



COMMERCIAL INSURANCE

COMMON POLICY DECLARATIONS

Policy Number CPO 0289310-02

Renewal of Number CPO 0289310-01

Named Insured and Mailing Address

CITIZENS PROPERTY INSURANCE
CORPORATION
2101 MARYLAND CIR
TALLAHASSEE FL 32303-1001

Producer and Mailing Address

ARTHUR J. GALLAGHER RISK MANAG
200 S ORANGE AVE STE 1350
ORLANDO FL 32801-3439

Producer Code 84384-000

Policy Period: Coverage begins 01-01-2020 at 12:01 A.M.; Coverage ends 01-01-2021 at 12:01 A.M.

The name insured is ☐ Individual ☐ Partnership ☒ Corporation
☐ Other:

This insurance is provided by one or more of the stock insurance companies which are members of the Zurich-American Insurance Group. The company that provides coverage is designated on each Coverage Part Common Declarations. The company or companies providing this insurance may be referred to in this policy as "The Company", we, us, or our. The address of the companies of the Zurich-American Insurance Group are provided on the next page.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE(S):

PROPERTY PORTFOLIO PROTECTION issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$ 39,075.00
GENERAL LIABILITY COVERAGE issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$ 20,545.00
BUSINESS AUTOMOBILE issued by ZURICH AMERICAN INSURANCE COMPANY	PREMIUM \$ 120,257.00
STATE FIRE MARSHALL REG ASSESS SURCHG	\$ 56.27
FL-DEPT OF REVENUE SURCHARGE	\$ 4.00

THIS PREMIUM MAY BE SUBJECT TO AUDIT.

This premium does not include Taxes and Surcharges.

TOTAL \$ 179,877.00

Taxes and Surcharges

TOTAL \$ 60.27

The Form(s) and Endorsement(s) made a part of this policy at the time of issue are listed on the **SCHEDULE of FORMS and ENDORSEMENTS.**

Countersigned this day of

Authorized Representative

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.

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

COMMON POLICY FORMS AND ENDORSEMENTS

U-GU-692-D CW	01-20	DISCL OF PREM. RELATING TO DISP. OF TRIA
U-GU-767-B CW	01-15	CAP ON LOSS FROM CERTIFIED ACTS OF TERR
U-GU-D-310-A	01-93	COMMON POLICY DECLARATIONS
U-GU-619-A CW	10-02	SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-319-F	01-09	IMPORTANT NOTICE - IN WITNESS CLAUSE
U-GU-618-A CW	10-02	SCHEDULE OF LOCATIONS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 75	09-07	FLORIDA CHANGES-LEGAL ACTION AGAINST US
IL 02 55	03-16	FLORIDA CHANGES-CANC & NONRENEWAL
IL 00 03	09-08	CALCULATION OF PREMIUM
U-GU-1191-A CW	03-15	SANCTIONS EXCLUSION ENDORSEMENT
U-GU-1145-A FL	09-12	NOTICE OF DEDUC APPLICABLE TO HURRICANES

PROPERTY PORTFOLIO PROTECTION FORMS AND ENDORSEMENTS

PPP-0253	09-18	WATER DAMAGE DEDUCTIBLE
PPP-0001	06-06	COMMERCIAL PROP CVG PART DECLARATIONS
PPP-0101	04-19	COMMERCIAL PROP CVG PART GEN PROVISIONS
PPP-0102	08-16	COMMERCIAL PROPERTY CONDITIONS
PPP-0103	08-16	COMMERCIAL PROPERTY DEFINITIONS
PPP-0110	08-16	REAL AND PERSONAL PROPERTY COVERAGE FORM
PPP-0111	03-14	ADDITIONAL COVERAGES FORM
PPP-0112	08-16	ACCOUNTS RECEIVABLE CVG (REVENUE LOSS)
PPP-0114	08-16	FINE ARTS COVERAGE FORM
PPP-0116	08-16	ORIGINAL INFORMATION PROPERTY CVG FORM
PPP-0117	03-14	TRANSIT COVERAGE FORM
PPP-0130	08-16	BUS INC COVG FORM (EXCL EXTRA EXPENSE)
PPP-0132	08-16	EXTRA EXPENSE COVERAGE FORM
PPP-0208	06-06	FLOOD EXCLUSION -- AMENDED DEFINITION
PPP-0217	04-19	NAMED STORM -- DD & TE DEDUCTIBLE
PPP-0302	03-14	DEP PREM BI CVG -- UNSCHEDULED LOCS
PPP-0308	06-06	ENABLING ENDORSEMENT
PPP-0310	08-16	FLOOD COVERAGE
PPP-0320	04-19	OFF-PREM SERVICE INTERRUPTION -- DD
PPP-0402	08-16	FINANCIAL INSTITUTION COVERAGE
PPP-1091	08-16	FLORIDA CHANGES

GENERAL LIABILITY FORMS AND ENDORSEMENTS

U-GL-1517-B CW	04-13	RECORD OR DISTRB OF MATRL OR INFO EXCL
U-GL-849-B CW	08-04	EMPLOYEE BENEFITS LIABILITY-CLAIMS MADE
U-GL-D-1115-B CW	09-04	COMMERCIAL GL COVERAGE PART DECLARATIONS
U-GL-1113-A CW	10-02	COMM GENERAL LIABILITY COVERAGE SCHEDULE
U-GL-D-849-B CW	09-04	EMPLOYEE BENEFITS LIAB DEC - CLAIMS MADE
CG 00 01	04-13	COMMERCIAL GENERAL LIABILITY COV FORM
UGL1171ACW	07-03	FUNGI OR BACTERIA EXCLUSION
U-GL-1330-C CW	04-13	FINANCIAL INSTITUTIONS EXTENSION
U-GL-1178ACW	07-03	ASBESTOS EXCLUSION ENDORSEMENT
CG 02 20	03-12	FL CHANGES - CANCELLATION & NONRENEWAL
UGL850ACW	07-96	DEDUCTIBLE ENDORSEMENT CLAIMS-MADE
CG 20 01	04-13	PRIMARY AND NONCONTRIBUTORY - OTHER INSD
CG 20 11	04-13	ADDL INSD-MANAGERS/LESSORS OF PREMISES

U-GU-619-A CW (10/02)

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

CG 20 12	04-13	ADDL INS-ST, GOV AGY, SUB, POL SUB-PERM
CG 20 26	04-13	ADDL INSD-DESIGNATED PERSON/ORGANIZATION
CG 21 07	05-14	EXCL-ACC/DISCL OF CONFI OR PERSONAL INFO
CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 52	04-13	EXCLUSION FINANCIAL SERVICES
CG 22 38	07-98	EXCL-FINANCIAL INST (EXCL FIDUC LIAB)
CG 22 48	04-13	EXCL-INSURANCE AND RELATED OPERATIONS
CG 24 04	05-09	WAIVER OF TRANSFER RIGHTS OF RECOVERY

AUTOMOBILE FORMS AND ENDORSEMENTS

U-CA-531-B	02-08	NOTICE REGARDING TERRORISM PREMIUM
U-CA-D-600-C	04-14	BUSINESS AUTO DECLARATIONS
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
CA 02 67	06-17	FL CHANGES - CANCELLATION AND NONRENEWAL
CA 01 28	06-17	FLORIDA CHANGES
CA 21 72	06-17	FL UNINSURED MOTORISTS COV - NON STACKED
CA 22 10	02-18	FL PERSONAL INJURY PROTECTION
CA 05 04	08-18	FL PBLIC LIVRY PASS TRANS ON-DEMAND EXCL
CA 20 15	10-13	MOBILE EQUIPMENT
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 60	10-13	AUDIO VISUAL & DATA ELEC EQUIP COV
CA 99 28	10-13	STATED AMOUNT INSURANCE

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. GALLAGHER RISK MANAG

NAMED INSURED: CITIZENS PROPERTY INSURANCE
CORPORATION

MAILING ADDRESS: 2101 MARYLAND CIR
TALLAHASSEE, FL 32303-1001

POLICY PERIOD: From 01-01-2020 to 01-01-2021 at 12:01 A.M. Standard Time at your
mailing address shown above

PREVIOUS POLICY NUMBER: CPO 0289310-01

FORM OF BUSINESS:

☒ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$ 120,257.00								
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

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 AUTOS	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.	
TAX/SURCHARGE/FEE			
PREMIUM FOR ENDORSEMENTS			\$ 2,034
*ESTIMATED TOTAL PREMIUM			\$ 120,257.00

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL6	2008, CHEVROLET IMPALA LS, 2G1WB58K881364411				TALLAHASSEE FL, 123		\$ 21,255 ACV
FL8	2008, CHEVROLET IMPALA LS, 2G1WB58K481360078				ROTONDA WEST FL, 141		\$ 21,255 ACV
FL14	2008, CHEVROLET IMPALA LS, 2G1WB58K581358761				CUTLER BAY FL, 114		\$ 21,255 ACV
FL15	2008, CHEVROLET IMPALA LS, 2G1WB58K581360168				JACKSONVILLE FL, 136		\$ 21,255 ACV
FL17	2008, CHEVROLET IMPALA LS, 2G1WB58K081365746				MIAMI FL, 133		\$ 21,255 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL6				12		739800	
FL8				12		739800	
FL14				12		739800	
FL15				12		739800	
FL17				12		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL6	\$ 1,000,000	\$ 1,466		\$ 39			
FL8	\$ 1,000,000	\$ 1,209		\$ 79			
FL14	\$ 1,000,000	\$ 1,788		\$ 96			
FL15	\$ 1,000,000	\$ 1,230		\$ 61			
FL17	\$ 1,000,000	\$ 1,992		\$ 116			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL18	2008, CHEVROLET IMPALA LS, 2G1WB58K881356390				LAND O LAKES FL, 154		\$ 21,255 ACV
FL21	2009, CHEVROLET IMPALA LS, 2G1WB57K891227973				MAITLAND FL, 105		\$ 23,045 ACV
FL24	2009, CHEVROLET IMPALA LS, 2G1WB57K791231190				SAINT JOHNS FL, 138		\$ 23,045 ACV
FL25	2009, CHEVROLET IMPALA LS, 2G1WB57KX91225206				POMPANO BEACH FL, 119		\$ 23,045 ACV
FL26	2008, CHEVROLET IMPALA LS, 2G1WB28KX81363907				MIAMI FL, 133		\$ 21,255 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL18				12		739800	
FL21				12		739800	
FL24				12		739800	
FL25				12		739800	
FL26				12		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL18	\$ 1,000,000	\$ 1,386		\$ 120			
FL21	\$ 1,000,000	\$ 1,445		\$ 59			
FL24	\$ 1,000,000	\$ 1,123		\$ 53			
FL25	\$ 1,000,000	\$ 1,864		\$ 122			
FL26	\$ 1,000,000	\$ 1,992		\$ 116			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Primarily Garaged		
FL27	2006, HAUL MARK IND, 16HCB12116G077275				JACKSONVILLE FL, 136		\$ 25,000 ACV
FL29	2000, HAUL MARK IND, 4XSCB1215YG022472				TALLAHASSEE FL, 123		\$ 3,500 ACV
FL31	2006, FORD ECONOLINE E350 SUPER DUTY WAGON, 1FBNE31P46DA71924				TALLAHASSEE FL, 123		\$ 33,430 ACV
FL32	2006, FORD ECONOLINE E350 SUPER DUTY WAGON, 1FBNE31P66DB07869				TALLAHASSEE FL, 123		\$ 33,430 ACV
FL34	2007, HAUL MARK IND, 16HCB12257G091271				TALLAHASSEE FL, 123		\$ 3,500 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL27	50			12	All Others	694990	
FL29	50			12	All Others	694990	
FL31	50	S	10,000	12	All Others	014990	
FL32	50	S	10,000	12	All Others	014990	
FL34	50			12	All Others	694990	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL27	\$ 1,000,000	INCL		INCL			
FL29	\$ 1,000,000	INCL		INCL			
FL31	\$ 1,000,000	\$ 1,616		\$ 35			
FL32	\$ 1,000,000	\$ 1,616		\$ 35			
FL34	\$ 1,000,000	INCL		INCL			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL35	2006, FORD ECONOLINE E350 SUPER DUTY VAN, 1FTSE34P06DB37914				JACKSONVILLE FL, 136		\$ 32,185 ACV
FL37	2010, CHEVROLET IMPALA LS, 2G1WA5EKXA1164398				LEESBURG FL, 153		\$ 23,890 ACV
FL38	2010, CHEVROLET IMPALA LS, 2G1WA5EK3A1164064				PALM BEACH GARDENS FL, 120		\$ 23,890 ACV
FL39	2010, CHEVROLET IMPALA LS, 2G1WA5EK2A1164184				WINTER HAVEN FL, 110		\$ 23,890 ACV
FL40	2010, CHEVROLET IMPALA LS, 2G1WA5EK5A1166110				MIAMI FL, 133		\$ 23,890 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL35	50	S	9,500	12	All Others	014990	
FL37				11		739800	
FL38				11		739800	
FL39				11		739800	
FL40				11		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL35	\$ 1,000,000	\$ 2,043		\$ 45			
FL37	\$ 1,000,000	\$ 1,242		\$ 75			
FL38	\$ 1,000,000	\$ 1,810		\$ 90			
FL39	\$ 1,000,000	\$ 1,502		\$ 51			
FL40	\$ 1,000,000	\$ 1,992		\$ 116			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL41	2007, CHEVROLET UPLANDER LS, 1GNDV23197D139136				JACKSONVILLE FL, 136		\$ 22,800 ACV
FL43	2012, CHEVROLET IMPALA LS, 2G1WF5E38C1186736				HOBE SOUND FL, 157		\$ 25,065 ACV
FL44	2012, CHEVROLET IMPALA LS, 2G1WF5E31C1186075				HOLLYWOOD FL, 119		\$ 25,065 ACV
FL45	2012, CHEVROLET IMPALA LS, 2G1WF5E34C1186460				CORAL SPRINGS FL, 134		\$ 25,065 ACV
FL46	2012, CHEVROLET IMPALA LS, 2G1WF5E35C1187133				CLEARWATER FL, 106		\$ 25,065 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL41	50	S	4,470	12	All Others	014990	
FL43				9		739800	
FL44				9		739800	
FL45				9		739800	
FL46				9		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL41	\$ 1,000,000	\$ 2,043		\$ 45			
FL43	\$ 1,000,000	\$ 1,317		\$ 79			
FL44	\$ 1,000,000	\$ 1,864		\$ 122			
FL45	\$ 1,000,000	\$ 1,840		\$ 130			
FL46	\$ 1,000,000	\$ 1,729		\$ 94			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL47	2012, CHEVROLET IMPALA LS, 2G1WF5E35C1190887				MIRAMAR BEACH FL, 171		\$ 25,065 ACV
FL48	2012, CHEVROLET IMPALA LS, 2G1WF5E39C1190486				MIRAMAR FL, 134		\$ 25,065 ACV
FL49	2012, CHEVROLET IMPALA LS, 2G1WF5E35C1189562				TAMPA FL, 107		\$ 25,065 ACV
FL50	2012, CHEVROLET IMPALA LS, 2G1WF5E30C1273742				MIAMI FL, 133		\$ 25,065 ACV
FL51	2012, CHEVROLET IMPALA LS, 2G1WF5E32C1272401				PLANTATION FL, 134		\$ 25,065 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL47				9		739800	
FL48				9		739800	
FL49				9		739800	
FL50				9		739800	
FL51				9		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL47	\$ 1,000,000	\$ 958		\$ 59			
FL48	\$ 1,000,000	\$ 1,840		\$ 130			
FL49	\$ 1,000,000	\$ 1,831		\$ 102			
FL50	\$ 1,000,000	\$ 1,992		\$ 116			
FL51	\$ 1,000,000	\$ 1,840		\$ 130			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL52	2012, CHEVROLET IMPALA LS, 2G1WF5E30C1274826				PLANTATION FL, 134		\$ 25,065 ACV
FL54	2013, COVE WAG ENCL CARGO TRL, 53FBE1216DF007432				JACKSONVILLE FL, 136		\$ 2,495 ACV
FL55	2013, COVE WAG ENCL CARGO TRL, 53FBE1828DF007433				JACKSONVILLE FL, 136		\$ 3,950 ACV
FL56	2014, CHEVROLET IMPALA LIMITED LS, 2G1WA5E3XE1176114				LUTZ FL, 107		\$ 25,830 ACV
FL57	2014, CHEVROLET IMPALA LIMITED LS, 2G1WA5E39E1175357				PALM BEACH GARDENS FL, 120		\$ 25,830 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL52				9		739800	
FL54	50			8	All Others	694990	
FL55	50			8	All Others	694990	
FL56				7		739800	
FL57				7		739800	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL52	\$ 1,000,000	\$ 1,840		\$ 130			
FL54	\$ 1,000,000	INCL		INCL			
FL55	\$ 1,000,000	INCL		INCL			
FL56	\$ 1,000,000	\$ 1,831		\$ 102			
FL57	\$ 1,000,000	\$ 1,810		\$ 90			
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL58	2014, CHEVROLET IMPALA LIMITED LS, 2G1WA5E33E1175693				DAVIE FL, 134		\$ 25,830 ACV
FL59	2014, CHEVROLET IMPALA LIMITED LS, 2G1WA5E34E1185763				MIAMI FL, 133		\$ 25,830 ACV
FL60	2014, CHEVROLET IMPALA LIMITED LS, 2G1WA5E37E1175244				BOCA RATON FL, 120		\$ 25,830 ACV
FL61	2015, WELLS CARGO MT85X3224, 575200R29FH275888				JACKSONVILLE FL, 136		\$100,100 STD AMT
FL62	2015, WELLS CARGO MT85X3224, 575200R23FH280097				JACKSONVILLE FL, 136		\$100,100 STD AMT
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL58				7		739800	
FL59				7		739800	
FL60				7		739800	
FL61	50			6	All Others	694990	
FL62	50			6	All Others	694990	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown 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							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL63	2016, CHEVROLET IMPALA LIMITED LS, 2G1WA5E31G1100641				AVE MARIA FL, 159		\$ 25,830 ACV
FL64	2016, CHEVROLET IMPALA LIMITED LS, 2G1WA5E31G1100266				MIAMI FL, 133		\$ 25,830 ACV
FL65	2016, CHEVROLET IMPALA LIMITED LS, 2G1WA5E36G1100649				RIVERVIEW FL, 107		\$ 25,830 ACV
FL67	2016, WELLS CARGO MT85X3224, 575200R29GH311953				JACKSONVILLE FL, 136		\$100,100 ACV
FL68	2019, WELL, 575200R27KH376096				JACKSONVILLE FL, 136		\$ 71,500 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL63				5		739800	
FL64				5		739800	
FL65				5		739800	
FL67	50			5	All Others	694990	
FL68	50			2	All Others	694990	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
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							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL69	2019, GERC TRAILER, 7FSBG1317KB357924				JACKSONVILLE FL, 136		\$ 34,900 ACV
FL70	2019, FORD F350 SUPER DUTY, 1FT8W3DT5KED40273				JACKSONVILLE FL, 136		\$ 42,662 ACV
FL71	2014, VANGUARD NATIONAL TRAILER CORP, 5V8CY3122EM403417				TALLAHASSEE FL, 123		\$396,882 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL69	50			2	All Others	694990	
FL70	50	S	4,470	2	All Others	014990	
FL71			80,000	7		799600	
Covered Auto No.	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.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
FL69	\$ 1,000,000	INCL		INCL			
FL70	\$ 1,000,000	\$ 2,043		\$ 45			
FL71	\$ 1,000,000	\$ 1,454		\$ 35			
Total Premium		\$ 63,853		\$ 3,328			

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL6	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL8	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL14	\$5,000	\$ 20			\$ 1,000,000	\$ 571	INCL
FL15	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL17	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL6	\$ 1,000	\$ 39			\$ 1,000	\$ 129	
FL8	\$ 1,000	\$ 35			\$ 1,000	\$ 96	
FL14	\$ 1,000	\$ 78			\$ 1,000	\$ 192	
FL15	\$ 1,000	\$ 52			\$ 1,000	\$ 116	
FL17	\$ 1,000	\$ 85			\$ 1,000	\$ 197	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL18	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL21	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL24	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL25	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL26	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL18	\$ 1,000	\$ 76			\$ 1,000	\$ 130	
FL21	\$ 1,000	\$ 61			\$ 1,000	\$ 126	
FL24	\$ 1,000	\$ 49			\$ 1,000	\$ 94	
FL25	\$ 1,000	\$ 52			\$ 1,000	\$ 160	
FL26	\$ 1,000	\$ 85			\$ 1,000	\$ 197	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL27	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL29	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL31	\$5,000	\$ 12			\$ 1,000,000	\$ 377	INCL
FL32	\$5,000	\$ 12			\$ 1,000,000	\$ 377	INCL
FL34	\$5,000	INCL			\$ 1,000,000	INCL	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	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	\$ 1,000	\$ 26			\$ 1,000	\$ 44	
FL29	\$ 1,000	\$ 12			\$ 1,000	\$ 11	
FL31	\$ 2,500	\$ 73			\$ 2,500	\$ 111	
FL32	\$ 2,500	\$ 73			\$ 2,500	\$ 111	
FL34	\$ 1,000	\$ 12			\$ 1,000	\$ 11	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL35	\$5,000	\$ 20			\$ 1,000,000	\$ 377	INCL
FL37	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL38	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL39	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL40	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL35	\$ 2,500	\$ 68			\$ 2,500	\$ 111	
FL37	\$ 1,000	\$ 51			\$ 1,000	\$ 138	
FL38	\$ 1,000	\$ 58			\$ 1,000	\$ 199	
FL39	\$ 1,000	\$ 52			\$ 1,000	\$ 147	
FL40	\$ 1,000	\$ 106			\$ 1,000	\$ 253	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL41	\$5,000	\$ 20			\$ 1,000,000	\$ 377	INCL
FL43	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL44	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL45	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL46	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL41	\$ 1,000	\$ 64			\$ 1,000	\$ 109	
FL43	\$ 1,000	\$ 58			\$ 1,000	\$ 158	
FL44	\$ 1,000	\$ 84			\$ 1,000	\$ 266	
FL45	\$ 1,000	\$ 87			\$ 1,000	\$ 252	
FL46	\$ 1,000	\$ 92			\$ 1,000	\$ 205	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL47	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL48	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL49	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL50	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
FL51	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL47	\$ 1,000	\$ 88			\$ 1,000	\$ 168	
FL48	\$ 1,000	\$ 87			\$ 1,000	\$ 252	
FL49	\$ 1,000	\$ 96			\$ 1,000	\$ 227	
FL50	\$ 1,000	\$ 140			\$ 1,000	\$ 326	
FL51	\$ 1,000	\$ 87			\$ 1,000	\$ 252	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL52	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL54	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL55	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL56	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL57	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	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	\$ 1,000	\$ 87			\$ 1,000	\$ 252	
FL54	\$ 1,000	\$ 16			\$ 1,000	\$ 18	
FL55	\$ 1,000	\$ 16			\$ 1,000	\$ 18	
FL56	\$ 1,000	\$ 119			\$ 1,000	\$ 289	
FL57	\$ 1,000	\$ 94			\$ 1,000	\$ 326	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL58	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL59	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
FL60	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL61	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL62	\$5,000	INCL			\$ 1,000,000	INCL	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL58	\$ 1,000	\$ 107			\$ 1,000	\$ 321	
FL59	\$ 1,000	\$ 173			\$ 1,000	\$ 414	
FL60	\$ 1,000	\$ 94			\$ 1,000	\$ 326	
FL61	\$ 1,000	\$ 88			\$ 1,000	\$ 316	
FL62	\$ 1,000	\$ 88			\$ 1,000	\$ 316	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL63	\$5,000	\$ 16			\$ 1,000,000	\$ 571	INCL
FL64	\$5,000	\$ 19			\$ 1,000,000	\$ 571	INCL
FL65	\$5,000	\$ 17			\$ 1,000,000	\$ 571	INCL
FL67	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL68	\$5,000	INCL			\$ 1,000,000	INCL	INCL
Total Premium							
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL63	\$ 1,000	\$ 75			\$ 1,000	\$ 218	
FL64	\$ 1,000	\$ 194			\$ 1,000	\$ 473	
FL65	\$ 1,000	\$ 134			\$ 1,000	\$ 330	
FL67	\$ 5,000	\$ 66			\$ 5,000	\$ 238	
FL68	\$ 3,000	\$ 74			\$ 3,000	\$ 249	
Total Premium							

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL69	\$5,000	INCL			\$ 1,000,000	INCL	INCL
FL70	\$5,000	\$ 20			\$ 1,000,000	\$ 377	INCL
FL71	\$5,000	\$ 12			\$ 1,000,000	\$ 377	INCL
Total Premium		\$ 639				\$ 20,534	INCL
Covered Auto No.	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.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL69	\$ 2,500	\$ 55			\$ 2,500	\$ 112	
FL70	\$ 2,500	\$ 169			\$ 2,500	\$ 439	
FL71	\$20,000	\$ 302			\$20,000	\$ 1,394	
Total Premium		\$ 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	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage	FL	\$ 91,000	\$ 2,721
TOTAL 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
3. 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)	PREMIUM
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
TOTAL HIRED 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					
COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE		PREMIUM	
		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						
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE		ACTUAL CASH VALUE 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					
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
		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 PREMIUMS					

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	1,060	\$ 11,487
	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 LIABILITY PREMIUM			\$ 11,487

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Type Of Risk (Check one):	<input type="checkbox"/> Public Autos	<input type="checkbox"/> Leasing Or Rental Concerns
Rating Basis (Check one):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)
Estimated Yearly (Check One):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage
Premiums		
Covered Autos Liability		
Personal Injury Protection		
Added Personal Injury Protection		
Property Protection Insurance (Michigan 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.