

FMCF35 EMERGENCY ROAD SERVICE EXCESS COVERAGE

Issued to	Effective Date of Coverage			Policy Number
	Year	Month	Day	
See your Certificate of Automobile Insurance for which automobile(s) this coverage applies. The additional premium for this change is included or as indicated on your Certificate of Automobile Insurance.				

1. **Purpose of This Change** – This change is part of your policy. It adds coverage for emergency service expenses because your automobile is disabled.
2. **What We Will Pay** – This coverage is excess of any program or benefit available to you. We will reimburse you for up to \$_____ for each time your automobile is disabled and as a result you require emergency service, to a maximum of \$_____ per policy term. You must provide us with acceptable evidence of loss and receipts for any towing and emergency service.
3. **What is Not Covered** – This change does not apply to cost of parts or supplies, oil, gasoline, batteries or tires.

All other terms and conditions of your policy remain the same.