



California State Automobile Association
Inter-Insurance Bureau

150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186

Automobile Policy Declarations

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

For questions or changes call: 1-800-922-8228



1. NAME AND ADDRESS OF INSURED

MOUNTAIN VIEW CA 94040-4020

Excellent coverage

POLICY INFORMATION	DECLARATIONS TYPE Amended Declarations	PAGE 1 of 1		
	POLICY TYPE Member	PROCESS DATE 10-17-2005		
	POLICY NUMBER 05 53 06 7	INSURED SINCE 1987		
	<table border="1"> <tr> <td>FROM 07 23 2005</td> <td rowspan="2">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 declaration, not prior to the time coverage change was requested.</td> </tr> <tr> <td>TO 04 07 2006</td> </tr> </table>	FROM 07 23 2005	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 declaration, not prior to the time coverage change was requested.	TO 04 07 2006
FROM 07 23 2005	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 declaration, not prior to the time coverage change was requested.			
TO 04 07 2006				

TERNATE ADDRESS APPLIED MATERIAL-S CLARA	OCCUPATION	ALTERNATE NUMBER 964-2801	TELEPHONE NUMBER 964-2801
--	------------	---	---

ITEM	MAKE	MODEL YR.	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
02	---	---	---	Item Eliminated
03	TOYOT	2005	4D SED	4T1BK36B75UD13160
04	HONDA	2006	VAN	5FNRL384X68011718

DRIVER(S) Drivers do not necessarily correspond to principally operated vehicles.	NAME LINDA NTR
--	---------------------------------

COVERAGE	LIABILITY LIMITS		ITEM 02		ITEM 03		ITEM 04		ITEM	
	EACH PERSON	EACH OCCURRENCE	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM
Bodily Injury	1,000,000	1,000,000	No Cov	\$106-						
Medical Payments	25,000		No Cov	\$69-						
Uninsured Motorists	1,000,000	1,000,000	No Cov	\$62-						
Property Damage		500,000	No Cov	\$92-						
Comprehensive Actual Cash Value Less Deductible			No Cov	\$52-	100		100			
Collision Actual Cash Value Less Deductible			No Cov	\$187-	500		500			
All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage		No Coverage			
TOTAL PREMIUM PER VEHICLE				\$568-						

Automobile Death Benefits	EXPLANATION OF LIMIT CODES A-\$15,000 first named insured. B-\$15,000 each first named insured and spouse. C-\$15,000 each additional named insured shown on endorsement F329.	LIMIT CODE B	PREMIUM
----------------------------------	---	-----------------	---------

Premium Summary THIS IS NOT A BILL.	CA Surcharge: \$0.00	Total Return Premium: \$568.00
--	----------------------	--------------------------------

SCHEDULE OF CHANGES Eliminate Item

ITEM	RATED DRIVER	DRIV SAFETY RECORD	YRS DRIV EXP	EST ANN MI DRIVEN	VEH GARAGE ZIP	VEHICLE USAGE	GENDER	MARITAL	SEE REVERSE FOR EXPLANATION OF CODES.
02		PT		MI					
03	NIR	0 PT	29	9,000 MI	94040	Principal	M	M	
04	LINDA	0 PT	26	8,000 MI	94040	Principal	F	M	
		PT		MI					

Enhanced Transportation Expense Coverage: Item(s) 03, 04.
DISCOUNTS: Mature Driver: None.
Good Driver: Item(s) 03, 04.
Multi Policy HO3 Homeowners: Item(s) 03, 04.
Multi Car: Item(s) 03, 04.

ITEM	ITEM	Office Use Only
		02 U A08
		03054PMM28 0829 07B09
		04X54PFM19 0826 07A08
		060 000 N

2