	DRIVERS	Name	ADB?*
	1	TOYOTA	2002 CREW PICKUP		5TEHN72N822116452	Drivers do not necessarily correspond to principally operated vehicles.
2	BMW	2013 WAGON 4 DOOR	5UXZV8C53D0C17399		[REDACTED]	N

COVERAGES/PREMIUMS	Coverage	Liability Limits		Item 1		Item 2		Deductible / Limit	Premium	Deductible / Limit	Premium
		Each Person	Each Occurrence	Deductible / Limit	Premium	Deductible / Limit	Premium				
	Bodily Injury	100,000	300,000								
	Medical Payments	No Coverage		No Coverage		No Coverage					
	Uninsured Motorists	100,000	300,000								
	Uninsured Motorist Property Damage		3,500	INCL		INCL					
	Property Damage		100,000								
	Comprehensive Actual Cash Value Less Deductible			No Coverage		No Coverage					
	Full Comprehensive Safety Glass Endorsement (\$0 deductible)			NO COV		NO COV					
	Collision Actual Cash Value Less Deductible			No Coverage		No Coverage					
	Collision Deductible Waiver			NO COV		NO COV					
	Enhanced Transportation Expense \$ Limit per day / max days				NO COV		NO COV				
	All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage					
	Vehicle Loan/Lease Protection Endorsement			No Coverage		No Coverage					
	New Car Added Protection Endorsement			No Coverage		No Coverage					
	Original Equipment Manufacturer Parts (OEM) Endorsement			No Coverage		No Coverage					
	Ride-sharing Coverage Endorsement			No Coverage		No Coverage					
	TOTAL PREMIUM PER VEHICLE ➤										
	* Automobile Death Benefits \$15,000 per deceased insured person										Premium

Premium Summary

This is not a bill.

CA Surcharge: \$0
 CA Special Fraud Assessment Fee: \$3.52

Total Premium: [REDACTED]

Total Premium shown is for the Member Advantage™ Program.

EXCLUSIONS

There is no coverage provided by this Policy while the following individual(s) operate a motor vehicle:
 None

CHANGES

Schedule of Changes