

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF POLICY PROVISIONS - NEVADA

I. Definitions

A. The **Definitions** section is amended as follows:

1. The definition of **you** and **your** is deleted and replaced by the following:

A. Throughout the policy, **you** and **your** refer to:

1. The "named insured" shown on the **Declarations Page**; and
2. That named insured's spouse or domestic partner recognized under Nevada law if that spouse or domestic partner is a resident of the same household of the named insured during the policy period; and

If the spouse or domestic partner ceases to be a resident of the same household during the policy period, coverage for that spouse or domestic partner will continue until the earlier of:

1. The end of 90 days following the spouse's or domestic partner's change of residency;
2. The effective date of another policy listing the spouse or domestic partner as a named insured;
3. The end of the policy period; or
4. Cancellation of this policy.

In addition, **you** and **your** refer to:

1. Two or more individuals, other than husband or wife, residing in the same household;
2. A party who has entered into domestic partnership with the named insured recognized under Nevada law; or
3. Two or more **non-resident relatives**; who jointly own a **your covered auto**.

2. The definition of **family member** is replaced with the following:

Family member means a person related to **you** by blood, marriage, adoption or domestic partnership recognized under Nevada law and who is a resident of **your** household. This includes a ward or foster child.

3. The following definition is added:

Non-resident relatives means two or more persons related by blood, marriage or adoption who reside in separate households. This includes a ward or foster child.

II. Part A - Liability Coverage

A. The following exclusion is added to **Part A**:

We do not provide Liability Coverage for the **ownership**, maintenance or use of any vehicle, other than **your covered auto** by any:

1. **Non-resident relative**; or
2. **Family member** of a **Non-resident relative**.

B. The following exclusion is added to exclusion **B.1** of **Part A**:

c. is a motor home.

III. Part B – Medical Payments Coverage

Exclusion **A.** of **Part B** is replaced with the following:

A. Sustained while **occupying** any motorized vehicle having fewer than four wheels or any motor home.

IV. **Part D - Coverage for Damage to Your Auto** is amended as follows:

A. The **Transportation Expense Coverage** and **Increased Transportation Expense Coverage** Provisions are replaced by the following:

1. **We** will repay **you**, without application of a deductible up to the greater of:

- a. \$30 each day up to a maximum of \$900; or
- b. Any higher limit of liability purchased by **you** as **Increased Transportation Expense Coverage** shown on **your Declarations Page** for:

(1) Temporary transportation expenses incurred by **you** in the event of a **loss** to **your covered auto**. **We** will pay for such expenses if the **loss** is caused by:

- (a) A **Comprehensive loss** only if the **Declarations Page** indicates that **Comprehensive Coverage** is provided for that **auto**.

- (b) **Collision** only if the **Declarations Page** indicates that Collision Coverage is provided for that **auto**.
 - (2) Expenses for which **you** become legally responsible in the event of **loss** to a **non-owned auto**. **We** will pay for such expenses if the **loss** is caused by:
 - (a) A Comprehensive **loss** only if the **Declarations Page** indicates that Comprehensive Coverage is provided for **your covered auto**.
 - (b) **Collision** only if the **Declarations Page** indicates that Collision Coverage is provided for any **your covered auto**.
- 2. If the **loss** is caused by:
 - a. A total theft of **your covered auto** or a **non-owned auto**, **we** will pay only expenses incurred during the period:
 - (1) Beginning 48 hours after **you** report the theft to **us**; and
 - (2) Ending the earliest of:
 - (a) When **your covered auto** or **non-owned auto** has been recovered and returned to **you** or its owner;
 - (b) When **your covered auto** or **non-owned auto** has been recovered and repaired;
 - (c) When **your covered auto** or **non-owned auto** has been replaced; or
 - (d) 72 hours after **we** make an offer to pay the applicable limit of liability under this **Part D** if **your covered auto** or **non-owned auto** is deemed by **us** to be a total loss or unrecoverable.
 - b. Other than theft of **your covered auto** or a **non-owned auto**, **we** will pay only expenses beginning when the auto is withdrawn from use for more than 24 hours.
- 3. **Our** payment will be limited to the period of time reasonably required to repair or replace **your covered auto**.
- 4. In order to receive reimbursement for **your** transportation expenses, **you** must provide **us** with written proof of **your** transportation expenses and loss of use damages.

5. If transportation costs are payable under both Transportation Expense Coverage and Increased Transportation Expense Coverage, **we** will pay only under one coverage in which **you** collect the most.

B. Extended Transportation Expense Coverage, is added to **Part D - Coverage for Damage to Your Auto**.

Extended Transportation Expense Coverage

1. **We** will pay temporary transportation expenses incurred by **you** in the event that a boat **you** own or any non-owned boat used by **you** for private pleasure purposes, provided the use is with the permission of the owner, becomes disabled, or due to severe weather conditions, leaves **you** stranded from the original point of embarkation.

We will pay, up to the limits specified in the policy or increased limits if a specific premium charge is indicated on the **Declarations Page**, transportation expenses incurred by **you** when it is necessary for **you** to return to:

- a. The original point of embarkation; or
 - b. The point of destination;
- whichever is less.

2. **We** will pay temporary transportation expenses incurred by **you** in the event that a personal aircraft that **you** own, rent or lease for private pleasure purposes malfunctions, leaving **you** stranded from your home.

We will pay up to \$900 per occurrence for transportation expenses incurred by **you** when it is necessary for **you** to return to **your** home.

C. Full Safety Glass Coverage is added to **Part D - Coverage For Damage To Your Auto**

1. **We** will pay under Comprehensive Coverage Insuring Agreement for safety glass breakage on **your covered auto** with a deductible of \$100.00.

We will pay only if the **Declarations Page** indicates that Full Glass Coverage applies to that **auto**. If only Collision Coverage is afforded, any covered safety glass breakage caused by a collision will be considered a **collision loss**.

V. General Provisions

A. Section A. of Changes under this Part is replaced by the following:

This policy, including **your Declarations Page**, any amendments thereto and any endorsements, contain all the agreements between **you** and **us**. Its terms may not be changed or waived except by endorsement issued by **us**.

- B.** The **Policy Period and Territory** provision is amended as follows:
1. A new paragraph **B.** is added:
 - B.** The policy period will begin and end at 12:01 A.M. local time at the address listed in ***your Declarations Page***.
 2. Current paragraph **B.** in the policy contract is relabeled to paragraph **C.**; but, the content remains the same.
- C.** Under **General Provisions** the **Termination** section provision **C. Automatic Termination** is deleted and replaced with the following:
- C. Automatic Termination**
1. If **you** obtain other insurance on ***your covered auto***, any similar insurance provided by this policy will terminate as that ***auto*** on the effective date of the other insurance.
2. If a person other than **you** or a ***family member*** becomes the ***owner*** of the ***auto***, coverage for that ***auto*** will automatically terminate at the time possession is conveyed to the new ***owner***.
- D.** Item **A.1.** of the **TRANSFER OF YOUR INTEREST IN THIS POLICY** is deleted and replaced by the following:
1. The surviving spouse or domestic partner recognized by Nevada law if a resident in the same household at the time of death. Coverage applies to that spouse or domestic partner as if shown as named insured on ***your Declarations Page***; and