

OPCF 38
AGREED LIMIT FOR AUTOMOBILE ELECTRONIC ACCESSORIES AND EQUIPMENT

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|-----------|---|---------------|
| Issued to | Effective Date of Change <small>Year Month Day</small> | Policy Number |
|-----------|---|---------------|

☐ This change applies only to automobile(s) number _____ indicated on your Certificate of Automobile Insurance.

1. Purpose of Change

This change is part of your policy. **Where your policy provides coverage** under Section 7 "Loss or Damage Coverages" **this change form limits the amount we will pay for loss or damage to automobile** electronic accessories and equipment, other than factory installed equipment, **to agreed amounts.**

2. Definitions

"Electronic accessories and equipment" includes, but is not limited to, radios, tape players/decks, stereo players/decks, compact disc players, speakers, telephones, two-way radios including CB radios, ham radios and VHF radios, televisions, facsimile machines, electronic navigation assistance, positioning and location finding devices, computers, and items of a similar nature.

"Factory installed equipment" means electronic accessories and equipment which was included in the original new purchase price of the automobile.

3. What We Will Pay

If loss or damage to electronic accessories and equipment, other than factory installed equipment, is **covered under Section 7 "Loss or Damage Coverages" provided by your policy we will** pay the actual cash value of the equipment up to \$1,500 in total, unless the equipment is listed below, in which case we will pay the limit shown for each item or the actual cash value of the equipment, whichever is the lesser. The amount payable on any claim made under this coverage does not include the deductibles that apply to the claim.

| Description of Equipment | Limit of Coverage | Premium |
|--------------------------|-------------------|---------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total | \$ | \$ |

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

| | |
|----------------------|------|
| Signature of Insured | Date |
|----------------------|------|