

VISION MONTHLY LIMITED POLICY DISCLOSURE SUMMARY OF COVERAGE LIMITATIONS AND
ACKNOWLEDGMENTS

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Vision Insurance Company
1800 Lee Trevino, 2nd FL, El Paso, TX 79936 -Ph 877.987.7466

Policy Number: _____ Insured: _____

Si usted no puede leer este documento no entiende alguna porcion de la misma, es muy importante que usted solicite consejo de alguna persona que lo pueda interpretar y explicarle el contenido de este documento.

This is a Summary of Coverage Limitations. This policy differs from the customary coverage provided under your Texas Personal Auto Policy. You should review these coverage differences carefully.

1. **This is limited drivers policy.** All residents of your household, family and non-family, must be specifically included at the time of your application for insurance to be covered. You may choose to exclude some or all residents from coverage. Your failure to insure those people and name them on the Application page, or to specifically exclude them from coverage will result in a denial of coverage. Your failure to provide complete and accurate information in the application process may be deemed to be fraud or misrepresentation, and if it materially affected our acceptance of your policy, coverage will be denied.
2. **This is a limited vehicle policy.** There is no coverage under Part A (Liability) for your maintenance and use of a vehicle owned by or regularly available for the use of a family member. This policy does not cover you while in any car owned by or regularly available to a family member. If you wish to be covered for these additional vehicles, you must purchase a separate policy.
3. **No comprehensive or collision coverage over \$30,000.** Coverage under Part D (Coverage for Damage to Your Auto) is limited to a maximum of \$30,000, regardless of the actual cash value of the vehicle at the time of the loss. If you have a vehicle that has an actual cash value over \$30,000, you will not be covered under this policy for the amount that exceeds the maximum limits in the event of a loss.
4. **Ten days to report new or additional vehicle.** If you acquire any additional or replacement vehicle and you want to cover that vehicle under this policy, you must notify us within 10 days of acquisition. Previous standard coverage in Texas provided 30 days to notify your insurance carrier. If you acquire any vehicle and wish to cover that vehicle under this policy, you must notify us within 10 days.
5. **No coverage for damage to a rental vehicle.** There is no coverage under Part A (Liability) or under Part D (Coverage for Damage to Your Auto) for damage to property for which you or any covered person may rent, use, or have care, custody and control of. If you are involved in an accident in a vehicle not named in the Declaration page, this policy will cover only your liability for property damage to vehicles or property other than the rental or substitute vehicle. If you borrow or rent a vehicle and wish to be covered for damage you may cause to that vehicle, you must purchase additional coverage.
6. **No coverage in Mexico.** This policy provides no coverage in Mexico.
7. **Licensed physicians only.** We will provide payment for medical services outlined in Part B1 (Medical Payments) and Part B2 (Personal Injury Protection) only if those medical services are provided by or under the supervision of a licensed physician. Physician means an individual licensed by State or territory of the United States or District of Columbia to dispense drugs in the practice of medicine
8. **No coverage for punitive or exemplary damages.** This policy will not afford coverage for you in the event that you, or an uninsured/underinsured motorist, become liable for punitive or exemplary damages. Punitive or exemplary damages may be assessed in lawsuit in order to punish the wrongdoer or to make an example of the wrongdoer (for example, as in cases where consumption of alcohol is a contributing factor in the accident.).

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9. **You authorize and consent to access your Event Data Recorder.** If your vehicle has an Event Data Recorder (EDR) or other similar device, your purchase of this policy and acknowledgement below is your consent and authorization to us to retrieve information stored on the device in connection with any claim made under this policy.
10. **Limited out-of-state coverage.** This policy may not meet all of the minimum insurance requirements of every state. Your policy will cover higher minimum limits of another state only if required by the law of that state. You should understand the limits required in any state in which you travel to determine if you may need additional coverage.
11. **Important notice and consent.** You must notify us promptly if you move and your covered auto is no longer principally garaged in Texas. If your covered auto is principally garaged outside of Texas for more than 30 days, your coverage will terminate. By signing below you give your consent to terminate coverage under this policy effective the 31st day your covered auto is principally garaged outside of Texas.

I hereby acknowledge that I have reviewed the Summary of Coverage Limitations and Acknowledgements and accept the Vision Limited Policy and its terms as the appropriate coverage option for my auto insurance needs.

X _____
SIGNATURE OF APPLICANT

DATE

Policy Number: _____

Insured: _____

LIMITED POLICY INSURING AGREEMENT:

“Covered person” as used in this Part means any one of the following individuals who possess a valid driver’s license at the time of any accident which that individual is involved in as a driver of any covered auto:

1. You, any family member and any resident of your household who is listed in the Declaration Page or added by endorsement during the policy term which is in effect at the time of the loss, for the ownership, maintenance or use of a covered auto or trailer, or
2. A person who is not a family member or resident of the household but who is using a covered auto with your express or implied permission. As used in this Part, “resident” shall mean any person living in your household other than you or a family member.

Explanation/Intent This significantly affects your liability insurance coverage under your Texas Personal Auto Policy. This limited policy is intended to limit liability coverage to the following individuals operating a vehicle covered by this policy, assuming they possess a valid driver’s license at the time of any accident: the named insured; his/her spouse; family members listed in the Declaration Page or added by endorsement during the policy term, which is in effect at the time of the loss; other residents of the insured’s household listed in the Declaration Page or added by endorsement during the policy term, which is in effect at the time of the loss; and non-household resident persons who possess a valid driver’s license operating a vehicle listed in the policy Declarations Page of this policy with the express or implied permission of the insured.

Please read and Initial here: _____X Initial

THERE IS NO LIABILITY COVERAGE PROVIDED IF AN UNLICENSED FAMILY MEMBER AND/OR UNLISTED FAMILY MEMBER OR RESIDENT IS OPERATING THE AUTO.

All residents of your household, family and non-family, must be specifically included to be covered. Liability coverage is only provided for you, your family members and other residents of your household who are licensed and listed on the Declarations Page or other people with a valid driver’s license who are not members of your household using your covered auto with your express or implied permission. You may choose to exclude some or all residents from coverage.