

SERFF Tracking Number: AMRS-125556141 State: Arkansas  
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50  
COMPANY, ...  
Company Tracking Number: AR-CA DEC-SCH 2008-FORM  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO  
Project Name/Number: /

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: COMMERCIAL AUTO	SERFF Tr Num: AMRS-125556141	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AR-CA DEC-SCH 2008-FORM	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Yvonne Johnson	Disposition Date: 03/31/2008
	Date Submitted: 03/19/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 03/31/2008	
State Status Changed: 03/31/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement new policy declarations and schedules for Commercial Auto and its sub-types for policies effective on or after July 01, 2008.	

There are 25 forms in all listed on the attached transmittal.

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 COMPANY, ...  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: COMMERCIAL AUTO  
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## Company and Contact

### Filing Contact Information

Yvonne Johnson, Compliance Analyst I yvjohnson@amerisure.com  
 26777 Halsted Rd. (800) 257-1900 [Phone]  
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

### Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 23396  Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan  Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: PER SUBMISSION  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE COMPANY	\$50.00	03/19/2008	18778256

*SERFF Tracking Number:* AMRS-125556141      *State:* Arkansas  
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*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* COMMERCIAL AUTO  
*Project Name/Number:* /

AMERISURE INSURANCE COMPANY      \$0.00      03/19/2008



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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/31/2008	03/31/2008

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Company Tracking Number: AR-CA DEC-SCH 2008-FORM  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO  
Project Name/Number: /

## Disposition

Disposition Date: 03/31/2008  
Effective Date (New): 07/01/2008  
Effective Date (Renewal): 07/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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 COMPANY, ...  
 Company Tracking Number: AR-CA DEC-SCH 2008-FORM  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: COMMERCIAL AUTO  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	Motor Carrier Declarations	Approved	Yes
Form	Vehicle Schedule of Coverage	Approved	Yes
Form	Commercial Auto Loss Payee Schedule	Approved	Yes
Form	Dealers Furnished Auto Schedule	Approved	Yes
Form	Garage Operations Schedule of Operators	Approved	Yes
Form	GarageKeepers Schedule of Coverages	Approved	Yes
Form	Hired or Borrowed Auto Schedule	Approved	Yes
Form	Rental Reimbursement Schedule	Approved	Yes
Form	Location Schedule of Garage Coverages	Approved	Yes
Form	Commercial Auto Additional Insured Schedule	Approved	Yes
Form	Commercial Auto Location Schedule	Approved	Yes
Form	Garage Declarations-Item 5 Schedule	Approved	Yes
Form	Garage Declarations-Item 8 Schedule	Approved	Yes
Form	Pickup or Delivery of Autos Schedule	Approved	Yes
Form	Underinsured Motorists Coverage Schedule	Approved	Yes
Form	Composite Rate Coverage Information	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Forms and Endorsements Schedule	Approved	Yes
Form	Miscellaneous Schedule	Approved	Yes
Form	Tax, Surcharge & Fee Schedule	Approved	Yes
Form	Named Insured Schedule	Approved	Yes



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 COMPANY, ...  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: COMMERCIAL AUTO  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Auto Declarations	CA DS 70 01	09 06	Declaration New s/Schedule		0.00	CA DS 70 01 09 06.pdf
Approved	Garage Declarations	CA DS 70 02	09 06	Declaration New s/Schedule		0.00	CA DS 70 02 09 06.pdf
Approved	Truckers Declarations	CA DS 70 03	09 06	Declaration New s/Schedule		0.00	CA DS 70 03 09 06.pdf
Approved	Motor Carrier Declarations	CA DS 70 04	09 06	Declaration New s/Schedule		0.00	CA DS 70 04 09 06.pdf
Approved	Vehicle Schedule of Coverage	CA DS 71 04	09 06	Declaration New s/Schedule		0.00	CA DS 71 04 09 06.pdf
Approved	Commercial Auto Loss Payee Schedule	CA DS 71 06	09 06	Declaration New s/Schedule		0.00	CA DS 71 06 09 06.pdf
Approved	Dealers Furnished Auto Schedule	CA DS 71 07	09 06	Declaration New s/Schedule		0.00	CA DS 71 07 09 06.pdf
Approved	Garage Operations Schedule of Operators	CA DS 71 10	09 06	Declaration New s/Schedule		0.00	CA DS 71 10 09 06.pdf
Approved	GarageKeepers Schedule of Coverages	CA DS 71 11	09 06	Declaration New s/Schedule		0.00	CA DS 71 11 09 06.pdf
Approved	Hired or Borrowed Auto Schedule	CA DS 71 12	09 06	Declaration New s/Schedule		0.00	CA DS 71 12 09 06.pdf
Approved	Rental Reimbursement Schedule	CA DS 71 18	09 06	Declaration New s/Schedule		0.00	CA DS 71 18 09 06.pdf
Approved	Location Schedule of Garage	CA DS 71 19	09 06	Declaration New s/Schedule		0.00	CA DS 71 19 09 06.pdf

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Coverages

Approved	Commercial Auto Additional Insured Schedule	CA DS 71 09 06 22	Declaration New s/Schedule	0.00	CA DS 71 22 09 06.pdf
Approved	Commercial Auto Location Schedule	CA DS 71 09 06 23	Declaration New s/Schedule	0.00	CA DS 71 23 09 06.pdf
Approved	Garage Declarations-Item 24 5 Schedule	CA DS 71 09 06	Declaration New s/Schedule	0.00	CA DS 71 24 09 06.pdf
Approved	Garage Declarations-Item 25 8 Schedule	CA DS 71 09 06	Declaration New s/Schedule	0.00	CA DS 71 25 09 06.pdf
Approved	Pickup or Delivery of Autos Schedule	CA DS 71 09 06 26	Declaration New s/Schedule	0.00	CA DS 71 26 09 06.pdf
Approved	Underinsured Motorists Coverage Schedule	CA DS 71 09 06 27	Declaration New s/Schedule	0.00	CA DS 71 27 09 06.pdf
Approved	Composite Rate Coverage Information	CA DS 71 11 07 28	Declaration New s/Schedule	0.00	CA DS 71 28 11 07.pdf
Approved	Policy Changes	IL 70 44 09 06	Endorseme New nt/Amendm ent/Condi tions	0.00	IL 70 44 09 06.pdf
Approved	Forms and Endorsements Schedule	IL DS 71 09 06 01	Declaration New s/Schedule	0.00	IL DS 71 01 09 06.pdf
Approved	Miscellaneous Schedule	IL DS 71 09 06 02	Declaration New s/Schedule	0.00	IL DS 71 02 09 06.pdf
Approved	Tax, Surcharge & Fee Schedule	IL DS 71 09 06 03	Declaration New s/Schedule	0.00	IL DS 71 03 09 06.pdf
Approved	Named Insured Schedule	IL DS 71 09 06 04	Declaration New s/Schedule	0.00	IL DS 71 04 09 06.pdf
Approved	Common Policy	IL DS 71 02 08	Declaration New	0.00	IL DS 71 05

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Project Name/Number: /

Declarations 05 s/Schedule 02 08.pdf



POLICY NUMBER:

COMMERCIAL AUTO  
CA DS 70 01 09 06

# BUSINESS AUTO DECLARATIONS

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## ITEM ONE

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address.
<b>Previous Policy Number:</b>	

**Form Of Business:**

Corporation  
 Partnership

Limited Liability Company  
 Other:

Individual

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.

<b>Premium shown is payable at inception: \$</b>
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>

Issue Date: \_\_\_\_\_

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)

Coverages	Covered Autos	Limit	Premium
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. 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 \$ Deductible 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 \$ 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.	\$
			\$
		<b>Premium For Endorsements</b>	\$
		<b>Taxes and Surcharges</b>	\$
		<b>Balance to Minimum</b>	\$
		<b>Estimated Total Premium*</b>	\$
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number:</b>							
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))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.							
<b>Coverages – Premiums, Limits And Deductibles</b> (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			
<b>Liability</b>		\$		\$			
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement		\$			
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
<b>Auto Medical Payments</b>		\$		\$			
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Towing And Labor</b>		\$		Per Disablement		\$	

**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
	\$	\$		\$
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
		\$		\$
<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		
<b>Comprehensive</b>	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
	\$	\$	\$
<b>Specified Causes Of Loss</b>	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
	\$	\$	\$
<b>Collision</b>	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
	\$	\$	\$
<b>Total Premium:</b>			<b>\$</b>

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

<b>Named Insured's Business</b>	<b>Rating Basis</b>	<b>Number</b>	<b>Premium</b>
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 Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
<b>Total Premiums</b>			<b>\$</b>

**ITEM SIX**

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

<b>Location No:</b>		
<b>(Check One)</b>	Gross Receipts (Per \$100)	Mileage (Per Mile)
<b>Estimated Yearly:</b>		
<b>Rates</b>		
<b>Liability</b>	\$	
<b>Auto Medical Payments</b>	\$	
<b>Medical Expense Benefits (VA Only)</b>	\$	
<b>Income Loss Benefits (VA Only)</b>	\$	
<b>Premiums</b>		
<b>Liability</b>	\$	
<b>Auto Medical Payments</b>	\$	
<b>Medical Expense Benefits (VA Only)</b>	\$	
<b>Income Loss Benefits (VA Only)</b>	\$	

Total Premiums	
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

Location Number	Address

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.

# GARAGE DECLARATIONS

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**ITEM ONE**

<b>Named Insured:</b>
<b>Mailing Address:</b>
<b>Policy Period</b>
<b>From:</b>
<b>To:</b> <span style="float: right;">At 12:01 A.M. Standard Time at your mailing address.</span>
<b>Previous Policy Number:</b>

**Form Of Business:**

  


Corporation  
Partnership

  


Limited Liability Company  
Other:

Individual

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):**     Annually     Semi-Annually     Quarterly     Monthly

**Endorsements Attached To This Policy:**


Issue Date: \_\_\_\_\_

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 Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".**

Coverages	Covered Autos	Limit	Premium
<b>Liability</b>		<b>Each "Accident" "Garage Operations"</b>	\$
		\$ "Auto" Only	
		\$ Other Than "Auto" Only	
		<b>Aggregate – "Garage Operations"</b>	
		\$ Other Than "Auto" Only	
<b>Personal Injury Protection (Or Equivalent No-Fault Coverage)</b>		Separately Stated In Each Personal Injury Protection Endorsement Minus	\$
		\$ Deductible.	
<b>Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)</b>		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
<b>Property Protection Insurance (Michigan Only)</b>		Separately Stated In The Property Protection Insurance Endorsement Minus	\$
		\$ Deductible For Each Accident.	
<b>Medical Payments</b>		\$	\$

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

Coverages	Covered Autos	Limit	Premium
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
<b>Uninsured Motorists</b>		\$	\$
<b>Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)</b>		\$	\$
<b>Garagekeepers Comprehensive Coverage</b>		Separately Stated For Each Location In Item Six	\$
<b>Garagekeepers Specified Causes Of Loss Coverage</b>			\$
<b>Garagekeepers Collision Coverage</b>			\$
<b>Physical Damage Comprehensive Coverage</b>		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 Seven For Dealers Autos.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Seven For Dealers Autos.	\$

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

<b>Coverages</b>	<b>Covered Autos</b>	<b>Limit</b>	<b>Premium</b>
<b>Physical Damage Collision Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Seven For Dealers Autos.	\$
<b>Physical Damage Towing And Labor</b>		\$ For Each Disablement Of A Private Passenger Auto.	\$
			\$
<b>Premium For Endorsements</b>			\$
<b>Taxes and Surcharges</b>			\$
<b>Balance to Minimum</b>			\$
<b>Estimated Total Premium*</b>			\$
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Locations Where You Conduct Garage Operations**

<b>Location Number</b>	<b>Address</b> <b>State Your Main Business Location First</b>

**ITEM FOUR**

**Liability Coverage – Premiums**

<b>Location Number:</b>			
<b>Classes Of Operators **</b>	<b>Rating Factor(s)</b>	<b>Number Of Persons</b>	<b>Rating Units</b>
Class I – Employees Regular Operators			
Class I – Employees All Others			
Class II – Non-Employees Under Age 25			
Class II – Non-Employees Age 25 Or Over			
All Employees (Only For Trailer Dealers)			
<b>Total Rating Units</b>			
<b>Premiums ***</b>			
Liability Premium	\$		
Personal Injury Protection Premium	\$		
Property Protection Insurance Premium (MI Only)	\$		
Medical Expense Benefits Premium (VA Only)	\$		
Income Loss Benefits Premium (VA Only)	\$		
<b>Total Premium For All Locations</b>		\$	

**DEFINITIONS**

**Class I – Employees**

- Regular Operator** – Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others** – All other "employees".

**NOTE:**

1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II – Non-Employees**

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

**ITEM FIVE**

**Liability Coverage For Your Customers**

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II – Liability Coverage.

If this box is checked Paragraph a.(2)(d) of Who Is An Insured under Section II – Liability Coverage does not apply.

**ITEM SIX**

**Garagekeepers Coverages And Premiums**

Location Number:			
Coverages	Limit Of Insurance And Deductible		Premium
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus	\$
	\$	Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;	
	\$	Or	
	\$	Minus	
	\$	Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	
<b>Collision</b>	\$	Minus	\$
	\$	Deductible For Each Customer's Auto.	

**Direct Coverage Options**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

**Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

**Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

**ITEM SEVEN**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis**

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types Of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators And Service Vehicles	Your Interest In Covered Autos You Own	Your Interest Only In Financed Covered Autos	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any Auto Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive						
Specified Causes Of Loss						
Collision						

Location Number:		
Coverage	Limit Of Insurance And Deductible	Premium
Comprehensive Or Specified Causes Of Loss	Minus Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;	\$
	Or Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	

Collision (All Locations)	Minus Deductible For Each Covered Auto.				\$
	<b>Blanket Annual Collision Rates</b>				
	First \$50,000	\$50,001 to \$100,000	Over \$100,000	Adjustment Factor	

**ITEM SEVEN**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis (Cont'd)**

<b>Our limit of insurance for "loss" at locations other than those stated in Item Three.</b>	
\$	Additional locations where you store covered "autos"
\$	In transit

**Premium Basis – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")**

**Reporting Basis** (Quarterly or Monthly as indicated below by "X")  
You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in Item Three. For your main sales location you must include the total value of all service vehicles.

**Your Reporting Basis Is:**

**Quarterly**  
You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

**Monthly**  
You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

**Nonreporting Basis**  
Stated limit of insurance shown above applies.

<b>Loss Payee – Any loss is payable as interest may appear to you and:</b>

**ITEM EIGHT**

**Medical Payments Coverage. Refer To Item Nine For Covered Autos Insured On A Specified Car Basis.**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis**

<b>Covered Auto Number:</b>							
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))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.							

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (Cont'd)**

<b>Coverages – Premiums, Limits And Deductibles</b>		
(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.)		
<b>Coverages</b>	<b>Limit</b>	<b>Premium</b>
<b>Liability</b>	\$	\$
<b>Personal Injury Protection</b>	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown	\$
<b>Added Personal Injury Protection</b>	Stated In Each Added Personal Injury Protection Endorsement	\$
<b>Property Protection Insurance (Michigan Only)</b>	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown	\$
<b>Auto Medical Payments</b>	\$	\$
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
<b>Comprehensive</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Specified Causes Of Loss</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Collision</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Towing And Labor</b>	\$ Per Disablement	\$

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (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	\$

Covered Auto Number	Person or organization to which the Covered Auto has been furnished (Do not include Covered Autos which have been furnished to Class I or Class II operators.)

**ITEM TEN**

**Liability Premium For Pick Up And Delivery Of Autos – Non-Franchised Dealers Only**

Number Of Driver Trips	Rate	Premium
51-200 Miles		\$
Over 200 Miles		\$
<b>Total Premium(s)</b>		<b>\$</b>

# TRUCKERS DECLARATIONS

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**ITEM ONE**

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address
<b>Previous Policy Number:</b>	

**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.

<b>Premium shown is payable at inception: \$</b>
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>

Issue Date: \_\_\_\_\_

**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		\$	\$
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.	\$
Medical Payments		\$	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$



**ITEM THREE**

**Schedule Of Covered Autos You Own (Cont'd)**

<b>Covered Auto Number:</b>							
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))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.							
<b>Coverages – Premiums, Limits And Deductibles</b> (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			
<b>Liability</b>	\$			\$			
<b>Personal Injury Protection</b>	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
<b>Added Personal Injury Protection</b>	Stated In Each Added Personal Injury Protection Endorsement			\$			
<b>Property Protection Insurance (Michigan Only)</b>	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$			
<b>Auto Medical Payments</b>	\$			\$			
<b>Comprehensive</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Specified Causes Of Loss</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Collision</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Towing And Labor</b>	\$			Per Disablement \$			

**ITEM THREE**

**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	\$
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
	\$	\$		\$
<b>Total Premium</b>				<b>\$</b>
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
		\$		\$
<b>Total Premium</b>				<b>\$</b>

**ITEM FOUR**

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

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.

**Physical Damage Coverage**

Coverages	Limit Of Insurance		
<b>Comprehensive</b>	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.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Total Premium:</b>			\$

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners		\$
<b>Total Premiums</b>		<b>\$</b>

**ITEM SIX**

**Trailer Interchange Coverage**

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

**ITEM SEVEN**

**Schedule For Gross Receipts Rating Basis – Liability Coverage**

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/Per \$100)</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Premiums</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Total Premiums</b>	
<b>Minimum Liability</b>	\$
<b>Auto Medical Payments</b>	\$

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.

POLICY NUMBER:

COMMERCIAL AUTO  
CA DS 70 04 09 06

# MOTOR CARRIER DECLARATIONS

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**ITEM ONE**

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address
<b>Previous Policy Number:</b>	

**Form Of Business:**

Corporation  
 Partnership

Limited Liability Company  
 Other:

Individual

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.

<b>Premium shown is payable at inception: \$</b>
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>

Issue Date: \_\_\_\_\_

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 Motor Carrier 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.	\$
Medical Payments		\$	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

<b>Trailer Interchange Comprehensive Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less.	\$
<b>Trailer Interchange Specified Causes Of Loss Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
<b>Trailer Interchange Collision Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto.	\$
<b>Physical Damage Comprehensive Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No De- ductible Applies To Loss Caused By Fire Or Lightning.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
<b>Physical Damage Collision Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.	\$
<b>Physical Damage Towing And Labor</b>		\$ For Each Disable- ment Of A Private Passenger Auto.	\$
			\$
<b>Premium For Endorsements</b>			\$
<b>Taxes and Surcharges</b>			\$
<b>Balance to Minimum</b>			\$
<b>Estimated Total Premium*</b>			\$
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number:</b>							
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))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.							
<b>Coverages – Premiums, Limits And Deductibles</b> (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			
<b>Liability</b>	\$			\$			
<b>Personal Injury Protection</b>	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
<b>Added Personal Injury Protection</b>	Stated In Each Added Personal Injury Protection Endorsement			\$			
<b>Property Protection Insurance (Michigan Only)</b>	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$			
<b>Auto Medical Payments</b>	\$			\$			
<b>Comprehensive</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Specified Causes Of Loss</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Collision</b>	Stated In Item Two Minus \$ Deductible Shown			\$			
<b>Towing And Labor</b>	\$			Per Disablement		\$	

**ITEM THREE**

**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	\$
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 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
	\$	\$	\$
<b>Total Premium</b>			<b>\$</b>
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
		\$	\$
<b>Total Premium</b>			<b>\$</b>

**ITEM FOUR**

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

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.

**Physical Damage Coverage**

Coverages	Limit Of Insurance		
<b>Comprehensive</b>	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.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Total Premium:</b>			\$

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners		\$
<b>Total Premiums</b>		<b>\$</b>

**ITEM SIX**

**Trailer Interchange Coverage**

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

**ITEM SEVEN**

**Schedule For Gross Receipts Rating Basis – Liability Coverage**

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/Per \$100)</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Premiums</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$

<b>Total Premiums</b>	
<b>Minimum Liability</b>	\$
<b>Minimum Auto Medical Payments</b>	\$

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.

Vehicle Schedule of Coverages

Insured Name:

Effective Date: Policy Number:

Page of

Veh # Description:Year,Make,Model Vehicle Identification Territory and Garaging Location Zip Code Cost New Stated Amount

Radius of Business Size GVW, GCW Primary Rating Primary Rating Factor Secondary Rating  
 Veh # Operation Use Zone Capacity Factor - Liability Physical Damage Factor Class

Coverages - Premium, 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----- --PERSONAL INJURY -- --PROPERTY PROTECTION-- --AUTO MEDICAL PAYMENTS--  
 --PROTECTION-- --ADDED P.I.P.-- (Michigan Only)  
 Veh # Limit Premium \*Deductible Premium Premium \*Deductible Premium Limit Premium

-----UNINSURED MOTORISTS----- --SPECIFIED CAUSES--  
 --UNINSURED/UNDERINSURED MOTORISTS-- --COMPREHENSIVE-- --OF LOSS-- -----COLLISION-----  
 Veh # Limit Premium \*\*Deductible Premium Premium \*\*Deductible Premium \*\*Deductible Premium

---TOWING & LABOR--- --MEDICAL EXPENSE AND INCOME-- --LOSS BENEFITS (Virginia Only)-- 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  
 Limit stated in Each Medical and Income Loss Endorsement for Each Person  
 Veh # Limit per Disablement Premium Premium Total Vehicle Premium

\*Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.  
 \*\*Limits stated in ITEM TWO minus deductible shown.  
 \*\*S=Standard B=Broadened L=Limited

# Commercial Auto Loss Payee Schedule

POLICY NUMBER:

POLICY EFFECTIVE DATE:

NAMED INSURED Primary Insured Name here

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

Veh # Loss Payee Name and Address

002 Example: GMAC  
address here

008 Example: GMAC  
address here

# Dealers Furnished Auto Schedule

POLICY NUMBER:

POLICY EFFECTIVE DATE:

NAMED INSURED: \_\_\_\_\_

Veh No.	Name of Person or Organization
---------	--------------------------------

## Garage Operations Schedule of Operators

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED \_\_\_\_\_

Loc	Class of Operators	Rating Ftr	No. Persons	Rating Units
001	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - FULL TIME	1.0000	7	7.0000
001	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - PART TIME	0.5000	0	7.0000
001	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - FULL TIME	0.4000	28	11.2000
001	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - PART TIME	0.4000	0	11.2000
001	NUMBER OF CLASS II - NON EMPLOYEES - UNDER AGE 25	1.1500	0	0
001	NUMBER OF CLASS II - NON EMPLOYEES - AGE 25 OR OVER	0.5000	0	0
002	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - FULL TIME	1.0000	7	3.0000
002	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - PART TIME	0.5000	0	3.0000
002	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - FULL TIME	0.4000	28	2.8000
002	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - PART TIME	0.4000	0	2.8000
002	NUMBER OF CLASS II - NON EMPLOYEES - UNDER AGE 25	1.1500	0	0
002	NUMBER OF CLASS II - NON EMPLOYEES - AGE 25 OR OVER	0.5000	0	0
003	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - FULL TIME	1.0000	7	3.0000
003	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - PART TIME	0.5000	0	3.0000
003	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - FULL TIME	0.4000	28	2.0000
003	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - PART TIME	0.4000	0	2.0000
003	NUMBER OF CLASS II - NON EMPLOYEES - UNDER AGE 25	1.1500	0	0
003	NUMBER OF CLASS II - NON EMPLOYEES - AGE 25 OR OVER	0.5000	0	0

## Garage Operations Schedule of Operators

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED \_\_\_\_\_

Loc	Class of Operators	Rating Ftr	No. Persons	Rating Units
008	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - FULL TIME	1.0000	7	1.0000
008	NUMBER OF CLASS 1 - PRINCIPAL EMPLOYEES - PART TIME	0.5000	0	1.0000
008	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - FULL TIME	0.4000	28	0
008	NUMBER OF CLASS 1 - ALL OTHER EMPLOYEES - PART TIME	0.4000	0	0
008	NUMBER OF CLASS II - NON EMPLOYEES - UNDER AGE 25	1.1500	0	0
008	NUMBER OF CLASS II - NON EMPLOYEES - AGE 25 OR OVER	0.5000	0	0

## Garagekeepers Schedule of Coverages

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED

Loc	Coverage	Limit	Deductible	Premium
001	GARAGEKEEPERS - PHYSICAL DAMAGE - COLLISION -	250,000	250	
001	GARAGEKEEPERS - PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	250,000	100/500	
002	GARAGEKEEPERS - PHYSICAL DAMAGE - COLLISION -	500,000	250	
002	GARAGEKEEPERS - PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	500,000	100/500	
003	GARAGEKEEPERS - PHYSICAL DAMAGE - COLLISION -	500,000	250	
003	GARAGEKEEPERS - PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	500,000	100/500	
008	GARAGEKEEPERS - PHYSICAL DAMAGE - COLLISION -	500,000	250	
008	GARAGEKEEPERS - PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	500,000	100/500	

# Hired or Borrowed Auto Schedule

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

EFFECTIVE DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

---

ST	Coverage	Estimated Cost of Hire	Deductible	Premium
FL	HIRED AUTOS - LIABILITY - OTHER THAN PUBLIC TRANSPORTATION	0		
FL	HIRED AUTOS - PHYSICAL DAMAGE - COLLISION - WITHOUT DRIVERS	50,000	250	
FL	HIRED AUTOS - PHYSICAL DAMAGE - OTHER THAN COLLISION - WITHOUT DRIVERS - COMPREHENSIVE	50,000	100	

## Rental Reimbursement Schedule

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

EFFECTIVE DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

Veh	Coverage	Maximum Payment Each Covered Auto		Premium
		Any One Day	No. of Days	
002	RENTAL REIMBURSEMENT,	30	50	\$:
004	RENTAL REIMBURSEMENT,	30	50	\$:
006	RENTAL REIMBURSEMENT,	30	50	\$:
007	RENTAL REIMBURSEMENT,	30	50	\$:
008	RENTAL REIMBURSEMENT,	30	50	\$:
009	RENTAL REIMBURSEMENT,	30	50	\$:
011	RENTAL REIMBURSEMENT,	30	50	\$:
012	RENTAL REIMBURSEMENT,	30	50	\$:
016	RENTAL REIMBURSEMENT,	30	50	\$:
017	RENTAL REIMBURSEMENT,	30	50	\$:
027	RENTAL REIMBURSEMENT,	30	50	\$:

## Location Schedule of Garage Coverages

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED \_\_\_\_\_

Loc	Coverage	Limit	Deductible	Blanket Ind	Premium
001	LIABILITY -	1000000			\$
001	PERSONAL INJURY PROTECTION -		0		\$:
001	PHYSICAL DAMAGE - COLLISION - DEALERS BLANKET	500000	250	X	\$:
001	PHYSICAL DAMAGE - DRIVE AWAY COLLISION - BLANKET		250		\$:
001	PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	500000	100/500		\$:
001	PROPERTY PROTECTION INSURANCE -		0		\$!
001	UNINSURED/UNDERINSURED MOTORISTS - BODILY INJURY - CSL	1000000			\$:
002	LIABILITY -	1000000			\$:
002	PERSONAL INJURY PROTECTION -		0		\$
002	PHYSICAL DAMAGE - COLLISION - DEALERS BLANKET	1678000	250	X	\$:
002	PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	1678000	100/500		\$:
002	PROPERTY PROTECTION INSURANCE -		0		\$
003	LIABILITY -	1000000			\$:
003	PERSONAL INJURY PROTECTION -		0		\$

## Location Schedule of Garage Coverages

POLICY NUMBER: (

EFFECTIVE DATE:

NAMED INSURED \_\_\_\_\_

Loc	Coverage	Limit	Deductible	Blanket Ind	Premium
003	PHYSICAL DAMAGE - COLLISION - DEALERS BLANKET	1858032	250	X	\$
003	PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	1858032	100/500		\$
003	PROPERTY PROTECTION INSURANCE -		0		\$
008	PHYSICAL DAMAGE - COLLISION - DEALERS BLANKET	500000	250	X	\$:
008	PHYSICAL DAMAGE - OTHER THAN COLLISION - COMPREHENSIVE	500000	100/500		\$:

# Commercial Auto Additional Insured Schedule

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED Primary Insured name here

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh # Additional Insured Name and Address**

001 Example: Ford Motor Credit  
address prints here

004 Example: Ryder Trucking  
address prints here

# Commercial Auto Location Schedule

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED Primary Insured name here

---

LOC.	ADDRESS
001	location address prints here

002	location address prints here
-----	------------------------------

schedule continues

Garage Declarations - Item 5 Schedule

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED

---

Location Number

Liability Type

## Garage Declarations - Item 8 Schedule

**POLICY NUMBER**

**EFFECTIVE DATE**

**NAMED INSURED** Primary Insured Name here

---

**Location Number: ###**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals ##% Of The Liability Premium.	\$ ####
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises and Operations Medical Payments Premium Equals ##% Of The Liability Premium.	\$ ####
Premises Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium Equals ##% Of The Liability Premium.	\$ ####

**Location Number:**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises and Operations Medical Payments Premium Equals % Of The Liability Premium.	
Premises Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium Equals % Of The Liability Premium.	

**Location Number:**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises and Operations Medical Payments Premium Equals % Of The Liability Premium.	
Premises Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium Equals % Of The Liability Premium.	

# Pickup or Delivery of Autos Schedule

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED Primary Insured name here

Location: 001

Number of Driver Trips	
51-200 Miles	##
Over 200 Miles	##

Location: 002

Number of Driver Trips	
51-200 Miles	##
Over 200 Miles	

Location:

Number of Driver Trips	
51-200 Miles	
Over 200 Miles	

Location:

Number of Driver Trips	
51-200 Miles	
Over 200 Miles	

Location:

Number of Driver Trips	
51-200 Miles	
Over 200 Miles	

Underinsured Motorists Coverage Schedule

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED Primary Insured name here

---

Vehicle Number	Limit	Premium
001	UIM limit here	\$ ####
002	UIM limit here	\$ ####
	schedule continues	

# Composite Rate Coverage Information Schedule

**Insured Name:**

Primary Insured name here

**Effective Date:**    **Policy Number:**

<u>State</u>	<u>Coverage</u>	<u>Type</u>	<u>Deductible</u>	<u>Limit</u>
--------------	-----------------	-------------	-------------------	--------------

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**POLICY CHANGES**

POLICY CHANGE NUMBER: 1

<b>POLICY NUMBER</b> CA 1234567890	<b>POLICY CHANGES EFFECTIVE</b>	<b>COMPANY</b>
<b>ACCOUNT NUMBER</b>	<b>POLICY PERIOD</b> to	<b>GROUP NAME</b>
<b>NAMED INSURED</b>	<b>AUTHORIZED REPRESENTATIVE</b>	
<b>COVERAGE PARTS AFFECTED</b> Commercial Auto		

**DESCRIPTION OF CHANGE:**

Summary of policy change prints here. Example: Vehicle 10 added: 2007 Ford Explorer garaged in Michigan, \$100,000 Liability CSL; PIP; Physical Damage Collision 250 Deductible; Comprehensive 500 deductible.

**THE ABOVE AMENDMENTS RESULT IN A CHANGE IN THE PREMIUM AS FOLLOWS:**

<input type="checkbox"/> <b>NO CHANGES</b>	<input type="checkbox"/> <b>TO BE ADJUSTED AT AUDIT</b>	<b>ADDITIONAL PREMIUM</b> \$ 750	<b>RETURN PREMIUM</b>
--------------------------------------------	---------------------------------------------------------	-------------------------------------	-----------------------

<b>TOTAL POLICY PREMIUM (INCL. TAXES AND SURCHARGES)</b>	<b>TAXES AND SURCHARGES</b>	<b>BALANCE TO MINIMUM</b>
----------------------------------------------------------	-----------------------------	---------------------------

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

# Forms and Endorsements Schedule

Policy Number:

Effective Date:

Named Insured:

---

Form Number

Description

## Miscellaneous Schedule

Policy Number:

Effective Date:

Account Number:

Expiration Date:

Named Insured: \_\_\_\_\_

Producer Number:

Policy Type:

Group Name (If Applicable):

# Tax, Surcharge & Fee Schedule

Policy Number:

Effective Date:

Named Insured: Primary Insured name here

---

Description

Amount

\$ ####

\$ ####

\$ ####

Total

---

\$ ####

# Named Insured Schedule

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED Primary Insured Name goes here

---

## Named Insured

Other insured name(s) Print here if applicable

Other insured name(s) DBA names print if applicable



POLICY NUMBER: CA 12345678900  
ACCOUNT NUMBER: 123456789

IL DS 71 05 02 08

## COMMON POLICY DECLARATIONS

Amerisure Insurance Company 26777 Halsted Road Farmington Hills, MI 48331	Agency Name goes here Agency address here
NAMED INSURED: <u>Insured Name goes here</u>	
MAILING ADDRESS: _____ _____ _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.	

BUSINESS DESCRIPTION	
----------------------	--

**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.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT**

	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

Premium shown is payable: \$ \_\_\_\_\_ at inception. \$ \_\_\_\_\_

Issue Date: \_\_\_\_\_







POLICY NUMBER: CA 12345678900  
ACCOUNT NUMBER: 123456789

IL DS 71 05 02 08

## COMMON POLICY DECLARATIONS

Amerisure Mutual Insurance Company 26777 Halsted Road Farmington Hills, MI 48331	Agency Name goes here Agency address here
----------------------------------------------------------------------------------------	----------------------------------------------

NAMED INSURED: Insured Name goes here

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

POLICY PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_ AT 12:01 A.M. STANDARD  
 TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION	
----------------------	--

**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.**

<b>THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.</b>	
	<b>PREMIUM</b>
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

Premium shown is payable: \$ \_\_\_\_\_ at inception. \$ \_\_\_\_\_

Issue Date: \_\_\_\_\_



<b>FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):</b>
_____
_____
<b>"SEE FORMS &amp; ENDORSEMENT SCHEDULE"</b>
_____
_____
_____

Countersigned:	By:
(Date)	(Authorized Representative)

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

*SERFF Tracking Number:* AMRS-125556141 *State:* Arkansas  
*First Filing Company:* AMERISURE MUTUAL INSURANCE *State Tracking Number:* EFT \$50  
COMPANY, ...  
*Company Tracking Number:* AR-CA DEC-SCH 2008-FORM  
*TOI:* 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* COMMERCIAL AUTO  
*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMRS-125556141 State: Arkansas  
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50  
COMPANY, ...  
Company Tracking Number: AR-CA DEC-SCH 2008-FORM  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/31/2008

**Comments:**

**Attachment:**

AR-CA Dec-Sch 2008-777.pdf

**Satisfied -Name:** COVER LETTER **Review Status:** Approved 03/31/2008

**Comments:**

**Attachment:**

AR-CA Dec-Sch 2008.pdf

**Satisfied -Name:** MEMORANDUM **Review Status:** Approved 03/31/2008

**Comments:**

**Attachment:**

CA-Amerisure Companies SERFF SUB-TYPE.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Amerisure Companies	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	Michigan	23396	38-0829210	
Amerisure Insurance Company	Michigan	19488	38-1869912	

<b>5. Company Tracking Number</b>	AR-CA DEC-SCH 2008-FORM
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Yvonne Johnson	Compliance Analyst	800.257.1900	248.426.7789	yvjohnson@amerisure.com
	26777 Halsted Road Farmington Hills, MI 48331		Ext. 67978		
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Yvonne Johnson		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 07-01-2008      Renewal: 07-01-2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	03/19/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CA DEC-SCH 2008-FORM
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement new policy declarations and schedules for Commercial Auto and its sub-types for policies effective on or after July 01, 2008.

There are 25 forms in all listed on the attached transmittal.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Check #: EFT**  
**Amount: 50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CA DEC-SCH 2008-FORM
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Business Auto Declarations	CA DS 70 01 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Garage Declarations	CA DS 70 02 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Truckers Declarations	CA DS 70 03 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Motor Carrier Declarations	CA DS 70 04 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Vehicle Schedule of Coverage	CA DS 71 04 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Commercial Auto Loss Payee Schedule	CA DS 71 06 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Dealers Furnished Auto Schedule	CA DS 71 07 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Garage Operations Schedule of Operators	CA DS 71 10 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	GarageKeepers Schedule of Coverages	CA DS 71 11 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Hired or Borrowed Auto Schedule	CA DS 71 12 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CA DEC-SCH 2008-FORM
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---------------------------------------------------------------------------------------------------------------------------	--

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
11	Rental Reimbursement Schedule	CA DS 71 18 09 06	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Location Schedule of Garage Coverages	CA DS 71 19 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Commercial Auto Additional Insured Schedule	CA DS 71 22 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Commercial Auto Location Schedule	CA DS 71 23 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Garage Declarations-Item 5 Schedule	CA DS 71 24 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Garage Declarations-Item 8 Schedule	CA DS 71 25 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Pickup or Delivery of Autos Schedule	CA DS 71 26 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Underinsured Motorists Coverage Schedule	CA DS 71 27 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Composite Rate Coverage Information	CA DS 71 28 11 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Policy Changes	IL 70 44 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CA DEC-SCH 2008-FORM
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
21	Forms and Endorsements Schedule	IL DS 71 01 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Miscellaneous Schedule	IL DS 71 02 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Tax, Surcharge & Fee Schedule	IL DS 71 03 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Named Insured Schedule	IL DS 71 04 09 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Common Policy Declarations	IL DS 71 05 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



Amerisure Mutual Insurance Company

Government Compliance & State Filings

Amerisure, Inc.  
Amerisure Insurance Company  
Amerisure Re (Bermuda) Ltd.

March 18, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Subject: Amerisure Mutual Insurance Company, NAIC No. 23396  
FEIN No. 38-0829210, Group No. 124  
Amerisure Insurance Company, NAIC No. 19488  
FEIN No. 38-1869912, Group No. 124

**Commercial Auto**

Company Filing No.: AR-CA Dec-Sch 2008-Forms

**New Company Policy Declarations & Schedules**

**For Policies Effective on or after July 1, 2008**

Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement new policy declarations and schedules for Commercial Auto and its sub-types for policies effective on or after July 01, 2008.

There are 25 forms in all listed on the attached transmittal.

My contact information is listed below; please do not hesitate to get in touch with me for any discrepancies in this filing.

Best regards,

A handwritten signature in black ink, appearing to read 'Yvonne Johnson', written in a cursive style.

Yvonne Johnson  
Compliance Analyst

## **Amerisure Companies**

### **Explanatory Memorandum**

#### **Classifications of Type of Insurance and Sub Type of Insurance**

##### **Commercial Automobile Line of Business**

Commercial Automobile contains the forms, rules, ISO prospective loss costs and/or individual company forms, rules, and rates/loss costs, rating procedures, supplementary rules, and state exceptions for the Business Auto, Business Auto Physical Damage, Truckers, Motor Carrier and Garage Coverage Forms.

This Division is divided into sections consisting of:

1. General Rules
2. Trucks, Tractors and Trailers
3. Private Passenger Types
4. Public Transportation
5. Garages
6. Special Types
7. Common Coverages and Rating Procedures

The Annual Statement Line is 19.3 – Commercial Auto No-Fault (where state applicable), 19.4 – Other Commercial Auto Liability, and 21.2 – Commercial Auto Physical Damage.

It is our intent to interpret Commercial Automobile to mean the above reference.

Sub Type of Insurance as shown on the Uniform Property & Casualty Product Coding Matrix of 20.0001 – Business Auto, 20.0002 – Garage, 20.0003 – Other, and 20.0004 – Truckers, will be shown, all four codes, on the Property & Casualty Transmittal Form as 20.0000-04, Commercial Automobile. It is our desire not to file the same filing as separate Sub Types under one line of business.