

AXIS INSURANCE COMPANY
411 S. STATE ST, SUITE 1A NEWTOWN, PA 18940

COMMERCIAL AUTO - STANDARD POLICY DECLARATIONS

Policy Number

AXCA19899 - DB - PH

Renewal of Number: AXCA19899

1. Named Insured and Mailing Address

EDWARD & KATHLEEN MARKER
T/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE SUITE A
GLENDDORA, NJ 08029

PRODUCER - 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Term: From 01/11/2018 to 01/11/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: Individual

Your Business/Operation: TICKET AGENCY

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THERE ARE EXCLUSIONS,
CONDITIONS AND LIMITATIONS CONTAINED IN THE POLICY FORMS AND ENDORSEMENTS

2. 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 entry of one or more of the symbols from the Covered Auto Section of the Commercial Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit (The most we will pay for any one accident or loss)	Premium
A. Liability Insurance	7,8,9	\$ 500,000 each accident	\$ 1,904
B. Medical Payments	Not Covered	\$0 each person	Not Covered
C. Personal Injury Protection (or equivalent No-Fault Coverage)	5	Separately stated in each PIP endorsement minus the deductible of \$ 250 for each covered auto per accident	\$ 68
D. Additional Personal Injury Protection	Not Covered	Separately stated in each PIP endorsement	Not Covered
E. Uninsured And Underinsured Motorist	6	\$ 500,000 each accident	\$ 159

SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

Coverages Provided	Covered Auto Symbols	Limit (The most we will pay for any one accident or loss)	Premium
F. Comprehensive	7	Actual Cash Value or cost of repair, whichever is less, for each covered auto minus the deductible. But no deductible applies for loss caused by fire or lightning. See Item Four for hired or borrowed autos.	\$ 670
G. Collision	7	Actual Cash Value or cost of repair, whichever is less, minus the deductible for each covered auto. See Item Four for hired or borrowed autos	\$ 1,016
H. Towing & Labor	Not Covered	\$0 each disablement of Private Passenger Auto	Not Covered

Premium for Endorsements

Not Applicable

Total Annual Premium	\$ 3,817
Surcharge NJ-PLIGA	\$ 23
Total Premium	\$ 3,840

3. SCHEDULE OF COVERED AUTOS YOU OWN

Vehicle 20	Vehicle Description				
Year	Make	Model		Original Cost New	
2016	CHEVY	TAHOE		\$ 62,000	
Vehicle Identification Number		Garaging City	State	Rate Terr	Class Code
1GNSKBCXGR117619		Gloucester County	NJ	14	7391

Coverages Purchased for Vehicle 20

	<u>Premiums</u>
A. Liability	\$ 1,784
C. Personal Injury Protection \$250	\$ 68
E. Uninsured & Underinsured Motorist	\$ 159
F. Comprehensive - \$1000 Deductible	\$ 670
G. Collision - \$1000 Deductible	\$ 1,016
H. Towing	\$ 0
Total Premium - Vehicle 20	\$ 3,697

4. Hired Or Borrowed Automobiles Coverage

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

Coverage:	Liability
State:	NJ
Estimated Cost of Hire:	If any
Rate Per \$100 Cost of hire:	2.779
Coverage Premium:	\$60
Total Estimated Premium:	\$60 MP

Comprehensive Deductible**Collision Deductible****5. Non-Owned Automobile Coverage**

Coverage:	Liability
Number Of Employees:	4
Coverage Premium:	\$60
Total Estimated Premium:	\$60

Policy Number: AXCA19899

Loss Payee for Vehicle # 4

Name GMAC
 PO BOX 674
 MINNEAPOLIS, MN 55440

Loss Payee for Vehicle # 5

Name WEST LAKE FINANCIAL
 PO BOX 54807
 LOS ANGELES, CA 90054-0807

Loss Payee for Vehicle # 20

Name GM FINANCIAL
 PO BOX 1510
 COCKEYSVILLE, MD 21030

7. The following Forms and Endorsements are applicable to the Commercial Automobile Coverage Declaration:

Forms Number & Edition

MCA 010*(11/2014)

MCA 419*(02/2006)

MCA 820*(04/2016)

MCA 823*(01/2015)

MCA 825 (04/2016)

Form Title

Commercial Auto Form

Terrorism Exclusions

Mandatory Endorsement - New Jersey

Uninsured & Underinsured Motorists Coverage - New Jersey

Supplemental Declarations - NJ PIP

* Mandatory Endorsement

02/25/2019

Countersignature Date



Representative

AXIS INSURANCE COMPANY
411 S. STATE ST, SUITE 1A NEWTOWN, PA 18940

COMMERCIAL AUTO - STANDARD POLICY DECLARATIONS

Policy Number: **AXCA19899**

Inception Date: 01/11/18

Expiration Date: 01/11/19

INSURED AND MAILING ADDRESS:

EDWARD & KATHLEEN MARKER
T/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE SUITE A
GLENDDORA, NJ 08029

PRODUCER NAME AND ADDRESS:

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

DRIVERS NAME:	DRIVERS D.O.B.	DRIVERS LICENSE #:	STATE
1 EDWARD MARKER	09/02/1982	M06121927109824	NJ
2 ANGELO FLAGIELLO	03/23/1977	F50350437103772	NJ

SUPPLEMENTAL DECLARATIONS - NEW JERSEY PERSONAL INJURY PROTECTION

This Supplemental Declaration provides the schedule for showing the various coverage options available in the New Jersey Personal Injury Protection coverage provisions of endorsement MCA 820 and the lawsuit option.

Except as provided below, all other provisions in the policy are unchanged.

Policy # 19899

SCHEDULE**Item 1. EXTENDED MEDICAL EXPENSE BENEFITS**

Benefits:	Limit of Insurance:	Premium:
Medical Expenses	\$ 1,000 Per person, per accident	\$ 0
Funeral Expenses	\$ 1,000	

Item 2. PEDESTRIAN PERSONAL INJURY PROTECTION

Coverage ONLY is provided for the following vehicles designed for use principally on public roads which are not *private passenger automobiles* and to which the liability coverage of this policy applies.

Covered Vehicle	Premium
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Item 3. MEDICAL EXPENSE BENEFITS DEDUCTIBLE

A deductible of \$250 is applicable to medical expense benefits on a per *accident* basis.

If a deductible higher than \$250 is chosen in Item 4 below, the higher deductible applies to the *named insured*, and if the *named insured* is an individual, any *family members*, on a per *accident* basis.

Item 4. In consideration of a reduction in premium, the following options apply as indicated below:

OPTIONAL MEDICAL EXPENSE BENEFITS DEDUCTIBLE

Any deductible indicated below for medical expense benefits applies only for the *named insured* and, if the *named insured* is an individual, any *family members*, on a per *accident* basis.

In addition to the applicable deductible, medical expense benefits shall be reduced by a co-payment of 20% for amounts payable between the applicable deductible and \$5,000 - Refer to Limit of Insurance.

DELETION OF BENEFITS OTHER THAN MEDICAL EXPENSE OPTION

- ☐ All Personal Injury Protection benefits other than medical expense benefits are deleted with respect to the *named insured* and, if the *named insured* is an individual, any *family members*, when indicated by an 'X' in the box to the left. Refer to the DELETION OF BENEFITS OTHER THAN MEDICAL EXPENSES provision.

MEDICAL EXPENSE BENEFITS AS SECONDARY OPTION

- ☐ If the *named insured* is an individual, medical expense benefits with respect to the *named insured* and *family members*, are secondary to the health plans under which the *named insured* and *family members* are insured, when indicated by an 'X' in the box to the left.

Item 5. LAWSUIT OPTIONS

- ☒ Limitation on Lawsuit Option
- ☐ No Limitation on Lawsuit Option