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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 Motor Carrier 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 Motor Carrier 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 IN-COME 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. | \$ |
| 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.

POLICY NUMBER: _____

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 | | | | | | | | |
| 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 | | |
| 1 | \$ | \$ | \$ | | \$ | \$ | \$ | |
| 2 | \$ | \$ | \$ | | \$ | \$ | \$ | |
| 3 | \$ | \$ | \$ | | \$ | \$ | \$ | |
| 4 | \$ | \$ | \$ | | \$ | \$ | \$ | |
| 5 | \$ | \$ | \$ | | \$ | \$ | \$ | |
| Total Premium | | \$ | | | \$ | | \$ | |

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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total Premium | | \$ | | \$ | | \$ | | \$ |

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

| LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR MOTOR CARRIER 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 MOTOR CARRIER 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 | | | | \$ |

POLICY NUMBER: _____

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

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.

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 | | | \$ |

POLICY NUMBER: _____

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS RATING BASIS – LIABILITY COVERAGE

| ESTIMATED YEARLY <input type="checkbox"/> Gross Receipts | RATES | | | PREMIUMS | | |
|---|-----------------------------|--------------------------|----------------------|-----------|--------------------------|----------------------|
| | Per \$100 Of 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 "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". 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.