02APM026300-02				
RENEWAL NUMBER				

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

The Declarations	
include a second	part
designated "Part	2".

CROSS REFERENCE NUMBER

02 APM 026300 - 03

ITEM ONE NAMED INSURED & ADDRESS

OMAHA, NEBRASKA BUSINESS AUTO COVERAGE DECLARATIONS

Producer

One80 Intermediaries Inc. 1773 S 8th St Ste 200 Colorado Springs, CO 80905

ELITE XPRESS TRANSPORTATION LLC 2418 COMPTON RD CINCINNATI, OH 45231

FORM OF NAMED INSURED'S BUSINESS:

LLC

NAMED INSURED'S BUSINESS:

NON-EMERGENCY (MEDIVAN, PARATRANSIT)

POLICY PERIOD: Policy covers FROM

06/25/2023 12:01 AM

TO

06/25/2024

12:01 A.M. Standard Time at the Named

Insured's Address stated above.

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.

AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	THE MC	LIMIT OF INSURANCE DST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM	
7	\$	1,000,000 CSL	\$	35,205
	SEPARATELY STATED IN	N EACH P.I.P. ENDORSEMENT MINUS		
	\$	Deductible	\$	
	SEPARATELY STATED IN	N EACH ADDED P.I.P. ENDORSEMENT	\$	
			1	
	\$	Deductible FOR EACH ACCIDENT		
7	\$	5,000	\$	2,000
10	\$	1,000,000 CSL (BI Only)	\$	3,078
10	\$	\$	3,078	
7	\$	\$	INCL	
	\$		\$	
7	\$	\$	2,215	
	\$ Deductible FOR EACH COVERED AUTO			-
D IN THIS POLICY AT ITS I	INCEPTION	PREMIUM FOR ENDORSEMENTS	\$	
		ESTIMATED TOTAL PREMIUM	\$	45,576
ed in Item Three of the	Declarations with Liabil	ity premium shown.		
LICYWRITING MINIMUM P	REMIUM OF \$	0 IF CANCELLEI	BY THE	INSURED.
ITOS AS ATTAC	HED			
	By	AUTHORIZED SIGNATURE		
	Form shows which autos are covered autos) 7 7 10 10 7 7 D IN THIS POLICY AT ITS ed in Item Three of the oblicywriting minimum p	Form shows which autos are covered autos) 7 SEPARATELY STATED IN SEPAR	Form shows which autos are covered autos) 7 \$ 1,000,000 CSL SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT 7 \$ 5,000 10 \$ 1,000,000 CSL (BI Only) 10 \$ 1,000,000 CSL (BI Only) 7 \$ See M 3912b (08/2001) 7 \$ See M 3912b (08/2001) 5 Deductible FOR EACH COVERED AUTO DIN THIS POLICY AT ITS INCEPTION PREMIUM FOR ENDORSEMENTS ESTIMATED TOTAL PREMIUM ed in Item Three of the Declarations with Liability premium shown. LICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED By	Form shows which autos are covered autos)

In Witness whereof, we have caused this policy to be executed and attested.

Secretary

President

Small & Muster

SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

INSURED	ELITE XP	PRESS TRANSPORTATION LLC
EFFECTIVE	06/25/202	23 12:01 AM
IL 0017	11/1998	Common Policy Conditions
M 5603	01/2011	Commercial Policy Jacket
M 5605	02/2011	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 5171	06/2004	Schedule of Covered Autos
CA 0001	03/2010	Business Auto Coverage Form
M 3912b	08/2001	Stated Amount Insurance
CA 2133	08/2017	Ohio Uninsured and Underinsured Motorists Coverage - Bodily Injury
M 4487	04/1994	Auto Medical Payments Coverage
IL 0021	09/2008	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 5479	04/2010	Towing and Storing Costs
CA 2018	12/1993	Professional Services Not Covered
CA 2402	12/1993	Public Transportation Autos
IL 0244	09/2007	Ohio Changes - Cancellation and Nonrenewal
M 3834a	03/1989	Catastrophe Limitation Endorsement
M 5623	04/2011	Application of Policy - Financial Responsibility
CAB 3796	03/2013	Punitive and Exemplary Damages Exclusion Duty to Defend Amendment
M 5982	06/2021	Communicable Disease Exclusion
M 4803	02/1998	Abuse or Molestation Exclusion

POLICY NUMBER: 02 APM 026300 - 03

EFFECTIVE DATE: 06/25/2023 12:01 AM

NAMED INSURED: ELITE XPRESS TRANSPORTATION LLC

Policy-Level Coverages	The premium charge for Uninsured and Underinsured Motorist Coverage is a
Uninsured Motorist Coverage:	policy charge; separate premium charges are not made for individual covered
Underinsured Motorist Coverage:	autos.
Other:	

	Year	Make & Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
Vehicle #	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additio	Additional Insured Premium		In-Tow Premium	Cargo Premium
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	2010	FORD E-150 CARGO	1FTNS1EW6ADA52827	С	50 Miles	2	CINCINNATI, OH	7 Seat
ĺ	7,041	400			-			
	7,000	С	Incl		1000 Ded		443	1000 Ded
2	2014	CHEVROLET CRUZE	1G1PC5SB1E7160591	С	50 Miles	2	CINCINNATI, OH	5 Seats
	7,041	400			•			
	5,000	С	Incl		1000 Ded		443	1000 Ded
3	2012	DODGE GRAND CARAVAN	2C4RDGCG0CR130464	С	50 Miles	2	CINCINNATI, OH	7 Seats
li	7,041	400				-		
	6,000	С	Incl		1000 Ded		443	1000 Ded
4	2012	CHEVROLET CRUZE	1G1PC5SH2C7333939	С	50 Miles	2	CINCINNATI, OH	5 Seats
H		400						
- 1	7,041 2,000	C C	Incl		1000 Ded		443	1000 Ded
	2013	NISSAN	JN8AE2KP0D9061365	С	50 Miles	2	CINCINNATI, OH	7 Seats
5		QUEST 4X2 MINI						
	7,041	400						
	8,000	С	Incl		1000 Ded		443	1000 Ded
		*Use (C = Commercial, S = Service, F	R = Retail)					