



GEICO COMMERCIAL AUTO
A Division of GEICO
P.O Box 6639
Fredericksburg, VA 22403-6639

Date: October 24, 2025

EXX AUTO TRANSPORT LLC
151 NE 212TH STREET
MIAMI FL 33179

Policy Number: 9300064953



Schedule Of Forms and Endorsements

GEICO Marine Insurance Company

Agent Name and Address:

PRESTIGE INTERNATIONAL INSURANCE GROUP INC DBA
PRESTIGE TRUCKING INSURANCE INC
7200 W MCNAB ROAD
TAMARAC, FL 33321
(754) 246-1746

Policy Number: 9300064953-01

Policy Period:

08-17-2025 through 08-17-2026
Your coverage begins and ends at 12:01am Standard
Time at the address of the named insured.

Named Insured and Mailing Address:

EXX AUTO TRANSPORT LLC
151 NE 212TH STREET
MIAMI, FL 33179

SCHEDULE OF FORMS AND ENDORSEMENTS

COMMON POLICY FORMS AND ENDORSEMENTS		
FORM NUMBER	EDITION DATE	TITLE
AUTOMOBILE FORMS AND ENDORSEMENTS		
FORM NUMBER	EDITION DATE	TITLE
ACOMM DEC	06 24	DECLARATIONS PAGE
BAF88	03 23	FLORIDA VEHICLE SHARING PROGRAM EXCLUSION
BAFEE	02 25	DISCLOSURE NOTICE OF FEES
BATSUBPHY	07 24	TEMPORARY SUBSTITUTE AUTOS - PHYSICAL DAMAGE COVERAGE
BAVEHDEC 1	06 24	COVERAGE FOR VEHICLES LISTED ON THE DECLARATIONS



Business Auto Declaration

This is a description of your coverage.
Please retain for your records.

GEICO Marine Insurance Company

ITEM ONE

Agent Name and Address:

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Standard Time at the address of the named insured.

Named Insured and Mailing Address:

EXX AUTO TRANSPORT LLC
151 NE 212TH STREET
MIAMI, FL 33179

Email Address: EXXAUTOTRANSPORT@GMAIL.COM

Entity Type: Limited Liability Company

Description of Business: Auto Haulers

Endorsements Attached to this Policy:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM TWO

Schedule of Commercial General Liability

Coverage	Limits and/or Deductibles	Premium
Motor Truck General Liability		
Each Occurrence Limit	\$100,000 per occurrence	See Total Premium Below
- Damage to Premises Rented To You Limit	\$5,000 per person	
- Medical Expense Limit		
General Aggregate Limit	\$2,000,000	
Personal and Advertising Injury Limit	\$1,000,000	
Product/completed Operations Aggregate Limit	\$2,000,000	
Total Premium Motor Truck General Liability		\$386

Schedule of Cargo Coverage

Coverage	Limits and/or Deductibles	Premium
Motor Truck Cargo Coverage	\$250,000/\$1,000 Deductible	\$8,062
Total Cargo Coverage Premium		\$8,062

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a premium and a symbol are shown, in the 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 column and a charge is shown in the premium column next to the name of the coverage below.

Coverages	Covered Autos	Limits and/or Deductibles	Vehicle 1	Vehicle 2		
Covered Auto Liability	7	1M	\$17,644	\$539		
Personal Injury Protection (Or Equivalent No-fault Coverage)	7	Separately Stated In Each Personal Injury Protection Endorsement Minus "SEE ENDORSEMENT" Deductible	\$316	\$12		
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)						
Auto Medical Payments		NOT INCLUDED	NOT INCLUDED			
Uninsured Motorists	7	1M	\$882	Rejected		
Underinsured Motorists (When Not Included In Uninsured Motorists)	7	INCLUDED	INCLUDED	Rejected		
Physical Damage Comprehensive Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Collision Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Towing and Labor Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Rental Reimbursement Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Comprehensive Coverage – Stated Amount	7	See endorsement for Limit of Insurance	\$1,787	\$388		
			Deductible \$1,000	Deductible \$1,000		
Physical Damage Collision Coverage - Stated Amount	7	See endorsement for Limit of Insurance	\$2,077	\$405		
			Deductible \$1,000	Deductible \$1,000		
Rental Reimbursement	7	Separately Stated in Rental Reimbursement with	\$482	NOT INCLUDED		

with Downtime Coverage		Downtime Endorsement				
		Total Premium Per Vehicle	\$23,188	\$1,344		
FIGA Assessment Surcharge Tax/Surcharge/Fee						\$82
*Estimated Total Premium						\$32,980
*This policy may be subject to final audit.						
**See Item Four for Hired or Borrowed Autos.						

ITEM THREE

Schedule of Covered Autos

Vehicle No.	Year, Make, Model, VIN	Garaging Zip Code	Radius Of Operation	Original Cost New	Body Type
1	2018, VOLVO, VNL64T, 4V4NC9TH0JN989851	32096	0-100		
2	2002, COTTRELL, Auto Hauling Trailer, XXXXXXXXXXXXX3667	32096	0-100		

Classification

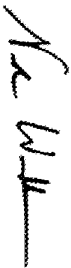
Vehicle No.	Size GVW, GCW Or Vehicle Seating Capacity	Use Class	Code
1	35000	Heavy/ Special	006
2		Heavy/ Special	006

Financed/Leased

Vehicle No.	Financed/Leased	Finance Company, Lienholder, or Loss Payee (If Financed or Leased)

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Countersigned by Authorized Representative



Important Policy Information

- Minimum limits or Sublimits apply as stated in your policy and endorsements.
- Your policy has been reinstated without a lapse in coverage effective 08/17/2025.



GEICO Marine Insurance Company
Policy Number: 9300064953-01

Business Auto Policy Amendment Florida Vehicle Sharing Program Exclusion

This amendment modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

A. Changes to **Section II – Covered Autos Liability Coverage Paragraph B. Exclusions:**

The following exclusion is added:

Vehicle Sharing Program

"Bodily Injury" or "property damage" arising out of the use of a covered "auto" while:

- a. Enrolled in a "vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

B. Changes to **Section III – Physical Damage Coverage Paragraph B. Exclusions:**

The following exclusion is added:

We will not pay for: "Loss" to any covered "auto" which occurs while:

- a. Enrolled in a "vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

If you are an individual named insured, the following is also added:

We will not pay for:

"Loss" to, or loss of use of, a "non-owned auto" used by:

- a. You; or
- b. Any "family member"

in connection with a "vehicle sharing program" if the provisions of such a "vehicle sharing program" preclude the recovery of such "loss" or loss of use, from you or that family member.

C. **Changes In Uninsured Motorist Coverage**

The following exclusion is added If Uninsured Motorists Coverage is attached:

"Bodily injury" sustained by any "insured" while "occupying", or when struck by, a covered "auto" while:

- a. Enrolled in a " vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

D. Changes In Underinsured Motorists Coverage

The following exclusion is added if Underinsured Motorists Coverage is attached:

"Bodily injury" sustained by any "insured" while "occupying", or when struck by, a covered "auto" while:

- a. Enrolled in a " vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

E. Changes to Personal Injury Protection Coverage

The following exclusion is added to the policy if Personal Injury Protection Coverage, no-fault coverage or other similar coverage is attached:

We will not pay Personal Injury Protection benefits for "bodily injury" sustained by:

Any person who is using a covered "auto" while:

- a. Enrolled in a " vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

F. Changes In Medical Payments Coverage

The following exclusion is added if Medical Payments Coverage is attached:

"Bodily injury" sustained by any "insured" while "occupying", or when struck by, a covered "auto" while:

- a. Enrolled in a " vehicle sharing program"; and
- b. Being used in connection with such "vehicle sharing program" by anyone other than the Named Insured, an "employee", "temporary worker", or "leased worker" of the Named Insured or, if you are an individual named insured, a "family member".

G. Changes to SECTION V-DEFINITIONS

The following definition is added:

"Vehicle sharing program" means a service coordinated through an individual, group, network, organization, business, or entity in the business of facilitating the sharing of covered "autos" for commercial or personal use by businesses, individuals, or other entities where the terms of use are pursuant to a written agreement.



Christopher J. Nowack
Secretary



Todd A. Combs
President



GEICO Marine Insurance Company

Policy Number: 9300064953-01

Effective Date: 10-14-2025

DISCLOSURE NOTICE OF FEES

Waiver of Subrogation Fee:

A fully earned fee of \$25 will be charged per Waiver of Subrogation Endorsement.

A maximum of 5 Waiver of Subrogation fees will be charged per policy term.

Blanket Waiver of Subrogation Fee:

A fully earned fee of \$75 will be charged per policy term for the Blanket Waiver of Subrogation Endorsement.

Additional Insured Fee or Designated Insured Fee:

- a) On a 6-month policy, a fully earned fee of \$15 will be charged per Additional Insured (AI) or Designated Insured (DI) Endorsement; or
 - b) On a 12-month policy, a fully earned fee of \$20 will be charged per Additional Insured (AI) or Designated Insured (DI) Endorsement; and
- A maximum of 5 Additional Insured fees or Designated Insured fees will be charged per policy term.

Blanket Additional Insured Fee:

A fully earned fee of \$75 will be charged per policy term for the Blanket Additional Insured Endorsement.

Motor Carrier Insurance Filing Fee:

If the filing of a certificate of insurance with the Federal Highway Administration (Formerly the Interstate Commerce Commission) or a state specific department is required, a fully earned flat charge of \$35.00 will be processed at the time of issuance of the certificate and upon each renewal of the policy. If a filing for a reinstatement of certificate is required, a fully earned flat charge of \$10.00 will be incurred in addition to the above described charge.

Financial Responsibility Laws – Certification

(Not applicable in FL, IL, MA, NJ, OK, RI)

If the policy is certified in accordance with Financial Responsibility Laws, a fully earned fee of \$50 will be charged. This fee applies per policy and shall be applied every time a certificate is filed.

CT Only

If the policy is certified in accordance with Financial Responsibility Laws, a fully earned fee of \$10 will be charged. This fee applies per policy and shall be applied every time a certificate is filed.

Insufficient Funds Fee:

If your payment is dishonored by your bank or financial institution, a \$25.00 service fee will be accessed to your account to cover the additional time and expense we incur to collect your premiums.

COMMERCIAL AUTO
BATSUBPHY (07-24)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

TEMPORARY SUBSTITUTE AUTOS – PHYSICAL DAMAGE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

Paragraph C. **Certain Trailers, Mobile Equipment and Temporary Substitute Autos** of **SECTION I – COVERED AUTOS** is amended by the addition of the following:

If Physical Damage Coverage is provided by this Coverage Form, the following types of vehicles are also covered “autos” for Physical Damage Coverage:

Any “auto” you do not own while used with the permission of its owner as a temporary substitute for a covered “auto” that is out of service because of its:

- a. Breakdown;
- b. Repair;
- c. Servicing;
- d. “Loss”, or
- e. Destruction



**COVERAGE FOR VEHICLES LISTED
ON THE DECLARATIONS**

GEICO Marine Insurance Company
Policy Number: 9300064953-01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Business Auto Coverage Form and any other coverage form(s) provided under the policy.

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

Throughout this endorsement the words you and your refer to the Named Inured shown in the Declarations.

THIS ENDORSEMENT APPLIES TO COVERED "AUTOS" BEING USED IN YOUR BUSINESS

When coverage is shown on the Declarations for a covered "auto" described in **ITEM THREE – Schedule of Covered Autos** on the Declarations:

- a. That auto is considered a covered "auto",
- b. The owner of the covered "auto" is also an "insured", and
- c. If someone other than the owner of the covered "auto" is operating the covered "auto", with your or the owner's permission, that individual is also an "insured"

if the "accident" or "loss" occurs while the covered "auto" is being used in your business.

