

SERFF Tracking Number: MEAD-125830739 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: STAR-AR-GEN-0908F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Star Commercial Auto Declarations and Jackets
Project Name/Number: /Star-AR-GEN-0908F

Filing at a Glance

Company: Star Insurance Company
Product Name: Star Commercial Auto
Declarations and Jackets
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0003 Other
Filing Type: Form
Effective Date Requested (New): On Approval
Effective Date Requested (Renewal): On Approval
State Filing Description:

SERFF Tr Num: MEAD-125830739 State: Arkansas
SERFF Status: Closed
Co Tr Num: STAR-AR-GEN-0908F
Co Status:
Author: Amanda Webster
Date Submitted: 09/29/2008

State Tr Num: EFT \$50
State Status: Fees verified and received
Reviewer(s): Betty Montesi, Llyweyia Rawlins
Disposition Date: 09/30/2008
Disposition Status: Approved
Effective Date (New): 09/30/2008
Effective Date (Renewal): 09/30/2008

General Information

Project Name:
Project Number: Star-AR-GEN-0908F
Reference Organization: ISO
Reference Title: N/A
Filing Status Changed: 09/30/2008
State Status Changed: 09/30/2008
Corresponding Filing Tracking Number:
Filing Description:
Star Insurance Company is authorized to write commercial lines insurance in your state. In addition we are a member of ISO.

Status of Filing in Domicile: Authorized
Domicile Status Comments:
Reference Number: N/A
Advisory Org. Circular: N/A
Deemer Date:

At this time we are filing the following forms for use in your state:
CA DS 03 0306, CA DS 09 0306, CA DS 14 0306 and JCL 0001 0908.

SERFF Tracking Number: MEAD-125830739 State: Arkansas
 Filing Company: Star Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: STAR-AR-GEN-0908F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Star Commercial Auto Declarations and Jackets
 Project Name/Number: /Star-AR-GEN-0908F

Company and Contact

Filing Contact Information

Amanda Webster, Compliance Analyst awebster@meadowbrook.com
 26255 American Drive (248) 204-8594 [Phone]
 Southfield, MI 48034 (248) 358-1614[FAX]

Filing Company Information

Star Insurance Company CoCode: 18023 State of Domicile: Michigan
 26255 American Drive Group Code: 748 Company Type: property and
 Southfield, MI 48034 Group Name: Meadowbrook State ID Number:
 (248) 358-1100 ext. [Phone] FEIN Number: 38-2626205

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: one form filing =\$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$50.00	09/29/2008	22799635

SERFF Tracking Number: MEAD-125830739 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: STAR-AR-GEN-0908F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Star Commercial Auto Declarations and Jackets
Project Name/Number: /Star-AR-GEN-0908F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/30/2008	09/30/2008

SERFF Tracking Number: *MEAD-125830739* *State:* *Arkansas*
Filing Company: *Star Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *STAR-AR-GEN-0908F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Star Commercial Auto Declarations and Jackets*
Project Name/Number: */Star-AR-GEN-0908F*

Disposition

Disposition Date: 09/30/2008

Effective Date (New): 09/30/2008

Effective Date (Renewal): 09/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125830739 State: Arkansas
 Filing Company: Star Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: STAR-AR-GEN-0908F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Star Commercial Auto Declarations and Jackets
 Project Name/Number: /Star-AR-GEN-0908F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	BUSINESS AUTO DECLARATIONS	Approved	Yes
Form	GARAGE DECLARATIONS	Approved	Yes
Form	TRUCKERS DECLARATIONS	Approved	Yes
Form	Commercial Lines Policy Jacket	Approved	Yes

SERFF Tracking Number: MEAD-125830739 State: Arkansas
 Filing Company: Star Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: STAR-AR-GEN-0908F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Star Commercial Auto Declarations and Jackets
 Project Name/Number: /Star-AR-GEN-0908F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	BUSINESS AUTO DECLARATIONS	CA DS 03	0306	Declaration	New s/Schedule		0.00	CA DS 03 0306 - ISO Auto Dec.pdf
Approved	GARAGE DECLARATIONS	CA DS 09	0306	Declaration	New s/Schedule		0.00	CA DS 09 0306 - ISO Garage Dec.pdf
Approved	TRUCKERS DECLARATIONS	CA DS 14	0306	Declaration	New s/Schedule		0.00	CA DS 14 0306 - ISO Truckers Dec.pdf
Approved	Commercial Lines Policy Jacket	JCL 0001	0908	Other	New		0.00	JCL0001 0908 - Compl Jacket.pdf

POLICY NUMBER:

COMMERCIAL AUTO
CA DS 03 03 06

BUSINESS AUTO DECLARATIONS

STAR INSURANCE COMPANY 26255 American Drive Southfield, MI 48034-2438	PRODUCER NAME AREA
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ITEM ONE

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

Form Of Business:

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): <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

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.	\$
			\$
Premium For Endorsements			\$
Estimated Total Premium*			\$
*This Policy May Be Subject To Final Audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$			
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$			
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit			Premium		
Liability		\$			\$		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$		
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$		
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ Deductible Shown			\$		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ Deductible Shown			\$		
Towing And Labor		\$ Per Disablement			\$		

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$			
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$			
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Total Premiums	
Liability	\$
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	\$

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
		\$		\$
Total Premium				\$

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.

ITEM FOUR

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

Physical Damage Coverage

Coverages	Limit Of Insurance		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$

Total Premium:	\$
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ITEM FIVE

Schedule For Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
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		\$
Total Premiums			\$

ITEM SIX

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

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

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

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)

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

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.

POLICY NUMBER:

COMMERCIAL AUTO
CA DS 09 03 06

GARAGE DECLARATIONS

STAR INSURANCE COMPANY 26255 American Drive Southfield, MI 48034-2438	PRODUCER NAME AREA
--	---------------------------

ITEM ONE

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

Form Of Business:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

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

Endorsements Attached To This Policy:
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

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
Liability		Each "Accident" "Garage Operations"	\$
		\$ "Auto" Only \$ Other Than "Auto" Only	
		Aggregate – "Garage Operations"	
		\$ Other Than "Auto" Only	
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		\$	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
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)		\$	\$
Garagekeepers Comprehensive Coverage		Separately Stated For Each Location In Item Six	\$
Garagekeepers Specified Causes Of Loss Coverage			\$
Garagekeepers Collision Coverage			\$
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 Seven For Dealers 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 Seven For Dealers Autos.	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Seven For Dealers Autos.	\$
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

Locations Where You Conduct Garage Operations

Location Number	Address State Your Main Business Location First

ITEM FOUR

Liability Coverage – Premiums

Location Number:			
Classes Of Operators	Rating Factor(s)	Number Of Persons	Rating Units
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)			
Total Rating Units			
Premiums			
Liability Premium			\$
Personal Injury Protection Premium			\$
Property Protection Insurance Premium (MI Only)			\$
Medical Expense Benefits Premium (VA Only)			\$
Income Loss Benefits Premium (VA Only)			\$

Location Number:			
Classes Of Operators	Rating Factor(s)	Number Of Persons	Rating Units
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)			
Total Rating Units			
Premiums			
Liability Premium			\$
Personal Injury Protection Premium			\$
Property Protection Insurance Premium (MI Only)			\$
Medical Expense Benefits Premium (VA Only)			\$
Income Loss Benefits Premium (VA Only)			\$

ITEM FOUR

Liability Coverage – Premiums (Cont'd)

Location Number:			
Classes Of Operators	Rating Factor(s)	Number Of Persons	Rating Units
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)			
Total Rating Units			
Premiums			
Liability Premium		\$	
Personal Injury Protection Premium		\$	
Property Protection Insurance Premium (MI Only)		\$	
Medical Expense Benefits Premium (VA Only)		\$	
Income Loss Benefits Premium (VA Only)		\$	
Total Premium For All Locations		\$	

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
Comprehensive Or Specified Causes Of Loss	\$	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.	\$
	\$		
	\$		
	\$		
	\$		
Collision	\$	Minus Deductible For Each Customer's Auto.	\$

ITEM SIX

Garagekeepers Coverages And Premiums (Cont'd)

Location Number:			
Coverages	Limit Of Insurance And Deductible	Premium	
Comprehensive Or Specified Causes Of Loss	\$	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.	\$
	\$		
	\$		
	\$		
	\$		
Collision	\$	Minus Deductible For Each Customer's Auto.	\$

Location Number:			
Coverages	Limit Of Insurance And Deductible	Premium	
Comprehensive Or Specified Causes Of Loss	\$	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.	\$
	\$		
	\$		
	\$		
	\$		
Collision	\$	Minus Deductible For Each Customer's Auto.	\$

Total Premium For All Locations	\$
--	----

ITEM SIX

Garagekeepers Coverages And Premiums (Cont'd)

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						

ITEM SEVEN

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

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 Mis- chief 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.		

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 Mis- chief 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.		

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 Mis- chief 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.		

ITEM SEVEN

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

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

Total Premium For All Locations	\$
--	----

Our limit of insurance for "loss" at locations other than those stated in Item Three.	
\$	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.

Loss Payee – Any loss is payable as interest may appear to you and:

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

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							

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)

Coverages – Premiums, Limits And Deductibles		
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
Coverages	Limit	Premium
Liability	\$	\$
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown	\$
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown	\$
Auto Medical Payments	\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
Comprehensive	Stated In Item Two Minus \$ Deductible Shown	\$
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown	\$
Collision	Stated In Item Two Minus \$ Deductible Shown	\$
Towing And Labor	\$	\$

Covered Auto Number:		
Town And State Where The Covered Auto Will Be Principally Garaged		
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))		
Purchased:	Original Cost New	\$
	Actual Cost New (N) Or Used (U)	\$

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)

Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability	\$				\$		
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown				\$		
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement				\$		
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown				\$		
Auto Medical Payments	\$				\$		
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person				\$		
Comprehensive	Stated In Item Two Minus \$ Deductible Shown				\$		
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown				\$		
Collision	Stated In Item Two Minus \$ Deductible Shown				\$		
Towing And Labor	\$		Per Disablement		\$		

ITEM 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)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$			
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$			
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$		Per Disablement		\$	

ITEM 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		\$
Total Premium(s)		\$

POLICY NUMBER:

COMMERCIAL AUTO
CA DS 14 03 06

TRUCKERS DECLARATIONS

STAR INSURANCE COMPANY 26255 American Drive Southfield, MI 48034-2438	PRODUCER NAME AREA
--	---------------------------

ITEM ONE

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

Form Of Business:

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):	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington) IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

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.	\$
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)

Trailer Interchange Comprehensive Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less.	\$
Trailer Interchange Specified Causes Of Loss Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
Trailer Interchange Collision Coverage		Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto.	\$
Physical Damage Comprehensive Coverage		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.	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.	\$
Physical Damage Towing And Labor		\$ For Each Disable- ment 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 Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit			Premium		
Liability		\$			\$		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$		
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$		
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ Deductible Shown			\$		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ Deductible Shown			\$		

Towing And Labor	\$	Per Disablement	\$
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ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit			Premium		
Liability		\$			\$		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$		
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$		
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ Deductible Shown			\$		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus			\$		

	\$	Deductible Shown	
Towing And Labor	\$	Per Disablement	\$

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages	Limit			Premium			
Liability	\$			\$			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$			
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$			
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ Deductible Shown			\$			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			

Collision	Stated In Item Two Minus \$	Deductible Shown	\$
Towing And Labor	\$	Per Disablement	\$

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Total Premiums	
Liability	\$
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	\$

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

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

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		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$

Total Premium:	\$
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ITEM FIVE

Schedule For Non-Ownership Liability

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

ITEM SIX

Trailer Interchange Coverage

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

ITEM SEVEN

Schedule For Gross Receipts Rating Basis – Liability Coverage

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

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

ITEM SEVEN

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

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

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)	\$

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.

COMMERCIAL LINES POLICY



A member of Meadowbrook® Insurance Group

**26255 American Drive
Southfield, MI 48034
(800) 482-2726 or (248) 358-1100**

SERFF Tracking Number: *MEAD-125830739* *State:* *Arkansas*
Filing Company: *Star Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *STAR-AR-GEN-0908F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Star Commercial Auto Declarations and Jackets*
Project Name/Number: */Star-AR-GEN-0908F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125830739 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: STAR-AR-GEN-0908F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Star Commercial Auto Declarations and Jackets
Project Name/Number: /Star-AR-GEN-0908F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/30/2008

Comments:

Attachment:

transmittals.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Date the filing is received:</td></tr> <tr><td>b. Analyst:</td></tr> <tr><td>c. Disposition:</td></tr> <tr><td>d. Date of disposition of the filing:</td></tr> <tr><td>e. Effective date of filing:</td></tr> <tr><td style="text-align: center;">New Business</td></tr> <tr><td style="text-align: center;">Renewal Business</td></tr> <tr><td>f. State Filing #:</td></tr> <tr><td>g. SERFF Filing #:</td></tr> <tr><td>h. Subject Codes</td></tr> </table>	a. Date the filing is received:	b. Analyst:	c. Disposition:	d. Date of disposition of the filing:	e. Effective date of filing:	New Business	Renewal Business	f. State Filing #:	g. SERFF Filing #:	h. Subject Codes
a. Date the filing is received:											
b. Analyst:											
c. Disposition:											
d. Date of disposition of the filing:											
e. Effective date of filing:											
New Business											
Renewal Business											
f. State Filing #:											
g. SERFF Filing #:											
h. Subject Codes											

3. Group Name	Group NAIC #
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	MI	18023	38-2626205	N/A

5. Company Tracking Number	Star-AR-GEN-0908F
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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
Amanda Webster	Compliance Analyst	(800) 482-2726 ext 8594 or (248) 204-8594	248-358-1614	Awebster@Meadowbrook.com

7. Signature of authorized filer	<i>Amanda Webster</i>
8. Please print name of authorized filer	Amanda Webster

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

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Use
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rule <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)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	
18. Company's Date of Filing	09/29/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Effective March 1, 2007

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	Star-AR-GEN-0908F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

At this time we are filing the following forms for use in your state. CA DS 03 0306, CA DS 09 0306, CA DS 14 0306 and JCL 0001 1203.

22. Filing Fees (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 #:
Amount: 0.00

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.)

1. This filing transmittal is part of Company Tracking #	Star-AR-GEN-0908F
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2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Garage Declaration	CA DS 09 0306	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Truckers Declaration	CA DS 14 0306	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Business Auto Declaration	CA DS 03 0306	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Commercial Lines Jacket	JCL 0001 0908	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
06			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
07			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
08			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
09			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
10			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
11			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
12			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
13			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
14			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	