BETTER PRICING. PERSONALIZED RATES.

Coverage Amounts & Deductibles

Liability

Bodily Injury - Covers damage resulting in bodily injury or death sustained by others that you become legally responsible for as a result of a covered loss.

Bodily Injury (maximum per person/per accident)

\$30,000/\$60,000 \$100,000/\$300,000 \$50,000/\$100,000 \$250,000/\$500,000

\$500

\$500,000/\$1,000,000 Other

Comprehensive

Covers damage to your vehicle not caused by collision or upset. Examples include contact with an animal, theft, fire, and vandalism (subject to comprehensive deductible).

Deductible No Coverage

\$0

\$100 \$250

Uninsured/Underinsured Motorists Bodily Injury

Covers damage due to bodily injury, including medical costs, resulting from a covered loss that you are legally entitled to receive from a driver who does not have insurance or whose insurance limits are not adequate to reimburse you for the damages they caused.

Bodily Injury (maximum per person/per accident)

\$30,000/\$60,000 \$100,000/\$300,000

\$500,000/\$1,000,000

\$50,000/\$100,000 \$250,000/\$500,000

☐ Uninsured/Underinsured Motorists **Property Damage**

Property Damage - Covers damage to another

person's property or vehicle that you are legally

\$50,000

Other

responsible for as a result of a covered loss.

\$25,000

\$250,000

Covers damage to your vehicle resulting

\$250

\$1,000

(subject to collision deductible).

from collision with another vehicle or object

No Coverage

Property Damage

\$20,000

\$100,000

 \square Collision

Deductible

\$100

\$500

Covers damage due to property damage resulting from a covered loss that you are legally entitled to receive from a driver who does not have insurance or whose insurance limits are not adequate to reimburse you for the damages they caused.

Subject to \$200 deductible

\$20,000 \$25,000 \$100,000 \$250,000

\$50,000 Other

■ Medical Expense and Income Loss

Covers necessary medical expenses or funeral expenses for you and other persons who are covered under your policy in the event of an accident regardless of fault. Covers loss of income for you and other persons who are covered under your policy in the event of an accident regardless of fault. **Coverage limits:** No Coverage \$1,000 \$10,000 \$2,000 Other

\$1,000

☐ Electronic Equipment

Covers electronic equipment that reproduces, receives or transmits audio which is permanently installed in the covered vehicle at the time of loss up to the selected limit. Includes \$200 of additional coverage for tapes, records, or discs.

☐ Excess Custom Parts

Covers aftermarket custom equipment on an insured vehicle with comprehensive and/or collision coverage. Limits up to \$10,000 are available.

☐ Additional Coverages Available

Towing & Labor	☐ Transportation Network Company Driver	☐ Pet Injury
Transportation Expense - Option 1	☐ Transportation Expense - Option 2	

Other Coverages & Features

■ Roadside Assistance

Covers towing (up to a specified limit), fuel delivery, lockout service, jump starts, trip interruption, and flat tire assistance. Coverage applies while driving an insured vehicle or if an insured is a passenger in another vehicle.

□ Roadside Assistance Plus

Covers towing (up to a specified limit), fuel delivery, lockout service, jump starts, trip interruption, and flat tire assistance. Coverage applies while driving an insured vehicle or if an insured is a passenger in another vehicle. Also includes:

- Child Restraint System Coverage
- Parked Car Collision Deductible Waiver
- **Increased Supplementary Payments**
- Accidental Airbag Deployment, and
- **Key Replacement Coverage**

Rockingham Plus One

An optional endorsement that may be purchased for any vehicle that is a private passenger auto, pickup, or van which carries comprehensive and collision coverage. If your vehicle is a total loss, we will pay the actual cash value of the same make and model vehicle that is one year newer and has 15,000 miles less (subject to a maximum limit of 120% of the ACV of your covered auto).

Full Safety Glass Coverage

Coverage is available for vehicles with comprehensive coverage. Provides for the cost of repairing or replacing damaged safety glass without the application of a deductible.

Accident Forgiveness

This is an earned feature at no cost to the insured. Prevents the premium from increasing because of an at-fault accident. Each policy may only have one accident forgiven within a three-year period.

Loss of Use

Provides coverage for a rental car or alternative transportation if you cannot drive due to a covered loss under Comprehensive and/or Collision coverage up to the selected limit.

Discounts/Savings

May apply to all or a portion of your premium.

☐ Prior Coverage & Loyalty Discount up to 10% based on the years the named insured has maintained continuous coverage with the same insurance company and the years the named insured has maintained continuous coverage with Rockingham **Insurance Company.**

Advanced Quote

Discount up to 7% (with a 6-year 1% step off per year) that applies to new business policies whose policy effective date is 7 days or more after a quote is issued.

□ E-Signature

Discount up to 1% that is applicable for the first year of the policy when the insured elects to sign their documents electronically through the Bluestone policy administrative system.

Loss Free

Discount up to 10% applies when all rated drivers on the policy have no chargeable at-fault accidents, no major violations, and no more than one minor violation in the last 3 years.

Additional

☐ Multi-policy Safe Car Mature Driver - Prevention Course **Paperless** Payment Plan **Passive Restraint** Anti-lock brakes **Affinity Good Student** Youthful Driver Training Youthful Driver Longevity Youthful Driver Away at School

ROCKINGHAM INSURANCE **Payment Options**

Billing Method:

Paperless Direct Bill

Payment Plan:

Annually Semi-annually

Quarterly

Monthly

Other:

You can mail payments to: Rockingham Insurance PO Box 45901 Baltimore, MD 21298-7900

Avoid Mail Delays:

For the fastest most secure

payment processing by credit card or check at no additional fee pay online at



ROCKINGHAM.INSURE or by phone at (800) 434-7736.

Policy Term Options:

6-months 12-months

Proprietary Information of Rockingham Insurance

BETTER PRICING. PERSONALIZED RATES.

ROCKINGHAM

Customer Worksheet

Products underwritten by Rockingham Insurance and Affiliated Companies. Home Office: 633 East Market Street, Harrisonburg, VA 22801. Subject to underwriting guidelines, review, and approval. Products and discounts not available to all persons in all states.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I, the undersigned customer, understand and agree that this document is designed to help me determine the coverages that meet my individual needs. It is for informational purposes only and any insurance coverages provided by Rockingham Insurance, its affiliated and subsidiary companies will be governed by the application, policy, endorsement, declaration page and state law. This document does not amend, modify, or supersede any terms of the application, policy, endorsement, and/or declaration page provided by Rockingham Insurance makes no warranties, express or implied, as to the applicability or thoroughness of the content of this document. I agree that I am responsible for reading any and all application and policy documents provided to me by Rockingham Insurance and for determining whether the coverages are appropriate for my individual needs. Changes made on this document do not result in changes to my policy. Any policy changes must be processed through the Rockingham Insurance policy system. I agree that Rockingham Insurance, and its affiliated and subsidiary companies will not be held liable for any losses or damages, including punitive damages, resulting from my reliance on or use of this worksheet. In case of any discrepancy between this customer worksheet and the application, the application is binding. No coverage is bound by this customer worksheet.

Customer Signature:	Date:
Customer Name (printed):	
Address:	Home Phone: No Home Phone Cell Phone: No Cell Phone
City: Zip:	Work Phone: No Work Phone Email:
State: Zip:	Ellidii:
Vehicle Information: Year Make Model	Drivers/Potential Drivers: 1
	2
	3
	4