MOTOR CARRIER DECLARATIONS

## ITEM ONE

|  |
| --- |
| **Company Name:**  ${carrier\_al\_name}  One World Trade Center, 41st Floor  New York, New York 10007  212-208-3320 (Phone) |
| **Producer Name:**  ${producer\_name} |
| **Named Insured:**  ${legal\_name} |
| **Mailing Address:**  ${mailing\_street}  ${mailing\_city}, ${mailing\_state} ${mailing\_zip} |

|  |  |
| --- | --- |
| **Policy Period** | |
| **From:** ${effective\_date\_transaction} | |
| **To:** ${expiration\_date\_transaction} | At 12:01 AM Standard Time at your mailing address shown above |
| **Previous Policy Number:** N/A | |

${entity\_type\_partnership\_x}

${entity\_type\_corporation\_x}

$

{entity\_type\_llc\_x}

${entity\_type\_individual\_x}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Form Of Business:** | | | | | | |
|  |  | **Corporation**  **Partnership** |  | **Limited Liability Company (LLC)** |  | **Individual** |
|  |  | **Other:** | | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Premium Shown Is Payable At Inception: $**${total\_premium\_fees\_taxes\_al\_transaction} | | | | | | | | |
| **Audit Period** (if applicable): | X | **Annually** |  | **Semiannually** |  | **Quarterly** |  | **Monthly** |

**ITEM ONE** (Cont'd)

|  |  |  |
| --- | --- | --- |
| **Endorsements Attached To This Policy** | | |
| ${form\_title} | ${form\_number} | ${form\_edition} |

**ITEM ONE** (Cont'd)

|  |
| --- |
| **Countersignature Of Authorized Representative** |
| **Name:** ${signature\_name}  **Title:** ${signature\_title}  **Signature:** ${signature\_img}  **Date:** ${effective\_date} |

**Note**

Officers' facsimile signatures may be inserted here, on the Policy cover or elsewhere at the company's option.

**ITEM TWO**

**Schedule Of Coverages And Covered Autos**

This Policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Motor Carrier Coverage Form next to the name of the coverage.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverages** | **Covered Autos** | **Limit Or Deductible** | **Premium** |
| **Covered Autos Liability** | 67 | Limit: ${limit\_al} CSL  Deductible: $0 | ${total\_premium\_endorsements\_al} |
| **Personal Injury Protection (Or Equivalent No-fault**  **Coverage)** | ${al\_personal\_injury\_protection} | Limit:${limit\_al\_personal\_injury\_protection}  Deductible: $0 | ${premium\_al\_personal\_injury\_protection} |
| **Added Personal Injury Protection (Or Equivalent Added**  **No-fault**  **Coverage)** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Property Protection Insurance (Michigan**  **Only)** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Auto Medical Payments** | ${medical\_payments\_covered\_autos} | ${medical\_payments\_limit}  Each Insured | ${medical\_payments\_premium} |
| **Medical Expense And Income Loss Benefits (Virginia**  **Only)** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Uninsured Motorists** | ${uninsured\_motorist\_um\_covered\_autos} | ${uninsured\_motorist\_um\_limit} | ${uninsured\_motorist\_um\_premium} |
| **Underinsured Motorists (When Not Included**  **In Uninsured Motorists**  **Coverage)** | ${uninsured\_motorist\_uim\_covered\_autos} | ${uninsured\_motorist\_uim\_limit} | ${uninsured\_motorist\_uim\_premium} |

**ITEM TWO**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverages** | **Covered Autos** | **Limit Or Deductible** | **Premium** |
| **Trailer Interchange Comprehensive Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Trailer Interchange Specified Causes Of Loss Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Trailer Interchange Collision Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Physical Damage Comprehensive Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Physical Damage Specified Causes of Loss Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Physical Damage Collision Coverage** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Physical Damage Towing and Labor** | NOT COVERED | NOT COVERED | NOT COVERED |
| **Premium For Endorsements** | | | $${total\_premium\_fees\_taxes\_al\_transaction} |
| **Estimated Total Premium\*** | | | $${total\_premium\_fees\_taxes\_al\_transaction} |
| \*This Policy may be subject to final audit. | | | |

**ITEM THREE**

**Schedule Of Covered Autos You Own**

${vehicles\_block}

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Covered Auto Number:** ${count} | | | | | | | | |
| **Town And State Where The Covered Auto Will Be Principally Garaged:** | | | | | | | | |
| **Covered Auto Description** | | | | | | | | |
| **Year:** ${year} | | **Model:** ${model} | | | | **Trade Name:** ${make} | | |
| **Body Type:** Tractor | | | | | | **Serial Number(s):** | | |
| **Vehicle Identification Number (VIN):** ${vehicle\_identification\_number} | | | | | | | | |
| **Classification** | | | | | | | | |
| **Original Cost New** | **Radius**  **Of**  **Operation** | | **Business**  **Use**  **S=Service**  **R=Retail**  **C=Commercial** | **Size GVWR, GCW Or**  **Vehicle**  **Seating**  **Capacity** | **Age Group** | | **Secondary Rating Classification** | **Code** |
| N/A | Unlimited | | C | Tractor | N/A | | N/A | N/A |
| **Except For Towing And Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:** | | | | | | | | |

**ITEM THREE**

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

|  |  |  |
| --- | --- | --- |
| **Coverages – Premiums, Limits And Deductibles**  (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | |
| **Coverages** | **Limit Or Deductible** | **Premium** |
| **Covered Autos Liability** | Limit: ${limit\_al} CSL  Deductible: $0 | ${total\_premium\_endorsements\_al\_per\_vehicle} |
| **Personal Injury Protection** | Limit: ${limit\_al\_personal\_injury\_protection}  Deductible: $0 | ${vehicle\_premium\_al\_pip} |
| **Added Personal Injury Protection** | NOT COVERED | NOT COVERED |
| **Property Protection Insurance (Michigan Only)** | NOT COVERED | NOT COVERED |
| **Auto Medical Payments** | ${medical\_payments\_limit}  Each Insured | ${vehicle\_premium\_al\_med\_pay} |
| **Medical Expense And Income Loss Benefits (Virginia Only)** | NOT COVERED | NOT COVERED |
| **Comprehensive** | NOT COVERED | NOT COVERED |
| **Specified Causes Of Loss** | NOT COVERED | NOT COVERED |
| **Collision** | NOT COVERED | NOT COVERED |
| **Towing And Labor** | NOT COVERED | NOT COVERED |

${/vehicles\_block}

**ITEM THREE**

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

|  |  |
| --- | --- |
| **Total Premiums** | |
| **Covered Autos Liability** | ${total\_premium\_endorsements\_al} |
| **Personal Injury Protection** | ${premium\_al\_personal\_injury\_protection} |
| **Added Personal Injury Protection** | NOT COVERED |
| **Property Protection Insurance (Michigan Only)** | NOT COVERED |
| **Auto Medical Payments** | ${medical\_payments\_premium} |
| **Medical Expense And Income Loss Benefits (Virginia Only)** | NOT COVERED |
| **Comprehensive** | NOT COVERED |
| **Specified Causes Of Loss** | NOT COVERED |
| **Collision** | NOT COVERED |
| **Towing And Labor** | NOT COVERED |

## ITEM FOUR

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

|  |  |  |
| --- | --- | --- |
| **Covered Autos Liability Coverage – Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)** | | |
| **Covered Autos Liability Coverage** | **Estimated Annual Cost Of Hire For All States** | **Premium** |
| **Primary Coverage** | NOT COVERED | NOT COVERED |
| **Excess Coverage** | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premium** | | NOT COVERED |
| For "autos" used in your motor carrier operations, cost of hire means:   1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers) and, if not included therein, 2. The total remunerations of all operators and drivers' helpers, of hired automobiles, whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and 3. The total dollar amount of any other costs (e.g.*,* repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles, whether such costs are absorbed by the "insured", paid to the lessor or   owner, or paid to others. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Covered Autos Liability Coverage – Cost Of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)** | | | |
| **Covered Autos Liability Coverage** | **State** | **Estimated Annual Cost Of Hire For Each State** | **Premium** |
| **Primary Coverage** |  | NOT COVERED | NOT COVERED |
| **Excess Coverage** |  | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premium** | | | NOT COVERED |
| For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. | | | |

## ITEM FOUR

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile Or Farm Equipment)** | | | | |
| **Coverage** | **State** | **Deductible** | **Estimated Annual Cost Of Hire For Each State (Excluding Autos Hired With A Driver)** | **Premium** |
| **Comprehensive** |  | NOT COVERED | NOT COVERED | NOT COVERED |
| **Specified Causes Of Loss** |  | NOT COVERED | NOT COVERED | NOT COVERED |
| **Collision** |  | NOT COVERED | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premium** | | | | NOT COVERED |
| For Physical Damage Coverages, 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 any "auto" that is leased, hired, rented or borrowed with a driver. | | | | |

## ITEM FOUR

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages** | | | | | |
| **Coverage** | **State** | **Estimated Annual**  **Cost Of Hire For Each State** | | **Premium** | |
| **Mobile Equipment** | **Farm Equipment** | **Mobile Equipment** | **Farm Equipment** |
| **Covered Autos Liability – Primary Coverage** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Covered Autos Liability – Excess Coverage** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Personal Injury Protection** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Medical Expense Benefits (Virginia Only)** | **VA** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Income Loss Benefits (Virginia Only)** | **VA** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Auto Medical Payments** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premiums** | | | | NOT COVERED | NOT COVERED |
| Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers. | | | | | |

## ITEM FOUR

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Physical Damage Coverages** | | | | | | |
|  |  |  | **Estimated Annual**  **Cost Of Hire For Each**  **State (Excluding Autos**  **Hired With A Driver)** | | **Premium** | |
| **Coverage** | **State** | **Deductible** | **Mobile Equipment** | **Farm Equipment** | **Mobile Equipment** | **Farm Equipment** |
| **Comprehensive** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Specified**  **Causes Of Loss** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Collision** |  | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premiums** | | | | | NOT COVERED | NOT COVERED |
| For Physical Damage Coverages, 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 any "auto" that is leased, hired, rented or borrowed with a driver. | | | | | | |

## ITEM FOUR

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rental Period Rating Basis For Mobile Or Farm Equipment** | | | | | |
| **Coverage** | **Town And State**  **Where The Job Site Is Located** | **Estimated Number Of**  **Days Equipment Will**  **Be Rented** | | **Premium** | |
| **Mobile Equipment** | **Farm Equipment** | **Mobile Equipment** | **Farm Equipment** |
| **Covered Autos Liability** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Personal Injury Protection** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Medical Expense Benefits (Virginia Only)** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Income Loss Benefits (Virginia Only)** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Auto Medical Payments** | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| **Total Hired Auto Premiums** | | | | NOT COVERED | NOT COVERED |

**ITEM FIVE**

**Schedule For Non-ownership Covered Autos Liability**

|  |  |  |
| --- | --- | --- |
| **Rating Basis** | **Number** | **Premium** |
| **Number Of Employees** | NOT COVERED | NOT COVERED |
| **Number Of Partners**  **(Active And Inactive) Or LLC Members** | NOT COVERED | NOT COVERED |
| **Number Of Volunteers** | NOT COVERED | NOT COVERED |
| **Total Non-ownership Covered Autos Liability Premium** | | NOT COVERED |

**ITEM SIX**

**Trailer Interchange Coverage**

|  |  |  |
| --- | --- | --- |
| **Coverages** | **Limit Of Insurance** | **Estimated Premium** |
| **Comprehensive** | **Stated**  **In**  **Item Two** | NOT COVERED |
| **Specified Causes Of Loss** | NOT COVERED |
| **Collision** | NOT COVERED |
| **Total Trailer Interchange Premium** | | NOT COVERED |

## ITEM SEVEN

**Schedule For Gross Receipts Or Mileage Rating Basis**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address Of Business Headquarters Location:** | | | | | | | | | |
|  |  |  | |  |  | | |  |  |
| **Type Of Risk** (Check one): |  | **Motor Carriers** | |  | **Public Autos** | | |  | **Leasing Or Rental Concerns** |
|  |  |  | |  |  | | |  |  |
|  |  |  | |  |  | | |  |  |
| **Rating Basis** (Check one): |  | **Gross Receipts (Per $100)** | | | | | |  | **Mileage (Per Mile)** |
|  |  |  | | | | | |  |  |
| **Estimated Yearly (Gross Receipts Or Mileage):** | | |  | | | | | | |
| **Premiums** | | | | | | | | | |
| **Covered Autos Liability** | | | | | |  | NOT COVERED | | |
| **Personal Injury Protection** | | | | | |  | NOT COVERED | | |
| **Added Personal Injury Protection** | | | | | |  | NOT COVERED | | |
| **Property Protection Insurance (Michigan Only)** | | | | | |  | NOT COVERED | | |
| **Auto Medical Payments** | | | | | |  | NOT COVERED | | |
| **Medical Expense And Income Loss Benefits (Virginia Only)** | | | | | |  | NOT COVERED | | |
| **Comprehensive** | | | | | |  | NOT COVERED | | |
| **Specified Causes Of Loss** | | | | | |  | NOT COVERED | | |
| **Collision** | | | | | |  | NOT COVERED | | |
| **Towing And Labor** | | | | | |  | NOT COVERED | | |

## ITEM SEVEN

## Schedule For Gross Receipts Or Mileage Rating Basis (Cont'd)

## When gross receipts or mileage is used as a premium basis:

## FOR MOTOR CARRIERS

Gross receipts means the total amount earned by the named insured for shipping or transporting property, regardless of whether you or any other carrier originates the shipment or transportation. Gross receipts includes the total amount received from renting equipment, with or without drivers, to any person or organization not engaged in the business of transporting property for hire by "auto" and 15% of the total amount received from renting any equipment, with or without drivers, to any person or organization engaged in the business of transporting property for hire by "auto". Gross receipts does not include:

1. Amounts you paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of merchandise including collection fees.
5. Warehouse storage fees.

## FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. 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 "autos" operated during the policy period.

## FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

## WASHINGTON SURPLUS LINES NOTICE

## This contract is registered and delivered as a surplus line coverage under the insurance code of the state of Washington, Title 48RCW. It is not protected by any Washington state guaranty association law.

## 