

## Volvo subscription Coverage Summary

The summary below provides a general description of the Volvo subscription Insurance Policy. It is important you read the policy carefully to determine if your insurance needs are met by the coverage provided.

If you have questions with respect to the coverage provided, please contact the Volvo Customer Care Team at: 1-800-550-5658

If you need to file a claim, please call our dedicated Volvo subscription claims reporting team at: 1-844-237-5606

The coverage may differ from a standard personal lines insurance policy. A copy of the policy can be requested by contacting your Volvo Customer Care Team.

### The following coverages are included in the Volvo subscription Insurance Policy:

Coverage	Limit	Summary
<b>Auto Liability Coverage</b>	\$300,000 Combined Single Limit	<p><b>This coverage protects against your liability for property damage or bodily injury to others not listed on the policy resulting from the use of your Volvo subscription auto.</b></p> <p><b>Some specifics:</b></p> <ul style="list-style-type: none"> <li>All operators must be disclosed to Volvo in the application process or when they begin driving by calling 1-800-550-5658</li> <li>Permission for others to drive the Volvo subscription leased vehicle must be given by the subscriber.</li> <li>The most we will pay for all bodily injury and property damage in one accident is \$300,000.</li> <li>Coverage is provided for recreational trailers not used for business purposes while attached to a Volvo subscription vehicle.</li> <li>Coverage is excluded for things like driving for Uber or other rideshare companies, racing, expected or intentional damage, renting your vehicle to others, and damage to property in your care, custody, and control.</li> </ul>
<b>Physical Damage Comprehensive and Collision</b>	\$500 Deductible	<p><b>Subject to your payment of the deductible, this coverage pays for physical damage to your Volvo subscription leased vehicle.</b></p> <p><b>Some specifics:</b></p> <ul style="list-style-type: none"> <li>Comprehensive coverage includes damage resulting from vandalism or theft or a tree falling on your car.</li> <li>Collision coverage pays for damage resulting from a collision.</li> <li>In the event of a glass claim, if you repair rather than replace the glass, there is no deductible.</li> <li>You are responsible for the payment of the deductible.</li> <li>To ensure coverage, you must report claims promptly.</li> <li>Coverage is excluded for things like aftermarket equipment you install, wear &amp; tear, war, diminution in value, renting your car to others and other situations.</li> <li>Physical Damage coverage is not provided for a trailer whether attached to your vehicle or separate.</li> </ul>
<b>Uninsured &amp; Underinsured Motorist Coverage</b>	\$300,000	<p><b>This coverage pays for damages for you and occupants of your Volvo subscription leased vehicle when the driver of the other vehicle does not have insurance or does not have enough insurance to cover all your damages.</b></p> <p><b>Some Specifics:</b></p> <ul style="list-style-type: none"> <li>This coverage only applies to you and others when you are in your Volvo subscription vehicle.</li> <li>Coverage is excluded for things like settling claims without our consent, duplicate benefits with workers compensation, renting your car to others, war, and other situations.</li> <li>The most we will pay in any one accident is \$300,000.</li> </ul>
<b>Personal Injury Protection, No Fault or Medical Payments</b>	See State Detail	<p><b>This coverage pays for your necessary medical expenses resulting from an accident in your Volvo subscription vehicle. Limits and coverages vary by state.</b></p> <p><b>Some Specifics:</b></p> <ul style="list-style-type: none"> <li>State specific variations and exclusions apply.</li> </ul>
<b>Hired and Non-Owned Auto Liability / Physical Damage Coverage</b>	Liability: \$300,000	<p><b>This coverage protects the subscriber while operating an automobile that is not owned by members of the subscriber's household, or available for the subscriber's regular use.</b></p> <p><b>Some Specifics:</b></p> <ul style="list-style-type: none"> <li>This coverage excludes business use of a non-owned auto.</li> <li>Physical damage coverage is subject to the comprehensive/collision deductible.</li> </ul>
<b>Rental Reimbursement/ Transportation Expense Coverage</b>	\$45 per day for 30 days	<p><b>This coverage pays for a rental vehicle for you to use if your Volvo subscription vehicle has been stolen or while your Volvo subscription vehicle is being repaired as a result of a covered loss.</b></p> <p><b>Some Specifics:</b></p> <ul style="list-style-type: none"> <li>There is a 24-hour waiting period before rental reimbursement benefits are paid.</li> </ul>

## A few housekeeping items:

- Coverage is excluded for rideshare exposures, delivery services, and personal vehicle sharing programs.
- The policy effective and expiration dates will not align with your subscription term. You will receive updated ID cards periodically as required. If you need another copy of your ID card – please call Volvo Customer Care at 1-800-550-5658.
- The Volvo subscription insurance policy renews annually. Your insurance ID cards will be valid for one year and we will send you updated insurance ID cards closer to that renewal date.
- The policy is issued by Liberty Mutual Fire Insurance Company, a member of the Liberty Mutual Group, as the insurer. Additional information about Liberty Mutual Group and the financial ratings of its member companies may be found here: [Financial Ratings | LMG \(libertymutualgroup.com\)](https://www.libertymutualgroup.com/financial-ratings)
- If you have an Umbrella policy, your umbrella policy may or may not extend over your subscribed vehicle. Please contact your current umbrella insurance provider for information, prior to taking delivery of your vehicle. Volvo Customer Care can provide you with your vehicle and auto insurance coverage information needed to share with your provider.

**This document is for information purposes only and provides a summary of coverage. It is not the insurance policy itself and no coverage is provided by this document. The insurance policy, including the policy declarations and applicable endorsements, provide complete details of your coverages. If this summary conflicts with the applicable policy language, the policy language will prevail. The coverage summary below pertains to the state your vehicle is registered in and not necessarily traveling through. Contact Volvo immediately if your principal garaging state changes so you may be afforded the appropriate state level coverage.**

## STATE SPECIFIC LIMIT DETAIL

### Alabama

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Alaska

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Arizona

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Arkansas

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000
Uninsured Motorist Property Damage	Coverage Rejected

#### BASIC PERSONAL INJURY PROTECTION

Personal Injury Protection - Medical Expenses	\$5,000
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### Colorado

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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## MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Connecticut

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Conversion Bodily Injury	\$300,000

## MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Delaware

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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### PERSONAL INJURY PROTECTION

PERSONAL INJURY PROTECTION	\$30,000
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## District of Columbia

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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### BASIC PERSONAL INJURY PROTECTION BENEFITS

Medical Expense	Up to \$50,000
Work Loss consisting of Loss of Income and Replacement Services	Up to \$12,000

## Florida

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### PERSONAL INJURY PROTECTION

Personal Injury Protection Deductible	Basic None
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## Georgia

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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## MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Idaho

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

## MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Illinois

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

As Of: June 5, 2024

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Indiana

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Iowa

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

#### MEDICAL PAYMENTS

Medical Payments	\$5,000
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### Kansas

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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#### PERSONAL INJURY PROTECTION

Medical Expenses	Up to \$4,500
Rehabilitation Expenses	Up to \$4,500
Work Loss	Up to \$900 per month – Up to 1 year
Funeral Expenses	Up to \$2,000 per person
Survivor's Loss	\$900 per month maximum and \$25 per day essential service expenses, both up to 365 day maximum.

### Kentucky

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

#### PERSONAL INJURY PROTECTION

Aggregate Limit	\$10,000
PIP Deductible	\$1,000
Medical Expenses	\$10,000
Work Loss, Replacement Services, Survivors' Replacement Services	\$200 per week
Funeral Expenses	\$1,000

### Louisiana

#### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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#### MEDICAL EXPENSE BENEFIT

Medical Expense Benefit	\$5,000
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## Maine

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Maryland

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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### PERSONAL INJURY PROTECTION

Medical Expense Benefits, Income Continuation Benefits and Essential Services Benefits	\$2,500
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## Massachusetts

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

### PERSONAL INJURY PROTECTION

Medical Expenses, Lost Wages and Replacement Services	\$8,000
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## Michigan

### AUTO LIABILITY COVERAGE

Michigan Property Damage Liability Buyback	Included
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### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Coverage	\$300,000
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### PERSONAL INJURY PROTECTION

Personal Injury Protection - Limit	\$250,000
Excess Attendant Care	Coverage Rejected
PIP Medical Expense Exclusions	
Personal Injury Protection	No Deductible applies
Coordination of Benefits	
Property Protection Insurance	No Deductible applies

### PHYSICAL DAMAGE COMPREHENSIVE AND COLLISION

Comprehensive	\$500 Deductible
Collision – Broad Coverage	\$500 Deductible

## Minnesota

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

### PERSONAL INJURY PROTECTION (Non-Stacked)

Maximum Aggregate Limit	\$40,000
Medical Expenses	\$20,000
Medical Expense Deductible	\$100
Work Loss, Essential Services Expenses, Funeral Expenses and Survivors' Loss Benefits	\$20,000
Work Loss Deductible	\$200

## Missouri

As Of: June 5, 2024

**UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

**MEDICAL PAYMENTS**

Medical Payments	\$5,000
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**Montana****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist – Non-Stacked	\$300,000
Underinsured Motorist – Non-Stacked	\$300,000

**MEDICAL PAYMENTS**

Medical Payments	\$5,000
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**Nebraska****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

**MEDICAL PAYMENTS**

Medical Payments	\$5,000
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**Nevada****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist (Including Underinsured) Bodily Injury	\$300,000
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**MEDICAL PAYMENTS**

Medical Payments	\$5,000
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**New Hampshire****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist (Including Underinsured) Bodily Injury and Property Damage	\$300,000
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**MEDICAL PAYMENTS**

Medical Payments	\$5,000
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**New Jersey****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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**PERSONAL INJURY PROTECTION**

Personal Injury Protection	Included
Extended Medical Expense Benefits	\$1,000
Medical Expense Benefits Deductible	\$250
Waiver of Deductible and Co-Pay	No

**LAWSUIT OPTION- UNLIMITED RIGHT TO SUE****New Mexico****UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage - Non-Stacked	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Ohio

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Oklahoma

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Including Underinsured) Bodily Injury	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Oregon

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
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### PERSONAL INJURY PROTECTION

Medical and Hospital Expenses	\$15,000
Income Continuation Expenses	\$3,000
Loss of Service Expenses	\$30
Funeral Expenses	\$5,000
Child Care Expenses	\$25 per day up to \$750

## Pennsylvania

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist	\$300,000
Underinsured Motorist	\$300,000

### BASIC PERSONAL INJURY PROTECTION

Medical Expense Benefits	\$5,000
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### FULL TORT OPTION

## Rhode Island

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### MEDICAL EXPENSE BENEFIT

Medical Payments	\$5,000
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## South Carolina

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist	\$300,000
Underinsured Motorist	\$300,000

### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Tennessee

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Texas

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist	\$300,000
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### PERSONAL INJURY PROTECTION

Personal Injury Protection Limit	\$5,000
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## Utah

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

### PERSONAL INJURY PROTECTION

Medical Expense	\$3,000
Work Loss	\$250 Per Week Maximum
Funeral expenses	\$1,500
Survivor Loss	\$3,000

## Vermont

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Virginia

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury and Property Damage	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Washington

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### BASIC PERSONAL INJURY PROTECTION

Medical and Hospital Expenses	\$10,000
Funeral Expenses	\$2,000
Income Continuation	\$10,000 subject to a maximum of \$200 per week
Loss of Services Benefits	\$5,000 subject to a maximum of \$40 per day not to exceed \$200 per week



## West Virginia

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury & Property Damage	\$300,000
Underinsured Motorist Bodily Injury & Property Damage	\$300,000

### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Wisconsin

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured Motorist Bodily Injury	\$300,000
Underinsured Motorist Bodily Injury	\$300,000

### MEDICAL PAYMENTS

Medical Payments	\$5,000
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## Wyoming

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Uninsured (Including Underinsured) Motorist Bodily Injury	\$300,000
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### MEDICAL PAYMENTS

Medical Payments	\$5,000
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