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SPECIMEN ONLY

VIRGINIA TRUCKERS DECLARATIONS

POLICY NO.: _____

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 shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

- CORPORATION
 PARTNERSHIP

LIMITED LIABILITY COMPANY

- INDIVIDUAL
 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
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions

IL 00 21 – Broad Form Nuclear Exclusion

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

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 Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT 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 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 \$ DED. 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 \$ DED. FOR EACH COVERED AUTO.	
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.	\$
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.	\$

POLICY NUMBER: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. 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.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			PURCHASED				TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Original Cost New	Actual Cost & NEW (N) USED (U)			Town & State Where The Covered Auto Will Be Principally Garaged
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			
5				\$	\$			
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear 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	Primary Rating Factor		Secondary Rating Factor	
1					Liab.	Phy. Dam.		
2								
3								
4								
5								

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.)					
	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	\$	\$	\$	\$	\$	\$
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
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

POLICY NUMBER: _____

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				\$

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.	\$	\$	\$
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.

POLICY NUMBER: _____

**ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

**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**

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

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.

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POLICY NUMBER: _____

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS RATING BASIS – LIABILITY COVERAGE (Cont'd)

- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

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