ITN 20-0039 Commercial Business Insurance Exhibit 1



COMMERCIAL INSURANCE

		COMMON PO	LICY DECLARATIONS
Policy Number CPO 0289310-02	Renewal of Number	CPO 0289	310-01
Named Insured and Mailing Address CITIZENS PROPERTY INSURANCE CORPORATION	Producer and Mailing Ac ARTHUR J. GALLA 200 S ORANGE AV	GHER RISK E STE 135	
2101 MARYLAND CIR TALLAHASSEE FL 32303-1001	ORLANDO FL 3280		
Policy Period: Coverage begins 01-01-2020 The name insured is Individual Other:			21 at 12:01 A.M.
This insurance is provided by one or more of the stock insurance provides coverage is designated on each Coverage Part Commo this policy as "The Company", we, us, or our. The address of the	n Declarations. The company or comp companies of the Zurich-American Ins	anies providing th	nis insurance may be referred to i
THIS POLICY CONSISTS OF THE FOLLOWING O	OVERAGE(S):		
PROPERTY PORTFOLIO PROTECTION issued by ZURICH AMERICAN INSURANCE COMPANY GENERAL LIABILITY COVERAGE		PREMIUN PREMIUN	
issued by ZURICH AMERICAN INSURANCE COMPANY BUSINESS AUTOMOBILE issued by ZURICH AMERICAN INSURANCE COMPANY		PREMIUN	
STATE FIRE MARSHALL REG ASSESS SURCHG FL-DEPT OF REVENUE SURCHARGE			\$ 56.27 \$ 4.00
THIS DESMITM MAY BE SHEET TO ALIDIT	TOTAL	¢	170 977 00
THIS PREMIUM MAY BE SUBJECT TO AUDIT. This premium does not include Taxes and Surcharges.	TOTAL ges.	\$	179,877.00
Taxes and Surcharges	TOTAL	\$	60.27
The Form(s) and Endorsement(s) made a part of the FORMS and ENDORSEMENTS.	is policy at the time of issue ar	e listed on the	SCHEDULE of
Countersigned this day of	Au	ıthorized Representa	ative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART FORM(S), FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Exhibit 1

Policy Number CPO 0289310-02

SCHEDULE OF FORMS AND ENDORSEMENTS

Zurich American Insurance Company

Named Insured CITIZENS PROPERTY INSURANCE

Effective Date: 01-01-20

12:01 A.M., Standard Time

Agent Name ARTHUR J. GALLAGHER RISK MANAG

Agent No. 84384-000

Agent Name ARTHUR J.	MULICALILAG	NIDN MANAG	Agent No. 64364-000
COMMON POLICY FORMS A	ND ENDORS	EMENTS	
U-GU-692-D CW U-GU-767-B CW U-GU-D-310-A U-GU-619-A CW U-GU-319-F U-GU-618-A CW IL 00 17 IL 00 21 IL 01 75 IL 02 55 IL 00 03 U-GU-1191-A CW U-GU-1145-A FL	10-02 01-09 10-02 11-98 09-08 09-07 03-16 09-08	DISCL OF PREM. RELATING TO CAP ON LOSS FROM CERTIFIED COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDOR IMPORTANT NOTICE - IN WITNE SCHEDULE OF LOCATIONS COMMON POLICY CONDITIONS NUCLEAR ENERGY LIABILITY EXFLORIDA CHANGES-LEGAL ACTIO FLORIDA CHANGES-CANC & NONR CALCULATION OF PREMIUM SANCTIONS EXCLUSION ENDORSE NOTICE OF DEDUC APPLICABLE	ACTS OF TERR
PROPERTY PORTFOLIO PR	OTECTION	FORMS AND ENDORSEMENTS	
U-GU-1145-A FL PROPERTY PORTFOLIO PR PPP-0253 PPP-0001 PPP-0102 PPP-0103 PPP-0110 PPP-0111 PPP-0112 PPP-0114 PPP-0116 PPP-0117 PPP-0130 PPP-0132 PPP-0208 PPP-0208 PPP-0208 PPP-0300 PPP-0300 PPP-0300 PPP-0300 PPP-0300 PPP-0310 PPP-0310 PPP-0320 PPP-0402 PPP-1091 GENERAL LIABILITY FOR	09-18 064-19 08-16 08-16 08-16 08-16 08-16 08-16 08-16 08-16 04-19 06-16 04-19 08-16	WATER DAMAGE DEDUCTIBLE COMMERCIAL PROP CVG PART DE COMMERCIAL PROP CVG PART GE COMMERCIAL PROPERTY CONDITI COMMERCIAL PROPERTY DEFINIT REAL AND PERSONAL PROPERTY ADDITIONAL COVERAGES FORM ACCOUNTS RECEIVABLE CVG (RE FINE ARTS COVERAGE FORM ORIGINAL INFORMATION PROPER TRANSIT COVERAGE FORM BUS INC COVG FORM (EXCL EXT EXTRA EXPENSE COVERAGE FORM FLOOD EXCLUSION AMENDED NAMED STORM DD & TE DEDU DEP PREM BI CVG UNSCHEDU ENABLING ENDORSEMENT FLOOD COVERAGE OFF-PREM SERVICE INTERRUPTI FINANCIAL INSTITUTION COVER FLORIDA CHANGES	N PROVISIONS ONS IONS COVERAGE FORM VENUE LOSS) TY CVG FORM RA EXPENSE) DEFINITION CTIBLE LED LOCS
GENERAL LIABILITY FOR	MS AND EN	DORSEMENTS	
U-GL-1517-B CW U-GL-849-B CW U-GL-D-1115-B CW U-GL-1113-A CW U-GL-D-849-B CW CG 00 01 UGL1171ACW U-GL-1330-C CW U-GL-1178ACW CG 02 20 UGL850ACW CG 20 01 CG 20 11	04-13 08-04 09-04 10-02 09-04 04-13 07-03 04-13 07-03 03-12 07-96 04-13 04-13	RECORD OR DISTRB OF MATRL OEMPLOYEE BENEFITS LIABILITY COMMERCIAL GL COVERAGE PART COMM GENERAL LIABILITY COVE EMPLOYEE BENEFITS LIAB DEC COMMERCIAL GENERAL LIABILIT FUNGI OR BACTERIA EXCLUSION FINANCIAL INSTITUTIONS EXTE ASBESTOS EXCLUSION ENDORSEMFL CHANGES - CANCELLATION & DEDUCTIBLE ENDORSEMENT CLAIPRIMARY AND NONCONTRIBUTORY ADDL INSD-MANAGERS/LESSORS	-CLAIMS MADE DECLARATIONS RAGE SCHEDULE - CLAIMS MADE Y COV FORM NSION ENT NONRENEWAL MS-MADE - OTHER INSD

Exhibit 1

Policy Number CPO 0289310-02

SCHEDULE OF FORMS AND ENDORSEMENTS

Zurich American Insurance Company

Named Insured	CTTT7FNC	DDODFDTV	TNICLIDANCE
Danca monea		PRUPPRII	

Effective Date: 01-01-20 12:01 A.M., Standard Time

Agent Name	ARTHUR J.	GALLAGHER	RISK MANAG	Agent No.	84384-000
CG 20 12 CG 20 26 CG 21 07 CG 21 47 CG 21 52 CG 22 38 CG 22 48 CG 24 04		04-13 $04-13$ $05-14$ $12-07$ $04-13$ $07-98$ $04-13$ $05-09$	EXCL-FINANCIAL INST (E EXCL-INSURANCE AND REL	ERSON/ORGANIZAT I OR PERSONAL I CTICES EXCLUSIO RVICES XCL FIDUC LIAB) ATED OPERATIONS	NFO N
AUTOMOBILE	FORMS AND	ENDORSEME	NTS		
U-CA-531-B U-CA-D-600 CA 00 01 CA 02 67 CA 01 28 CA 21 72 CA 22 10 CA 05 04 CA 20 15 CA 99 03 CA 99 60 CA 99 28		02-08 04-14 10-13 06-17 06-17 06-17 02-18 08-18 10-13 10-13 10-13	FL CHANGES - CANCELLAT FLORIDA CHANGES FL UNINSURED MOTORISTS FL PERSONAL INJURY PROFL PBLIC LIVRY PASS TR MOBILE EQUIPMENT AUTO MEDICAL PAYMENTS	IONS FORM ION AND NONRENE COV - NON STAC TECTION ANS ON-DEMAND E COVERAGE EC EQUIP COV	KED

POLICY NUMBER: CPO 0289310-02 COMMERCIAL AUTO

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way Schaumburg, Illinois 60196-1056 1-800-382-2150

BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER: ARTHUR J. GALLA	AGHER RISK MANAG										
NAMED INSURED:	CITIZENS PROPERTY I CORPORATION	NSURANCE									
MAILING ADDRESS:	DRESS: 2101 MARYLAND CIR TALLAHASSEE, FL 32303-1001										
POLICY PERIOD:	From <u>01-01-2020</u> to _	01-01-2021	_ at 12:01 A.M. Standard Ti mailing address shown a								
PREVIOUS POLICY NU	JMBER: CPO 0289310-0)1									
FORM OF BUSINESS:											
X CORPORATION	LIMITED LIABIL	ITY COMPANY	INDIVIDU	AL							
PARTNERSHIP OTHER											
	PAYMENT OF THE PREMIUM, I TO PROVIDE THE INSURANCE			HIS POLICY,							
Premium shown is paya	able at inception: \$ 120	,257.00									
AUDIT PERIOD (IF API	PLICABLE) ANNUALLY	SEMI- ANNUALLY	QUARTERLY	MONTHLY							
IL 00 17 – Common	Policy Conditions (IL 01 46 in Warm Nuclear Exclusion (not Applic	cable in New York)	,								
COUNTERSIGNED		BY									
	(Date) (Authorized Representative)										

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED	LIMIT	PREMIUM			
COVERED AUTOS LIABILITY	1	\$1,000,000	\$	78,061		
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$	3,328		
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.				
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.				
AUTO MEDICAL PAYMENTS	2	\$ 5,000 EACH INSURED	\$	639		
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.				
UNINSURED MOTORISTS	2	\$ 1,000,000	\$	20,534		
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	SEE ENDT		INCL		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE ENDT DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	\$	4,332		
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.				
PHYSICAL DAMAGE COLLISION COVERAGE	2,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE ENDT DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$	11,329		
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.				
	1	TAX/SURCHARGE/FEE				
		PREMIUM FOR ENDORSEMENTS	\$	2,034		
		*ESTIMATED TOTAL PREMIUM	\$ 1	20,257.00		

^{*}This policy may be subject to final audit.

SCHEDULE OF COVERED AUTOS YOU OWN

		DE	SCRIPTIO	N				TERRITORY			
Covered Auto No.		ar, Model, T ial Number (Nu		Identification			C	vn & State Where Th overed Auto Will Be Principally Garaged		Origin	al Cost New
FL6	2008, CH	HEVROLET IME	PALA LS, 20	G1WB58K8813	864411			LAHASSEE 123		\$ 21,	255 ACV
FL8	2008, CH	HEVROLET IME	PALA LS, 20	G1WB58K4813	360078			ONDA WEST		\$ 21,	255 ACV
FL14	2008, CH	HEVROLET IME	PALA LS, 20	G1WB58K5813	358761			LER BAY		\$ 21,	255 ACV
FL15	2008, CH	HEVROLET IME	ALA LS, 20	G1WB58K5813	860168			KSONVILLE 136		\$ 21,	255 ACV
FL17	2008, CH	HEVROLET IME	PALA LS, 20	G1WB58K0813	865746		MIA			\$ 21,	255 ACV
				CLAS	SIFICAT	 ΠΟΝ					For Towing, ical Damage
Covered Auto No.	Of I	Business U s=service r=retail c=commerce	GCW Vehi Seat	V, 'Or cle ing Age	p .	Seconda	ry Rating	Classification	Code	Loss Is You Ar Payee N Accord Interests At The	Payable To nd The Loss lamed Below ing To Their s In The Auto Time Of The Loss:
FL6				12					739800		
FL8				12					739800		
FL14				12					739800		
FL15				12					739800		
FL17				12					739800	l	
		(Absence	of a deduct	ible or limit	entry in	any colu	ımn belo	AND DEDUCTIBLE ow means that the li umn applies instead	mit or ded	luctible ent	ry
		ERED AUTO				L INJUR		ADDED P.I.P.		PERTY PR (Michigan	OTECTION Only)
Covered Auto No.	Limit	Pro	emium	Limit St In Each Endt. M Deduct Shown E	P.I.P. linus tible	Pren	nium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus uctible n Below	Premium
FL6	\$ 1,000,0	\$	1,466			\$	39				
FL8	\$ 1,000,0	\$	1,209			\$	79				
FL14	\$ 1,000,0	\$	1,788			\$	96				
FL15	\$ 1,000,0	\$	1,230			\$	61				
FL17	\$ 1,000,0	\$	1,992			\$ 1	16				
Total Premium											

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION									TERRITORY				
Covered Auto No.			lodel, Trad umber (S) Numb		Identi		n		C	n & State Where To overed Auto Will Be rincipally Garaged		Origir	nal Cost	New
FL18	2008, 0	CHEVRO	LET IMPALA	A LS, 20	31WB58	LAND 0 LAKES FL, 154				\$ 21,	255 A	CV		
FL21	2009, 0	CHEVRO	LET IMPALA	A LS, 20	31WB57	WB57K891227973		MAITLAND FL, 105				\$ 23,	3,045 ACV	CV
FL24	2009 , C	CHEVRO	LET IMPAL	A LS, 20	31WB57	7K79123	1190			NT JOHNS 138		\$ 23,	045 AC	CV
FL25	2009, 0	CHEVRO	LET IMPALA	A LS, 20	31WB57	7KX9122	5206			PANO BEACH 119		\$ 23,	045 AG	CV
FL26	2008, 0	CHEVRO	LET IMPALA	A LS, 20	G1WB28KX81363907 MIAMI FL, 133				\$ 21,	255 AG	CV			
						CLASS	IFICATIO	N	,			EXCEP	For Tov	
Covered Auto No.	Business Use GV GCV Radius s=service Vel Sea		Size GVV GCW Vehic Seati Capa	V, Or cle ng	Age Group	Sed	condary	Rating	Classification	Code	You Ar Payee N Accord Interest At The	Payable and The Lamed Bing To To Some Sin The Time Of Loss:	oss elow heir Auto	
FL18						12					739800			
FL21						12					739800			
FL24						12					739800			
FL25						12					739800			
FL26						12					739800			
		(Ab	sence of a	deduct	ible o	r limit e	ntry in ar	ny colur	nn belo	AND DEDUCTIBLE w means that the li mn applies instead	mit or ded	luctible ent	ry	
	со		D AUTOS ILITY			PER	SONAL I ROTECT	NJURY		ADDED P.I.P.		PERTY PR (Michigan	-	ON
Covered Auto No.	Limit		Prem	ium	In I Er D	mit Stat Each P. ndt. Min eductib own Be	I.P. ius ole	Premi	um	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus uctible n Below	Prem	nium
FL18	\$ 1,000,	000	Ş	1 , 386			Š	12)					
FL21	\$ 1,000,	000	\$	1,445			Ş	5 5	9					
FL24	\$ 1,000,	000	\$	1 , 123			Ş	5 5	3					
FL25	\$ 1,000,	000	\$	1,864			Ş	5 12.	2					
FL26	\$ 1,000,	000	\$	1 , 992			Ş	3 11	5					
Total Premium			•											

SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION								TERRITORY					_
Covered Auto No.			lodel, Trad umber (S) \ Numb		Ident		1		Co	n & State Where The overed Auto Will Be rincipally Garaged		Origi	nal Co	st New
FL27	2006, H	HAUL M	ARK IND, 1	6HCB121	16G07	77275				KSONVILLE 136		\$ 25,	,000	ACV
FL29	2000, H	HAUL M	ARK IND, 4	XSCB121	.5YG02	5YG022472 TALLAHASSEE FL, 123					\$ 3,	,500	ACV	
FL31	2006, F 1FBNE31		CONOLINE E	350 SUP	ER DU	JTY WAGO	ON,			LAHASSEE 123		\$ 33,	, 430	ACV
FL32	2006, F 1FBNE31		CONOLINE E	350 SUP	ER DU	JTY WAGO	ON,			LAHASSEE 123		\$ 33,	, 430	ACV
FL34	2007, H	HAUL M	ARK IND, 1	6HCB122	:57G09	91271				LAHASSEE 123		\$ 3,	,500	ACV
						CLASS	IFICA	ΠΟΝ	·			EXCEP		
Covered Auto No.	Business Use Radius Of Operation C= commercial Size GVW, GCW O Vehicle Seating Capacit				V, Or cle ng	Age Group		Secondary Rating Classification				All Physical Damage Loss Is Payable To You And The Loss Payee Named Belov According To Their Interests In The Auto At The Time Of The Loss:		
FL27	50					12	All	Others	3		694990			
FL29	50					12	All	Others	5		694990			
FL31	50		S	10,00	00	12	All	Others	3		014990			
FL32	50		S	10,00	00	12	All	Others	5		014990			
FL34	50	Ī				12		Others			694990			
		(Ab	sence of a	deducti	ible o	r limit e	ntry in	any co	olumn belo	AND DEDUCTIBLE w means that the li mn applies instead	mit or ded	uctible en	try	
	со	VERE LIAB	D AUTOS ILITY			PER	SONA	L INJU CTION	RY	ADDED P.I.P.		PERTY PF (Michigar		
Covered Auto No.	Limit		Premi	um	In I Er D	mit Stat Each P.I ndt. Min Jeductib own Bel	I.P. ius ile	Pre	emium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus Ictible In Below	Pre	emium
FL27	\$ 1,000,	000		INCL					INCL					
FL29	\$ 1,000,	000		INCL					INCL					
FL31	\$ 1,000,	000	\$ 1	L , 616				\$	35					
FL32	\$ 1,000,	000	\$ 1	L , 616				\$	35					
FL34	\$ 1,000,	000		INCL					INCL					
Total Premium														

SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION							TERRITORY			
Covered Auto No.			umber (S)		Body Type dentification	n	C	vn & State Where T overed Auto Will Be Principally Garaged		Origii	nal Cost New
FL35	2006, F 1FTSE34			350 SUPE	ER DUTY VAN	,		CKSONVILLE 136		\$ 32,	,185 ACV
FL37	2010, 0	CHEVRO	LET IMPALA	LS, 2G1	.WA5EKXA116	4398		ESBURG 153		\$ 23,	,890 ACV
FL38	2010, 0	CHEVRO	LET IMPALA	LS, 2G1	.WA5EK3A116	4064		LM BEACH GARDENS		\$ 23,	,890 ACV
FL39	2010, 0	CHEVRO	LET IMPALA	LS, 2G1	.WA5EK2A116	4184	1	NTER HAVEN		\$ 23,	,890 ACV
FL40	2010, 0	CHEVRO	LET IMPALA	LS, 2G1	.WA5EK5A116	6110		\$ 23,890 ACV			
					CLASS	SIFICATIO	N				T For Towing, sical Damage
Covered Auto No.	Radius Of Operation	s=se r=ret		Size GVW GCW (Vehicl Seatin Capac	, Or le lg Age			g Classification	Code	Loss Is You A Payee I Accord Interest At The	sear Barriage s Payable To and The Loss Named Below ding To Their as In The Auto Time Of The Loss:
FL35	50		S	9 , 50	0 12	All Ot	hers		014990		
FL37					11				739800		
FL38					11				739800		
FL39					11				739800		
FL40				,	11				739800		
		(Ab	sence of a	deductil	ole or limit e	entry in an	y column belo	S AND DEDUCTIBLE ow means that the l umn applies instead	imit or ded	uctible en	try
	со	VERE LIAB	D AUTOS ILITY		PER	SONAL II	NJURY	ADDED P.I.P.		PERTY PF (Michigar	ROTECTION n Only)
Covered Auto No.	Limit		Premi	um	Limit Sta In Each P Endt. Mir Deductil Shown Be	.I.P. nus ole	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus actible a Below	Premium
FL35	\$ 1,000,	000	\$:	2,043		ş	45				
FL37	\$ 1,000,	000	\$	1,242		\$	75				
FL38	\$ 1,000,	000	\$	1,810		ş	90				
FL39	\$ 1,000,	000	\$:	1,502		ş	51				
FL40	\$ 1,000,	000	\$	1,992		\$	116				_
Total Premium											

SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION							TERRITORY						
Covered Auto No.			odel, Trad umber (S) \ Numb		Identifi		1		Co	n & State Where The overed Auto Will Be rincipally Garaged		Origi	nal Cost N	lew
FL41	2007, C 1GNDV23		LET UPLAND 39136	ER LS,						KSONVILLE 136		\$ 22,	,800 AC	V
FL43	2012, 0	HEVRO	LET IMPALA	LS, 2G	1WF5E3	38C1186	6736			E SOUND 157		\$ 25,	,065 AC	V
FL44	2012, 0	CHEVRO	LET IMPALA	LS, 2G	1WF5E3	31C1186	6075			LYWOOD 119		\$ 25,	,065 AC	V
FL45	2012, 0	CHEVRO	LET IMPALA	LS, 2G	1WF5E3	34C1186	6460			AL SPRINGS 134		\$ 25	,065 AC	V
FL46	2012, 0	CHEVRO	LET IMPALA	LS, 2G	1WF5E3	35C118	7133	CLEARWATER FL, 106				\$ 25,	,065 AC	V
					С	LASS	IFICATION	l					T For Tow sical Dam	
Covered Auto No.	Radius Of Operation	s=se r=ret		Size GVW GCW Vehic Seatin Capac	/, Or cle ng	Age Group			iting	Classification	Code	Loss Is You A Payee I Accord Interest	s Payable nd The Lo Named Be ding To Th is In The A Time Of T	To oss elow neir Auto
FL41	50		S	4,47	70	12	All Oth	ers			014990			
FL43						9					739800			
FL44						9					739800			
FL45						9					739800			
FL46						9					739800			
		(Ab	sence of a	deducti	ible or	limit e	ntry in any	column l	belov	AND DEDUCTIBLE w means that the li mn applies instead	mit or ded	uctible en	try	
	CO	VEREI LIABI	D AUTOS ILITY			PER	SONAL IN	JURY		ADDED P.I.P.		PERTY PF (Michigan		N
Covered Auto No.	Limit		Premi	um	In Ea End De	nit Stat ach P. dt. Min eductib wn Be	I.P. ius ole	Premium	l	Premium For Limit Stated In Each Added P.I.P. Endt.	In P Endt. Dedu	Stated P.P.I. Minus Ictible I Below	Premi	ium
FL41	\$ 1,000,	000	\$ 2	2,043			\$	45						
FL43	\$ 1,000,	000	\$ 1	L , 317			\$	79						
FL44	\$ 1,000,	000	\$ 1	L , 864			\$	122						
FL45	\$ 1,000,	000	\$ 1	L , 840			\$	130						
FL46	\$ 1,000,	000	\$ 1	L , 729			\$	94						
Total Premium														

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

			DESCI	RIPTION				TERRITORY			
Covered Auto No.			umber (S) \		Body Type dentification	1	C	n & State Where Ti overed Auto Will Be rincipally Garaged		Origii	nal Cost New
FL47	2012, 0	CHEVRO	LET IMPALA	LS, 2G	lWF5E35C119	0887	I	AMAR BEACH 171		\$ 25,	.065 ACV
FL48	2012 , C	CHEVRO	LET IMPALA	LS, 2G	LWF5E39C119	0486		AMAR 134		\$ 25,	065 ACV
FL49	2012, 0	CHEVRO	LET IMPALA	LS, 2G	LWF5E35C118	9562	TAM FL,	PA 107		\$ 25,	.065 ACV
FL50	2012, 0	CHEVRO	LET IMPALA	LS, 2G	LWF5E30C127	3742	MIA FL,	MI 133		\$ 25,	.065 ACV
FL51	2012, 0	CHEVRO	LET IMPALA	LS, 2G	lwF5E32C127	2401		NTATION 134		\$ 25,	.065 ACV
					CLASS	IFICATIO	N				T For Towing, sical Damage
Covered Auto No.	Radius Of Operation	s=se r=ret		Size GVW GCW Vehic Seatir Capac	or le ng Age	Sec	ondary Rating	Classification	Code	Loss Is You A Payee I Accord Interest At The	s Payable To nd The Loss Named Below ling To Their ss In The Auto Time Of The Loss:
FL47					9				739800		
FL48					9				739800		
FL49					9				739800		
FL50					9				739800		
FL51					9				739800		
		(Ab	sence of a	deducti	ble or limit e	ntry in an	y column belo	AND DEDUCTIBLE w means that the li mn applies instead	mit or ded	luctible en	try
	СО		D AUTOS ILITY		PER	SONAL II	NJURY	ADDED P.I.P.	PRO	PERTY PF (Michigar	ROTECTION n Only)
Covered Auto No.	Limit		Premi	um	Limit Stat In Each P. Endt. Mir Deductik Shown Be	I.P. nus ole	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus uctible n Below	Premium
FL47	\$ 1,000,	000	\$.	958		\$	59				
FL48	\$ 1,000,	000	\$ 1	L , 840		\$	130				
FL49	\$ 1,000,	000	\$ 1	L , 831		\$	102				
FL50	\$ 1,000,	000	\$ 1	L , 992		\$	116				
FL51	\$ 1,000,	000	\$ 1	L , 840		\$	130				
Total Premium											

SCHEDULE OF COVERED AUTOS YOU OWN

			DESCI	RIPTION	1						TERRITORY				_
Covered Auto No.			lodel, Trad umber (S) \ Numb		Ident		1			Co	n & State Where To overed Auto Will Be rincipally Garaged		Origii	nal Co	st New
FL52	2012, 0	CHEVRO	LET IMPALA	LS, 2G	G1WF5E	E30C1274	4826				NTATION 134		\$ 25,	065	ACV
FL54	2013, 0 53FBE12		AG ENCL CA 07432	RGO TRL	١,						KSONVILLE 136		\$ 2,	495	ACV
FL55	2013, 0 53FBE18		AG ENCL CA 07433	RGO TRL	١,						KSONVILLE 136		\$ 3,	950	ACV
FL56	2014, 0 2G1WA5E		LET IMPALA 76114	LIMITE	D LS,	,				LUT	Z 107		\$ 25,	830	ACV
FL57	2014, C 2G1WA5E	CHEVRO	LET IMPALA 75357	LIMITE	D LS,	,					M BEACH GARDENS 120		\$ 25,	830	ACV
						CLASS	IFICA	TION					EXCEP'		Towing, Damage
Covered Auto No.	Radius Of Operation	s=se r=ret		Size GVW GCW Vehic Seati Capac	V, Or cle ng	Age Group		Secor	ndary Ra	iting	Classification	Code	Loss Is You A Payee I Accord Interest At The	s Paya nd The Named ling To	able To e Loss d Below o Their he Auto Of The
FL52						9						739800			
FL54	50					8	All	Othe	rs			694990			
FL55	50					8	All	Othe	rs			694990			
FL56						7						739800			
FL57						7						739800			
		(Ab	sence of a	deducti	ible o	r limit e	ntry ir	any o	column	belo	AND DEDUCTIBLE w means that the li mn applies instead	mit or ded	uctible en	try	
	со		D AUTOS ILITY			PER	SONA ROTE	L INJ	URY	-	ADDED P.I.P.		PERTY PF (Michigar		
Covered Auto No.	Limit		Premi	um	In I	mit Stat Each P. ndt. Min eductib own Be	I.P. nus ole	P	Premium	ı	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus Ictible I Below	Pr	emium
FL52	\$ 1,000,	000	\$ 1	L , 840				\$	130						
FL54	\$ 1,000,	000		INCL					IN	CL					
FL55	\$ 1,000,	000		INCL					IN	CL					
FL56	\$ 1,000,	000	\$ 1	L , 831				\$	102						
FL57	\$ 1,000,	000	\$ 1	L , 810				\$	90						
Total Premium															

SCHEDULE OF COVERED AUTOS YOU OWN

			DESC	RIPTION	V					TERRITORY			
Covered Auto No.			lodel, Trae umber (S) Num		Ident		ı		C	n & State Where Tovered Auto Will Berincipally Garaged		Origi	nal Cost New
FL58	2014, 0 2G1WA5E		LET IMPAI 75693	A LIMITE	ED LS,	,			DAV FL,	IE 134		\$ 25	,830 ACV
FL59	2014, 0 2G1WA5E		LET IMPAL 85763	A LIMITE	ED LS,	,			MIA FL,	MI 133		\$ 25	,830 ACV
FL60	2014, 0 2G1WA5E		LET IMPAL 75244	A LIMITE	ED LS,	,		\top		A RATON 120		\$ 25	,830 ACV
FL61	2015, V 575200F		CARGO MT8	5X3224,						KSONVILLE 136		\$100	,100 STD AMT
FL62	2015, V 575200F	VELLS R23FH2	CARGO MT8 80097	5X3224,				\dagger		KSONVILLE 136		\$100	,100 STD AMT
						CLASS	IFICATI	ON	<u> </u>				T For Towing, sical Damage
Covered Auto No.	Radius Of Operation	s=se r=ret		GVV GCW Vehic Seati	V, Or cle ing	Age Group	Si	econo	dary Rating	Classification	Code	Loss Is You A Payee I Accord Interes	s Payable To nd The Loss Named Below ding To Their ts In The Auto Time Of The Loss:
FL58						7					739800		
FL59						7					739800		
FL60						7					739800		
FL61	50					6	All (Other	S		694990		
FL62	50					6	All (Other	S		694990	l	
		(Ab	sence of	a deduct	ible o	r limit e	ntry in a	any c	olumn belo	AND DEDUCTIBLE w means that the l mn applies instead	imit or ded	luctible en	try
	СО		D AUTOS ILITY			PER	SONAL ROTEC	INJU	IRY	ADDED P.I.P.		PERTY PF (Michiga)	ROTECTION n Only)
Covered Auto No.	Limit		Prem	nium	In Ei	mit Stat Each P. ndt. Min Deductib own Be	I.P. ius ole	Pr	emium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus uctible n Below	Premium
FL58	\$ 1,000,	000	\$	1,840				\$	130				
FL59	\$ 1,000,	000	\$	1 , 992				\$	116				
FL60	\$ 1,000,	000	\$	1,810				\$	90				
FL61	\$ 1,000,	000		INCL					INCL				
FL62	\$ 1,000,	000		INCL					INCL				
Total Premium													

SCHEDULE OF COVERED AUTOS YOU OWN

			DES	CRIPTIO	N					TERRITO	RY				
Covered Auto No.			lodel, Tra umber (S Nun		Ident		ı		C	vn & State V overed Auto Principally G	Will Be	e	Origii	nal Co	ost New
FL63	2016, 0 2G1WA5E		LET IMPA 00641	LA LIMITI	ED LS,	,				MARIA 159			\$ 25,	, 830	ACV
FL64	2016, 0 2G1WA5E		LET IMPA 00266	LA LIMITI	ED LS,	,			MIA FL,	MI 133			\$ 25,	, 830	ACV
FL65	2016, 0 2G1WA5E		LET IMPA 00649	LA LIMIT	ED LS,	,				ERVIEW			\$ 25,	, 830	ACV
FL67	2016, V 575200F		CARGO MT 11953	85X3224 ,						CKSONVILLE 136			\$100,	,100	ACV
FL68	2019, V	VELL,	575200R2	7KH37609	6			\dagger	JA	CKSONVILLE 136			\$ 71,	,500	ACV
						CLASS	IFICAT	ION					EXCEP All Phys		
Covered Auto No.	Radius Of Operation	s=se r=ret		GCW Vehi Seat	N, Or cle ing	Age Group	S	econ	dary Ratin <u>q</u>	g Classificat	on	Code	Loss Is You A Payee N Accord Interest At The	s Paya nd Th Name ling T ts In T	able To e Loss d Below o Their he Auto Of The
FL63						5						739800			
FL64						5						739800			
FL65						5						739800			
FL67	50					5	All	Other	rs .			694990			
FL68	50					2	All	Other	s			694990			
		(Ab	sence of	a deduct	tible o	r limit e	ntry in	any c	olumn belo	AND DEDU w means thum umn applies	at the lin	nit or ded	uctible ent	try	
	со		D AUTOS			PER	SONAL ROTEC	_ INJU	JRY	ADDED			PERTY PF (Michigar		
Covered Auto No.	Limit		Prer	nium	In E	mit Stat Each P. ndt. Min Deductib own Be	I.P. lus ble	Pi	remium	Premiu Limit Sta Each A P.I.P. E	ited In dded	In P Endt. Dedu	Stated P.P.I. Minus Ictible I Below	Pı	remium
FL63	\$ 1,000,	000	\$	840				\$	57						
FL64	\$ 1,000,	000	\$	1,992				\$	116						
FL65	\$ 1,000,	000	\$	1,831				\$	102						
FL67	\$ 1,000,	000		INCL					INCL						
FL68	\$ 1,000,	000		INCL					INCL						
Total Premium															

SCHEDULE OF COVERED AUTOS YOU OWN

			DESCI	RIPTION				TERRITORY			
Covered Auto No.	Y Se	ear, M rial Nu	umber (S) \	e Name, Vehicle lo er (VIN)	Body Type dentification	า	Co	n & State Where The overed Auto Will Be rincipally Garaged		Origi	nal Cost New
FL69	2019, @	GERC T	RAILER, 7F	SBG1317K	B357924			KSONVILLE 136		\$ 34	,900 ACV
FL70	2019, F	ORD F	350 SUPER	DUTY, 1F	T8W3DT5KED	40273		KSONVILLE 136		\$ 42	,662 ACV
FL71	2014, V 5V8CY31		RD NATIONA 03417	L TRAILE	R CORP,		1	LAHASSEE 123		\$396	,882 ACV
											_
					CLASS	IFICATIO	N				T For Towing, sical Damage
Covered Auto No.	Radius Of Operation	s=se r=ret		Size GVW, GCW (Vehick Seatin Capaci	Dr e g Age	Sec	ondary Rating	Classification	Code	Loss I You A Payee I Accord Interes	s Payable To nd The Loss Named Below ding To Their ts In The Auto Time Of The Loss:
FL69	50				2	All Oth	ners		694990		
FL70	50		S	4,470	2	All Oth	ners		014990		
FL71				80,000	7				799600		
							•	AND DEDUCTIBLE		1	
		(Ab	sence of a					w means that the li mn applies instead		luctible en	try
	со		D AUTOS ILITY			SONAL IN		ADDED P.I.P.	PRC	PERTY PR (Michiga)	ROTECTION n Only)
Covered Auto No.	Limit Premium				Limit Stat In Each P. Endt. Mir Deductib Shown Be	I.P. nus ole	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	In F Endt. Dedu	Stated P.P.I. Minus uctible n Below	Premium
FL69	\$ 1,000,	000		INCL			INCL				
FL70	\$ 1,000,	000	\$ 2	2,043		\$	45				
FL71	\$ 1,000,	000	\$:	1,454		\$	35				
				\dashv							
Total Premium			\$ 63	3,853		ş	3,328				

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of		ctible or limit e in the correst	6 – PREMIUMS entry in any colu ponding ITEM 1	ımn	below mean	s that the limi	t or	deductible (entry
		MEDI YMENT	-	INC	EDICAL EXPE COME LOSS (Virginia O	BENEFITS		UNINS	JRED MOTOR	RIST	'S	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	mium	In Ti Exp Inc E End	nit Stated he Medical pense and ome Loss Benefits lorsement Each Person	Premium		Limit		Pr	emium	Premium
FL6	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL8	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL14	\$5 , 000	\$	20				\$	1,0	00,000	\$	571	INCL
FL15	\$5 , 000	\$	17				\$	1,0	00,000	\$	571	INCL
FL17	\$5 , 000	\$	19				\$	1,0	00,000	\$	571	INCL
Total Premium												
	-	(Ab	sence of	a deduc	tible or limit e	6 – PREMIUMS Intry in any colu Conding ITEM	ımn	below mean	s that the limi	t or	deductible e	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION		TOWIN	G & LABOR
Covered Auto No.	Limi Stated ITEM T Minu Deducti Show Belov	l In WO s ible 'n	Prem	ium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Per sablement	Premium
FL6	\$ 1,0	00	\$	39				\$ 1,000	\$ 129			
FL8	\$ 1,0	00	\$	35				\$ 1,000	\$ 96			
FL14	\$ 1,0	00	\$	78				\$ 1,000	\$ 192			
FL15	\$ 1,0	00	\$	52				\$ 1,000	\$ 116			
FL17	\$ 1,0	00	\$	85				\$ 1,000	\$ 197			
Total Premium												

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of	a deduc	tible or limit e	ntry in any colo	umn	below mean	s that the lim		deductible e	entry
		MEDIO MENT	_		EDICAL EXPE COME LOSS (Virginia C	NSE AND BENEFITS	1		URED MOTO	RIST	rs	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	emium	In Ti Exp Inc End End	nit Stated the Medical pense and ome Loss Benefits lorsement each Person	Premium		Limit		Pr	emium	Premium
FL18	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL21	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL24	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL25	\$5 , 000	\$	17				\$	1,0	00,000	\$	571	INCL
FL26	\$5 , 000	\$	19				\$	1,0	00,000	\$	571	INCL
Total Premium												
	-	(Ab	sence of	a deduc	tible or limit e	S – PREMIUMS entry in any colo conding ITEM	umn	below mean	s that the lim		deductible e	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION		TOWIN	G & LABOR
Covered Auto No.	Limi Stated ITEM TV Minu Deducti Show Belov	t In WO s ible	Prem		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Per sablement	Premium
FL18	\$ 1,0	00	\$	76				\$ 1,000	\$ 13	0		
FL21	\$ 1,0	00	\$	61				\$ 1,000	\$ 12	6		
FL24	\$ 1,0	00	\$	49			\perp	\$ 1,000	\$ 9	4		
FL25	\$ 1,0	00	\$	52			\perp	\$ 1,000	\$ 16	0		
FL26	\$ 1,0	00	\$	85				\$ 1,000	\$ 19	7		
Total Premium												

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of	a deduc	tible or limit e	6 – PREMIUMS entry in any column	umr	n below mean	s that the limit	or deductible	entry
		MEDIO YMENT	_	ING	EDICAL EXPE COME LOSS (Virginia O	NSE AND BENEFITS			URED MOTOF	RISTS	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	emium	In Ti Exp Inc E End	nit Stated he Medical hense and home Loss Benefits horsement ach Person	Premium		Limit		Premium	Premium
FL27	\$5 , 000		INCL				\$	1,0	00,000	INCL	INCL
FL29	\$5 , 000		INCL				\$	1,0	00,000	INCL	INCL
FL31	\$5 , 000	\$	12				\$	1,0	00,000	377	INCL
FL32	\$5 , 000	\$	12				\$	1,0	00,000	377	INCL
FL34	\$5,000		INCL				\$	1,0	00,000	INCL	INCL
Total Premium											
		(Ab	sence of	a deduc	tible or limit e	onding ITEM	umr	n below mean	s that the limit	or deductible	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION	TOWIN	IG & LABOR
Covered Auto No.	Limi Stated ITEM TV Minu: Deducti Show Belov	l In WO s ible n	Prem	ium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
FL27	\$ 1,00	00	\$	26				\$ 1,000	\$ 44		
FL29	\$ 1,00	00	\$	12				\$ 1,000	\$ 11		
FL31	\$ 2,50	00	\$	73				\$ 2,500	\$ 111		
FL32	\$ 2,50	00	\$	73				\$ 2,500	\$ 111		
FL34	\$ 1,00	00	\$	12				\$ 1,000	\$ 11		
Total Premium											

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of	a deduc	ctible or limit e	S – PREMIUMS entry in any colo	umn	below mean	s that the lin	nit or	deductible e	entry
		MEDIO MENT	-	IN	EDICAL EXPE COME LOSS (Virginia C	NSE AND BENEFITS			URED MOTO		TS	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	mium	In Ti Exp Inc End End	nit Stated he Medical pense and ome Loss Benefits lorsement Each Person	Premium		Limit		P	Premium	Premium
FL35	\$5 , 000	\$	20				\$	1,0	00,000	\$	377	INCL
FL37	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL38	\$5 , 000	\$	17				\$	1,0	00,000	\$	571	INCL
FL39	\$5 , 000	\$	16				\$	1,0	00,000	\$	571	INCL
FL40	\$5 , 000	\$	19				\$	1,0	00,000	\$	571	INCL
Total Premium												
	_	(Ab	sence of	a dedud	tible or limit e	entry in any colo conding ITEM	umn	below mean	s that the lin	nit or	deductible e	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION		TOWIN	G & LABOR
Covered Auto No.	Limi Stated ITEM T Minu Deducti Show Belov	t In WO s ible	Prem		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	D	Limit Per Disablement	Premium
FL35	\$ 2,5	00	\$	68				\$ 2,500	\$ 11	.1		
FL37	\$ 1,0	00	\$	51				\$ 1,000	\$ 13	88		
FL38	\$ 1,0	00	\$	58			\perp	\$ 1,000	\$ 19	9		
FL39	\$ 1,0	00	\$	52			\perp	\$ 1,000	\$ 14	7		
FL40	\$ 1,0	00	\$	106				\$ 1,000	\$ 25	3		
Total Premium												

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of	a deduc		6 - PREMIUMS	•				or de	eductible e	entry
		MEDIO YMENT	CAL	MI		oonding ITEM T NSE AND BENEFITS			lies ins	tead.)			UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	mium	In Ti Exp Inc E End	nit Stated he Medical pense and ome Loss Benefits lorsement ach Person	Premium		Limit			Prei	mium	Premium
FL41	\$5 , 000	\$	20				\$	1,0	00,000	\$	5	377	INCL
FL43	\$5 , 000	\$	16				\$	1,0	000,000	Ş	3	571	INCL
FL44	\$5 , 000	\$	17				\$	1,0	00,000	\$	5	571	INCL
FL45	\$5 , 000	\$	16				\$	1,0	00,000	\$	5	571	INCL
FL46	\$5,000	\$	16				\$	1,0	00,000	\$	3	571	INCL
Total Premium													
	со		sence of		ctible or limit e in the corresp SPECIFIE	6 – PREMIUMS ntry in any colo conding ITEM 1 ED CAUSES LOSS	úmn	below mean column app	s that t	he limit	or de		entry G & LABOR
Covered Auto No.	Limi Stated ITEM T Minu Deducti Show Belov	l In WO s ible n	Prem	ium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Prer	nium		mit Per ablement	Premium
FL41	\$ 1,0	00	\$	64				\$ 1,000	\$	109			
FL43	\$ 1,0	00	\$	58				\$ 1,000	\$	158			
FL44	\$ 1,0	00	\$	84				\$ 1,000	\$	266			
FL45	\$ 1,0	00	\$	87				\$ 1,000	\$	252			
FL46	\$ 1,0	00	\$	92				\$ 1,000	\$	205			
Total Premium													

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		(Ab	sence of	a deduc	tible or limit e	ntry in any colo	umn	below mean	s that the limi	t or deductible	entry
		MEDIO YMENT	_	IN	EDICAL EXPE COME LOSS (Virginia C	NSE AND BENEFITS			URED MOTO	RISTS	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	emium	In Ti Exp Inc End End	nit Stated he Medical pense and ome Loss Benefits lorsement ach Person	Premium		Limit		Premium	Premium
FL47	\$5 , 000	\$	16				\$	1,0	00,000	\$ 571	INCL
FL48	\$5 , 000	\$	16				\$	1,0	00,000	\$ 571	INCL
FL49	\$5 , 000	\$	17				\$	1,0	00,000	\$ 571	INCL
FL50	\$5 , 000	\$	19				\$	1,0	00,000	\$ 571	INCL
FL51	\$5 , 000	\$	16				\$	1,0	00,000	\$ 571	INCL
Total Premium											
	_	(Ab	sence of	a deduc	tible or limit e	S – PREMIUMS entry in any colo conding ITEM	umn	below mean	s that the limi	t or deductible	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION	TOW	NG & LABOR
Covered Auto No.	Limi Stated ITEM TV Minu Deducti Show Belov	t I In WO s ible m	Prem		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablemen	
FL47	\$ 1,0	00	\$	88				\$ 1,000	\$ 168		
FL48	\$ 1,0	00	\$	87				\$ 1,000	\$ 252		
FL49	\$ 1,0	00	\$	96			\perp	\$ 1,000	\$ 227		
FL50	\$ 1,0	00	\$	140			\perp	\$ 1,000	\$ 326	;	
FL51	\$ 1,0	00	\$	87				\$ 1,000	\$ 252		
Total Premium											

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

	l	(Ab	sence of	a deduc	tible or limit e	6 – PREMIUMS entry in any column	umr	below mean	s that the limit	or deductible	entry
		MEDIO YMENT	_	INC	EDICAL EXPE COME LOSS (Virginia O	NSE AND BENEFITS			URED MOTOF	RISTS	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	emium	In Ti Exp Inc E End	nit Stated he Medical hense and home Loss Benefits horsement ach Person	Premium		Limit		Premium	Premium
FL52	\$5 , 000	\$	16				\$	1,0	00,000	571	INCL
FL54	\$5 , 000		INCL				\$	1,0	00,000	INCL	INCL
FL55	\$5 , 000		INCL				\$	1,0	00,000	INCL	INCL
FL56	\$5 , 000	\$	17				\$	1,0	00,000	5 571	INCL
FL57	\$5 , 000	\$	17				\$	1,0	00,000	5 571	INCL
Total Premium											
		(Ab	sence of	a deduc	tible or limit e	onding ITEM	umn	below mean	s that the limit	or deductible	entry
	СО	MPREI	HENSIVE			ED CAUSES LOSS		COLL	ISION	TOWIN	IG & LABOR
Covered Auto No.	Limi Stated ITEM TV Minu: Deducti Show Belov	l In WO s ible n	Prem	ium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
FL52	\$ 1,00	00	\$	87				\$ 1,000	\$ 252		
FL54	\$ 1,00	00	\$	16				\$ 1,000	\$ 18		
FL55	\$ 1,00	00	\$	16				\$ 1,000	\$ 18		
FL56	\$ 1,00	00	\$	119				\$ 1,000	\$ 289		
FL57	\$ 1,00	00	\$	94				\$ 1,000	\$ 326		
Total Premium											

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

					COVERAGES	- PREMIUMS	, LIN	/IITS AND DE	DUC	TIBLES			
		(Ab	sence of	a deduc	ctible or limit e	ntry in any colu conding ITEM 1	ımn	below mean	s that	the limit	or d	eductible e	entry
		MEDI YMENT	_		EDICAL EXPE COME LOSS E (Virginia O	NSE AND BENEFITS	1			MOTOR	ISTS	,	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	mium	In T Exp Inc E End	nit Stated he Medical pense and ome Loss Benefits lorsement Each Person	Premium		Limit				mium	Premium
FL58	\$5 , 000	\$	16				\$	1,0	00,00) \$;	571	INCL
FL59	\$5,000	\$	19				\$	1,0	00,00) \$;	571	INCL
FL60	\$5,000	\$	17				\$	1,0	00,00) \$;	571	INCL
FL61	\$5,000		INCL				\$	1,0	00,00	0		INCL	INCL
FL62	\$5,000		INCL				\$	1,0	00,00			INCL	INCL
Total Premium													
					ctible or limit e in the corresp SPECIFIE	6 - PREMIUMS ntry in any colu conding ITEM 1 ED CAUSES	ımn	below mean column app	s that lies in	the limit stead.)	or de		
Covered Auto No.	Limi Stated ITEM T Minu Deduct Show Belov	t I In WO s ible 'n	HENSIVE Prem		Limit Stated In ITEM TWO Minus Deductible Shown Below	LOSS		Limit Stated In ITEM TWO Minus Deductible Shown Below		emium		TOWIN imit Per ablement	G & LABOR Premium
FL58	\$ 1,0	00	\$	107				\$ 1,000	\$	321			
FL59	\$ 1,0	00	\$	173			\top	\$ 1,000	\$	414			
FL60	\$ 1,0	00	\$	94				\$ 1,000	\$	326			
FL61	\$ 1,0	00	\$	88			\top	\$ 1,000	\$	316			
FL62	\$ 1,0	00	\$	88			\top	\$ 1,000	\$	316			
Total Premium													

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES												
		(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)											
		MEDI	_		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)			UNINSURED MOTORISTS				6	UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Pre	mium	In T Exp Inc E End	nit Stated he Medical pense and ome Loss Benefits lorsement Each Person	Premium		Limit			Pre	emium	Premium
FL63	\$5 , 000	\$	16				\$	1,0	00,00	00 \$	3	571	INCL
FL64	\$5,000	\$	19				\$	1,0	00,00	00 \$	5	571	INCL
FL65	\$5,000	\$	17				\$	1,0	00,00	00 \$	5	571	INCL
FL67	\$5,000		INCL				\$	1,0	00,00	00		INCL	INCL
FL68	\$5,000		INCL				\$	1,0	00,00	00		INCL	INCL
Total Premium													
					ctible or limit e in the corresp SPECIFIE	onding ITEM 7 ED CAUSES	ımn	below mean column app	s tha lies ii	t the limit nstead.)	or d		
Covered Auto No.	Limi Stated ITEM T Minu Deduct Show Belov	t I In WO s ible 'n	HENSIVE Prem		Limit Stated In ITEM TWO Minus Deductible Shown Below	LOSS		Limit Stated In ITEM TWO Minus Deductible Shown Below		remium	. –	imit Per	G & LABOR Premium
FL63	\$ 1,0	00	\$	75				\$ 1,000	\$	218			
FL64	\$ 1,0	00	\$	194				\$ 1,000	\$	473			
FL65	\$ 1,0	00	\$	134				\$ 1,000	\$	330			
FL67	\$ 5,0	00	\$	66				\$ 5,000	\$	238			
FL68	\$ 3,0	00	\$	74			\top	\$ 3,000	\$	249			
Total Premium													

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

		COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)										
		MEDI YMENT			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)			UNINS	UNDERINSURED MOTORISTS			
Covered Auto No.	Limit Each Insured	Pre	emium	In Ti Exp Inc E End	nit Stated he Medical pense and ome Loss Benefits lorsement ach Person	Premium		Limit			Premium	Premium
FL69	\$5 , 000		INC	:			\$	1,0	00,0	00	INCL	INCL
FL70	\$5 , 000	\$	20)			\$	1,0	00,0	00 \$	377	INCL
FL71	\$5,000	\$	12	2			\$	1,0	00,00	00 \$	377	INCL
Total Premium		ş	63:)						ş	20,534	INCL
	со		sence o		ctible or limit e in the corresp SPECIFIE	6 – PREMIUMS ntry in any colu conding ITEM 1 ED CAUSES LOSS	ımn b	elow mean	s tha lies i	t the limit nstead.)		e entry
Covered Auto No.	Limi Stated ITEM T Minu Deducti Show Belov	l In WO s ible n	Pre	mium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	IT	Limit Stated In TEM TWO Minus Deductible Shown Below	Pi	remium	Limit Per Disablemer	nt Premium
FL69	\$ 2,5	00	\$	55				\$ 2,500	\$	112		
FL70	\$ 2,5	00	\$	169				\$ 2,500	\$	439		
FL71	\$20,0	00	\$	302				\$20,000	\$	1,394		
Total Premium			ş	3 , 977					\$	10,837		

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)							
COVERED AUTOS LIABILITY COVERAGE	STATE		MATED ANNUAL IRE FOR EACH STATE	PREMIUM			
Primary Coverage							
Excess Coverage	FL	\$	91,000	\$	2,721		
		TO ⁻	TAL HIRED AUTO PREMIUM	\$	2,721		

For "autos" used in your motor carrier operations, cost of hire means:

- 1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
- 2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
- The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)							
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM				
Primary Coverage							
Excess Coverage							
TOTAL HIRED AUTO PREMIUM							

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)							
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PF	REMIUM		
COMPREHENSIVE	FL	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 100 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$91,000	\$	355		
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.					
COLLISION	FL	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO.	\$91,000	\$	492		
	ED AUTO PREMIUM	\$	847				

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment — Other Than Physical Damage Coverages								
		ESTIMATE COST OF HIRE F		PREMIUM				
COVERAGE	STATE	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment			
Covered Autos Liability – Primary Coverage								
Covered Autos Liability – Excess Coverage					_			
Personal Injury Protection								
Medical Expense Benefits (Virginia Only)								
Income Loss Benefits (Virginia Only)								
Auto Medical Payments								
TOTAL HIRED AUTO PREMIUM								

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile or Farm Equipment Physical Damage Coverages							
			ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM		
00//50405	07475	LIMIT OF INCUIDANCE	Mobile	Farm	Mobile	Farm	
COVERAGE	STATE	ACTUAL CASH VALUE	Equipment	Equipment	Equipment	Equipment	
COMPREHENSIVE		OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.					
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.					
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.					
			TOTAL HIRED	AUTO PREMIUM			

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Rental Period Rating Basis For Mobile Or Farm Equipment								
	TOWN AND STATE	ESTIM NUMBER EQUIPME BE RE	OF DAYS NT WILL	PREMIUM				
COVERAGE	TOWN AND STATE WHERE THE JOB SITE COVERAGE IS LOCATED		Farm Equipment	Mobile Farm Equipment Equipment				
Covered Autos Liability – Primary Coverage								
Covered Autos Liability – Excess Coverage								
Personal Injury Protection								
Medical Expense Benefits (Virginia Only)								
Income Loss Benefits (Virginia Only)								
Auto Medical Payments								
	TOTAL HIRED AUTO PREMIUMS							

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service	Number Of Employees	1,060	\$ 11,487
Operations And Other Than Social Service Agencies	Number Of Partners (Active and Inactive)		
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		
	Number Of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees		
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
TOTAL NON-	OWNERSHIP COVERED AUTOS LIA	ABILITY PREMIUM	\$ 11,487

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Type Of Risk (Check one):	Public Autos	Leasing Or Rental Concerns
Rating Basis (Check one):	Gross Receipts (Per \$100)	Mileage (Per Mile)
Estimated Yearly (Check One):	Gross Receipts (Per \$100)	Mileage
	Premiums	
Covered Autos Liability		
Personal Injury Protection		
Added Personal Injury Protection		_
Property Protection Insurance (Mic	higan Only)	
Auto Medical Payments		
Medical Expense And Income Loss	Benefits (Virginia Only)	
Comprehensive		
Specified Causes Of Loss		
Collision		
Towing And Labor		

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

- 1. Amounts paid to air, sea or land carriers operating under their own permits.
- 2. Advertising revenue.
- 3. Taxes collected as a separate item and paid directly to the government.
- 4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.