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VIRGINIA TRUCKERS DECLARATIONS

COMPANY NAME AREA	PRODUCER NAME AREA
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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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> 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: \$
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 00 21 – Broad Form Nuclear Exclusion

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 Truckers Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability		\$	\$
Medical Expense And Income Loss Benefits		Medical Expense Benefits \$ Each Person Income Loss Benefits \$ Each Person	\$
Uninsured Motorists		\$	\$
Trailer Interchange Comprehensive Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less.	\$
Trailer Interchange Specified Causes Of Loss Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
Trailer Interchange Collision Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, Minus \$ Deductible For Each Covered Auto.	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Physical Damage Comprehensive Coverage		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.	\$
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.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$	Deductible For Each Covered Auto.	\$
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.				

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ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Medical Expense And Income Loss Benefits		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Uninsured Motorists		\$		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New:		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Medical Expense And Income Loss Benefits		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Uninsured Motorists		\$		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New:		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Medical Expense And Income Loss Benefits		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Uninsured Motorists		\$		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Total Premiums	
Liability	\$
Medical Expense And Income Loss Benefit	\$
Uninsured Motorists	\$
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 Hire – Autos Used In Your Trucking Operations			
Estimated Cost Of Hire	Rate Per Each \$100 Cost Of Hire	Total Estimated Premium	
\$	\$	\$	
Liability Coverage – Rating Basis, Cost Of Hire – Autos Not Used In Your Trucking Operations			
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary) Premium
	\$	\$	\$
Total Premium			\$
Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)			
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor Premium
		\$	\$
Total Premium			\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) 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,
- (c) 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.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Physical Damage Coverage

Coverages	Limit Of Insurance		
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.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
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.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Total Premium:			\$

ITEM FIVE

Schedule For Non-Ownership Liability

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners		\$
Total Premiums		\$

ITEM SIX

Trailer Interchange Coverage

Coverages	Limit Of Insurance	Daily Rate	Estimated Premium
Comprehensive	Stated In Item Two	\$	\$
Specified Causes Of Loss		\$	\$
Collision		\$	\$
Total Premium			\$

ITEM SEVEN

Schedule For Gross Receipts Rating Basis – Liability Coverage

Location No:	
Estimated Yearly:	
Rates (Gross Receipts/Per \$100)	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$
Premiums	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$

Location No:	
Estimated Yearly:	
Rates (Gross Receipts/Per \$100)	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$
Premiums	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$

Location No:	
Estimated Yearly:	
Rates (Gross Receipts/Per \$100)	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$
Premiums	
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$

Total Premiums	
Minimum Liability	\$
Minimum Medical Expense Benefits	\$
Minimum Income Loss Benefits	\$
Liability	\$
Medical Expense Benefits	\$
Income Loss Benefits	\$

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ITEM SEVEN

Schedule For Gross Receipts Rating Basis – Liability Coverage (Cont'd)

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". 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.
- E. Warehouse storage fees.

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