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SPECIMEN ONLY



POLICY NUMBER: \_\_\_\_\_

**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<br>(Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.) | LIMIT<br><br>THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS   | PREMIUM   |
|---|---|--|-----------|
| LIABILITY   |   | \$   | \$        |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS          |   | SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.<br>MEDICAL EXPENSE BENEFITS \$ _____ EACH PERSON<br>INCOME LOSS BENEFITS \$ _____ EACH PERSON                                  | \$        |
| UNINSURED MOTORISTS                               |   | \$   | \$        |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE            |   | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos". | \$        |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE |   | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".                       | \$        |
| PHYSICAL DAMAGE COLLISION COVERAGE                |   | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. 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".   | \$        |
|   |   |  | \$        |
| <b>PREMIUM FOR ENDORSEMENTS</b>                   |   |  | <b>\$</b> |
| <b>*ESTIMATED TOTAL PREMIUM</b>                   |   |  | <b>\$</b> |

\*This policy may be subject to final audit.

POLICY NUMBER: \_\_\_\_\_

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN**

| Covered Auto No.     | DESCRIPTION  |  |  | PURCHASED            |   | TERRITORY   |   |
|----------------------|--|--|--|----------------------|---|---|---|
|                      | Year, Model, Trade Name, Body Type<br>Serial Number (S) Vehicle Identification<br>Number (VIN)   |  |  | Original<br>Cost New | Actual<br>Cost &<br>NEW (N)<br>USED (U) | Town & State<br>Where The<br>Covered Auto<br>Will Be Principally<br>Garaged |   |
| 1                    |  |  |  | \$                   | \$                                      |   |   |
| 2                    |  |  |  | \$                   | \$                                      |   |   |
| 3                    |  |  |  | \$                   | \$                                      |   |   |
| 4                    |  |  |  | \$                   | \$                                      |   |   |
| 5                    |  |  |  | \$                   | \$                                      |   |   |
| Covered Auto No.     | CLASSIFICATION   |  |  |                      |   |   |   |
|                      | Radius<br>Of<br>Operation  | Business<br>Use<br>s=service<br>r=retail<br>c=commercial | Size GVW,<br>GCW Or<br>Vehicle Seating<br>Capacity                     | Age<br>Group         | Primary<br>Rating<br>Factor             |   | Secondary<br>Rating<br>Factor   |
|                      |  |  |  |                      | Liab.                                   | Phy.<br>Dam.  |   |
|                      |  |  |  |                      |   |   | EXCEPT For<br>Towing, All Physical<br>Damage Loss Is<br>Payable To You<br>And The Loss<br>Payee Named Below<br>As Interests May<br>Appear At the Time<br>Of The Loss. |
| 1                    |  |  |  |                      |   |   |   |
| 2                    |  |  |  |                      |   |   |   |
| 3                    |  |  |  |                      |   |   |   |
| 4                    |  |  |  |                      |   |   |   |
| 5                    |  |  |  |                      |   |   |   |
| 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.) |  |  |                      |   |   |   |
|                      | LIABILITY  |  | MEDICAL EXPENSE AND INCOME LOSS BENEFITS                               |                      | UNINSURED MOTORISTS                     |   |   |
|                      | Limit  | Premium  | Limit Stated In Each Med. Exp. and Inc. Loss Ben. End. For Each Person | Premium              | Limit                                   | Premium   |   |
| 1                    | \$   | \$   | \$   | \$                   | \$                                      | \$  |   |
| 2                    | \$   | \$   | \$   | \$                   | \$                                      | \$  |   |
| 3                    | \$   | \$   | \$   | \$                   | \$                                      | \$  |   |
| 4                    | \$   | \$   | \$   | \$                   | \$                                      | \$  |   |
| 5                    | \$   | \$   | \$   | \$                   | \$                                      | \$  |   |
| <b>Total Premium</b> |  | \$   |  | \$                   |   | \$  |   |

POLICY NUMBER: \_\_\_\_\_

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)**

| 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 |
| 1                    | \$   | \$      | \$  | \$      | \$  | \$      | \$                    | \$      |
| 2                    | \$   | \$      | \$  | \$      | \$  | \$      | \$                    | \$      |
| 3                    | \$   | \$      | \$  | \$      | \$  | \$      | \$                    | \$      |
| 4                    | \$   | \$      | \$  | \$      | \$  | \$      | \$                    | \$      |
| 5                    | \$   | \$      | \$  | \$      | \$  | \$      | \$                    | \$      |
| <b>Total Premium</b> |  | \$      |   | \$      |   | \$      |                       | \$      |

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

| LIABILITY COVERAGE – RATING BASIS, COST OF HIRE |                                       |                                  |   |           |
|---|---------------------------------------|----------------------------------|---|-----------|
| STATE   | ESTIMATED COST OF HIRE FOR EACH STATE | RATE PER EACH \$100 COST OF HIRE | FACTOR (If Liability Coverage Is Primary) | PREMIUM   |
|   | \$                                    | \$                               |   | \$        |
| <b>TOTAL PREMIUM</b>                            |                                       |                                  |   | <b>\$</b> |

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.

**PHYSICAL DAMAGE COVERAGE**

| COVERAGES                | LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE  | ESTIMATED ANNUAL COST OF HIRE | RATE PER EACH \$100 ANNUAL COST OF HIRE | PREMIUM   |
|--------------------------|---|-------------------------------|---|-----------|
| COMPREHENSIVE            | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. 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 \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.                       | \$                            | \$                                      | \$        |
| COLLISION                | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.  | \$                            | \$                                      | \$        |
| <b>TOTAL PREMIUM</b>     |   |                               |   | <b>\$</b> |

POLICY NUMBER: \_\_\_\_\_

**ITEM FIVE**

**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

| NAMED INSURED'S BUSINESS           | RATING BASIS         | NUMBER | PREMIUM   |
|------------------------------------|----------------------|--------|-----------|
| Other Than A Social Service Agency | Number Of Employees  |        | \$        |
|                                    | Number Of Partners   |        | \$        |
| Social Service Agency              | Number Of Employees  |        | \$        |
|                                    | Number Of Volunteers |        | \$        |
| <b>TOTAL</b>                       |                      |        | <b>\$</b> |

**ITEM SIX**

**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS**

| ESTIMATED YEARLY  | RATES   |                          |                      | PREMIUMS  |                          |                      |
|---|---|--------------------------|----------------------|-----------|--------------------------|----------------------|
|   | <input type="checkbox"/> Per \$100 Of Gross Receipts<br><input type="checkbox"/> Per Mile |                          |                      | LIABILITY | MEDICAL EXPENSE BENEFITS | INCOME LOSS BENEFITS |
| <input type="checkbox"/> Gross Receipts<br><input type="checkbox"/> Mileage | LIABILITY   | MEDICAL EXPENSE BENEFITS | INCOME LOSS BENEFITS | LIABILITY | MEDICAL EXPENSE BENEFITS | INCOME LOSS BENEFITS |
|   | \$  | \$                       | \$                   | \$        | \$                       | \$                   |
|   | \$  | \$                       | \$                   | \$        | \$                       | \$                   |
|   | \$  | \$                       | \$                   | \$        | \$                       | \$                   |
|   | \$  | \$                       | \$                   | \$        | \$                       | \$                   |
| <b>TOTAL PREMIUMS</b>   |   |                          |                      | <b>\$</b> | <b>\$</b>                | <b>\$</b>            |
| <b>MINIMUM PREMIUMS</b>   |   |                          |                      | <b>\$</b> | <b>\$</b>                | <b>\$</b>            |

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.