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BUSINESS AUTO DECLARATIONS

COMPANY NAME AREA	PRODUCER NAME AREA
ITEM ONE	
Named Insured:	
Mailing Address:	
Policy	Period
From:	
To: At 12:01	A.M. Standard Time at your mailing address.
Previous Policy Number:	/
Form Of Business: Corporation Partnership United Liability Cother: In return for the payment of the premium, and subject to the insurance as stated in this policy.	Individual all the terms of this policy, we agree with you to provide
Premium shown is payable at inception: \$	Y
Audit Period (If Applicable): Annually	Semi-Annually Quarterly Monthly
	ched To This Policy:
IL 00 17 – Common Pelicy Conditions (IL 01 46 in Wash IL 00 21 – Broad Form Nuclear Exclusion (Not applicable)	nington) e in New York)

Countersignature Of Authorized Representative						
Name:						
Title:						
Signature:						
Date:						

Note

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

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
Liability		\$	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No- Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO
Schedule Of Coverages And Covered Autos (Cont'd)

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. See Item Four For Hired Or Borrowed Autos. Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Fire Or Borrowed Autos. Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischiel Or Vandalism. See Item Four For Nelticed Or Borrowed Autos. Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischiel Or Borrowed Autos. Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed Autos. * Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed Autos. * Physical Damage Towing And Labor \$ For Each Disablement Of A Private Passenger Auto. \$ Premium For Endorsements \$ Estimated Total Premium* \$ This Policy May Be Subject To Final Audit.	Coverages	Covered Autos	Limit	Premium					
Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Coverage Auto For Loss Caused by Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos. Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Physical Damage Collision Coverage Actual Cash Value Or Cost Of Repair, Value Or Cost Of		710100	Actual Cash Value Or Cost Of Repair, Whichever						
Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Causes Of Loss Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Physical Damage Collision Coverage \$ Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Degrowed Autos. \$ Deductible For Each Degrowed Autos. \$ Deductible For Each Of Repair, Whichever Is Less, Minus \$ Premium Four For Hired Or Borrowed "Autos". Premium For Endorsements \$ Premium For Endorsements \$ Estimated Total Premium* \$	Comprehensive		Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired						
Specified Causes Of Loss Coverage Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Reductible For Each Coverage Auto. See Item Four For Hired Or Borrowed "Autos". Physical Damage Towing And Labor Premium For Endorsements For Each Disablement Of A Private Passenger Auto. Premium For Endorsements Estimated Total Premium* See Item For Each Coverage Premium For Endorsements See Item For Each Coverage For Each Disablement Of A Private Passenger Auto.				\$					
Whichever Is Less, Minus Collision Coverage Segluctible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos". Physical Damage Towing And Labor Premium For Endorsements For Each Disablement Of A Private Passenger Auto. Premium For Endorsements Estimated Total Premium* \$	Specified Causes Of Loss		Covered Auto For Loss Caused By Mischief Or Vandalism. See Irem Four For Hired Or						
Towing And Labor ment Of A Private Passenger Auto. Premium For Endorsements \$ Estimated Total Premium* \$	Collision		Whichever Is Less, Minus Seductible For Each Covered Auto. See Item Four For Hired	\$					
Premium For Endorsements \$ Estimated Total Premium* \$			ment Of A Private	\$					
Estimated Total Premium* \$		_(\$					
(*T) D A D T T A	*TI : D !! M		•						

Schedule Of Covered Autos You Own

Covered Au	to Number:											
	wn And State Where The Covered to Will Be Principally Garaged											
Description (Body Type, S Identification	Serial Numb	er (S)									4	
Purchased:	Origina					\$						
	Actual (Cost N	New (N) O	r Used (U)		\$						_
				Gi	assific	atio	<u>n</u>					
Radius Of Operation	Busines Use s=servion r=retai c=comme	ce il	GC' Vehicle	GVW, W Or Seating	Ag Gro		R	imary ating actor Phy.	Dam	F	condary Rating	Code
Орогиноп					0.0	- p	Zidi)	-		
Except For T You And The May Appear	Loss Paye	e Nan	ned To Th				7					
(Abse	nce of a de	ductib in	le or limit	es – Premi entry in any sponding It	colum	ın be	ľow mean	s that th	ne limi	t or d	eductible e	ntry
Covera	ages) Li	mit						Premium	
Liability		\$		7	<u> </u>				\$			
Personal Inj Protection	ury	State Endo \$	d In Each rsement I	Personal Ir linus			tion ble Shown	l	\$			
Added Person			d In Each	Added Pers	sonal I	njury	Protectio	n	\$			
Property Pro Insurance (Michigan O		State Endo \$	d In The Forsement N	Property Pro Minus			ırance ole Shown	l	\$			
Auto Medica Payments		\$			\$							
	dical Expense And ome Loss Benefits Endorsement For Each Person rginia Only)			\$								
Comprehens	sive	State \$	d In Item	Two Minus	Dec	ductib	le Shown	١	\$			
Specified Ca Of Loss	auses	State \$	Stated In Item Two Minus \$ Deductible Shown			\$						
Collision		State \$	d In Item	Two Minus	Dec	ductib	le Shown	١	\$			
Towing And	Labor	\$			Per	Disa	blement		\$			

Schedule Of Covered Autos You Own (Cont'd)

Covered Aut	covered Auto Number:								
Town And St Auto Will Be									
Description (Body Type, S Identification	Serial Numb	er (S)						.1	
Purchased:	Origina Actual			r Used (U)	\$ \$				Y
				CI	assificatio	n			
Radius Of Operation	Busine Use s=servi r=reta c=comme	ce il	GC ^v Vehicle	GVW, W Or Seating acity	Age Group	Ra	mary ating actor Phy. Dam	Secondary Rating Factor	Code
Except For T You And The May Appear	Loss Paye	e Nar	ned To Th			1 >			
(Abse	nce of a de	ductib	ole or limit	entry in any	ums, Limit column be em Two col	low means	s that the lin	nit or deductible e	entry
Covera	ages			L i	mit			Premium	
Liability		\$					\$		
Personal Inj Protection	ury		ed In Each rsement N		njury Protec Deductik	tion ble Shown	\$		
Added Perso			ed In Each prsement	Added Per	sonal Injury	Protection	\$		
Property Pro Insurance (Michigan O	nfy	Endo \$	ed in The Forsement N	Property Pro Minus	otection Insu Deductik	urance ble Shown	\$		
Auto Medica Payments	Auto Medical \$ Payments					\$			
Medical Expense And Income Loss Benefits Benefits Endorsement For Each Person (Virginia Only)					oss \$				
Comprehens		\$		Two Minus	Deductik	ole Shown	\$		
Specified Ca Of Loss	auses	State \$	ed In Item	n Item Two Minus Deductible Shown			\$		
Collision		\$	ed In Item	Two Minus	Deductik	ole Shown	\$		
Towing And	Labor	\$			Per Disa	blement	\$		

Schedule Of Covered Autos You Own (Cont'd)

Covered Au	Covered Auto Number:													
		e Where The Covered rincipally Garaged												
Description (Body Type, S Identification	Seria	l Numb	er (S)									4		
Purchased:		Original Actual (Or Used (U)		\$ \$					4		
						lassific		n						-
Radius Of Operation	s	Busines Use =servic r=retai	ce il	G Vehic	e GVW, CW Or le Seating apacity	Ag Gro		R	imary ating actor Phy. I	Dann	Ra	ondary ating actor	Code	
_														
Except For T You And The May Appear	Los	s Paye	e Nar	ned To 1				7	•					
(Abse	ence	of a de	ductib ir	le or lim	ges – Premi it entry in any responding It	/ colum	nn be	ľow mean	s that th	ne limit	t or ded	ductible 6	entry	
Covera	ages	<u>;</u>			(2)	mit /					F	Premium	1	_
Liability			\$		77	<u> </u>				\$				_
Personal Inj Protection	ury		State Endo \$	ed In Eac ersement	h Personal Ir Minus			tion ble Shown	ı	\$				
Added Person				d In Eac rsement	h Added Per	sonal I	njury	Protection	n	\$				
Property Pro Insurance (Michigan O			State Endo \$	d In The rsement	Property Pro Minus			ırance le Shown		\$				
Auto Medica Payments	al	X	\$ 7	\$				\$						
Medical Exp Income Los (Virginia On	s Be				h Medical Ex orsement For				oss	\$				
Comprehens	sive		State \$	d In Iten	n Two Minus	Dec	ductik	le Shown		\$				
Specified Ca Of Loss	ause	es	State \$	Stated In Item Two Minus Deductible Shown				\$						
Collision			State \$	d In Iten	n Two Minus	Dec	ductik	ole Shown		\$				
Towing And	Lab	or	\$			Per	Disa	blement	Ţ	\$				

Schedule Of Covered Autos You Own (Cont'd)

Total Premiums	
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	\$

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

	Liability	Coverage - Rating	Basis, Cost Of Hi	re				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Premium					
	\$	\$)	\$				
	Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)							
State	Estimated Number Of Days Equipment Will Be	Premium	Factor	Premium				
	\$			\$				
	ATY		Total 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)

Physical Damage Coverage

Coverages		Limit Of Insurance					
	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus						
	\$	Deductible					
Comprehensive	For Each Covered Auto, Bu	t No Deductible Applies To Lo	oss Caused By Fire Or Lightning.				
Complehensive	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium				
	\$	\$	\$				
	Actual Cash Value Or Cost	Of Repair, Whichever Is Less	s, Minus				
	\$ Deductible						
Specified	For Each Covered Auto For Loss Caused By Mischief Or Vandalism.						
Causes Of Loss	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium				
	\$	\$	\$				
	Actual Cash Value Or Cost	Of Repair, Whichever Is Less	, Minus				
	\$	Deductible					
Collision	For Each Covered Auto.		,				
Comsion	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium				
	\$	\$	\$				

Total Premium:		\$	
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ITEM FIVE

Schedule For Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees Number Of Partners		\$ \$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service	Number Of Employees		\$
Agencies	Number Of Volunteers		\$
	Tota	al Premiums	\$

ITEM SIX
Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns

Location No:	Onne Devel	(D-= 0400)	
(Check One)	Gross Receipts	(Per \$100) Mileage (Per Mile)	
Estimated Yearly:			
		Rates	
Liability		\$	4
Auto Medical Payments		\$	\leftarrow
Medical Expense Benefits (VA Only)		\$	_
Income Loss Benefits (VA	Only)	\$	
		Premiums	
Liability		\$	
Auto Medical Payments		\$	·
Medical Expense Benefits (VA Only)		\$	
Income Loss Benefits (VA Only)		\$	
Location No:	 		
(Check One)	Gross Receipts	(Per \$100) Mileage (Per Mile)	
Estimated Yearly:			
		Rates	
Liability		\$	
Auto Medical Payments		3	
Medical Expense Benefits	(VA Only)	\$	
Income Loss Benefits (VA	Only)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		Premiums	
Liability		\$	
Auto Medical Payments		\$	
	(VA Only)	\$	
Medical Expense Benefits	Only)	\$	

ITEM SIX
Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)

Location No:					
(Check One) Gross Receipts (Pe		er \$100)	Mileage (Per Mile)		
Estimated Yearly:					
		Rates			
Liability		\$			
Auto Medical Payments		\$	4		
Medical Expense Benefits (VA Only)		\$			
Income Loss Benefits (VA Only)		\$			
		Premiums			
Liability		\$			
Auto Medical Payments		\$			
Medical Expense Benefits (VA Only)		\$			
Income Loss Benefits (VA Only)		\$			
			Y		
Total Premiums					
Minimum Liability		\$			
Minimum Auto Medical Payments		\$			
Minimum Medical Expense Benefits (VA Only)		\$			
Minimum Income Loss Bo	enefits (VA Only)	8			
Liability					
Auto Medical Payments		\$			
Medical Expense Benefits (VA Only)					
Income Loss Benefits (VA	A Only)	\$			
Г					
Location Number Address					
	, y				
	y				
5					

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- **A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- **B.** Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- **D.** 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 units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

