

## Filing at a Glance

Companies: Allmerica Financial Alliance Insurance Company, Allmerica Financial Benefit Insurance Company  
Product Name: Commercial Auto SERFF Tr Num: HNVR-125219105 State: Arkansas  
TOI: 20.0 Commerical Auto SERFF Status: Closed State Tr Num: AR-PC-07-025270  
Sub-TOI: 20.0001 Business Auto Co Tr Num: CA-CW-07152-01F State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins  
Author: Michele Holm Disposition Date: 07-12-2007  
Date Submitted: 06-29-2007 Disposition Status: Approved  
Effective Date Requested (New): 08-01-2007 Effective Date (New): 08-01-2007  
Effective Date Requested (Renewal): 08-01-2007 Effective Date (Renewal):

## General Information

Project Name: Commercial Auto Status of Filing in Domicile: Authorized  
Project Number: CA-CW-07152-01F Domicile Status Comments:  
Reference Organization: ISO Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 07-12-2007  
State Status Changed: 06-29-2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

For new and renewal business effective August 1, 2007, we wish to introduce Allmerica Financial Alliance Insurance Company and Allmerica Financial Benefit Insurance Company in our Commercial Automobile Program. This represents a first time filing for these companies.

We have affiliated Allmerica Financial Alliance Insurance Company and Allmerica Financial Benefit Insurance Company with the Insurance Services Office, Inc. (ISO). As such, we will utilize all ISO rules, forms and any applicable amendatory endorsements.

At this time, we also wish to file our Declaration pages, signature pages, independent forms and cancellation memorandum. Please refer to the form filing schedule for details.

Also, we are affiliated with Oden Insurance Services and we will utilize all ODEN forms for Cancellation and Non-renewal notices.

The rates and rules associated with this filing have been filed as a desk filing under our filing number CA-CW-07152-01R, as these types of filings are exempt from the filing requirements.

## Company and Contact

### Filing Contact Information

Michele Holm, Senior Pricing Analyst  
440 Lincoln Street  
Worcester, MA 01653

Mholm@hanover.com  
(508) 855-4221 [Phone]  
(508) 855-4786[FAX]

### Filing Company Information

Allmerica Financial Alliance Insurance  
Company  
440 Lincoln Street  
Worcester, MA 01653

CoCode: 10212

State of Domicile: New Hampshire

Group Code: 88

Company Type: Property &  
Casualty

Group Name: The Hanover Ins  
Group

State ID Number:

(508) 855-1000 ext. [Phone]

FEIN Number: 04-3272695

-----

Allmerica Financial Benefit Insurance Company  
440 Lincoln Street

CoCode: 41840

State of Domicile: Michigan

Group Code: 88

Company Type: Property &  
Casualty

Worcester, MA 01653

Group Name: The Hanover Ins  
Group

State ID Number:

(508) 855-1000 ext. [Phone]

FEIN Number: 23-2643430

-----

## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
--------------	--------------	------------

Created by SERFF on 07-12-2007 10:48 AM

0021555603

\$50.00

06-28-2007



## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	07-12-2007	07-12-2007

## **Disposition**

Disposition Date: 07-12-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Blank (Manuscript) Endorsement	Approved	Yes
<b>Form</b>	Hanocash Installment Payment of Premium Endorsement	Approved	Yes
<b>Form</b>	Manual Auto Endorsement Change	Approved	Yes
<b>Form</b>	Business Auto-Asbestos Liability Exclusion	Approved	Yes
<b>Form</b>	Garage-Asbestos Liability Exclusion	Approved	Yes
<b>Form</b>	Business Auto Coverage Broadening Endorsement	Approved	Yes
<b>Form</b>	Schedule for Composite Rating Basis	Approved	Yes
<b>Form</b>	Abuse or Molestation Exclusion	Approved	Yes
<b>Form</b>	Signature Page	Approved	Yes
<b>Form</b>	Signature Page	Approved	Yes
<b>Form</b>	Cancellation Memorandum	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Business Auto Policy Declarations	Approved	Yes
<b>Form</b>	Commercial Lines Policy Common Declarations	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Auto-Dealers Supplementary Schedule	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Auto-Dealers Supplementary Schedule	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Auto-Dealers Supplementary Schedule	Approved	Yes

<b>Form</b>	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	Approved	Yes
<b>Form</b>	Endorsement	Approved	Yes
<b>Form</b>	Business Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Business Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Business Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Business Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Truckers Coverage Form Declarations	Approved	Yes
<b>Form</b>	Truckers Coverage Form Declarations	Approved	Yes
<b>Form</b>	Truckers Coverage Form Declarations	Approved	Yes
<b>Form</b>	Truckers Coverage Form Declarations	Approved	Yes
<b>Form</b>	Truckers Coverage Form Declarations	Approved	Yes
<b>Form</b>	Exclusion of Named Driver	Approved	Yes

**Form Schedule**

<b>Review Status</b>	<b>Form Name</b>	<b>Form #</b>	<b>Edition Date</b>	<b>Form Type</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Approved	Blank (Manuscript) Endorsement	221-0163	04-90	Endorsement/Amendment/Conditions	New		0.00	2210163.pdf
Approved	Hanocash Installment Payment of Premium Endorsement	221-4708	05-93	Endorsement/Amendment/Conditions	New		0.00	2214708.pdf
Approved	Manual Auto Endorsement Change	461-0128	04-95	Endorsement/Amendment/Conditions	New		0.00	4610128.pdf
Approved	Business Auto-Asbestos Liability Exclusion	461-0148	11-96	Endorsement/Amendment/Conditions	New		0.00	4610148.pdf
Approved	Garage-Asbestos Liability Exclusion	461-0149	11-96	Endorsement/Amendment/Conditions	New		0.00	4610149.pdf
Approved	Business Auto Coverage Broadening Endorsement	461-0155	09-97	Endorsement/Amendment/Conditions	New		0.00	4610155Auto.pdf
Approved	Schedule for Composite Rating Basis	461-0203	07-02	Declaration	New		0.00	4610203.pdf
Approved	Abuse or Molestation Exclusion	461-0246	01-05	Endorsement/Amendment/Conditions	New		0.00	4610246.pdf
Approved	Signature Page	SIG-0060	06-05	Other	New		0.00	SIG00600605 allmerica financial alliance.pdf
Approved	Signature Page	SIG-0061	06-05	Other	New		0.00	SIG00610605 allmerica financial benefit_1.pdf
Approved	Cancellation	221-4555	01-06	Canc/NonR	New		0.00	221-

	Memorandum			en Notice		4555.pdf
Approved	Business Auto Policy Declarations	461-0164	09-00	Declaration New s/Schedule	0.00	461- 0164.pdf
Approved	Business Auto Policy Declarations	461-0165	09-00	Declaration New s/Schedule	0.00	461- 0165.pdf
Approved	Business Auto Policy Declarations	461-0169	09-00	Declaration New s/Schedule	0.00	461- 0169.pdf
Approved	Business Auto Policy Declarations	461-0166	09-00	Declaration New s/Schedule	0.00	461- 0166.pdf
Approved	Business Auto Policy Declarations	461-0167	09-00	Declaration New s/Schedule	0.00	461- 0167.pdf
Approved	Business Auto Policy Declarations	461-0168	09-00	Declaration New s/Schedule	0.00	461- 0168.pdf
Approved	Business Auto Policy Declarations	461-0171	09-00	Declaration New s/Schedule	0.00	461- 0171.pdf
Approved	Business Auto Policy Declarations	461-0174	09-00	Declaration New s/Schedule	0.00	461- 0174.pdf
Approved	Business Auto Policy Declarations	461-0175	09-00	Declaration New s/Schedule	0.00	461- 0175.pdf
Approved	Business Auto Policy Declarations	461-0172	09-00	Declaration New s/Schedule	0.00	461- 0172.pdf
Approved	Business Auto Policy Declarations	461-0176	09-00	Declaration New s/Schedule	0.00	461- 0176.pdf
Approved	Business Auto Policy Declarations	461-0178	09-00	Declaration New s/Schedule	0.00	461- 0178.pdf
Approved	Commercial Lines Policy Common Declarations	401-0023	04-90	Declaration New s/Schedule	0.00	4010023 Garage Dec.pdf
Approved	Garage Coverage Form Declarations	461-0052	03-89	Declaration New s/Schedule	0.00	4610052.pdf
Approved	Garage Coverage	461-0063	12-90	Declaration New	0.00	4610063.pdf

	Form Declarations			s/Schedule		
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0064	12-90	Declaration New s/Schedule	0.00	4610064.pdf
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0065	12-90	Declaration New s/Schedule	0.00	4610065.pdf
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0066	12-90	Declaration New s/Schedule	0.00	4610066.pdf
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0067	12-90	Declaration New s/Schedule	0.00	4610067.pdf
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0068	12-90	Declaration New s/Schedule	0.00	4610068.pdf
Approved	Garage Coverage Form Declarations Auto-Dealers Supplementary Schedule	461-0069	12-90	Declaration New s/Schedule	0.00	4610069.pdf
Approved	Endorsement	401-0031		Endorseme New nt/Amendm ent/Condi tions	0.00	4010031 end.pdf
Approved	Business Auto Coverage Form Declarations	461-0059	12-90	Declaration New s/Schedule	0.00	4610059.pdf

Created by SERFF on 07-12-2007 10:48 AM

Approved	Business Auto Coverage Form Declarations	461-0060	12-90	Declaration New s/Schedule	0.00	4610060.pdf
Approved	Business Auto Coverage Form Declarations	461-0061	12-90	Declaration New s/Schedule	0.00	4610061.pdf
Approved	Business Auto Coverage Form Declarations	461-0062	12-90	Declaration New s/Schedule	0.00	4610062.pdf
Approved	Truckers Coverage Form Declarations	461-0076	12-90	Declaration New s/Schedule	0.00	4610076.pdf
Approved	Truckers Coverage Form Declarations	461-0077	12-90	Declaration New s/Schedule	0.00	4610077.pdf
Approved	Truckers Coverage Form Declarations	461-0078	12-90	Declaration New s/Schedule	0.00	4610078.pdf
Approved	Truckers Coverage Form Declarations	461-0079	12-90	Declaration New s/Schedule	0.00	4610079.pdf
Approved	Truckers Coverage Form Declarations	461-0080	12-90	Declaration New s/Schedule	0.00	4610080.pdf
Approved	Exclusion of Named Driver	461-0056	06-90	Endorseme New nt/Amendm ent/Condi tions	0.00	4610056.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy other than as above stated.**

(Completion of the following, including countersignature, is required to make this endorsement effective only when it is issued subsequent to preparation of the Policy.)

Effective \_\_\_\_\_ this endorsement forms a part of Policy  
No. \_\_\_\_\_

Issued to \_\_\_\_\_

By \_\_\_\_\_

Date of Issue \_\_\_\_\_

Countersigned by \_\_\_\_\_  
Authorized Representative of the Company

## HANOCASH INSTALLMENT PAYMENT OF PREMIUM ENDORSEMENT

PAY MODE  _____		AMOUNTS DUE AS OF INCEPTION, ANNIVERSARY OR PRIOR TO ENDORSEMENT		* CHANGES CAUSED BY ENDORSEMENT		* REVISED AMOUNTS DUE		* TOTAL PAYMENT DUE
PAYMENT NUMBER	DUE DATE	PREMIUM PAYMENT	HANOCASH CHARGE	PREMIUM PAYMENT	HANOCASH CHARGE	PREMIUM PAYMENT	HANOCASH CHARGE	
<b>TOTAL</b>								

\*Parenthesis indicate a reduction in payment, service charge and/or a return premium.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy other than as stated above.

*[Completion of the following, including countersignature, is required to make this endorsement effective only when it is issued subsequent to preparation of the Policy.]*

Effective \_\_\_\_\_ this endorsement forms a part of Policy No. \_\_\_\_\_

Issued To \_\_\_\_\_

By \_\_\_\_\_

Date of Issue \_\_\_\_\_ Countersigned by \_\_\_\_\_

Authorized Representative of the Company

**MANUAL AUTO ENDORSEMENT CHANGE**

Liability						Medical Payments					Uninsured Motorist					
VEH #	N	O	D	AP	RP	N	O	D	AP	RP	N	O	D	AP	RP	

Comprehensive						Specified Perils :					Collision					
EH #	N	O	D	AP	RP	N	O	D	AP	RP	N	O	D	AP	RP	

N = New Annual Premium  
O = Old Annual Premium

D = Difference between New and Old Premiums  
AP = Prorated Additional Premium

RP = Prorated Return Premium

Effective this endorsement forms part of Policy No.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BUSINESS AUTO - ASBESTOS LIABILITY EXCLUSION**

This endorsement modifies insurance provided under the

**BUSINESS AUTO COVERAGE PART**

This insurance does not apply to “bodily injury” or “property damage” arising out of the actual, alleged or threatened discharge, dispersal, release or escape of asbestos.

- a. That is, or that is contained in any property that is:
  - (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered “auto”;
  - (2) Otherwise in the course of transit by or on behalf of the “insured”; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered “auto”;
- b. Before the asbestos or any property in which the asbestos is contained is moved from the place where it is accepted by the “insured” for movement into or onto the covered “auto”; or
- c. After the asbestos or any property in which the asbestos is contained is moved from the covered “auto” to a place where it is finally delivered, disposed of or abandoned by the “insured”.

Paragraphs b. and c. above of this exclusion do not apply to “accidents” that occur away from the premises owned by or rented to an “insured” not in or upon a covered “auto” if:

- (1) The asbestos or any property in which the asbestos is contained is upset, overturned or damaged as a result of the maintenance or use of a covered “auto”; or
- (2) The discharge, dispersal, release or escape of the asbestos is caused directly by such upset, overturn or damage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

### **GARAGE - ASBESTOS LIABILITY EXCLUSION**

This endorsement modifies insurance provided under the

#### **GARAGE COVERAGE PART**

#### **ASBESTOS LIABILITY EXCLUSION APPLICABLE TO "GARAGE OPERATIONS" - OTHER THAN COVERED "AUTOS"**

This insurance does not apply to "bodily injury", "property damage", "personal injury", "advertising injury", or loss, cost or expense arising out of any actual or alleged:

1. Inhaling, ingesting or prolonged physical exposure by any person to asbestos or asbestos fibers or goods or products containing asbestos; or
2. Use of asbestos in constructing or manufacturing any good, product or structure; or
3. Removal including encapsulation, dispersal, sealing or disposal of asbestos or asbestos fibers from any good, product or structure; or
4. Manufacture, transportation, storage or disposal of asbestos or goods or products containing asbestos; or
5. Product manufactured, sold, handled or distributed by or on behalf of the insured which contain asbestos; or
6. Acts or omissions of the insured in connection with the general supervision of any job involving the removal, enclosure, encapsulation, dispersal, sealing or disposal of asbestos, asbestos fibers or products containing asbestos.

General supervision includes the rendering of or failure to render any instructions, recommendations, warnings or advice.

ASBESTOS LIABILITY EXCLUSION APPLICABLE TO "GARAGE OPERATION" - COVERED "AUTOS"

This insurance does not apply to "bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, release or escape of asbestos:

1. That is, or that is contained in any property that is:
  - (a) Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto;"
  - (b) Otherwise in the course of transit by or on behalf of the "insured;" or
  - (c) Being stored, disposed of, treated or processed in or upon the covered "auto;"
2. Before the asbestos or any property in which the asbestos is contained is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto;" or
3. After the asbestos or any property in which the asbestos is contained is moved from the covered "auto" to the place where it is finally delivered, disposed of or abandoned by the "insured."

Paragraphs 2. and 3. above of this exclusion do not apply to "accidents" that occur away from the premises owned by or rented to an "insured" not in or upon a covered "auto" if:

- (a) The asbestos or any property in which the asbestos is contained is upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, release or escape of the asbestos is caused directly by such upset, overturn or damage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BUSINESS AUTO COVERAGE  
BROADENING ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**1. CANCELLATION EXTENSION**

Paragraph **A. CANCELLATION 2. b.** of the **COMMON POLICY CONDITIONS** is replaced with the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

- d. Any business entity for which you have a financial interest greater than 50% of the voting stock or otherwise have a controlling interest after the effective date of this policy or that is newly acquired or formed by you during the term of this policy.

**SECTION I - COVERED AUTOS**

**2. EMPLOYEE HIRED "AUTOS"**

**Description Of Covered Auto Designation Symbols; Symbol 8** is replaced by the following:

8 = Hired "Autos" Only - Only those "autos" you lease, hire, rent or borrow; including "autos" your employee hires at your direction, for the purpose of conducting your business. This does not include any "auto" you lease, hire, rent, or borrow from any of your "employees" or partners or members of their households.

The coverage provided by this provision is afforded until expiration or termination of this policy, whichever occurs earlier.

The coverage provided by this provision does not apply to any business entity described in d. above that qualifies as an insured under any other automobile liability policy issued to that business entity as a named insured or would have been an insured except for the exhaustion of the policy limits or the insolvency of the insurer.

**SECTION II - LIABILITY COVERAGE**

**3. BROADENED NAMED INSURED**

The following is added to the **SECTION II - LIABILITY COVERAGE**, Paragraph 1. **Who Is An Insured** provision:

The coverage provided by this provision does not apply to "bodily injury" nor "property damage" arising from an accident that occurred prior to your acquiring or forming the business entity described in d. above.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

#### 4. EMPLOYEES AS INSURED

The following is added to the **SECTION II - LIABILITY COVERAGE**, Paragraph 1. **Who Is An Insured** provision:

- e. Any employee of yours is an "insured" while using a covered "auto" you do not own, hire or borrow in your business or your personal affairs.

#### 5. SUPPLEMENTARY PAYMENTS

The following amends **SECTION II - LIABILITY COVERAGE**, Paragraph 2. **Coverage Extensions** provision:

Paragraph (2) is replaced by the following:

- (2) Up to \$2500 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

Paragraph (4) is replaced by the following:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

#### 6. AMENDED FELLOW EMPLOYEE EXCLUSION

The following is added to the **SECTION II - LIABILITY COVERAGE, B. Exclusions** Paragraph 5. **Fellow Employee** exclusion:

This exclusion does not apply if the "bodily injury" arises from the use of a covered "auto" you own or hire. This coverage is excess over any other collectible insurance

#### SECTION III - PHYSICAL DAMAGE COVERAGE.

#### 7. EXPENSE OF RETURNING A STOLEN "AUTO" and SIGN COVERAGE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, A.1. COVERAGE:**

##### d. Expense Of Returning A Stolen "Auto"

We will pay for the expense of returning a covered "auto" to you.

##### e. Sign Coverage

We will pay for loss to signs, murals, paintings or graphics, as part of equipment, which are displayed on a covered "auto".

The most we will pay for "loss" in any one "accident" is the lesser of:

1. The actual cash value of the property as of the time of the "loss"; or
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
3. \$2,000.

#### 8. GLASS BREAKAGE DEDUCTIBLE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE A. COVERAGE** paragraph 3. **Glass Breakage - Hitting a Bird or Animal - Falling Objects or Missiles:**

Any deductible shown in the Declarations as applicable to the

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

covered "auto" will not apply to glass breakage if such glass is repaired, rather than replaced.

## 9. TRANSPORTATION EXPENSE

Paragraph 4. **Coverage Extension.** of **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE** is replaced with the following:

### 4. Coverage Extension

We will pay up to \$50 per day to a maximum of \$1500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

## 10. HIRED AUTO PHYSICAL DAMAGE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**:

### 5. Hired Auto Physical Damage

If hired "autos" are covered "autos" for Liability Coverage and if Physical Damage Coverage of Comprehensive, Specified Causes of Loss, or Collision is provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverage(s) provided is extended to "autos" you hire without a driver or your employee hires, without a driver, at your

direction, for the purpose of conducting your business, for a period of 30 days or less, of like kind and use as the "autos" you own, subject to the following:

The most we will pay for any one loss is the lesser of the following:

- a. \$50,000 per accident, or
- b. cash value, or
- c. the cost of repair,

minus the deductible equal to the lowest deductible applicable to any owned "auto" for that coverage. Any deductible shown in the Declarations does not apply to "loss" caused by fire or lightning. Subject to the limit and deductible stated above, we will provide coverage equal to the broadest coverage provided to any covered "auto" you own, that is applicable to the loss.

If the loss arises from an accident for which you are legally liable and the lessor incurs an actual financial loss from that accident, we will cover the lessor's actual financial loss of use of the hired "auto" for a period of up to seven consecutive days from the date of the accident, subject to a limit of \$1,000 per accident.

## 11. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**:

### 6. Audio, Visual and Data Electronic Equipment Coverage

We will pay for "loss" to any electronic equipment that receives

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto", including its antennas and other accessories. However, this does not include tapes, records or discs.

The exclusions that apply to PHYSICAL DAMAGE COVERAGE, except for the exclusion relating to Audio, Visual and Data Electronic Equipment, also apply to coverage provided herein. In addition, the following exclusions apply:

We will not pay, under this coverage, for either any electronic equipment or accessories used with such electronic equipment that is:

1. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or
2. Both:
  - a. An integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently installed in the covered "auto", and

- b. Permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

With respect to coverage herein, the **LIMIT OF INSURANCE** provision of **PHYSICAL DAMAGE COVERAGE** is replaced by the following:

1. The most we will pay for all "loss" to audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the lesser of
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
  - c. \$500.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the "loss".
3. Deductibles applicable to **PHYSICAL DAMAGE COVERAGE**, do not apply to this Audio, Visual and Data Electronic Equipment Coverage.

If there is other coverage provided by this policy for audio, visual and data electronic equipment, the coverage provided herein is

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

excess. However, you may elect to apply the limit or any portion thereof of coverage provided herein to pay any deductible that is applicable under the provisions of the other coverage.

## 12. RENTAL REIMBURSEMENT and MATERIAL TRANSFER EXPENSE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE:**

### 7. Rental Reimbursement and Material Transfer Expense

This coverage provides only those Physical Damage Coverages where a premium is shown in the Declarations. It applies only to a covered "auto" described or designated to which the Physical Damage Coverages apply.

We will pay for auto rental expenses and the expenses, incurred by you because of "loss" to a covered "auto", to remove and transfer your materials and equipment from the covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.

We will pay only for those auto rental expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

1. The number of days reasonably required to repair or replace the

covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and transport it to a repair shop.

2. 60 days.

Our payment is limited to the lesser of the following amounts:

1. Necessary and actual expenses incurred, including loss of use.
2. \$3000.

This auto rental expense coverage does not apply while there are spare or reserve "autos" available to you for your operations.

If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the **SECTION III - PHYSICAL DAMAGE COVERAGE, A. 4. Coverage Extension.**

## 13. AIRBAG COVERAGE

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, B. Exclusions**, paragraph 3.

The portion of this exclusion relating to mechanical or electrical breakdown does not apply to the accidental discharge of an airbag. This coverage is excess of other collectible insurance or warranty. No deductible applies to this Airbag Coverage.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

#### 14. AUTO LOAN PHYSICAL DAMAGE EXTENSION

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, C. Limit Of Insurance** provision:

When a "loss" results in a total loss to a covered auto you own for which a Loss Payee is designated in this policy, the most we will pay for "loss" in any one "accident" is the greater of:

1. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
2. The outstanding balance of the initial loan, less any amounts for taxes, overdue payments, overdue payment charges, penalties, interest, any charges for early termination of the loan, costs for Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan, and carry-over balances from previous loans.

#### 15. AUTO LEASE PHYSICAL DAMAGE EXTENSION

The following is added to **SECTION III - PHYSICAL DAMAGE COVERAGE, C. Limit Of Insurance** provision:

If, because of damage, destruction or theft of a covered "auto", which is a long-term leased "auto", the lease agreement between you and the lessor is terminated, "we" will pay the difference between the amount paid under paragraph **C. LIMIT OF INSURANCE 1. or 2.** and the amount due at the time of "loss" under the terms of the lease agreement applicable to the leased "auto" which you are required to pay: less any fees to dispose of the auto; any overdue payments; financial penalties

imposed under a lease for excessive use, abnormal wear and tear or high mileage; security deposits not refunded by the lessor; cost for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan; and carry over balances from previous leases.

This coverage applies only to the initial lease for the covered "auto" which has not previously been leased. This coverage is excess over all other collectible insurance.

#### SECTION IV - CONDITIONS

##### 16. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The following is added to **SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss:**

- d. Knowledge of any "accident", claim, "suit" or "loss" will be deemed knowledge by you when notice of such "accident", claim, "suit" or "loss" has been received by:
  - (1) You, if you are an individual;
  - (2) Any partner or insurance manager if you are a partnership; or
  - (3) An executive officer or insurance manager if you are a corporation.

##### 17. BLANKET WAIVER OF SUBROGATION

Paragraph **5. Transfer Of Rights Of Recovery Against Others To Us, SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions** is replaced by the following:

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996

**5. Transfer Of Rights Of Recovery  
Against Others To Us**

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, which have not been waived through the execution of an "insured contract", written agreement, or permit, prior to the "accident" or "loss" giving rise to the payment, those rights to recover damages from another are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after the "accident" or "loss" to impair them.

**18. UNINTENTIONAL FAILURE TO  
DISCLOSE INFORMATION**

The following is added to **SECTION IV BUSINESS AUTO CONDITIONS. B. General Conditions**, paragraph 2. **Concealment, Misrepresentation Or Fraud:**

Your unintentional error in disclosing, or failure to disclose, any material fact existing after the effective date of this Coverage Form shall not prejudice your rights under this Coverage Form. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or nonrenewal.

**19. HIRED AUTO - WORLDWIDE  
COVERAGE**

The following is added to **SECTION IV - Business Auto Conditions, B. General Conditions**, paragraph 7. **Policy Period, Coverage Territory** provision:

- e. Outside the coverage territory described in a., b., c., and d. above for an "accident" or "loss" resulting from the use of a covered "auto" you hire, without a driver, or your employee hires without a driver, at your direction, for the purpose of conducting your business, for a period of 30 days or less, provided the suit is brought within The United States of America or its territories or possessions.

**SECTION V - DEFINITIONS**

**20. MENTAL ANGUISH**

Paragraph C. "**Bodily injury**", **SECTION V - DEFINITIONS** is replaced by the following:

- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death or mental anguish resulting from any of these.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.  
Copyright, Insurance Services Office, Inc., 1996



Declarations (Continued) 1A

Business Auto Policy No.  
 Schedule for Composite Rating Basis

COVERAGE*	RATES Discounted per Vehicle per Annum	EXPOSURE Estimated Average Number of Owned Vehicles	PREMIUM Estimated Annual
LIABILITY			\$
MEDICAL PAYMENTS			\$
UNINSURED MOTORISTS			\$
COMPREHENSIVE  Deductible			\$
COLLISION  Deductible			\$
TOTAL			\$

Payment of Premium

The premium as indicated shall be due and payable the effective date of the policy (or in such other installments acceptable to the Company.)

The insured further agrees to report to the Company at the end of each year the total average number of owned vehicles for the immediately preceding year and pay to the company \$ \_\_\_\_\_ for each vehicle in excess of the estimated number of vehicles stipulated above.

The Company will return to the Insured \$ \_\_\_\_\_ for each vehicle less than such stated estimated number of vehicles. The full rate applies to each vehicle.

Such annual report is subject to verification by the Company and the Insured further agrees to keep such records as the Company deems necessary for this purpose.

\*Refer to covered auto symbols.

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY**

## **ABUSE OR MOLESTATION EXCLUSION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FROM  
GARGAGE COVERAGE FORM

**Section II – Liability Coverage, B.  
EXCLUSIONS, the following exclusion is  
added:**

This insurance does not apply to “bodily injury” or  
“property damage” arising out of:

1. The actual or threatened abuse or molestation by anyone of any person while in the care, custody or control of any insured, or
2. The negligent:
  - a. Employment;
  - b. Investigation;
  - c. Supervision;
  - d. Reporting to the proper authorities, or failure to so report; or
  - e. Retention;  
of a person for whom any insured is or ever  
Was legally responsible and whose conduct  
Would be excluded by Paragraph 1. above.

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

We have caused this policy to be signed by our President and Secretary and countersigned on the declarations page, where required, by a duly authorized agent of the company.

Allmerica Financial Alliance Insurance Company  
440 Lincoln Street  
Worcester, Massachusetts 01653



Charles F. Cronin  
Secretary



Marita Zuraitis  
President

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

We have caused this policy to be signed by our President and Secretary and countersigned on the declarations page, where required, by a duly authorized agent of the company.

Allmerica Financial Benefit Insurance Company  
440 Lincoln Street  
Worcester, Massachusetts 01653



Charles F. Cronin  
Secretary



Marita Zuraitis  
President



The Hanover Insurance Group

28

CURRENT DATE:  
06/01/06

CANCELLATION MEMORANDUM

MA

*Sample*

CANCELLATION EFFECTIVE:  
07/06/06

POLICY NO: ADV 644 31 95

INSURED: TRI STATE STRIPING INC  
PO BOX 194  
GREENLAND NH 03840

TO:

2801163

SALISBURY INSURANCE, INC.  
27 FRONT ST.  
PO BOX 1990  
EXETER, NH 03833

REASON FOR CANCELLATION: INSURED REQUESTED CANCELLATION

YOUR POLICY HAS BEEN CANCELLED ON THE CANCELLATION EFFECTIVE DATE SHOWN ABOVE. THE CANCELLATION DID NOT RESULT IN A RETURN PREMIUM DUE TO YOU.

SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS CANCELLATION, PLEASE CONTACT YOUR AGENT.

DIRECT BILL

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

COMPLEX

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.**

**Business Type:** CORPORATION

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

This policy consists of the following coverage parts for which a premium is indicated. Please refer to attached schedule(s). This premium may be subject to adjustment.

<b>BUSINESS AUTOMOBILE COVERAGE</b>	<b>\$</b>	<b>4,995.00</b>
<b>TAXES, SURCHARGES AND FEES:</b>	<b>\$</b>	<b>0.00</b>
<b>TOTAL POLICY PREMIUM IS:</b>	<b>\$</b>	<b>4,995.00</b>

**Policy Forms, Endorsements and Optional Coverages Attached:**

See Forms and Endorsements Schedule

Countersigned this \_\_\_\_\_ Day of \_\_\_\_\_

Authorized Representative

**This Declaration Page with the Forms and Endorsements, if any, Complete the Policy.**

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567 00	01/01/08	01/01/09	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

**Agent**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**HANDCASH INSTALLMENT PAYMENT OF PREMIUM**

PAYMENT DUE DATE	PREMIUM PAYMENT	INST CHGE	ENDORSEMENT		REVISED AMOUNTS		TOTAL PAYMENT DUE
			PREMIUM PAYMENT	INST CHGE	PREMIUM PAYMENT	INST CHGE	
01/01/07	2,039.00						2,039.00
02/01/07	2,034.00						2,034.00
03/01/07	2,034.00						2,034.00
04/01/07	2,034.00						2,034.00
05/01/07	2,034.00						2,034.00
06/01/07	2,034.00						2,034.00
07/01/07	2,034.00						2,034.00
08/01/07	2,034.00						2,034.00
09/01/07	2,034.00						2,034.00
10/01/07	2,034.00						2,034.00
<b>TOTALS</b>	<b>20,345.00</b>						<b>20,345.00</b>

NOTE: ANY PREMIUM DUE TO MANUAL ENDORSEMENT WILL BE BILLED SEPARATELY AND IS NOT INCLUDED IN THE ABOVE HANDCASH INSTALLMENTS. NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THE POLICY OTHER THAN AS STATED ABOVE

EFFECTIVE 01/01/07 THIS ENDORSEMENT FORMS A PART OF POLICY NO. ADV8391558  
ISSUED TO FITCHBURG CREAMERY INC  
BY MASSACHUSETTS BAY INSURANCE CO

COUNTERSIGNED BY \_\_\_\_\_

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567 00	01/01/2008	01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**Business Auto Forms and Endorsements Schedule**

Form Number	Edition Date	Description
-------------	--------------	-------------

## BUSINESS AUTO POLICY DECLARATIONS

07

Policy Number	Policy Period From To	Coverage is Provided in the	Agency Code
XXX 1234567-00	01/01/2008 01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN

**Agent**

Telephone: XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN

**ITEM TWO: SCHEDULE OF COVERAGE 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 THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	02	\$1,000,000 COMBINED SINGLE LIMIT	\$1,172
MEDICAL PAYMENTS	02	\$1,000	\$27
UNINSURED MOTORISTS	02	\$1,000,000	\$50
UNDERINSURED MOTORIST	02	\$1,000,000	\$76
PHYSICAL DAMAGE INS.		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE	
TOWING AND LABOR	07	\$50 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO	\$16
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	07	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO FOR ALL LOSS. NO DEDUCTIBLE APPLIES TO LOSS BY FIRE OR LIGHTNING. SEE ITEM FOUR FOR HIRED OR BORROWED 'AUTOS'.	\$123

## BUSINESS AUTO POLICY DECLARATIONS

07

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

 JOHN DOE  
 MAIN STREET  
 ANY TOWN

**Agent**

 Telephone: XXX-XXX-XXXX  
 ANY INSURANCE AGENCY  
 MAIN STREET  
 ANY TOWN

**ITEM TWO: SCHEDULE OF COVERAGE 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 THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
PHYSICAL DAMAGE COLLISION COVERAGE	07	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO. SEE ITEM FOUR FOR HIRED OR BORROWED 'AUTOS'.	\$676
ESTIMATED TOTAL (ANNUAL) PREMIUM			\$2140.00

## BUSINESS AUTO POLICY DECLARATIONS

07

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN

**Agent**

Telephone: XXX-XXX-XXXX  
ANY INSURANCE COMPANY  
MAIN STREET  
ANY TOWN

**ITEM THREE - SCHEDULE OF COVERED AUTOS**

AUTO NUM	ST	TERR	YEAR	DESCRIPTION	SERIAL NUMBER	COST NEW/ SYMBOL	CLASS	EFF. DATE
010	XX	143	2007	TOYOTA	139048748999	\$35,000	7391	01/01/08

AUTO NUM	LIABILITY PREMIUM SL	MED PAY LIMIT	MED PAY PREMIUM	TOTAL PREMIUM
010	\$1172	\$1,000	\$27	\$2140

AUTO NUM	OTHER COVERAGES	TOWING & LABOR	RENTAL	OTHER
010	TOWING & LABOR	\$16		

AUTO NUM	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	LIMITS	PREMIUM	LIMITS	PREMIUM
010	\$1,000,000	\$50	\$1,000,000 UNDERINSURED	\$76

PHYSICAL DAMAGE COVERAGE AND DEDUCTIBLE							
AUTO NUM	COMPREHENSIVE			SPECIFIED CAUSES OF LOSS		COLLISION	
	STATED AMOUNT	DEDUCT	PREM	COVERAGE	PREM	DEDUCT	PREM
010	\$	\$500	\$123			\$500	



**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	A.B.C COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS  
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - CLASS 6611**

STATE	ESTIMATED COST OF HIRE	RATE PER \$100 COST OF HIRE	UM/UND PREMIUM	PREMIUM
NH	IF ANY	1.628		\$140
<b>Total Item Liability Premium</b>				<b>\$140</b>

COST OF HIRE MEANS THE TOTAL AMOUNT YOU INCUR FOR THE HIRE OF "AUTOS" YOU DO NOT OWN (NOT INCLUDING "AUTOS" YOU BORROW OR RENT FROM YOUR PARTNERS, YOUR EMPLOYEES, OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.

**ITEM FIVE - SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY  
RATING BASIS, NUMBER OF EMPLOYEES**

STATE	CLASS CODE	ESTIMATED NUMBER OF EMPLOYEES	UM/UND PREMIUM	PREMIUM
NH	6601	05		\$124
<b>Total Item Premium</b>				<b>\$124</b>

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**SCHEDULE FOR DRIVE OTHER CAR COVERAGE - CLASS 9020  
SEE ENDORSEMENT FOR NAMES OF INDIVIDUALS**

STATE	NUMBER OF INDIVIDUALS		PREMIUM
NH	2	LIABILITY	\$241
		MEDICAL PAYMENTS - \$2,000	\$8
		UNINSURED MOTORIST	\$22
		TOTAL	\$271

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

Telephone: XXX-XXX-XXXX  
ANY INSURANCE COMPANY  
MAIN STREET  
ANY TOWN, USA

**NAMED INSURED ENDORSEMENT**

ITEM 1. OF THE POLICY DECLARATIONS PAGE, NAMED INSURED IS AMENDED TO INCLUDE ALL OF THE FOLLOWING NAMED INSUREDS APPLICABLE TO THIS POLICY:

JOHN DOE                      LANDSCAPING  
LANDSCAPING AND TREE REPAIR

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
 MAIN STREET  
 ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
 ANY INSURANCE AGENCY  
 MAIN STREET  
 ANY TOWN, USA

**ADDITIONAL NAMED INSURED ENDORSEMENT**

ITEM 1. OF THE POLICY DECLARATIONS PAGE, NAMED INSURED IS AMENDED TO INCLUDE ALL OF THE FOLLOWING NAMED INSUREDS APPLICABLE TO THIS POLICY:

JOHN DOE	LANDSCAPING
JAMES DOE	5050 NORTH MAIN ST
	MANCHESTER, NH

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	From	Policy Period To	Coverage is Provided in the	Agency Code
XXXX1234567 00	01/01/08	01/01/09	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
 MAIN STREET  
 ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
 ANY INSURANCE AGENCY  
 MAIN STREET  
 ANY TOWN, USA

RATE MOD: LIABILITY: 0.750  
 RATE MOD: PHYSICAL DAMAGE: 0.750  
 COMMISSION RATE:  
     BUSINESS VEHICLES      15.0%

**BUSINESS AUTO POLICY  
DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
XXX 1234567-00	01/01/2008	01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

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 LOSS:

AUTO NUM	LOSS PAYEE	AUTO NUM	LOSS PAYEE
010	JANE DOE 200 MAIN ST MANCHESTER, NH 003103	010	BANK OF AMERICAN 100 MAIN ST MANCHESTER, NH 003103

### BUSINESS AUTO POLICY DECLARATIONS

28

Policy Number	Policy Period	Coverage is Provided in the	Agency Code
	From                      To		
XXX1234567-00	01/01/2008              01/01/2009	ABC COMPANY	XXXXX

**ITEM ONE: Named Insured and Address**

JOHN DOE  
 MAIN STREET  
 ANY TOWN, USA

**Agent**

**Telephone:** XXX-XXX-XXXX  
 ANY INSURANCE AGENCY  
 MAIN STREET  
 ANY TOWN, USA

AUTO NUM	ADDITIONAL INSURED	AUTO NUM	ADDITIONAL INSURED
010	JOHN ADAMS 100 NORTH PARKWAY MANCHESTER, NH                      003103		

JOHN DOE  
MAIN STREET  
ANY TOWN, USA

Telephone: XXX-XXX-XXXX  
ANY INSURANCE AGENCY  
MAIN STREET  
ANY TOWN, USA

**MISCELLANEOUS COVERAGES**

VEHICLE	STATE	TERR	CLASS CODE	ZONE	COST NEW	TAX LOCATION	EXPOSURE	
950	NH	001	9990		000000	0	0000000	

COVERAGE DESCRIPTION:

**BROADENING ENDORSEMENT**

ANNUAL PREMIUMS	COVERAGE	LIMITS	DEDUCTIBLE
\$125.00	COMPREHENSIVE	\$500	DEDUCTIBLE
\$125.00	TOTAL		

Form 461-0178 (9-00)

Date Issued: 07/06/2007

Payment Type: AGENCY BILL



COMMERCIAL LINES POLICY  
COMMON DECLARATIONS

<input type="checkbox"/> The Hanover Insurance Company	<input type="checkbox"/> Massachusetts Bay Insurance Company
<input type="checkbox"/> Citizens Insurance Company of America	<input checked="" type="checkbox"/> Allmerica Financial Alliance Insurance Company
<input type="checkbox"/> Allmerica Financial Benefit Insurance Company	

Coverage is Provided in the Company designated by  above

Renewal of Number  
AGENCY CODE

POLICY NUMBER	POLICY PERIOD		AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN BELOW	AGENCY CODE
	FROM	TO		
XXX 1234567 00	01/01/08	01/01/09		XXXXX
<b>NAMED INSURED AND MAILING ADDRESS</b>			<b>AGENT</b>	
(No., Street, Town or City, County, State, Zip Code) John Doe Main Street Any Town, USA			Any Insurance Agency Main Street Any Town, USA	

**DESCRIPTION OF BUSINESS**

Form of Business:  Individual  Joint Venture  Partnership  X Organization (Other than Partnership or Joint Venture)

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 PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
■ Commercial Property Coverage Part .....	\$ 1,259
■ Commercial General Liability Coverage Part .....	\$ 10,958
■ Commercial Crime Coverage Part .....	\$
■ Commercial Inland Marine Coverage Part .....	\$ 700
■ Boiler and Machinery Coverage Part .....	\$
■ Commercial Auto Coverage Part .....	\$ 1,250
	\$

**PREMIUM**

<input type="checkbox"/> Prepaid – The total annual premium of \$ _____ is due at inception	<b>DIRECT BILL:</b> x <b>PREPAID</b> <input type="checkbox"/> <b>4-PAY</b> <input type="checkbox"/> <b>8-PAY</b> <input type="checkbox"/>
<input type="checkbox"/> Annual installments – \$ _____ due at inception, and \$ _____ due at each anniversary*	
<input type="checkbox"/> Hanocash – The annual premium of \$ _____ is payable according to the terms of the Hanocash endorsement attached. * <input type="checkbox"/> (If <input checked="" type="checkbox"/> , anniversary adjustment of rates is waived)	

Audit Period: Non-Auditable Unless Indicated By   Annual  Semi-Annual  Quarterly  Monthly  Other:

Form(s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue:  
IL 00 17

Countersigned: \_\_\_\_\_  
By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984



**GARAGE COVERAGE FORM  
DECLARATIONS  
(Page 1 of 2)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	XXXXX
AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS			

**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 AUTO Section of the Garage Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which auto sare covered autos)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Other Than "Auto" Only	Aggregate-"Garage Operations" Other Than "Auto" Only	
LIABILITY		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS Ded			
ADDED PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT			
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Ded FOR EACH ACCIDENT			
AUTO MEDICAL PAYMENTS		\$			
MEDICAL PAYMENTS		\$			
UNINSURED MOTORISTS		\$			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			
GARAGEKEEPERS COMPREHENSIVE COVERAGE		\$ 150,000	EACH LOCATION MINUS		535
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		\$ 500	Ded. 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		
GARAGEKEEPERS COLLISION COVERAGE		\$	EACH LOCATION MINUS Ded. FOR EACH COVERED AUTO		299
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		\$	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$150,000 Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."		212
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		\$	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."		
PHYSICAL DAMAGE COLLISION COVERAGE		\$	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$150,000 Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."		213
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$	for each disablement of a private passenger auto		
Premium shown is payable: \$ _____ at inception.		PREMIUM FOR ENDORSEMENTS			
		ESTIMATED TOTAL PREMIUM			1259



**GARAGE COVERAGE FORM  
DECLARATIONS  
(Page 2 of 2)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:**

**IL 00 21 – Broad Form Nuclear Exclusion** (Not applicable in New York)  
CA0005(10/01)



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO-DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 1 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 123456 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ITEM THREE: LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No.	Address state your main business location as Location No. 1
1	MAIN ST, ANY TOWN, USA

**ITEM FOUR: LIABILITY COVERAGE--PREMIUMS**

Location No.	Classes of Operators	Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Premium	Personal Injury Protection Premium	Property Protection Premium
	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							
	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							
	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							
			<b>TOTAL PREMIUMS</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 1.



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO-DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 2 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 123456 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ITEM FIVE LIABILITY COVERAGE FOR YOUR CUSTOMERS.**

In accordance with paragraph a. (2)(d) of WHO IS AN INSURED under SECTION II – LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by "".

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 No.	Coverages	Limit of Insurance for Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO
	Specified Causes of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO
	Specified Causes of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO
	Specified Causes of Loss	\$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO
	Comprehensive	\$
	Specified Causes of Loss	\$
	Collision	\$

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the Direct Coverage Options is indicated below by "".

**DIRECT COVERAGE OPTIONS**

- EXCESS 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 covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "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 covered "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 "".

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 finance 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO-DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 3 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 123456 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ITEM SEVEN CONTINUED**

Location No.	Coverages	Limit of Insurance For Each Location	Rates	Premium		
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR				
	Specified Causes of Loss	VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR				
	Specified Causes of Loss	VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR				
	Specified Causes of Loss	VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	Adjustment Factor	Premium		
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000			\$50,001 to \$100,000	Over \$100,000
			TOTAL PREMIUM			

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 "☒").

**REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒").

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 above. 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 first 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:



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 4 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 123456 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**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 OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.**

Covered Auto No.	DESCRIPTION Year Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)	PURCHASED		TERRITORY Town & State Where the Covered Auto will be principally garaged
		Original Cost New	Actual Cost & NEW (N) USED (U)	

Covered Auto No.	CLASSIFICATION							Except for towing all physical damages loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation	Business use s = service r = retail c = comm	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	
					Liab.	Phy. Dam.		



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO-DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 5 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 123456 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ITEM THREE (CONTINUED)**

Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. only)	
	Limit	Premium	Limited stated in each P.I.P. End. Minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. end. minus deductible shown below	Premium
Total Premium							

Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)					
	AUTO. MED PAY		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit	Premium	Limit	Premium	Limit	Premium
Total Premium						



**GARAGE COVERAGE FORM DECLARATIONS  
 AUTO DEALERS SUPPLEMENTARY  
 SCHEDULE  
 (Page 6 of 6)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ITEM NINE (CONTINUED)**

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit Per Disablement	Premium

Covered Auto	Person or organization to which the Covered <b>Auto</b> has been furnished (Do not include Covered <b>Autos</b> 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		\$
		\$



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLICY CHANGE

Policy Change Number XX

POLICY CHANGE EFFECTIVE DATE XX/XX/XX	POLICY NUMBER XXX 1234567 00	TERM YR(S) XX	POLICY EFFECTIVE DATE	
			FROM 01/01/08	TO 01/01/09
NAMED INSURED JOHN DOE MAIN STREET ANY TOWN, USA		AUTHORIZED REPRESENTATIVE		
		AGENCY CODE		
COVERAGE PART EFFECTED <input type="checkbox"/> Commercial Property Coverage Part <input type="checkbox"/> Commercial General Liability Coverage Part <input type="checkbox"/> Commercial Crime Coverage Part <input type="checkbox"/>		<input type="checkbox"/> Commercial Inland Marine Coverage Part <input type="checkbox"/> Boiler and Machinery Coverage Part <input type="checkbox"/> Commercial Auto Coverage Part <input type="checkbox"/> <input type="checkbox"/>		
<b>CHANGES</b>				
OLD ANNUAL PREMIUM XXXXX.XX	NEW ANNUAL PREMIUM XXXXX.XX	<b>PREMIUM DUE *</b> XXXXX.XX XXXX HANOCASH APPLICABLE YES <input type="checkbox"/> NO <input type="checkbox"/>		

\*Parentheses indicate a return premium

Countersigned By \_\_\_\_\_

\_\_\_\_\_  
**Authorized Representative Signature**





**BUSINESS AUTO COVERAGE FORM  
DECLARATIONS**

(Page 1 of 4)

**Renewal of Policy**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT	
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	01	\$ 1,000,000	1,256
PERSONAL INJURY PROTECTION (or equivalent No fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ Ded	
ADDED PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Ded FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE Specified CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 25 Ded. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto.	
		PREMIUM FOR ENDORSEMENTS	
		ESTIMATED TOTAL PREMIUM	

**ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:**

**IL 00 21 – Broad Form Nuclear Exclusion** (Not Applicable in New York)



**BUSINESS AUTO COVERAGE FORM  
DECLARATIONS**  
(Page 2 of 4)

**Renewal of Number**

POLICY NUMBER		POLICY PERIOD		AGENCY CODE
		FROM	TO	
XXX 1234567 00		01/01/08	01/01/09	XXXXX
AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS				

**ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION Year Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)	PURCHASED		TERRITORY Town & State Where the Covered Auto will be principally garaged
		Original Cost New	Actual Cost & NEW (N) USED (U)	
010	1999 FORD F 150	35000		Any Town

Covered Auto No.	CLASSIFICATION							Except physical damages loss is payable to you and the loss payee named below as interests may appear at the time of the loss	
	Radius of Operation	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code
					Liab.	Phy. Dam.			

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS, AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. only)	
	Limit	Premium	Limited stated in each P.I.P. End. Minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. end. minus deductible shown below	Premium
Total Premium							

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS, AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)					
	AUTO. MED PAY		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit	Premium	Limit	Premium	Limit	Premium
Total Premium						



**BUSINESS AUTO COVERAGE FORM  
DECLARATIONS  
(Page 3 of 4)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS  XXXXXX

ITEM THREE CONTINUED							
Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit Per Disablement	Premium
010	500	650		500	755		
Total Premium							

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 liab. Cov. is primary)	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 employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	ESTIMATED PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ 25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO.			
			TOTAL PREMIUM	





**BUSINESS AUTO COVERAGE FORM  
DECLARATIONS  
(Page 4 of 4)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

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

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service agency	Number of Employees		\$
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
			\$

**ITEM SIX SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	TOTAL PREMIUMS			
	MINIMUM PREMIUMS			

**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 a 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.



**TRUCKERS COVERAGE FORM  
DECLARATIONS  
(Page 1 of 5)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**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 AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT	PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	
LIABILITY	XX	\$ 1,000,000	1265
PERSONAL INJURY PROTECTION (or equivalent No fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ Ded	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Ded FOR EACH ACCIDENT	
MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	
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 \$ 25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 25 Ded. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto.	
		PREMIUM FOR ENDORSEMENTS	
		ESTIMATED TOTAL PREMIUM	1265



**TRUCKERS COVERAGE FORM  
DECLARATIONS  
(Page 2 of 5)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:**  
**IL 00 21 – Broad Form Nuclear Exclusion** (Not Applicable in New York)

**ITEM THREE  
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY
	Year Model, Trade Name, Body Type	Serial Number(S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	
					Town & State Where the Covered Auto will be principally garaged

  

Covered Auto No.	CLASSIFICATION							Except physical damages loss is payable to you and the loss payee named below as interests may appear at the time of the loss	
	Radius of Operation	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code
					Liab.	Phy. Dam.			



## TRUCKERS COVERAGE FORM DECLARATIONS (Page 3 of 5)

### Renewal of Number

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXXX

### ITEM THREE (CONTINUED)

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS, AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. only)	
	Limit	Premium	Limited stated in each P.I.P. End. Minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. end. minus deductible shown below	Premium
Total Premium							

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS, AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)					
	AUTO. MED PAY		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit	Premium	Limit	Premium	Limit	Premium
Total Premium						

Covered Auto No.	COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit Per Disablement	Premium
Total Premium							



**TRUCKERS COVERAGE FORM  
DECLARATIONS  
(Page 4 of 5)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

**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

Cost of hire means the total cost you incur for the hire of "autos" you don't own (not including "private passenger type autos" you borrow or rent from members of your household, your partners, your employees or agents or members of their households).

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 liab. Cov. is primary)	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.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	ESTIMATED PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ 25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

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

Rating Basis	Number	Premium
Number of Employees		\$
Number of Partners		\$
		\$



**TRUCKERS COVERAGE FORM  
DECLARATIONS  
(Page 5 of 5)**

**Renewal of Number**

POLICY NUMBER	POLICY PERIOD		AGENCY CODE
	FROM	TO	
XXX 1234567 00	01/01/08	01/01/09	AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATIONS XXXXX

ITEM SIX TRAILER INTERCHANGE COVERAGE			
COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
			TOTAL PREMIUM

ITEM SEVEN SCHEDULE FOR GROSS RECEIPTS RATING BASIS – LIABILITY COVERAGE				
Estimated Yearly Gross Receipts	RATES		PREMIUMS	
	Per \$100 of Gross Receipts		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS		
		TOTAL PREMIUMS		
		MINIMUM PREMIUMS		

When used as a premium basis:

Gross receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION OF NAMED DRIVER**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

ENDORSEMENT EFFECTIVE            AT 12:01 A.M. STANDARD TIME

NAME INSURED  
POLICY NUMBER

In consideration of the premium charged, the insurance afforded by this policy does not apply to any "accident" or "loss" resulting from the operation or use of any covered "auto" by the individual named in the schedule of this endorsement.

**SCHEDULE**

**NAME OF INDIVIDUAL(S):**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date of Signature

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-12-2007
<b>Bypass Reason:</b>	Not applicable.		
<b>Comments:</b>			