



Starr Indemnity & Liability Company

Starr Indemnity Commercial Auto Liability Program Claim Reporting Guidelines

Please Send All Commercial Auto Liability Loss Notices To our Claims Administrator:

FARA (F. A. Richard & Associates)
1625 West Causeway Approach
Mandeville, LA 70471

Claims E-mail: StarrIndemnity@fara.com
Claims Fax: (877) 297-3272
After hours emergency call service: (877) 212-3272

Our preferred method of reporting is by email but Loss Notices may be submitted via certified mail or faxed. If immediate attention is needed, e-mailing or faxing the Loss Notice and/or Claim or Litigation information is strongly recommended. If you have a claim related question and need to contact us by telephone, please do so at (877) 212-3272 and request to speak to our claims staff.

Consult Your Policy For Loss Reporting Requirements

Your policy states when to report a loss and details the information to be submitted with a First Notice of Loss. This is often found in the General Conditions section, although it may be changed by an endorsement. Additionally, the following information/documentation will always be helpful in assisting us with our evaluation.

- Citing Starr Indemnity's policy, or claim number, in all correspondence.
- Providing a copy of any suit, demand for arbitration or mediation, a governmental agency notice, claim letter or any similar notice.
- Sending a copy of any internal reports related to the loss.
- Forwarding copies of status reports prepared by your defense counsel and/or your claim handler, if the case has been pending for a period of time.

Starr Indemnity will always acknowledge each First Notice of Loss, initiate contact to open lines of communication, and will request any additional information that may be needed. Our formal claims acknowledgment will identify Starr Indemnity's person responsible for handling your reported Claim, and their specific contact information.

If you have questions or would like to discuss a specific loss with one of our Claims Team members, please feel free to contact us. Thank you.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

Named Insured: Virtus Group LLC
Policy Number: 1000199019171
Effective Date: 4/1/2017 at 12:01 AM

This Policy is a legal contract between the Named Insured and Starr Indemnity & Liability Company (herein referenced as "the Company"). The Company agrees to provide insurance to the Named Insured, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Named Insured on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy.

This Policy is governed by the laws of the state where it was delivered.

IN WITNESS WHEREOF, we have cause this Policy to be signed and countersigned where required by law on the Declarations by our duly Authorized representative.

Charles H. Dangelo, President

Nehemiah E. Ginsburg, General Counsel

BUSINESS AUTO DECLARATIONS**Starr Indemnity & Liability Company**
3333 Lee Parkway
Dallas, TX 75219**Ronald Jones Lockton**
444 W 47th Street Suite 900
Kansas City, MO 64112**ITEM ONE****Named Insured:** Virtus Group LLC**Mailing Address:** 16274 Foster St
Overland Park,, KS 66085**Policy Period****From:** 04/01/2017**To:** 12/31/2017 At12:01 A.M. Standard Time at your mailing address.**Previous Policy Number:****Form Of Business**☒ Corporation ☐ Limited Liability Corporation ☐ Individual
☐ Partnership ☐ 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:	\$	40,855.00
Auto Theft Prevention Fee	\$	4.00
CA Auto Surcharge	\$	8.80
CO Auto Theft Prevention Fee	\$	2.00
TX Volunteer Fire Dept Fund	\$	8.79
Total:	\$	40,878.59

Audit Period (If Applicable): ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Endorsements Attached To This Policy:

Extension Schedule Of Named Insureds	SICA 1013 03 12
Kansas Changes	CA 01 22 01 17
Kansas Changes - Cancellation And Nonrenewal	CA 02 65 01 16
Policy Jacket	SILC 0001 (06-12)
Business Auto Declarations	CA DS 03 03 06
Broad Form Named Insured	SICA 1014 06/11
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
Business Auto Coverage Form	CA 00 01 10 13
Exclusion Of Federal Employees Using Autos In Government Business	CA 04 42 10 13
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation)	CA 04 44 10 13
Kansas Uninsured Motorists Coverage	CA 21 37 10 13
Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure	CA 23 94 03 06
Employee Hired Autos	CA 20 54 10 13
Fellow Employee Coverage	CA 20 55 10 13
Auto Loan/Lease Gap Coverage	CA 20 71 10 13
Auto Medical Payments Coverage	CA 99 03 03 06
Loss Payable Clause	CA 99 44 12 93
Additional Insured - Where Required Under Contract Or Agreement (Additional Insured Schedule)	SICA 1024 (04/12)
U.S. Treasury Department'S Office Of Foreign Assets Control ("Ofac") Notice To Policyholders	IL P 001 01 04
Fraud Statement	IL N 001 09 03
Auto Medical Payments Coverage	CA 99 03 10 13
Rental Reimbursement Coverage	CA 99 23 10 13
Loss Payable Clause	CA 99 44 10 13
Additional Insured – Where Required Under Written Contract or Written Agreement Endorsement	SICA 1016 (04/14)
Alabama Changes - Split Uninsured Motorists Limits	CA 21 58 03 94
Alabama Uninsured Motorists Coverage	CA 21 59 10 13
California Auto Medical Payments Coverage	CA 04 24 10 13
California Changes	CA 01 43 10 13
California Fraud Statement	IL N 018 09 03
California Uninsured Motorists Coverage - Bodily Injury	CA 21 54 10 13
Colorado Auto Medical Payments Coverage	CA 04 40 10 13
Colorado Changes	CA 01 13 10 13
Colorado Changes - Civil Union	IL 01 25 11 13
Colorado Changes - Concealment, Misrepresentation Or Fraud	IL 01 69 09 07
Colorado Fraud Statement	IL N 020 09 03
Colorado Uninsured Motorists Coverage - Bodily Injury	CA 21 50 10 13
Driver Exclusion	SICA 1023 (04/12)
Exclusion Of Terrorism	CA 23 84 10 13
Explosives	CA 23 01 10 13

Explosives	CA 23 01 12 93
Florida Personal Injury Protection	CA 22 10 01 13
Florida Policyholder Notice 2010 Commercial Auto Multistate Forms Revision	PNSI 013 FL (06/16)
Florida Uninsured Motorists Coverage - Nonstacked	CA 21 72 10 09
Important Notice - Texas	SIPN-018 (0616)
Important Notice To Texas Policyholders	PNSI-014 TX (0716)
Missouri Changes	CA 01 65 07 16
Missouri Changes - Pollution Exclusion	CA 01 66 10 13
Missouri Underinsured Motorists Coverage	CA 31 04 10 13
Missouri Uninsured Motorists Coverage	CA 21 04 10 13
Oklahoma Changes	CA 01 32 10 13
Oklahoma Changes - Concealment, Misrepresentation Or Fraud	IL 01 77 10 10
Oklahoma Fraud Statement	IL N 084 09 03
Oklahoma Notice	IL 01 79 10 02
Oklahoma Uninsured Motorists Coverage - Non-Stacked	CA 31 43 11 15
Signature Page	SIIL-0000
Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure	CA 23 94 10 13
Texas Changes	CA 01 96 10 13
Texas Uninsured/Underinsured Motorists Coverage	CA 21 09 10 13
Wisconsin Auto Medical Payments Coverage	CA 99 24 10 13
Wisconsin Changes	CA 01 17 10 13
Wisconsin Underinsured Motorists Coverage	CA 21 45 10 13
Wisconsin Uninsured Motorists Coverage	CA 21 03 10 13

Countersignature Of Authorized Representative**Named:** Jim Vendetti**Title:** Senior Vice President & Chief Underwriting Officer**Signature:****Date:** 04/13/17**Note**

Officer's facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's options.

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 Truckers Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability	1, 8, 9	\$ 1,000,000	\$ 24,217
Personal Injury Protection (Or Equivalent No-Fault Coverage)	7	See State Specific Form	\$ 139
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Seperately Stated in Each Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Seperately Stated in The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments	7	\$ 5,000	\$ 541
Medical Expense And Income Loss Benefits (Virginia Only)		Seperately Stated in Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorist Uninsured Motorist PD Uninsured Motorist BI PD	7	See State Specific Form	\$ 2,217
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	7	See State Specific Form	\$ 124

ITEM TWO
Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	7	Actual Cash Value, Cost Of Repair, Whichever is Less. Minus \$ 1,000 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$ 3,951
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value, Cost Of Repair, Whichever is Less. Minus \$ Deductible For Each Covered Auto For Loss Caused by Mischief Or Vandalism. See Item Four for Hired Or Borrowed Autos.	\$
Physical Damage Collision Coverage	7	Actual Cash Value, Cost Of Repair, Whichever is Less. Minus \$ 1,000 Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$ 9,162
Physical Damage Towing And Labor	3	\$ 50 For Each Disablement Of A Private Passenger Auto.	\$ 5
Non-Ownership Liability Auto Uninsured Motorist Underinsured Motorist	9	\$ 1,000,000 \$	\$ 1 \$
Hired Auto Liability Physical Damage Comp. Coll. Uninsured Motorist Underinsured Motorist	8	\$ 100 Deductible \$ 1,000 Deductible \$ 1,000,000 \$	\$ 225 \$ \$ 1 \$
GarageKeepers Comprehensive and Collision			\$
Premium For Endorsements			\$ 272
Estimated Total Premium*			\$ 40,855
*This Policy May Be Subject To Final Audit.			

ITEM THREE
Schedule Of Covered Autos You Own

Covered Auto Number: 1							
Town And State Where The Covered Auto Will Be Principally Garaged				Olathe KS			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehi-cle Identification Number (VIN))				2011 FORD EDGE VIN # 2FMDK4KC7BBA29907			
Purchased: Original Cost New				\$ 36,070			
Actual Cost New (N) Or Used (U)				\$ 0			
Classification							
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.		
N/A	N/A	N/A	7				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 372			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 14			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 82			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 173			
Towing And Labor	\$ Per Disablement			\$ 1			

Covered Auto Number: 2							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Sure-Trac Trailer VIN # 5JW1C0812E2096275				
Purchased: Original Cost New			\$ 10,000				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 32			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 59			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 3							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 FORD ECONOLINE VIN # 1FBNE3BL4CDA77505				
Purchased: Original Cost New			\$ 31,740				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	6				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 653			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 2			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 90			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 218			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 4							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 FORD TRANSIT VIN # 1FBZX2ZM0FKB26445				
Purchased: Original Cost New			\$ 35,750				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	3				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 653			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 2			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 113			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 273			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 5							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 Cove Trailer VIN # 53FBE1624GF019120				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	2				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 34			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 62			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 6							
Town And State Where The Covered Auto Will Be Principally Garaged				Olathe KS			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))				2012 LAND ROVER RANGE ROVER SPORT VIN # SALSF2D40CA743300			
Purchased: Original Cost New				\$ 60,045			
Actual Cost New (N) Or Used (U)				\$ 0			
Classification							
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.		
N/A	N/A	N/A	6				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 372			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$ 0			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$ 5,000		\$ 14			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 115			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 213			
Towing And Labor		\$ Per Disablement		\$ 1			

Covered Auto Number: 7							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 CADILLAC ESCALADE VIN # 1GYS4CKJ2FR291118				
Purchased: Original Cost New			\$ 82,795				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
N/A	N/A	N/A	3				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 372			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$ 0			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$ 5,000		\$ 14			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 192			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 377			
Towing And Labor		\$ Per Disablement		\$ 1			

Covered Auto Number: 8							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 GMC SIERRA VIN # 1GT12ZEG4FF166813				
Purchased:			Original Cost New		\$ 46,320		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	3				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 653			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 2			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 137			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 395			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 9							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 WABASH NATIONAL CORP VIN # 1JJV532F1XF633938				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 20,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 20			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 37			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 10							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 GRTDNE Trailer VIN # 1GFDM9621YM036308				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium		
Liability		\$ 1,000,000			\$ 79		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$ 0		
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$ 0		
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 20		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 37		
Towing And Labor		\$ Per Disablement			\$ 0		

Covered Auto Number: 11							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2001 TRASCRAFT CORP VIN # 1TTF4820612007801				
Purchased:			Original Cost New		\$ 27,925		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium		
Liability		\$ 1,000,000			\$ 79		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$ 0		
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$ 0		
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76		
Towing And Labor		\$ Per Disablement			\$ 0		

Covered Auto Number: 12							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 FONTAINE TRAILER CO VIN # 13N148307Y1591397				
Purchased:			Original Cost New		\$ 27,100		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 13							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1998 GREAT DANE TRAILERS VIN # 1GRDM9628WM001407				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 14							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1998 FONTAINE TRAILER CO VIN # 13N1482C5W1583968				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 15							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1994 LUFKIN INDUSTRIES VIN # 1L01B482XR1112101				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 20,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 16							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 FONTAINE TRAILER CO VIN # 13N148307Y5995034				
Purchased:			Original Cost New		\$ 27,100		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 17							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1998 FONTAINE TRAILER CO VIN # 13N14830XW1584019				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 18							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 WILSON TRAILER CO VIN # 4WWBGB6LXXM603539				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 19							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 GREAT DANE TRAILERS VIN # 1GRDM962XYM050501				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 20							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 UTILITY TRAILER MFG VIN # IUYFS2483YA928229				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 27,100 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 21							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 FONTAINE TRAILER CO VIN # 13N148308X1584411				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 20,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 1			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 22							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 FONTAINE TRAILER CO VIN # 13N148308Y5995026				
Purchased: Original Cost New			\$ 27,100				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 23							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2002 TRASCRAFT CORP VIN # 1TTF4820622008349				
Purchased: Original Cost New			\$ 28,800				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 24							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1997 DORSEY TRAILERS VIN # 1DTP16Z21VG051502				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 25							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 FONTAINE TRAILER CO VIN # 13N248303X1587270				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium		
Liability		\$ 1,000,000			\$ 79		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$ 0		
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$ 0		
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54		
Towing And Labor		\$ Per Disablement			\$ 0		

Covered Auto Number: 26							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 FONTAINE TRAILER CO VIN # 13N148304Y1591373				
Purchased:			Original Cost New		\$ 27,100		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 27							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 GREAT DANE TRAILERS VIN # 1GRDM9628XM003501				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 28							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 FONTAINE TRAILER CO VIN # 13N14830XX1584412				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 29							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 UTILITY TRAILER MFG VIN # 1UYFS2489YA267001				
Purchased: Original Cost New			\$ 27,100				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 30							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1998 FONTAINE TRAILER CO VIN # 13N1482CXW1583979				
Purchased:			Original Cost New		\$ 20,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 31							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 FONTAINE TRAILER CO VIN # 13N148303X1587393				
Purchased: Original Cost New			\$ 20,000				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 30			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 54			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 32							
Town And State Where The Covered Auto Will Be Principally Garaged			Olathe KS				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 FONTAINE TRAILER CO VIN # 13N148307Y1591402				
Purchased:			Original Cost New		\$ 27,100		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 79			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 39			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 76			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 33							
Town And State Where The Covered Auto Will Be Principally Garaged			Cassville MO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 FORD F150 VIN # 1FTNF1ET7CKD10782				
Purchased:			Original Cost New		\$ 27,635		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	6				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 411			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 22			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 88			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 217			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 34							
Town And State Where The Covered Auto Will Be Principally Garaged			Cassville MO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Lark Trailer VIN # 571BE1623EM003033				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 51			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 31			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 58			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 35							
Town And State Where The Covered Auto Will Be Principally Garaged			Cassville MO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 FORD F250 VIN # 1FT7W2B69GED23597				
Purchased: Original Cost New			\$ 38,780				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	2				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 411			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 22			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 109			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 272			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 36							
Town And State Where The Covered Auto Will Be Principally Garaged			Cassville MO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 Lark Enclosed Trailer VIN # 5RTBE1424FD043722				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	3				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 51			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$ 0			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 33			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 61			
Towing And Labor		\$ Per Disablement		\$ 0			

Covered Auto Number: 37							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 Lark Enclosed Trailer VIN # 571BE1214FM009020				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	3				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 46			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 68			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 38							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Stealth Flatbed Trailer VIN # 4RWR1121EH005510				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 43			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 65			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 39							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2013 Lark Storage Trailer VIN # 571BE1622DM001210				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	5				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 41			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 61			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 40							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 FORD F150 VIN # 1FTFW1EF9CFA62543				
Purchased: Original Cost New			\$ 34,660				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	6				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 701			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 38			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 123			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 241			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 41							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2013 Ford Econoline VIN # 1FTNE2EW3DD815677				
Purchased: Original Cost New			\$ 20,974				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	5				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 701			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 38			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 112			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 207			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 42							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 FORD ECONOLINE VIN # 1FBNE3BL0CDA61415				
Purchased: Original Cost New			\$ 31,740				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	6				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 701			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 38			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 123			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 241			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 43							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2011 DODGE RAM 1500 VIN # 1D7RV1CT0BS600728				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 32,230 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	7				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 701			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 38			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 123			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 226			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 44							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1995 STOUGHTON TRAILERS INC VIN # 1DW1A5323SS924784				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 20,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 28			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 41			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 45							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 WABASH NATIONAL CORP VIN # 1JJV532F9XF634027				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 45,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 44			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 83			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 46							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1999 KENTUCKY MFG VIN # 1KKVE5126XL115656				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 40,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 37			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 58			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 47							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2000 Semi Van Trailer VIN # 5ABE40203YB002411				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 50,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 44			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 83			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 48							
Town And State Where The Covered Auto Will Be Principally Garaged			Broken Arrow OK				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1995 STOUGHTON TRAILERS INC VIN # 1DW1A5323SS924784				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 20,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 87			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 28			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 41			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 49							
Town And State Where The Covered Auto Will Be Principally Garaged			Frisco TX				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2013 RAM 1500 VIN # 1C6RR6FT5DS562981				
Purchased:			Original Cost New		\$ 27,185		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	5				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 1,278			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 7			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 97			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 256			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 50							
Town And State Where The Covered Auto Will Be Principally Garaged			Frisco TX				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 Ford F250 VIN # 1FT7W2B69GEB04368				
Purchased: Original Cost New			\$ 49,077				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	2				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 1,278			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 7			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 131			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 411			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 51							
Town And State Where The Covered Auto Will Be Principally Garaged			Alexander City AL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 FORD F250 VIN # 1FT7W2B67GED11058				
Purchased: Original Cost New			\$ 38,780				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	2				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 610			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 34			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 109			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 375			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 52							
Town And State Where The Covered Auto Will Be Principally Garaged			Oxnard CA				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 FORD F150 VIN # 1FTFW1CF6CFA88052				
Purchased: Original Cost New			\$ 30,475				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	6				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 774			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 44			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 37			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 154			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 53							
Town And State Where The Covered Auto Will Be Principally Garaged				Oxnard CA			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))				2013 FORD TAURUS VIN # 1FAHP2F85DG148865			
Purchased: Original Cost New				\$ 33,000			
Actual Cost New (N) Or Used (U)				\$ 0			
Classification							
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.		
N/A	N/A	N/A	5				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 620			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 27			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 21			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 202			
Towing And Labor	\$ Per Disablement			\$ 1			

Covered Auto Number: 54							
Town And State Where The Covered Auto Will Be Principally Garaged			Oxnard CA				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2008 FORD F250 VIN # 1FTSW21R18EC97925				
Purchased: Original Cost New			\$ 28,840				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	0-10,000	10				01599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 774			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 44			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 32			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 106			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 55							
Town And State Where The Covered Auto Will Be Principally Garaged			Oxnard CA				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2004 ISUZU NPR VIN # JALC4B14347009771				
Purchased: Original Cost New			\$ 31,592				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	10,001-20,000	12				21599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 805			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 44			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 18			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 60			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 56							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 RAM 3500 VIN # 3C7WRTCL3EG199106				
Purchased:			Original Cost New		\$ 36,135		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	10,001-20,000	4				21599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 1,269			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 29			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 68			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 158			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 57							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Stol Trailer VIN # 1S9FG402XEA266889				
Purchased:			Original Cost New		\$ 17,900		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 31			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 69			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 58							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 GMC SIERRA VIN # 1GT424E82FF510583				
Purchased:			Original Cost New		\$ 50,090		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	10,001-20,000	3				21599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 1,269			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 29			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 86			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 241			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 59							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 GMC SIERRA VIN # 1GT424E81FF517492				
Purchased:			Original Cost New		\$ 50,090		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	S	10,001-20,000	3				21599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 1,269			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 29			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 86			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 241			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 60							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Neo Enclosed Cargo Trailer VIN # 54BNA2029E1306989				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 26			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 46			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 61							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 UTILITY TRAILER MFG VIN # 1UYFS248XFA262208				
Purchased:			Original Cost New		\$ 33,027		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	3				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 64			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 148			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 62							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2014 Trailmobile Enclosed Trailer VIN # 56JGE3827EA135600				
Purchased:			Original Cost New		\$ 13,500		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	4				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium		
Liability		\$ 1,000,000			\$ 146		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$ 0		
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$ 0		
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 28		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 60		
Towing And Labor		\$ Per Disablement			\$ 0		

Covered Auto Number: 63							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2012 Neuson Dryvekwacker VIN # 1G9UP19257S201257				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 15,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	6				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 23			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 50			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 64							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2008 Forest River Enclosed Triple Axle VIN # 5NHUCMS378Y058561				
Purchased:			Original Cost New		\$ 11,500		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	10				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 20			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 35			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 65							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2007 Horton Flatbed Trailer VIN # 5E2G2282171032235				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 10,000 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	11				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 18			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 24			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 66							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 UTILITY TRAILER MFG VIN # 1UYFS2538FA450101				
Purchased:			Original Cost New		\$ 45,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	3				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 53			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 148			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 67							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 UTILITY TRAILER MFG VIN # 1UYFS2530GA501401				
Purchased:			Original Cost New		\$ 39,478		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	2				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 44			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 102			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 68							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2003 Heat Pump Trailer VIN # 1S9BB152X3B686043				
Purchased:			Original Cost New		\$ 29,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 22			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 41			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 69							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 Utility Trailer VIN # 5RTBE1223GD055378				
Purchased:			Original Cost New		\$ 10,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	2				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 27			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 48			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 70							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2008 UTILITY TRAILER MFG VIN # 1UYFS24B38A334708				
Purchased:			Original Cost New		\$ 37,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	10				67599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 146			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown			\$ 4			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 44			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 82			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 71							
Town And State Where The Covered Auto Will Be Principally Garaged			North Venice FL				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			1996 Utility 25' Flatbed Trailer VIN # 1J9HH2023T1116126				
Purchased:			Original Cost New		\$ 10,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 146			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Full Deductible Shown		\$ 4			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 14			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 19			
Towing And Labor		\$ Per Disablement		\$ 0			

Covered Auto Number: 72							
Town And State Where The Covered Auto Will Be Principally Garaged			Centennial CO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2015 GMC SIERRA VIN # 1GT424E86FF649891				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 50,090 \$ 0				
Classification							
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.		
Intermediate (51 to 200 Miles)	S	10,001-20,000	3				21599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 878			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$ 5,000			\$ 47			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 89			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 312			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 73							
Town And State Where The Covered Auto Will Be Principally Garaged			Centennial CO				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2011 JEEP WRANGLER UNLIMITED VIN # 1J4HA5H18BL506861				
Purchased: Original Cost New Actual Cost New (N) Or Used (U)			\$ 29,945 \$ 0				
Classification							
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.		
N/A	N/A	N/A	7				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 455			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$ 0			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$ 5,000		\$ 20			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 81			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 200			
Towing And Labor		\$ Per Disablement		\$ 1			

Covered Auto Number: 74							
Town And State Where The Covered Auto Will Be Principally Garaged			McFarland WI				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2004 Big Tex Flatbed Trailer VIN # 16VAX101242A28818				
Purchased:			Original Cost New		\$ 10,000		
			Actual Cost New (N) Or Used (U)		\$ 0		
Classification							
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.		
Intermediate (51 to 200 Miles)	N/A	N/A	12				68599
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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			Premium			
Liability	\$ 1,000,000			\$ 55			
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$ 0			
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement			\$ 0			
Property Protection Insurance (Michigan Only)	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$			
Auto Medical Payments	\$			\$ 0			
Medical Expense And income Loss Benefits (Virginia Only)	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$			
Comprehensive	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 10			
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible Shown			\$			
Collision	Stated In Item Two Minus \$ 1,000 Deductible Shown			\$ 19			
Towing And Labor	\$ Per Disablement			\$ 0			

Covered Auto Number: 75							
Town And State Where The Covered Auto Will Be Principally Garaged			Rocklin CA				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			2016 CHEVROLET TRAVERSE VIN # 1GNKVJKD6GJ103872				
Purchased: Original Cost New			\$ 44,145				
Actual Cost New (N) Or Used (U)			\$ 0				
Classification							
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.		
N/A	N/A	N/A	2				7398
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
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		Premium			
Liability		\$ 1,000,000		\$ 517			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$ 0			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$ 0			
Property Protection Insurance (Michigan Only)		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$ 5,000		\$ 22			
Medical Expense And income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 43			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ 1,000 Deductible Shown		\$ 302			
Towing And Labor		\$ Per Disablement		\$ 0			

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

Total Premiums	
Liability	\$ 23,302
Personal Injury Protection	\$ 139
Added Personal Injury Protection	\$ 0
Property Protection Insurance (Michigan Only)	\$ 0
Auto Medical Payments	\$ 541
Medical Expense And Income Loss Benefits (Virginia Only)	\$ 0
Comprehensive	\$ 3,951
Specified Causes Of Loss	\$ 0
Collision	\$ 9,162
Towing And Labor	\$ 5

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 Liability Coverage is Primary)	Premium
KS	\$ If Any	\$		\$ 225
Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
Total Premium				\$ 225

ITEM FOUR

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

Physical Damage Coverage

Coverages	Limit Of Insurance		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 100 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Light-ning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$ If Any	\$	\$ 225
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$ If Any	\$	\$
Total Premium:			\$ 225

ITEM FIVE

Schedule For Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Services Agencies	Number Of Employees	55	\$ 690
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whos Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
Total Premiums			\$ 691

ITEM SIX

Schedule For Gross Receipts Mileage Basis - Liability Coverage - Public Auto Or Leasing Rental Concerns

Location No:		Gross Receipts (Per \$100)		Mileage (Per Mile)
(Check One)				
Estimated Yearly:				
Rates				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		
Premiums				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		

Location No:		Gross Receipts (Per \$100)		Mileage (Per Mile)
(Check One)				
Estimated Yearly:				
Rates				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		
Premiums				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis - Liability Coverage - Public Auto Or Leasing Rental Concerns
(Cont'd)

Location No:		Gross Receipts (Per \$100)		Mileage (Per Mile)
(Check One)				
Estimated Yearly:				
Rates				
Liability	\$			
Auto Medical Payments	\$			
Medical Expense Benefits (VA Only)	\$			
Income Loss Benefits (VA Only)	\$			
Premiums				
Liability	\$			
Auto Medical Payments	\$			
Medical Expense Benefits (VA Only)	\$			
Income Loss Benefits (VA Only)	\$			
Total Premiums				
Minimum Liability	\$			
Minimum Auto Medical Payments	\$			
Minimum Medical Expense Benefits (VA Only)	\$			
Minimum Income Loss Benefits (VA Only)	\$			
Liability	\$			
Auto Medical Payments	\$			
Medical Expense Benefits (VA Only)	\$			
Income Loss Benefits (VA Only)	\$			
Location Number	Address			

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 the 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.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Broad Form Named Insured

Policy Number: 1000199019171
Named Insured: Virtus Group LLC

Effective Date: 4/1/2017 at 12:01 A.M.

This endorsement modifies the insurance coverage form(s) listed below that have been purchased by you and evidenced as such on the Declarations page. Please read the endorsement and respective policy(ies) carefully.

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM

Policy Declarations, "Named Insured" is revised to include:

"Named Insured" means the person or organization first named as the Named Insured on the Declarations Page of this policy (the "First Named Insured").

Named Insured also includes (1) any other person or organization named as a Named Insured on the Declarations Page;

(2) any subsidiary, associated, affiliated, allied or acquired company or corporation (including subsidiaries thereof) of which any insured named as the Named Insured on the Declarations Page has more than 50% ownership interest in or exercises management or financial control over at the inception date of this policy, or perform substantially similar operations as the first named insured.

Signed for STARR INDEMNITY & LIABILITY COMPANY


Charles H. Dangelo, President
Nehemiah E. Ginsburg, General Counsel

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:

A. Under any Liability Coverage, to "bodily injury" or "property damage":

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

- (c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

- (d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
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B. Owned Autos You Acquire After The Policy Begins

1. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Covered Autos Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Covered Autos Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – COVERED AUTOS LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Covered Autos Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
- (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
- (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
- (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.

c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 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.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed, we will:

- (1) Increase the Limit of Insurance for Covered Autos Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **a.** above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph **a.** above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph **a.** or **b.** above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed;
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site; or
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are 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 "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

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

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

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

- (1) The covered "auto's" collision with another object; or
 - (2) The covered "auto's" overturn.

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
 - (2) Theft;
 - (3) Windstorm, hail or earthquake;
 - (4) Flood;
 - (5) Mischief or vandalism; or
 - (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

- (1) The covered "auto's" collision with another object; or
 - (2) The covered "auto's" overturn.

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

- a. **Transportation Expenses**

We will pay up to \$20 per day, to a maximum of \$600, 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 48 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".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered "auto";
 - (2) Specified Causes Of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

- (3) Collision only if the Declarations indicates that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

3. We will not pay for "loss" due and confined to:

- a. Wear and tear, freezing, mechanical or electrical breakdown.
- b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

4. We will not pay for "loss" to any of the following:

- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

- b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.

- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.

- d. Any accessories used with the electronic equipment described in Paragraph c. above.

5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- a. Permanently installed in or upon the covered "auto";
- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
- c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
- d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limits Of Insurance

1. The most we will pay for:

- a. "Loss" to any one covered "auto" is the lesser of:

- (1) The actual cash value of the damaged or stolen 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.

- b. All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$1,000, if, at the time of "loss", such electronic equipment is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

- (2) Removable from a permanently installed housing unit as described in Paragraph **b.(1)** above; or
 - (3) An integral part of such equipment as described in Paragraphs **b.(1)** and **b.(2)** above.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
 3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;

- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

b. Additionally, you and any other involved "insured" must:

- (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
- (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
- (4) Authorize us to obtain medical records or other pertinent information.
- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

c. If there is "loss" to a covered "auto" or its equipment, you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. Under Covered Autos Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option, we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

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, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

2. Concealment, Misrepresentation Or Fraud

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

3. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

5. Other Insurance

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Covered Autos Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own; or
- (2) Primary while it is connected to a covered "auto" you own.

- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

- c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Covered Autos Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if a covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less,

provided that the "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada, or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

SECTION V – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
 1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or

2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are 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 "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph **6.b.** or **6.c.** of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

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

- E.** "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G.** "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H.** "Insured contract" means:
1. A lease of premises;
 2. A sidetrack agreement;
 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or
6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I.** "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J.** "Loss" means direct and accidental loss or damage.
- K.** "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 2. Vehicles maintained for use solely on or next to premises you own or rent;
 3. Vehicles that travel on crawler treads;

4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or
6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
 - b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- M. "Property damage" means damage to or loss of use of tangible property.
- N. "Suit" means a civil proceeding in which:
 1. Damages because of "bodily injury" or "property damage"; or
 2. A "covered pollution cost or expense";
 to which this insurance applies, are alleged.
 "Suit" includes:
 - a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
- O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Where required by written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KANSAS UNINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Kansas, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. With respect to damages resulting from an "accident" with a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", we will pay under this coverage only if **a.** or **b.** below applies:
 - a.** The limit of any applicable liability bonds or policies has been exhausted by payment of judgments or settlements; or
 - b.** A tentative settlement has been made between an "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" and we:

- (1) Have been given prompt written notice of such tentative settlement; and
- (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a.** The Named Insured and any "family members".
 - b.** Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c.** Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Any claim settled or judgment reached without our consent if the settlement or judgment prejudices our right to recover payment. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. "Bodily injury" sustained by an "insured" while "occupying" or when struck by any motor vehicle that is owned by or provided for the regular use of that "insured" for which the security required by Kansas law is not in effect.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident", is the limit of Uninsured Motorists Insurance shown in the Schedule or Declarations. We will apply the limit shown in the Schedule or Declarations to first provide the separate limits required by Kansas law as follows:
 - a. \$25,000 for "bodily injury" to any one person caused by any one "accident", and
 - b. \$50,000 for "bodily injury" to two or more persons caused by any one "accident".

This provision will not change our total limit of liability.

2. The limit for damages resulting from "bodily injury" caused by a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" applies separately from the limit for a vehicle described in Paragraphs **a.**, **c.** and **d.** of that definition.

3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form, Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if the person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law or personal injury protection coverage.

4. Any amount paid under this insurance will reduce any amount an "insured" may be paid under the Coverage Form's Covered Autos Liability Coverage.

E. Changes In Conditions

The Conditions are changed for Uninsured Motorists Coverage as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are changed by addition of the following:
 - a. The reference to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
 - b. If there is other applicable insurance available under one or more policies or provisions of coverage, the maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved.
- b. Promptly send us copies of the legal papers if a "suit" is brought.
- c. A person seeking Uninsured Motorists Coverage must also:

- (1) Notify us in writing, by certified mail, of a tentative settlement between the "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle"; and
- (2) Allow us 60 days after receipt of the written notice to advance payment to that "insured", in an amount equal to the tentative settlement, to preserve our rights against the insurer, owner or operator of such vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".

Such written notice shall include written documentation of all damages incurred, copies of all medical bills and written authorization or a court order to obtain reports from all employers and medical providers.

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

- a. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.
- b. We do not have a right of recovery with respect to damages resulting from an "accident" with a vehicle described in Paragraphs **a.**, **c.** and **d.** of the definition of "uninsured motor vehicle" to which a liability bond or policy applies at the time of the "accident", but the bonding or insuring company is or becomes insolvent.
- c. Our rights do not apply under this provision with respect to damages caused by an "accident" with a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" if we:
 - (1) Have been given written notice by certified mail of a tentative agreement between the "insured" and the insuring company of the owner or operator of the underinsured motor vehicle to settle for liability limits; and

- (2) Fail to advance payments to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of the notice.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification:

- (1) That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and
- (2) We also have a right to recover the advance payment.

4. The Two Or More Coverage Forms Or Policies Issued By Us General Condition does not apply.

5. The Concealment, Misrepresentation Or Fraud General Condition does not apply.

6. The following condition is added:

Arbitration

- a. If, after a claim has been made, a dispute arises because we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the parties may agree to arbitration. **One party cannot force the other party into arbitration.** However, disputes concerning coverage under this endorsement may not be arbitrated. If the parties agree to arbitration, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to procedure and evidence will apply. Any decision agreed to by the arbitrators will not be binding.
- c. Once arbitration is agreed to by both parties, either party has the right to bring arbitration under K.S.A. Sections 5-201 – 5-213 inclusive, in lieu of the arbitration procedure provided in this condition.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by Kansas law;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which the sum of all liability bonds or policies at the time of an "accident" provides at least the amounts required by Kansas law, but their limits are less than the limit of this insurance;
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent;
 - d. For which neither the driver nor owner can be identified. The vehicle must either:
 - (1) Hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
 - (2) Cause "bodily injury" to an "insured" without hitting an "insured", a covered "auto" or a vehicle an "insured" is "occupying", provided the facts of the "accident" can be corroborated by competent evidence other than the testimony of any person having a claim under this or any other similar insurance as the result of such "accident".

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law.
- b. Owned by a governmental unit or agency.
- c. Designed for use mainly off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

- A.** The following exclusion is added to Paragraph **B. Exclusions of Section II – Liability Coverage** in the Business Auto, Motor Carrier and Truckers Coverage Forms and for **"Garage Operations" – Covered "Autos"** in the Garage Coverage Form:

SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE

This insurance does not apply to:

1. "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, or ingestion of, "silica" or "silica-related dust".
2. "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".

3. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any "insured" or by any other person or entity.

B. Additional Definitions

As used in this endorsement:

1. "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
2. "Silica-related dust" means a mixture or combination of silica and other dust or particles.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE HIRED AUTOS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Covered Autos Liability Coverage

The following is added to the **Who Is An Insured** Provision:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

2. Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

B. Changes In General Conditions

Paragraph **5.b.** of the **Other Insurance** Condition in the Business Auto and Auto Dealers Coverage Forms and Paragraph **5.f.** of the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

1. Any covered "auto" you lease, hire, rent or borrow; and

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FELLOW EMPLOYEE COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

The **Fellow Employee** Exclusion contained under the **Covered Autos Liability Coverage** does not apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO LOAN/LEASE GAP COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Vehicle No.	Description Of Loan/Lease "Auto(s)" Which Are Covered "Autos"	Other Than Collision Additional Premium	Collision Additional Premium
	All Covered Autos Leased to the Insured For a Period of 6 months or greater	\$ Included	\$ Included
		\$	\$
		\$	\$

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Physical Damage Coverage is amended by the addition of the following:

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations for which a specific premium charge indicates that Auto Loan/Lease GAP Coverage applies, we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

1. The amount paid under the policy's Physical Damage Coverage; and
2. Any:
 - a. Overdue lease/loan payments at the time of the "loss";

- b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
- c. Security deposits not returned by the lessor;
- d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
- e. Carry-over balances from previous loans or leases.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy Number: 1000199019171 **Effective Date:** 4/1/2017 at 12:01 AM
Named Insured: Virtus Group LLC

ADDITIONAL INSURED - Where Required Under Contract or Agreement (Additional Insured Schedule)

This policy is amended as follows:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:


Where required by written contract.

- I. SECTION II – LIABILITY COVERAGE A. Coverage, 1. Who is Insured, is amended to add:
 - d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered “auto”. However, the insurance provided will not exceed the lesser of:
 - (1) The coverage and/or limits of this policy, or
 - (2) The coverage and/or limits required by said contract or agreement.

Signed for STARR INDEMNITY & LIABILITY COMPANY



Charles H. Dangelo, President



Nehemiah E. Ginsburg, General Counsel

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- I Foreign agents;
- I Front organizations;
- I Terrorists;
- I Terrorist organizations; and
- I Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

E. Changes In Conditions

The **Conditions** are changed for **Auto Medical Payments Coverage** as follows:

1. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
2. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**RENTAL REIMBURSEMENT COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
 BUSINESS AUTO COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC**Endorsement Effective Date:** 4/1/2017**SCHEDULE**

Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Maximum Payment Each Covered "Auto"			Premium
		Any One Day	No. Of Days	Any One Period	
Comprehensive	Private Passenger Units	\$ 75	30	\$ 2,250	\$ Included
Collision	Private Passenger Units	\$ 75	30	\$ 2,250	\$ Included
Specified Causes Of Loss		\$		\$	\$
Total Premium					\$ Included
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. It applies only to a covered "auto" described or designated in the Schedule.
- B.** We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a 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.
- C.** We will pay only for those 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 return it to you.
 2. The number of days shown in the Schedule.

- D. Our payment is limited to the lesser of the following amounts:
 - 1. Necessary and actual expenses incurred.
 - 2. The maximum payment stated in the Schedule applicable to "any one day" or "any one period".
- E. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- F. 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 Physical Damage Coverage Extension.



IMPORTANT NOTICE - TEXAS

PLEASE READ THIS NOTICE CAREFULLY

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Starr Indemnity & Liability Company's toll-free telephone number for information or to make a complaint at:

1-866-519-2522

You may also write to **Starr Indemnity & Liability Company** at:

**399 Park Avenue, 8th Floor
New York, NY 10022**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact Starr Indemnity & Liability Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Starr Indemnity & Liability Company's para obtener información o para presentar una queja al:

1-866-519-2522

Usted también puede escribir a **Starr Indemnity & Liability Company**:

**399 Park Avenue, 8th Floor
New York, NY 10022**

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio Web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con (el agente) (la compañía) (el agente o la compañía) primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DRIVER EXCLUSION

Policy Number: 1000199019171 **Effective Date:** 4/1/2017 at 12:01 AM
Named Insured: Virtus Group LLC

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

WE WILL NOT BE LIABLE FOR ANY "ACCIDENTS" OR "LOSSES" WHILE A COVERED "AUTO" IS DRIVEN BY:

Brandon Stokes

Kevin Lahey

Caitlin Sutter

Signed for STARR INDEMNITY & LIABILITY COMPANY


Charles H. Dangelo, President


Nehemiah E. Ginsburg, General Counsel

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS CHANGES

For a covered "auto" licensed or principally garaged in Texas, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Physical Damage Coverage

1. The following exclusion is added to Paragraph **B. Exclusions** in the **Physical Damage Coverage** section:

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

2. Paragraphs **C.2.** and **C.3.** of the **Limit Of Insurance** provision under **Physical Damage Coverage** do not apply.
3. Paragraph **D. Deductible** in the **Physical Damage Coverage** section is amended by the addition of the following:

At the mutual agreement of you and us, we will not apply the deductible to "loss" to glass, if the glass is repaired rather than replaced.

B. Changes In Conditions

The following condition is added:

Claim-handling Procedures

1. Within 15 days after we receive written notice of a claim, we will:
 - a. Acknowledge receipt of the claim. If we do not acknowledge receipt of the claim in writing, we will keep a record of the date, method and content of the acknowledgment;
 - b. Begin any investigation of the claim; and

- c. Specify the information you must provide in accordance with Paragraph **b.** of the Duties Condition.

We may request more information at a later date, if during the investigation of the claim such additional information is necessary.

2. After we receive the information we request, we will notify you in writing as to whether:
 - a. The claim will be paid;
 - b. The claim has been denied, and inform you of the reasons for denial;
 - c. More information is necessary; or
 - d. We need additional time to reach a decision. If we need additional time, we will inform you of the reasons for such need.

We will provide notification, as described in **2.a.** through **2.d.** above, within:

- a. 15 "business days"; or
- b. 30 days if we have reason to believe the "loss" resulted from arson.

If we have notified you that we need additional time to reach a decision, we must then either approve or deny the claim within 45 days of such notice.

3. If a claim results from a weather-related catastrophe or a major natural disaster as defined by the Texas Department of Insurance, the claim-handling deadlines described above are extended for an additional 15 days.
4. If we notify you that we will pay your claim, or part of your claim, we will pay within five "business days" after we notify you.

However, if payment of the claim or part of the claim is conditioned on your compliance with any of the terms under this Policy, we will make payment within five "business days" after the date you have complied with such terms.

5. We will notify the first Named Insured in writing of:

- a.** An initial offer to settle a claim made or "suit" brought against any "insured" under Covered Autos Liability Coverage of this Policy. The notice will be given no later than the 10th day after the date on which the offer is made.
- b.** Any settlement of a claim made or "suit" brought against the "insured" under Covered Autos Liability Coverage of this Policy. The notice will be given not later than the 30th day after the date of settlement.

As used in this condition, "business day" means a day other than Saturday, Sunday or a holiday recognized by the state of Texas.

C. Changes In Uninsured/Underinsured Motorists Coverage

All references to "Uninsured Motorists Coverage" in the title or text of any Coverage Form or endorsement thereto are changed to read "Uninsured/Underinsured Motorists Coverage".

D. Changes In Trailer Interchange Coverage

The following exclusion is added to Paragraph **B. Exclusions of Section III – Trailer Interchange Coverage** in the Motor Carrier Coverage Form and to Paragraph **B.2. Exclusions** of the Motor Carrier Endorsement if attached:

Texas Controlled Substance Act

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

E. Changes In Garagekeepers Coverage

If the Garagekeepers Coverage Endorsement or the Garagekeepers Coverage – Customers' Sound-receiving Equipment endorsement is attached, the following exclusion is added:

Texas Controlled Substance Act

We will not pay for "loss" due to or as a consequence of a seizure of a covered "auto" by federal or state law enforcement officers as evidence in a case against you under the Texas Controlled Substances Act or the federal Controlled Substances Act if you are convicted in such case.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXPLOSIVES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

Covered Autos Liability Coverage is changed by adding the following exclusion:

This insurance does not apply to:

"Bodily injury" or "property damage" caused by the explosion of explosives you make, sell or transport.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE

For a "covered auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Texas, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured:	Virtus Group LLC
Endorsement Effective Date:	4/1/2017

SCHEDULE

Limit Of Insurance	
\$ 1,000,000	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. We will pay damages which an "insured" is legally entitled to recover from the owner or operator of an "uninsured motor vehicle" because of "bodily injury" sustained by an "insured" or "property damage" caused by an "accident". The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured motor vehicle".
2. With respect to damages resulting from an "accident" with a vehicle described in Paragraph **d.** of the definition of "uninsured motor vehicle", we will pay under this coverage only if **a.** or **b.** below applies:
 - a.** The limit of any applicable liability bonds or policies has been exhausted by payment of judgments or settlements; or

- b.** A tentative settlement has been made between an "insured" and the insurer of the vehicle described in Paragraph **d.** of the definition of "uninsured motor vehicle", and we:

- (1) Have been given prompt written notice of such tentative settlement; and
- (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.
3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us. If we and the Named Insured do not agree as to whether or not a vehicle is actually uninsured, the burden of proof as to that issue will be on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are insureds:
 - a. The Named Insured and any "family member".
 - b. Any other person "occupying" a "covered auto".
 - c. Any person or organization for damages that person or organization is entitled to recover because of "bodily injury" sustained by a person described in **a.** or **b.** above.
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. The Named Insured for "property damage" only.
 - b. Any person "occupying" a "covered auto".
 - c. Any person or organization for damages that person or organization is entitled to recover because of "bodily injury" sustained by a person described in **b.** above.

C. Exclusions

1. We do not provide Uninsured/Underinsured Motorists Insurance:
 - a. For "bodily injury" sustained by:
 - (1) An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a "covered auto" for Uninsured/Underinsured Motorists Coverage under this Coverage Form;
 - (2) Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a "covered auto" for Uninsured/Underinsured Motorists Coverage under this Coverage Form; or
 - (3) Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured/Underinsured Motorists Coverage on a primary basis under any other Coverage Form or policy.
 - b. For any claim settled without our consent. However, this exclusion does not apply to a settlement made with the insurer of an owner or operator of a vehicle described in Paragraph **d.** of the definition of "uninsured motor vehicle" in accordance with the procedure described in Paragraph **A.2.b.**

- c. For any person for the first \$250 of the amount of damage to the property of that person as the result of any one "accident".
 - d. For the use of a vehicle without a reasonable belief that the person using the vehicle is entitled to do so. This exclusion does not apply to an individual Named Insured or a "family member" while using a "covered auto".
 - e. For any person for "bodily injury" or "property damage" resulting from the intentional acts of that person.
 2. This coverage shall not apply directly or indirectly to benefit:
 - a. Any insurer or self-insurer under any workers' compensation, disability or similar law.
 - b. Any insurer of property.

D. Limit Of Insurance

1. Regardless of the number of "covered autos", "insureds", policies or bonds applicable, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured/Underinsured Motorists Coverage shown in the Schedule or Declarations. Subject to this maximum, our limit of liability will be the lesser of:
 - a. The difference between the amount of a covered "insured's" damages for "bodily injury" or "property damage" and the amount paid or payable to that covered "insured" for such damages, by or on behalf of persons or organizations who may be legally responsible; or
 - b. The applicable limit of liability for this coverage.
2. In order to avoid insurance benefits payments in excess of actual damages sustained, subject to only the limits set out in the Schedule or Declarations and other applicable provisions of this coverage, we will pay all covered damages not paid or payable under any:
 - a. Workers' compensation, disability benefits or similar law;
 - b. Automobile Medical Payments Coverage; or
 - c. Personal Injury Protection Coverage.
3. Any payment under this coverage to or for an "insured" will reduce any amount that "insured" is entitled to recover for the same damages under this Policy's Covered Autos Liability Coverage.

4. Special Provisions For Property Damage

For any "property damage" "loss" to which the Physical Damage Coverage of this Policy (or similar coverage from another policy) and this coverage both apply, the Named Insured may choose the coverage from which damages will be paid. Such Named Insured may recover under both coverages, but only if:

- a. Neither one by itself is sufficient to cover the "loss";
- b. The Named Insured pays the higher deductible amount (but the Named Insured does not have to pay both deductibles); and
- c. The Named Insured will not recover more than the actual damages.

E. Changes In Conditions

The conditions of the Policy are changed for Uninsured/Underinsured Motorists Insurance as follows:

1. The reference in the **Other Insurance** Condition in the Auto Dealers and Business Auto Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form to "other collectible insurance" is replaced by the following:

If there is other applicable similar insurance, we will pay only our share of the "loss". Our share is the proportion that our Limit of Insurance bears to the total of all applicable limits. However, any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible insurance.

2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved.
- b. Promptly send us copies of the legal papers if a "suit" is brought.

- c. Take reasonable steps after "loss" to protect the "covered auto" and its equipment from further "loss". We will pay all reasonable expenses incurred to do this.
- d. Permit us to inspect and appraise the damaged property before its repair or disposal.
- e. Promptly notify us in writing of a tentative settlement between an "insured" and the insurer of the vehicle described in Paragraph **d.** of the definition of "uninsured motor vehicle" and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such vehicle.

3. Transfer Of Rights Of Recovery Against Others To Us

is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights under this provision do not apply with respect to a tentative settlement between an "insured" and the insurer of an owner or operator of a vehicle described in Paragraph **d.** of the definition of "uninsured motor vehicle" if we:

- a. Have been given written notice of a tentative settlement between the "insured" and the insurer of the "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount an "insured" is entitled to recover under the provisions of Uninsured/Underinsured Motorists Coverage; and
- b. We also have the right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding. However, at any time prior to the arbitrators' decision, either party may revoke the agreement to arbitrate the matter.

F. Additional Definitions

The following are added to the **Definitions** section and have special meaning for Uninsured/Underinsured Motorists Insurance:

1. "Covered auto" means an "auto":
- a. Owned or leased by the Named Insured; or
- b. While temporarily used as a substitute for an owned "covered auto" that has been withdrawn from normal use because of its breakdown, repair, servicing, "loss" or destruction.
- Covered Autos Liability Coverage of this Policy must apply to the "covered auto".
- "Covered auto" includes "autos" (described in a. or b. above) for which Uninsured/Underinsured Motorists Insurance has not been rejected in writing.
2. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.

3. "Occupying" means in, upon, getting in, on, out or off.

4. "Property damage" means injury to or "loss" of use or destruction of:

- a. A "covered auto";
- b. Property owned by the Named Insured or any "family member" of an individual Named Insured while contained in a "covered auto";
- c. Property owned by any other person "occupying" the "covered auto" while contained in the "covered auto"; and
- d. Any property owned by the Named Insured or "family member" of an individual Named Insured while contained in any "auto" not owned, but being operated, by such individual Named Insured or any "family member" of the individual Named Insured.

5. "Uninsured motor vehicle" means a land motor vehicle or "trailer" of any type:

- a. To which no liability bond or policy applies at the time of the "accident".
- b. Which is a hit-and-run vehicle whose operator or owner cannot be identified. The vehicle must hit an "insured", a "covered auto" or a vehicle an "insured" is "occupying".
- c. To which a liability bond or policy applies at the time of the "accident", but the bonding or insuring company denies coverage or is or becomes insolvent.
- d. Which is an underinsured motor vehicle. An underinsured motor vehicle is one to which a liability bond or policy applies at the time of the accident, but its limit of liability either:
- (1) Is not enough to pay the full amount the covered "insured" is legally entitled to recover as damages; or
- (2) Has been reduced by payment of claims to an amount which is not enough to pay the full amount the covered "insured" is legally entitled to recover as damages.

However, "uninsured motor vehicle" does not include any vehicle or equipment:

- a. Owned by or furnished or available for the regular use of the Named Insured or a "family member" of an individual Named Insured;

- b.** Owned or operated by a self-insurer under an applicable motor vehicle law;
- c.** Owned by any governmental body unless the operator of the vehicle is uninsured and there is no statute imposing liability for damage because of "bodily injury" or "property damage" on the governmental body for an amount not less than the Limit of Insurance for this coverage;
- d.** Operated on rails or crawler treads;
- e.** Designed mainly for use off public roads while not on public roads; and
- f.** While located for use as a residence or premises.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF TERRORISM

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
SINGLE INTEREST AUTOMOBILE PHYSICAL DAMAGE INSURANCE POLICY

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

A. The following definitions are added and apply under this endorsement wherever the term terrorism, or the phrase any injury, damage, loss or expense, is enclosed in quotation marks:

1. "Terrorism" means activities against persons, organizations or property of any nature:

a. That involve the following or preparation for the following:

- (1)** Use or threat of force or violence; or
- (2)** Commission or threat of a dangerous act; or
- (3)** Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

b. When one or both of the following apply:

- (1)** The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2)** It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

2. "Any injury, damage, loss or expense" means any injury, damage, loss or expense covered under any Coverage Form or Policy to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "loss", loss of use, rental reimbursement after "loss" or "covered pollution cost or expense", as may be defined under this Coverage Form, Policy or any applicable endorsement.

B. Except with respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage, Garagekeepers Coverage – Customers' Sound Receiving Equipment or the Single Interest Automobile Physical Damage Insurance Policy, the following exclusion is added:

Exclusion Of Terrorism

We will not pay for "any injury, damage, loss or expense" caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". "Any injury, damage, loss or expense" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury, damage, loss or expense. **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

- 1.** The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or

2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
6. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
 - a. Physical injury that involves a substantial risk of death; or
 - b. Protracted and obvious physical disfigurement; or
 - c. Protracted loss of or impairment of the function of a bodily member or organ.

Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the thresholds in Paragraphs **B.5.** and **B.6.** are exceeded.

With respect to this exclusion, Paragraphs **B.5.** and **B.6.** describe the thresholds used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form, Policy or any applicable endorsement.

- C. With respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage, Garagekeepers Coverage – Customers' Sound Receiving Equipment or the Single Interest Automobile Physical Damage Insurance Policy, the following exclusion is added:

Exclusion Of Terrorism

We will not pay for any "loss", loss of use or rental reimbursement after "loss" caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions.

Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the threshold in Paragraph **C.5.** is exceeded.

With respect to this exclusion, Paragraph **C.5.** describes the threshold used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form, Policy or any applicable endorsement.

- D.** In the event of any incident of "terrorism" that is not subject to the exclusion in Paragraph **B.** or **C.**, coverage does not apply to "any injury, damage, loss or expense" that is otherwise excluded under this Coverage Form, Policy or any applicable endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. The following exclusion is added to **Covered Autos Liability Coverage:**

Silica Or Silica-related Dust Exclusion For Covered Autos Exposure

This insurance does not apply to:

1. "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, or ingestion of, "silica" or "silica-related dust".
2. "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".

3. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any "insured" or by any other person or entity.

B. Additional Definitions

As used in this endorsement:

1. "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
2. "Silica-related dust" means a mixture or combination of silica and other dust or particles.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Starr Indemnity & Liability Company

IMPORTANT NOTICE TO TEXAS POLICYHOLDERS

Pursuant to Texas Administrative Code, Starr Indemnity & Liability Company is required to notify its policyholders that accident prevention services are available from Starr Indemnity & Liability Company at no additional charge. These services may include:

- Analyses of Accident Causes
- Loss Control Consultations
- Surveys
- Training Programs

If you would like more information about these services, please contact Starr Indemnity & Liability Company at 1-855-656-6365 and LC.Staterequest@starrcompanies.com for accident prevention services.

If Starr Indemnity & Liability Company fails to respond to your request for accident prevention services, you may file a complaint with the Texas Department of Insurance in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Property and Casualty Section – Loss Control Program at:

**P. O. Box 149104
Austin, Texas 78714-9104**



SIGNATURE PAGE

In witness whereof, we, as officers of the stock Company designated on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Charles Dangelo
President

Nehemiah E. Ginsburg
Senior Counsel and Senior Vice President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, California, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

- A.** The term "spouse" is replaced by the following:
Spouse or registered domestic partner under California law.
- B.** The following are added to the **Other Insurance Condition** in the Auto Dealers and Business Auto Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form and supersede any provisions to the contrary:
- 1.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
 - a.** One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
 - b.** The other provides coverage to a person not engaged in that business; and
 - c.** At the time of an "accident", a person described in Paragraph **1.b.** is operating an "auto" owned by the business described in Paragraph **1.a.**, then that person's liability coverage is primary and the Coverage Form issued to a business described in Paragraph **1.a.** is excess over any coverage available to that person.
 - 2.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
 - a.** One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
 - b.** The other provides coverage to a person not engaged in that business; and
 - c.** At the time of an "accident", a person described in Paragraph **1.b.** is operating an "auto" owned by a person described in Paragraph **2.a.**, then the Coverage Form issued to the business described in Paragraph **2.a.** is primary and the liability coverage issued to a person described in Paragraph **2.b.** is excess over any coverage available to the business.
 - 3.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a "commercial vehicle" and:
 - a.** One provides coverage to a Named Insured, who in the course of business, rents or leases "commercial vehicles" without operators; and
 - b.** The other provides coverage to a person other than as described in Paragraph **3.a.**; and
 - c.** At the time of an "accident", a person who is not the Named Insured of the policy described in Paragraph **3.a.**, and who is not the agent or "employee" of such Named Insured, is operating a "commercial vehicle" provided by the business covered by the Coverage Form or policy described in Paragraph **3.a.**, then the liability coverage provided by the Coverage Form or policy described in Paragraph **3.b.** is primary, and the liability coverage provided by the Coverage Form or policy described in Paragraph **3.a.** is excess over any coverage available to that person.

4. Notwithstanding Paragraph **B.3.**, when this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a power unit and any connected "trailer" or "trailers" and:

- a. One provides coverage to a Named Insured engaged in the business of transporting property by "auto" for hire; and
- b. The other provides coverage to a Named Insured not engaged in that business; and
- c. At the time of an "accident", a power unit is being operated by a person insured under the Coverage Form or policy described in Paragraph **4.a.**, then that Coverage Form or policy is primary for both the power unit and any connected "trailer" or "trailers" and the Coverage Form or policy described in Paragraph **4.b.** is excess over any other coverage available to such power unit and attached "trailer" or "trailers".

C. As used in this endorsement:

"Commercial vehicle" means an "auto" subject to registration or identification under California law which is:

1. Used or maintained for the transportation of persons for hire, compensation or profit;
2. Designed, used or maintained primarily for the transportation of property; or
3. Leased for a period of six months or more.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

E. Changes In Conditions

The **Conditions** are changed for Auto Medical Payments Coverage as follows:

1. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
2. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, adoption, marriage or registered domestic partnership under California law, who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF FEDERAL EMPLOYEES USING AUTOS IN GOVERNMENT BUSINESS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

The following are not "insureds" under Covered Autos Liability Coverage:

- A.** The United States of America or any of its agencies.
- B.** Any United States Government "employee", including you, for "bodily injury" or "property damage" resulting from the operation of an "auto", if:
 - 1.** The "bodily injury" or "property damage" results while the "employee" is acting as an "employee"; and
 - 2.** The Federal Tort Claims Act requires the U.S. Attorney General to defend the "employee" in any civil action or proceeding that may be brought for the "bodily injury" or "property damage".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA UNINSURED MOTORISTS COVERAGE – BODILY INJURY

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, California, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. We will pay only after the limits of liability under any liability bonds or policies have been exhausted by payment of judgments or settlements.
3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".
 - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Punitive or exemplary damages.
2. Any claim settled without our consent. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".
3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law or to the direct benefit of the United States, a state or its political subdivisions.
4. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other Coverage Form or policy.

However, Exclusion **4.** shall not apply to "bodily injury" sustained by an individual Named Insured or "family member" when struck by a vehicle owned by that "insured" and operated or caused to be operated by a person without that "insured's" consent in connection with criminal activity that has been documented in a police report and to which that "insured" is not a party to.

5. "Bodily injury" sustained by an individual Named Insured or any "family member" while "occupying" any vehicle leased by that Named Insured or any "family member" under a written contract for a period of six months or more that is not a covered "auto".
6. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
7. "Bodily injury" sustained by an "insured" while "occupying" any "auto" that is rented or leased to that "insured" for use as a public or livery conveyance. However, this exclusion does not apply if the "insured" is in the business of providing public or livery conveyance.
8. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
2. For a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", our Limit of Insurance shall be reduced by all sums paid because of "bodily injury" by or for anyone who is legally responsible, including all sums paid or payable under this policy's Covered Autos Liability Coverage.
3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form or Medical Payments Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The Conditions are changed for California Uninsured Motorists Coverage – Bodily Injury as follows:

1. Duties In The Event Of Accident, Claim, Suit Or Loss in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Send us copies of the legal papers if a "suit" is brought. In addition, a person seeking coverage under Paragraph **b.** of the definition of "uninsured motor vehicle" must:
 - (1) Provide us with a copy of the complaint by personal service or certified mail if the "insured" brings an action against the owner or operator of such "uninsured motor vehicle";
 - (2) Within a reasonable time, make all pleadings and depositions available for copying by us or furnish us copies at our expense; and
 - (3) Provide us with proof that the limits of insurance under any applicable liability bonds or policies have been exhausted by payment of judgments or settlements.

2. Legal Action Against Us is replaced by the following:

Legal Action Against Us

No legal action may be brought against us under this Coverage Form until there has been full compliance with all the terms of this Coverage Form and with respect to Paragraphs **a.**, **c.** and **d.** of the definition of "uninsured motor vehicle" unless within two years from the date of the "accident":

- a. Agreement as to the amount due under this insurance has been concluded;
- b. The "insured" has formally instituted arbitration proceedings against us. In the event that the "insured" decides to arbitrate, the "insured" must formally begin arbitration proceedings by notifying us in writing, sent by certified mail, return receipt requested; or

- c. "Suit" for "bodily injury" has been filed against the uninsured motorist in a court of competent jurisdiction.

Written notice of the "suit" must be given to us within a reasonable time after the "insured" knew, or should have known, that the other motorist is uninsured. In no event will such notice be required before two years from the date of the accident. Failure of the "insured" or his or her representative to give us such notice of the "suit" will relieve us of our obligations under this Coverage Form only if the failure to give notice prejudices our rights.

3. Transfer Of Rights Of Recovery Against Others To Us is replaced by the following:

Transfer Of Rights Of Recovery Against Others To Us

- a. With respect to Paragraphs **a.**, **c.** and **d.** of the definition of "uninsured motor vehicle", if we make any payment, we are entitled to recover what we paid from other parties. Any person to or for whom we make payment must transfer to us his or her rights of recovery against any other party. This person must do everything necessary to secure these rights and must do nothing that would jeopardize them.
- b. With respect to Paragraph **b.** of the definition of "uninsured motor vehicle", if we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

4. Other Insurance in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.

c. If the coverage under this Coverage Form is provided:

- (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
- (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

5. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", the disagreement will be settled by arbitration. Such arbitration may be initiated by a written demand for arbitration made by either party. The arbitration shall be conducted by a single neutral arbitrator. However, disputes concerning coverage under this endorsement may not be arbitrated. Each party will bear the expenses of the arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedures and evidence will apply. The decision of the arbitrator will be binding.

F. Additional Definitions

The following are added to the **Definitions** section:

1. "Family member" means the individual Named Insured's spouse, whether or not a resident of the individual Named Insured's household, and any other person related to such Named Insured by blood, adoption, marriage or registered domestic partnership under California law, who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.

3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":

- a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
- b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which the sum of all liability bonds or policies at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged but that sum is less than the Limit of Insurance for this coverage;
- c. For which an insuring or bonding company denies coverage or refuses to admit coverage except conditionally or with reservation or becomes insolvent;
- d. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must make physical contact with an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
- e. That is owned by an individual Named Insured or "family member" and operated or caused to be operated by a person without the owner's consent in connection with criminal activity that has been documented in a police report.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law;
- b. Owned by the United States of America, Canada, a state or political subdivision of any of those governments or an agency of any of the foregoing; or
- c. Designed or modified for use primarily off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
 - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
 - C.** We may cancel the policy as allowed by the Cancellation Common Policy Condition.
 - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy, we will mail you and the loss payee the same advance notice.

CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALABAMA CHANGES – SPLIT UNINSURED MOTORISTS LIMITS

This endorsement modifies insurance provided under the following:

UNINSURED MOTORISTS COVERAGE ENDORSEMENT

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

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

Endorsement Effective 4/1/2017	Countersigned By
Named Insured Virtus Group LLC	

(Authorized Representative)

SCHEDULE

"Bodily Injury"

\$ No Coverage	Each Person
\$ 1,000,000	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph 1. of LIMIT OF INSURANCE is replaced by the following:

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the limit of insurance is as follows:

- a. The most we will pay for all damages resulting from "bodily injury" to any one person caused by any one "accident", including all damages claimed by any person or organization for care, loss of services or death resulting from the "bodily injury", is the limit of "Bodily Injury" shown in the Schedule for each person. If there is more than one covered "auto", the limit of insurance for any one person is the sum of the limits for "each person" applicable to each covered "auto", subject to a maximum of three covered "autos".

- b. Subject to the limit for "each person", the most we will pay for all damages resulting from "bodily injury" caused by any one "accident" is the limit shown in this endorsement for "each accident". If there is more than one covered "auto", the Limit of Insurance for any one "accident" is the sum of the limits for "each accident" applicable to each covered "auto", subject to a maximum of three covered "autos".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALABAMA UNINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Alabama, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. No judgment for damages arising out of a "suit" brought against the owner or operator of an "uninsured motor vehicle" is binding on us unless we:
 - a. Received reasonable notice of the pendency of the "suit" resulting in the judgment; and
 - b. Had a reasonable opportunity to protect our interest in the "suit".

However, if reasonable notice has not been given to us, we have the option to accept the judgment in the suit as binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".
 - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to:

1. Any claim settled without our consent.
However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the accident, the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Insurance shown in the Declarations. If there is more than one covered "auto", our limit of insurance for any one "accident" is the sum of the limits applicable to each covered "auto", subject to a maximum of three covered "autos".
2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage form or Auto Medical Payments Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this Coverage Form for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

3. We will reduce the "insured's" total damages by any amount available to that "insured", under any bodily injury liability bonds or policies applicable to the vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", that such "insured" did not recover as a result of a settlement between that "insured" and the insurer of such vehicle. However, any reduction of the "insured's" total damages will not reduce the limit of liability for this coverage.

This paragraph (**D.3.**) shall not apply if we advance payment to the "insured" in an amount equal to the tentative settlement with the insurer of the vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".

E. Changes In Conditions

The Conditions are changed for Uninsured Motorists Coverage as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are changed by addition of the following:
 - a. The reference to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
 - b. Any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form, shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.
2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved.
 - b. Promptly send us copies of the legal papers if a "suit" is brought.

- c. A person seeking Uninsured Motorists Coverage must also promptly notify us in writing of a tentative settlement between the "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" and allow us 30 days to advance payment to that insured in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

Our rights do not apply under this provision with respect to damages caused by an "accident" with a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and
- b. We have a right to recover the advanced payment.

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

4. The Two Or More Coverage Forms Or Policies Issued By Us General Condition does not apply to an individual Named Insured or any "family member".

**5. THE FOLLOWING CONDITION IS ADDED:
ARBITRATION**

- A. IF WE AND AN "INSURED" DISAGREE WHETHER THE "INSURED" IS LEGALLY ENTITLED TO RECOVER DAMAGES FROM THE OWNER OR DRIVER OF AN "UNINSURED MOTOR VEHICLE" OR DO NOT AGREE AS TO THE AMOUNT OF DAMAGES THAT ARE RECOVERABLE BY THAT "INSURED", THEN THE MATTER MAY BE ARBITRATED. HOWEVER, DISPUTES CONCERNING COVERAGE UNDER THIS ENDORSEMENT MAY NOT BE ARBITRATED. BOTH PARTIES MUST AGREE TO ARBITRATION. IF SO AGREED, EACH PARTY WILL SELECT AN ARBITRATOR. THE TWO ARBITRATORS WILL SELECT A THIRD. IF THEY CANNOT AGREE WITHIN 30 DAYS, EITHER MAY REQUEST THAT SELECTION BE MADE BY A JUDGE OF A COURT HAVING JURISDICTION. THE ARBITRATION PROCEEDINGS SHALL COMMENCE WITHIN ONE YEAR AFTER THE DATE BOTH PARTIES AGREE TO SETTLE A DISPUTE BY ARBITRATION. ARBITRATION EXPENSES WILL BE DETERMINED BY THE ARBITRATOR ACCORDING TO ALABAMA LAW.**

UNLESS BOTH PARTIES AGREE OTHERWISE, ARBITRATION WILL TAKE PLACE IN THE COUNTY IN WHICH THE "INSURED" LIVES. LOCAL RULES OF LAW AS TO ARBITRATION PROCEDURE AND EVIDENCE WILL APPLY. A DECISION AGREED TO BY TWO OF THE ARBITRATORS WILL BE BINDING.

- B. THIS ARBITRATION PROVISION WILL NOT APPLY IF LEGAL ACTION HAS BEEN COMMENCED BY THE "INSURED" AGAINST THE OWNER OR OPERATOR OF AN "UNINSURED MOTOR VEHICLE".**

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which the sum of all liability bonds or policies at the time of an "accident" provides a limit that is less than the amount an "insured" is legally entitled to recover as damages caused by the "accident";
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - d. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must either:
 - (1) Hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
 - (2) Cause "bodily injury" to an "insured" without hitting an "insured", a covered "auto" or a vehicle an "insured" is "occupying".

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law;
- b. Designed for use mainly off public roads while not on public roads.

COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES – CONCEALMENT, MISREPRESENTATION OR FRAUD

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART – FARM PROPERTY – OTHER FARM PROVISIONS FORM – ADDITIONAL
COVERAGES, CONDITIONS, DEFINITIONS
FARM COVERAGE PART – LIVESTOCK COVERAGE FORM
FARM COVERAGE PART – MOBILE AGRICULTURAL MACHINERY AND
EQUIPMENT COVERAGE FORM

The **CONCEALMENT, MISREPRESENTATION OR
FRAUD** Condition is replaced by the following:

CONCEALMENT, MISREPRESENTATION OR FRAUD

We will not pay for any loss or damage in any case of:

1. Concealment or misrepresentation of a material fact; or
2. Fraud;

committed by you or any other insured ("insured") at any time and relating to coverage under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES – CIVIL UNION

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 ELECTRONIC DATA LIABILITY COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
 OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCT WITHDRAWAL COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 UNDERGROUND STORAGE TANK POLICY

A. The term "spouse" is replaced by the following:

Spouse or party to a civil union recognized under Colorado law.

B. Under the Commercial Automobile Coverage Part, the term "family member" is replaced by the following and supersedes any other provisions to the contrary:

"Family member" means a person related to:

1. The individual Named Insured by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of such Named Insured's household, including a ward or foster child;
2. The individual named in the Schedule by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of the individual's household, including a ward or foster child, if the Drive Other Car Coverage – Broadened Coverage For Named Individuals endorsement is attached.

C. With respect to coverage for the ownership, maintenance or use of "covered autos" provided under the Commercial Liability Umbrella Coverage Part, the term "family member" is replaced by the following:

"Family member" means a person related to you by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of your household, including a ward or foster child.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Colorado, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

Changes In Conditions

A. The last paragraph in the **Other Insurance** Condition in the Auto Dealers and Business Auto Coverage Forms and the last paragraph in the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, the loss will be paid in accordance with the following method:

1. All applicable policies will pay on an equal basis until the policy with the lowest limit of insurance is exhausted.
2. If any loss remains and there:
 - a. Are two or more remaining policies whose applicable limits of insurance have not been exhausted, then such policies will continue to pay in accordance with Paragraph 1.; or
 - b. Is one remaining policy, then such policy will continue to pay until its limit of insurance has been exhausted.

B. The following condition is added:

If the "insured's" whereabouts for service of process cannot be determined through reasonable effort, the "insured" agrees to designate and irrevocably appoint us as the agent of the "insured" for service of process, pleadings or other filings in a civil action brought against the "insured" or to which the "insured" has been joined as a defendant or respondent in any Colorado court if the cause of action concerns an incident for which the "insured" can possibly claim coverage. Subsequent termination of the insurance policy does not affect the appointment for an incident that occurred when the policy was in effect. The "insured" agrees that any such civil action may be commenced against the "insured" by the service of process upon us as if personal service had been made directly on the "insured". We agree to forward all communications related to service of process to the last-known e-mail and mailing address of the policyholder in order to coordinate any payment of claims or defense of claims that are required.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying", maintaining or using, or, while a pedestrian, when struck by, any "auto".
2. If you are an individual, any "family member" while "occupying", maintaining or using, or, while a pedestrian, when struck by, any "auto".
3. Anyone else "occupying", maintaining or using a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.
3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.

8. "Bodily injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

E. Changes In Conditions

1. The Conditions are changed as follows:
 - a. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
 - b. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

2. The following is added to the Conditions:

Assignment Of Payment Of Covered Expenses

- a. An "insured" may assign payments due under auto medical payments coverage, in writing, to a licensed hospital or other licensed health care provider as defined in COLO. REV. STAT. § 10-4-601, an occupational therapist as defined in COLO. REV. STAT. § 12-40.5-103 or a massage therapist as defined in COLO. REV. STAT. § 12-35.5-103.
- b. If an "insured" assigns such benefits, we will pay covered benefits directly to the licensed healthcare provider.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO UNINSURED MOTORISTS COVERAGE – BODILY INJURY

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Colorado, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

SCHEDULE

Limit Of Insurance: \$ 1,000,000	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. With respect to damages resulting from an "accident" with a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", we will pay under this coverage only if **a.** or **b.** below applies:
 - a.** The limits of any applicable liability bonds or policies have been exhausted by payment of judgments or settlements; or

- b.** A tentative settlement has been made between an "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", and we:

- (1) Have been given prompt written notice of such tentative settlement; and
 - (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a.** The Named Insured and any "family members".

- b. Anyone else while "occupying" or using a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
- a. Anyone "occupying" or using a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

- 1. Any claim settled without our consent. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle" in accordance with the procedure described in Paragraph **A.2.b.**
- 2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 4. Punitive or exemplary damages.
- 5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the least of the following:
 - a. The Limit Of Insurance for Uninsured Motorists Coverage shown in the Declarations; or
 - b. The amount of damages sustained but not recovered.
 - 2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage form or Medical Payments Coverage endorsement attached to this Coverage Part.
- We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The Conditions are changed for **Colorado Uninsured Motorists Coverage – Bodily Injury** as follows:

- 1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are revised as follows:
 - a. The last paragraph is replaced by the following:

When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, the loss will be paid in accordance with the following method:

(1) All applicable policies will pay on an equal basis until the policy with the lowest limit of insurance is exhausted.

(2) If any "loss" remains and there:

- (a) Are two or more remaining policies whose applicable limits of insurance have not been exhausted, then such policies will continue to pay in accordance with Paragraph (1); or
- (b) Is one remaining policy, then such policy will continue to pay until its limits of insurance have been exhausted.

b. The following provisions are added:

- (1) The reference to other collectible insurance applies only to other collectible uninsured motorists insurance.
- (2) If there is other applicable insurance available under one or more policies or provisions of coverage, any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Promptly send us copies of the legal papers if a "suit" is brought.
- c. A person seeking coverage from an insurer, owner or operator of a vehicle described in Paragraph b. of the definition of "uninsured motor vehicle" must also promptly notify us in writing of a tentative settlement between the "insured" and the insurer and allow us to advance payment to that "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification to preserve our rights against the insurer, owner or operator of such vehicle.

d. The following replaces the lead-in paragraph in the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form with respect to an owner or operator of a vehicle described in Paragraph b. of the definition of "uninsured motor vehicle":

We have no duty to provide coverage under this policy if the failure to comply with the following duties is prejudicial to us:

3. The Legal Action Against Us Provision is replaced by the following:

Legal Action Against Us

- a. No one may bring a legal action against us under this Coverage Form until there has been full compliance with all the terms of this Coverage Form.
- b. In accordance with COLO. REV. STAT. § 13-80-107.5, an "action" or arbitration of an uninsured motorist insurance claim or an underinsured motorist insurance claim shall be commenced or demanded by "arbitration demand" within three years after the cause of action accrues, except:
 - (1) If the underlying "bodily injury" liability claim against the uninsured motorist is preserved by commencing an "action" against the uninsured motorist within the two-year time limit specified in COLO. REV. STAT. § 13-80-102(1)(d) for a wrongful death action or the three-year time limit specified in COLO. REV. STAT. § 13-80-101(1)(n) for all other tort actions to which this insurance applies, then an "action" or arbitration of an uninsured motorist claim shall be timely if such "action" is commenced or such arbitration is demanded within two years after the "insured" knows that the particular tortfeasor is not covered by any applicable insurance; or

(2) If the underlying "bodily injury" liability claim against the underinsured motorist is preserved by commencing an "action" against the underinsured motorist or by payment of either the liability claim settlement or judgment within the two-year time limit specified in COLO. REV. STAT. § 13-80-102(1)(d) for a wrongful death action or the three-year time limit specified in COLO. REV. STAT. § 13-80-101(1)(n) for all other tort actions to which this insurance applies, then an "action" or arbitration of an underinsured motorist claim shall be timely if such "action" is commenced or such arbitration is demanded within two years after the "insured" received payment of the settlement or judgment on the underlying "bodily injury" liability claim.

c. For purposes of Paragraph 3.b. above, a cause of action accrues after both the existence of the death, injury or damage giving rise to the claim and the cause of the death, injury or damage are known to the "insured" or should have been known by the exercise of reasonable diligence.

4. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid. We shall be entitled to recovery only after the "insured" has been fully compensated for damages. However, any recovery made by us shall be reduced by our proportionate share of attorneys' fees and expenses incurred in bringing the claim.

Our rights do not apply under this provision with respect to damages caused by an "accident" with a vehicle described in Paragraph b. of the definition of "uninsured motor vehicle" if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of a vehicle described in Paragraph b. of the definition of "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

5. The Two Or More Coverage Forms Or Policies Issued By Us Condition is changed by adding the following:

- a. This provision does not apply to Uninsured Motorists Coverage.
- b. No one will be entitled to receive duplicate payments for the same elements of "loss" under Uninsured Motorists Coverage.

6. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

- 1. "Action" means a lawsuit commenced in a court of competent jurisdiction.

2. "Arbitration demand" means a written demand for arbitration delivered to us that reasonably identifies the person making the claim, the identity of the uninsured or underinsured motorists, if known, and the fact that arbitration is being demanded.
3. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.
4. "Occupying" means in, upon, getting in, on, out or off.
5. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle means a land motor vehicle or "trailer" for which the sum of all liability bonds or policies at the time of an "accident" provides a limit that is less than the amount an "insured" is legally entitled to recover as damages caused by the "accident";
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent;
 - d. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or

e. Whose owner or operator cannot be located after a reasonable attempt for service of process, and either:

- (1) Service of process on the insurer as authorized by COLO. REV. STAT. § 42-7-414 is determined by a court to be insufficient or ineffective after reasonable effort has failed; or
- (2) The report of a law enforcement agency investigating the "accident" fails to disclose the insurer covering the vehicle, and the insurance coverage of such owner or operator when the "accident" occurred is not actually known by the person attempting to serve process.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law;
- b. Owned by a governmental unit or agency; or
- c. Designated for use mainly off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA UNINSURED MOTORISTS COVERAGE – NONSTACKED

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. With respect to damages resulting from an "accident" with a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", we will pay under this coverage only if Paragraph **a.** or **b.** below applies:
 - a. The limit of any applicable liability bonds or policies has been exhausted by payment of judgments or settlements; or

b. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle" and we:

- (1) Have been given prompt written notice of such tentative settlement; and
- (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to:

1. Any claim settled or judgment reached without our consent, unless our right to recover payment has not been prejudiced by such settlement or judgment. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph b. of the definition of an "uninsured motor vehicle".

2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.

3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.

4. "Bodily injury" sustained by:

a. An individual Named Insured while "occupying" or when struck by a vehicle owned by that individual Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;

b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;

c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other coverage form or policy; or

d. Any "insured" with respect to damages for pain, suffering, mental anguish or inconvenience unless the "bodily injury" consists in whole or in part of:

(1) Significant and permanent loss of an important bodily function;

(2) Permanent injury within a reasonable degree of medical probability, other than scarring or disfigurement;

(3) Significant and permanent scarring or disfigurement; or

(4) Death.

5. Punitive or exemplary damages.

6. "Bodily injury" arising directly or indirectly out of:

a. War, including undeclared or civil war;

b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Coverage shown in the Schedule or Declarations.

2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, No-fault Coverage endorsement, Medical Payments Coverage endorsement, or Uninsured Motorists Coverage endorsement attached to this Coverage Part.

3. We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

4. We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The Conditions are changed for Uninsured Motorists Coverage Nonstacked as follows:

1. Other Insurance in the Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

- a. If there is other applicable insurance available under one or more coverage forms, policies or provisions of coverage, any recovery for damages sustained by an individual Named Insured or any "family member":

(1) While "occupying" a vehicle owned by that Named Insured or any "family member" may equal, but not exceed, the limit of insurance for Uninsured Motorists Coverage applicable to that vehicle.

(2) While "occupying" a vehicle not owned by that Named Insured or any "family member" may equal, but not exceed, the sum of:

(a) The limit of insurance for Uninsured Motorists Coverage applicable to the vehicle such Named Insured or any "family member" was "occupying" at the time of the "accident"; and

(b) The highest limit of insurance for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to such Named Insured or any "family member".

(3) While not "occupying" any vehicle may equal, but not exceed, the highest limit of insurance for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to an individual Named Insured or any "family member".

- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any collectible uninsured motorists insurance providing coverage on a primary basis.

- c. If the coverage under this coverage form is provided:

(1) On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.

(2) On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss is changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and

- b. Promptly send us copies of the legal papers if a "suit" is brought.

- c. A person seeking Uninsured Motorists Coverage must also promptly notify us in writing by certified or registered mail of a tentative settlement between the "insured" and the insurer of the vehicle described in Paragraph **b.** of the definition of an "uninsured motor vehicle" and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such vehicle described in Paragraph **b.** of the definition of an "uninsured motor vehicle".

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights do not apply under this provision with respect to Uninsured Motorists Coverage if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of a vehicle described in Paragraph **b.** of the definition of an "uninsured motor vehicle"; and

- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and

- b. We also have a right to recover the advanced payment.

4. The following condition is added:

a. Arbitration

- (1) If we and an "insured" do not agree:
 - (a) Whether that person is legally entitled to recover damages under this endorsement; or
 - (b) As to the amount of damages that are recoverable by that person;

Then the matter may be mediated, in accordance with the Mediation Provision contained in General Conditions, if the damages resulting from "bodily injury" are for \$10,000 or less, or arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.

- (2) Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (3) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

b. Florida Arbitration Act

If we and an "insured" agree to arbitration, the **Florida Arbitration Act** will not apply.

c. Mediation

- (1) In any claim filed by an "insured" with us for:
 - (a) "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
 - (b) "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
 - (c) "Loss" to a covered "auto" or its equipment, in any amount;

either party may make a written demand for mediation of the claim prior to the institution of litigation.

- (2) A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
- (3) The request must state:
 - (a) Why mediation is being requested.
 - (b) The issues in dispute, which are to be mediated.
- (4) The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
- (5) Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.
- (6) The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy applies at the time of an "accident";

- b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which a "bodily injury" liability bond or policy applies at the time of an "accident" but the amount paid under that bond or policy to an "insured" is not enough to pay the full amount the "insured" is legally entitled to recover as damages caused by the "accident";
- c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
- d. For which neither the driver nor owner can be identified. The land motor vehicle or "trailer" must:
 - (1) Hit an individual Named Insured or any "family member", a covered "auto" or a vehicle such Named Insured or any "family member" is "occupying"; or
 - (2) Cause an "accident" resulting in "bodily injury" to an individual Named Insured or any "family member" without hitting that Named Insured, any "family member", a covered "auto" or a vehicle such Named Insured or any "family member" is "occupying".

If there is no physical contact with the land motor vehicle or "trailer", the facts of the "accident" must be proved. We will only accept competent evidence other than the testimony of a person making claims under this or any similar coverage.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned by a governmental unit or agency;
- b. Designed for use mainly off public roads while not on public roads; or
- c. Owned by or furnished or available for the regular use of the Named Insured, or if the Named Insured is an individual, any "family member" unless it is a covered "auto" to which the coverage form's Liability Coverage applies and liability coverage is excluded for any person or organization other than the Named Insured, or if the Named Insured is an individual, any "family member".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**FLORIDA PERSONAL INJURY PROTECTION**

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

We agree with the "named insured", subject to all the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows that:

SCHEDULE

Any Personal Injury Protection deductible shown in the Declarations of \$ N/A

is applicable to ☐ the following "named insured" only:

☐ each "named insured" and each dependent "family member".

☒ Work loss for "named insured" does not apply.

☐ Work loss for "named insured" and dependent "family member" does not apply.

Benefits**Limit Per Person**

Total Aggregate Limit for all Personal Injury
Protection Benefits, except Death Benefits

\$10,000

Death Benefits

\$5,000

Medical Expenses

80% of medical expenses subject to the total aggregate
limit and the provisions of Paragraphs **D.2.a.** and **b.**
under Limit Of Insurance.

Work Loss

60% of work loss subject to the total aggregate limit

Replacement Services Expenses

subject to the total aggregate limit

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

We will pay Personal Injury Protection benefits in accordance with the Florida Motor Vehicle No-fault Law to or for an "insured" who sustains "bodily injury" in an "accident" arising out of the ownership, maintenance or use of a "motor vehicle". Subject to the limits shown in the Schedule, these Personal Injury Protection benefits consist of the following:

1. Medical Expenses

- a. All reasonable "medically necessary" expenses for medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services, including prosthetic devices. However, we will pay for these benefits only if the "insured" receives initial services and care within 14 days after the "motor vehicle" "accident" that are:

- (1) Lawfully provided, supervised, ordered or prescribed by a licensed physician, dentist or chiropractic physician;
- (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
- (3) Provided by a person or entity licensed to provide emergency transportation and treatment;

as authorized by the Florida Motor Vehicle No-fault Law.

- b. Upon referral by a licensed health care provider described in Paragraph **A.1.a.(1)**, **(2)** or **(3)**, follow-up services and care consistent with the underlying medical diagnosis rendered pursuant to Paragraph **A.1.a.**, if provided, supervised, ordered or prescribed only by a licensed:

- (1) Physician, osteopathic physician, chiropractic physician or dentist; or
- (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician chiropractic physician or dentist;

as authorized by the Florida Motor Vehicle No-fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;

- (4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;

- (5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;

- (6) A licensed physical therapist, based upon referral by a provider described in Paragraph **A.1.b**; or

- (7) A health care clinic licensed under the Florida Health Care Clinic Act:

- (a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities or the Accreditation Association for Ambulatory Health Care, Inc.; or

- (b) Which:

- (i) Has a licensed medical director;
- (ii) Has been continuously licensed for more than three years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

- (iii) Provides at least four of the following medical specialties:

- i. General medicine;
- ii. Radiography;
- iii. Orthopedic medicine;
- iv. Physical medicine;
- v. Physical therapy;
- vi. Physical rehabilitation;
- vii. Prescribing or dispensing outpatient prescription medication; or
- viii. Laboratory services;

as authorized by the Florida Motor Vehicle No-fault Law.

However, with respect to Paragraph **A.1.**, medical expenses do not include massage or acupuncture, regardless of the person, entity or licensee providing the massage or acupuncture;

2. Replacement Services Expenses

With respect to the period of disability of the injured person, all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for such injury, the injured person would have performed without income for the benefit of his or her household;

3. Work Loss

With respect to the period of disability of the injured person, any loss of income and earning capacity from inability to work proximately caused by the injury sustained by the injured person; and

4. Death Benefits

B. Who Is An Insured

1. The "named insured".
2. If the "named insured" is an individual, any "family member".
3. Any other person while "occupying" a covered "motor vehicle" with the "named insured's" consent.
4. A "pedestrian" if the "accident" involves the covered "motor vehicle".

C. Exclusions

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

1. Sustained by the "named insured" or any "family member" while "occupying" any "motor vehicle" owned by the "named insured" that is not a covered "motor vehicle";
2. Sustained by any person while operating the covered "motor vehicle" without the "named insured's" expressed or implied consent;
3. Sustained by any person, if such person's conduct contributed to his or her "bodily injury" under any of the following circumstances:
 - a. Causing "bodily injury" to himself or herself intentionally; or
 - b. While committing a felony;
4. To the "named insured" or any "family member" for work loss if an entry in the Schedule or Declarations indicates that coverage for work loss does not apply;
5. To any "pedestrian", other than the "named insured" or any "family member", not a legal resident of the state of Florida;

6. To any person, other than the "named insured", if that person is the "owner" of a "motor vehicle" for which security is required under the Florida Motor Vehicle No-fault Law;
7. To any person, other than the "named insured", or any "family member", who is entitled to personal injury protection benefits from the owner of a "motor vehicle" that is not a covered "motor vehicle" under this insurance or from the "owner's" insurer; or
8. To any person who sustains "bodily injury" while "occupying" a "motor vehicle" located for use as a residence or premises.

D. Limit Of Insurance

1. Regardless of the number of persons insured, policies or bonds applicable, premiums paid, vehicles involved or claims made, the total aggregate limit of personal injury protection benefits, available under the Florida Motor Vehicle No-fault Law from all sources combined, including this policy, for or on behalf of any one person who sustains "bodily injury" as the result of any one "accident", shall be:
 - a. \$10,000 for medical expenses, work loss and replacement services; and
 - b. \$5,000 for death benefits.
2. Subject to Paragraph **D.1.a.**, we will pay:
 - a. Up to \$10,000 for medical expenses, if a licensed physician, dentist, physician assistant or an advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-fault Law has determined that the "insured" had an "emergency medical condition"; or
 - b. Up to \$2,500 for medical expenses, if any health care provider described in Paragraph **A.1.a.** or **A.1.b.** has determined that the "insured" did not have an "emergency medical condition".
3. Any amount paid under this coverage will be reduced by the amount of benefits an injured person has been paid or is entitled to be paid for the same elements of "loss" under any workers' compensation law.

4. If personal injury protection benefits, under the Florida Motor Vehicle No-fault Law, have been received from any insurer for the same elements of loss and expense benefits available under this policy, we will not make duplicate payments to or for the benefit of the injured person. The insurer paying the benefits shall be entitled to recover from us its pro rata share of the benefits paid and expenses incurred in handling the claim.
5. The deductible amount shown in the Schedule will be deducted from the total amount of expenses and losses listed in Paragraphs **A.1.**, **A.2.** and **A.3.** of this endorsement before the application of any percentage limitation for each "insured" to whom the deductible applies. The deductible does not apply to the death benefit.
6. Any amount paid under this coverage for medical expenses may be limited by the medical fee schedule prescribed by the Florida Motor Vehicle No-fault Law.

E. Changes In Conditions

The **Conditions** are changed for **Personal Injury Protection** as follows:

1. Duties In The Event Of Accident, Claim, Suit Or Loss is replaced by the following:

Compliance with the following duties is a condition precedent to receiving benefits:

In the event of an "accident", the "named insured" must give us or our authorized representative prompt written notice of the "accident".

If any injured person or his or her legal representative institutes a legal action to recover damages for "bodily injury" against a third party, a copy of the summons, complaint or other process served in connection with that legal action must be forwarded to us as soon as possible by the injured person or his or her legal representative.

A person seeking personal injury protection benefits must, as soon as possible, give us written proof of claim, under oath if required, containing full particulars concerning the injuries and treatment received and/or contemplated, and send us any other information that will assist us in determining the amount due and payable.

A person seeking personal injury protection benefits must submit to an examination under oath. The scope of questioning during the examination under oath is limited to relevant information or information that could reasonably be expected to lead to relevant information.

2. Legal Action Against Us is replaced by the following:

Legal Action Against Us

- a. No legal action may be brought against us until there has been full compliance with all terms of this policy. In addition, no legal action may be brought against us:
 - (1) Until the claim for benefits is overdue in accordance with Paragraph **F.2.** of this endorsement; and
 - (2) Until we are provided with a demand letter in accordance with the Florida Motor Vehicle No-fault Law sent to us via U.S. certified or registered mail; and
 - (3) With respect to the overdue claim specified in the demand letter, if, within 30 days of receipt of the demand letter, we:
 - (a) Pay the overdue claim; or
 - (b) Agree to pay for future treatment not yet rendered;

in accordance with the requirements of the Florida Motor Vehicle No-fault Law.
- b. If legal action is brought against us, all claims related to the same health care provider or facility shall be brought in a single action, unless good cause can be shown why such claims should be brought separately.

3. Transfer Of Rights Of Recovery Against Others To Us is replaced by the following:

Transfer Of Rights Of Recovery Against Others To Us

Unless prohibited by the Florida Motor Vehicle No-fault Law, in the event of payment to or for the benefit of any injured person under this coverage:

- a. We will be reimbursed for those payments, not including reasonable attorneys' fees and other reasonable expenses, from the proceeds of any settlement or judgment resulting from any right of recovery of the injured person against any person or organization legally responsible for the "bodily injury" from which the payment arises. We will also have a lien on those proceeds.
- b. If any person to or for whom we pay benefits has rights to recover benefits from another, those rights are transferred to us. That person must do everything necessary to secure our rights and must do nothing after loss to impair them.
- c. The insurer providing personal injury protection benefits on a private passenger "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, shall be entitled to reimbursement to the extent of the payment of personal injury protection benefits from the "owner" or the insurer of the "owner" of a commercial "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, if such injured person sustained the injury while "occupying", or while a "pedestrian" through being struck by, such commercial "motor vehicle". However, such insurer's right of reimbursement under this Paragraph c. does not apply to an "owner" or registrant of a "motor vehicle" used as a taxicab.

4. Concealment, Misrepresentation Or Fraud is replaced by the following:

Concealment, Misrepresentation Or Fraud

We do not provide coverage under this endorsement for an "insured" if that "insured" has committed, by a material act or omission, insurance fraud relating to personal injury protection coverage under this form, if fraud is admitted to in a sworn statement by the "insured" or if the fraud is established in a court of competent jurisdiction. Any insurance fraud voids all personal injury protection coverage arising from the claim with respect to the "insured" who committed the fraud. Any benefits paid prior to the discovery of the fraud are recoverable from that "insured".

5. Policy Period, Coverage Territory is replaced by the following:

Policy Period, Coverage Territory

The insurance under this section applies only to "accidents" which occur during the policy period:

- a. In the state of Florida;
- b. As respects the "named insured" or any "family member", while "occupying" the covered "motor vehicle" outside the state of Florida but within the United States of America, its territories or possessions or Canada; and
- c. As respects the "named insured", while "occupying" a "motor vehicle" of which a "family member" is the "owner" and for which security is maintained under the Florida Motor Vehicle No-fault Law outside the state of Florida but within the United States of America, its territories or possessions or Canada.

F. Additional Conditions

The following conditions are added:

1. Mediation

- a. In any claim filed by an "insured" with us for:
 - (1) "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
 - (2) "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
 - (3) "Loss" to a covered "auto" or its equipment, in any amount,either party may make a written demand for mediation of the claim prior to the institution of litigation.
- b. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
- c. The request must state:
 - (1) Why mediation is being requested.
 - (2) The issues in dispute, which are to be mediated.
- d. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
- e. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.

- f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

2. Payment Of Benefits

Personal injury protection benefits payable under this Coverage Form, whether the full or partial amount, may be overdue if not paid within 30 days after we are furnished with written notice of the covered loss and the amount of the covered loss in accordance with the Florida Motor Vehicle No-fault Law.

However, if we have a reasonable belief that a fraudulent insurance act has been committed relating to personal injury protection coverage under this Coverage Form, we will notify the "insured" in writing, within 30 days after the submission of the claim, that the claim is being investigated for suspected fraud. No later than 90 days after the submission of the claim, we will either deny or pay the claim, in accordance with the Florida Motor Vehicle No-fault Law.

If we pay only a portion of a claim or reject a claim due to an alleged error in the claim, we, at the time of the partial payment or rejection, will provide an itemized specification or explanation of benefits due to the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which will be considered a timely submission of written notice of a claim.

3. Modification Of Policy Coverages

Any Automobile Medical Payments Coverage and any Uninsured Motorists Coverage afforded by the policy shall be excess over any personal injury protection benefits paid or payable.

Regardless of whether the full amount of personal injury protection benefits has been exhausted, any Medical Payments Coverage afforded by the policy shall pay the portion of any claim for personal injury protection medical expenses which are otherwise covered but not payable due to the limitation of 80% of medical expense benefits but shall not be payable for the amount of the deductible selected.

4. Medical Reports And Examinations; Payment Of Claim Withheld

As soon as practicable, the person making the claim shall submit to mental and physical examinations at our expense when and as often as we may reasonably require and a copy of the medical report shall be forwarded to such person if requested. If the person unreasonably refuses to submit to, or fails to appear at, an examination, we will not be liable for subsequent personal injury protection benefits. Such person's refusal to submit to, or failure to appear at, two examinations, raises a rebuttable presumption that such person's refusal or failure was unreasonable.

Whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony, we shall withhold benefits until, at the trial level, the prosecution makes a formal entry on the record that it will not prosecute the case against the person, the charge is dismissed or the person is acquitted.

5. Provisional Premium

In the event of any change in the rules, rates, rating plan, premiums or minimum premiums applicable to the insurance afforded, because of an adverse judicial finding as to the constitutionality of any provisions of the Florida Motor Vehicle No-fault Law providing for the exemption of persons from tort liability, the premium stated in the Declarations for any Liability, Medical Payments and Uninsured Motorists insurance shall be deemed provisional and subject to recomputation. If this policy is a renewal policy, such recomputation shall also include a determination of the amount of any return premium previously credited or refunded to the "named insured" pursuant to the Florida Motor Vehicle No-fault Law with respect to insurance afforded under a previous policy.

If the final premium thus recomputed exceeds the premium shown in the Declarations, the "named insured" shall pay to us the excess as well as the amount of any return premium previously credited or refunded.

6. Special Provisions For Rented Or Leased Vehicles

Notwithstanding any provision of this coverage to the contrary, if a person is injured while "occupying", or through being struck by, a "motor vehicle" rented or leased under a rental or lease agreement which does not specify otherwise in language required by FLA. STAT. SECTION 627.7263(2) in at least 10-point type on the face of the agreement, the personal injury protection benefits available under the Florida Motor Vehicle No-fault Law and afforded under the lessor's policy shall be primary.

7. Insured's Right To Personal Injury Protection Information

- a. In a dispute between us and an "insured", or between us and an assignee of the "insured's" personal injury protection benefits, we will, upon request, notify such "insured" or assignee that the limits for Personal Injury Protection have been reached. We will provide such information within 15 days after the limits for Personal Injury Protection have been reached.
- b. If legal action is commenced, we will, upon request, provide an "insured" with a copy of a log of personal injury protection benefits paid by us on behalf of the "insured". We will provide such information within 30 days of receipt of the request for the log from the "insured".

G. Additional Definitions

As used in this endorsement:

1. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- a. Serious jeopardy to "insured's" health;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any bodily organ part.

2. "Motor vehicle" means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of Florida and any trailer or semitrailer designed for use with such vehicle.

However, "motor vehicle" does not include:

- a. A mobile home;
- b. Any "motor vehicle" which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.
3. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the same household as the "named insured".

4. "Named insured" means the person or organization named in the Declarations of the policy and, if an individual, shall include the spouse if a resident of the same household.

5. "Occupying" means in or upon or entering into or alighting from.

6. "Owner" means a person or organization who holds the legal title to a "motor vehicle" and also includes:

- a. A debtor having the right to possession, in the event a "motor vehicle" is the subject of a security agreement;
- b. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease with option to purchase and such lease agreement is for a period of six months or more; and
- c. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease without option to purchase, and such lease is for a period of six months or more, and the lease agreement provides that the lessee shall be responsible for securing insurance.

7. "Pedestrian" means a person while not an occupant of any self-propelled vehicle.

8. "Medically necessary" refers to a medical service or supply that a prudent physician would provide for the purpose of preventing, diagnosing or treating an illness, injury, disease or symptom in a manner that is:

- a. In accordance with generally accepted standards of medical practice;
- b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
- c. Not primarily for the convenience of the patient, physician or other health care provider.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXPLOSIVES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

LIABILITY COVERAGE is changed by adding the following exclusion:

This insurance does not apply to:

"Bodily injury" or "property damage" caused by the explosion of explosives you make, sell or transport.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

E. Changes In Conditions

The Conditions are changed for Auto Medical Payments Coverage as follows:

1. The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply.
2. The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance – Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
 - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
 - C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.
 - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

FLORIDA POLICYHOLDER NOTICE 2010 COMMERCIAL AUTO MULTISTATE FORMS REVISION

This is a summary of the major changes to your policy. No coverage is provided by this summary nor can it be construed to replace any provisions of your policy or endorsements. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this summary, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

The areas within the policy that broaden, reduce or reinforce coverage are highlighted below. This notice does not reference every change, including editorial changes, made in your policy.

COVERAGE FORMS

BROADENINGS OF COVERAGE

REVISION TO AUDIO, VISUAL OR DATA ELECTRONIC EQUIPMENT COVERAGE

CA 00 01 – Business Auto Coverage Form

CA 00 05 – Garage Coverage Form

CA 00 10 – Business Auto Physical Damage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

Coverage is being extended for ALL electronic equipment that is permanently installed in or upon locations that are normally used by the auto manufacturer, and that reproduces, receives or transmits audio, visual or data signals and which is powered solely from the vehicle's electrical system. This coverage is similarly extended to electronic equipment that is removable from a housing unit, which is permanently installed in or upon locations that are normally used by the auto manufacturer.

For electronic equipment that reproduces, receives or transmits audio, visual or data signals, which is permanently installed in or upon locations of a covered auto **other than** those normally used by the auto manufacturer for the installation of such equipment, coverage will be provided up to a limit of \$1,000. However, this limit may be increased by attaching optional Endorsement **CA 99 60**.

REDUCTIONS OF COVERAGE

REVISION TO AUDIO, VISUAL OR DATA ELECTRONIC EQUIPMENT COVERAGE

CA 00 01 – Business Auto Coverage Form

CA 00 05 – Garage Coverage Form

CA 00 10 – Business Auto Physical Damage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

Equipment designed solely for the reproduction of sound, and accessories used with such equipment that is permanently installed in a covered auto, but not in or upon locations normally used by the auto manufacturer, will be subjected to a \$1,000 sublimit.

REINFORCEMENTS OF COVERAGE

REVISION TO THE SUPPLEMENTARY PAYMENTS PROVISION

CA 00 01 – Business Auto Coverage Form

CA 00 05 – Garage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

The Liability Coverage Supplementary Payments provision and, for **CA 00 20**, Trailer Interchange Coverage, are revised to reinforce that it applies to **court** costs taxed against the insured and **not** to the attorneys' fees or expenses taxed against the insured.

REVISION TO THE FELLOW EMPLOYEE EXCLUSION

CA 00 01 – Business Auto Coverage Form

CA 00 05 – Garage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

The liability Fellow Employee exclusion is revised to reinforce that consequential injury claims for damages brought by family members of employees injured by fellow employees are not covered.

LIMITS OF INSURANCE AND DEDUCTIBLES PROVISION

CA 00 05 – Garage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

The Limits of Insurance and Deductibles provisions contained in Section **III** – Garagekeepers Coverage in **CA 00 05** and the Trailer Interchange Coverage section of **CA 00 20** are revised to reinforce that the full Limit of Insurance is available should the loss exceed the sum of the deductible and the Limit of Insurance.

"WEAR AND TEAR" EXCLUSION

CA 00 01 – Business Auto Coverage Form

CA 00 05 – Garage Coverage Form

CA 00 10 – Business Auto Physical Damage Coverage Form

CA 00 20 – Motor Carrier Coverage Form

Within Physical Damage Coverage, the "Wear And Tear" exclusion is revised to reinforce that damage due and confined to wear and tear, freezing, mechanical or electrical breakdown and blowouts, punctures or other road damages to tires are excluded unless such loss results from the total theft of a covered auto.

GARAGE REPORTING REQUIREMENTS

CA 00 05 – Garage Coverage Form

The reporting premium basis option under Paragraph **C.5.b.** of Section **IV** – Physical Damage Coverage is revised to reinforce that the coinsurance penalty is determined by dividing the total reported value for the involved location by the total actual value at the loss location on the date of the insured's last report. The non-reporting premium basis option under Paragraph **C.5.c.** of Section **IV** – Physical Damage Coverage is revised to reinforce that the coinsurance penalty is determined by dividing the Limit of Insurance by the total actual value at the loss location at the time the loss occurred.

EMPLOYMENT-RELATED PRACTICES EXCLUSION

CA 00 05 – Garage Coverage Form

The employment-related practices portion of the Employee Indemnification And Employer's Liability exclusion is revised to reinforce that the exclusion is intended to apply to any injury caused by the malicious prosecution of a person and any injury-causing event associated with employment, whether it occurs before, during or after employment of that person.

GARAGEKEEPERS COVERAGE – DEFINITION OF "CUSTOMER'S AUTO"

CA 00 05 – Garage Coverage Form

The definition of "customer's auto" is reinforced to expressly provide coverage for autos that are in the care of the garagekeeper without regard to the request or consent of the vehicle's owner.

FIRE LEGAL LIABILITY COVERAGE

CA 00 05 – Garage Coverage Form

The Garage Coverage Form **CA 00 05** exception to the "insured contract" definition in Section **VI** pertaining to indemnification of any person or organization for damage by fire to premises rented or loaned to the named insured, is revised to include the additional phrase "or temporarily occupied by you with permission of the owner".

MULTISTATE ENDORSEMENTS

BROADENINGS OF COVERAGE

EXISTING OPTIONAL ENDORSEMENTS

CA 20 02 – Audio, Visual And Data Electronic Equipment Coverage – Fire, Police And Emergency Vehicles (formerly titled Sound-receiving Equipment Coverage – Fire, Police And Emergency Vehicles)

CA 99 60 – Audio, Visual And Data Electronic Equipment Coverage Added Limits (formerly titled Audio, Visual And Data Electronic Equipment Coverage)

CA 99 61 – Loss Payable Clause – Audio, Visual And Data Electronic Equipment Coverage Added Limits (formerly titled Loss Payable Clause – Audio, Visual And Data Electronic Equipment)

CA 99 60 is revised to instruct that the electronic equipment sublimit is in addition to the each "accident" limit shown in the Schedule. The \$250 deductible is also removed from the Schedule of **CA 99 60**, as the Physical Damage Coverage deductible that applies to each covered auto, if any, will now apply to losses to such equipment. Similar revisions are made to **CA 99 61** and **CA 20 02** to track the revisions introduced in the underlying policies as mentioned earlier in this summary.

FIRE LEGAL LIABILITY COVERAGE

CA 25 10 – Damages To Rented Premises Liability Coverage – Garages

CA 25 14 – Broadened Coverage – Garages

Endorsement **CA 25 10** and Section **III** of Endorsement **CA 25 14** are broadened to include coverage for property damage not caused by fire, to property rented to a named insured for seven or fewer consecutive days.

NEW OPTIONAL ENDORSEMENTS

CA 23 98 – Trailer Interchange Coverage

This endorsement, developed for private carriers insured under the Business Auto Coverage Form, provides comprehensive, specified causes of loss and collision coverage for non-owned trailers. Limited coverage options for fire and theft (similar to that in **CA 23 13 – Trailer Interchange Fire And Fire And Theft Coverages**) are also included.

REDUCTIONS OF COVERAGE

EXISTING OPTIONAL ENDORSEMENTS

CA 99 16 – Hired Autos Specified As Covered Autos You Own

Additional insured liability coverage is being eliminated for the owner and lessor of a covered auto for losses resulting from the negligence of said lessor or owner.

CA 20 19 – Repossessed Autos

CA 25 02 – Dealers Driveaway Collision Coverage

CA 20 19 is revised to add language that allows an insurer to reduce its obligation to pay a loss when the inventory value exceeds either the Limit Of Insurance shown in the Schedule or that which was last reported to the insurer. Both **CA 20 19** and **CA 25 02** will also reflect language that is currently contained under the Quarterly or Monthly Reporting Premium Basis within **CA 00 05**, Garage Coverage Form. This language will state that if the first report due is delinquent on the date of a loss, the most an insurer will pay is 75 percent of the Limit Of Insurance shown in the Schedule for the applicable location.

NEW OPTIONAL ENDORSEMENTS

CA 23 97 – Amphibious Vehicles

This endorsement excludes loss to or resulting from the ownership, maintenance, or use of, any type of amphibious vehicle (whether or not self-propelled). This includes loss to any property or equipment contained in or used with any such vehicle while being launched into, used on or beached from the water.

CA 04 42 – Exclusion Of Federal Employees Using Autos In Government Business

This endorsement excludes liability coverage for the United States of America, any of its agencies or any U.S. Government employee for bodily injury or property damage resulting from the operation of an auto that results while the employee is acting within the scope of duty and when Section 2679(c) of the Federal Tort Claims Act requires the U.S. Attorney General to defend the employee in any civil action or proceeding that may be brought for bodily injury or property damage.

CA 04 44 – Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation)

When this endorsement is attached to your policy, the Transfer Of Rights Of Recovery Against Others To Us condition is amended to provide that such condition does not apply to the person or organization shown in the Schedule, but only to the extent that subrogation is waived prior to the accident or the loss under a contract with that person or organization.

REINFORCEMENTS OF COVERAGE

EXISTING OPTIONAL ENDORSEMENTS

CA 23 20 – Truckers Endorsement

CA 25 08 – Personal Injury Liability Coverage – Garages

CA 25 14 – Broadened Coverage – Garages

CA 99 37 – Garagekeepers Coverage

CA 99 59 – Garagekeepers Coverage – Customers' Sound-receiving Equipment

The Supplementary Payments provision is revised to reinforce that it applies to **court** costs taxed against the insured and **not** to the attorneys' fees or expenses taxed against the insured.

CA 20 19 – Repossessed Autos

CA 20 33 – Autos Leased, Hired, Rented Or Borrowed With Drivers – Physical Damage Coverage

CA 20 78 – Physical Damage Coverage – Autos Held For Sale By Non-dealers

CA 23 13 – Trailer Interchange Fire And Fire And Theft Coverages

CA 23 20 – Truckers Endorsement

CA 25 04 – Fire, Fire And Theft And Limited Specified Causes Of Loss Coverage For Dealers

CA 99 28 – Stated Amount Insurance

CA 99 37 – Garagekeepers Coverage

CA 99 59 – Garagekeepers Coverage – Customers' Sound-receiving Equipment

The Limits Of Insurance and Deductibles provisions are revised to reinforce that the full Limit of Insurance is available should the loss exceed the sum of the deductible and the Limit of Insurance.

CA 23 20 – Truckers Endorsement

Within Physical Damage Coverage, the "Wear And Tear" exclusion is revised to reinforce that damage due and confined to wear and tear, freezing, mechanical or electrical breakdown and blowouts, punctures or other road damages to tires are excluded unless such loss results from the total theft of a covered auto.

CA 25 10 – Damages To Rented Premises Liability Coverage – Garages

CA 25 14 – Broadened Coverage – Garages

Endorsement **CA 25 10** and Section **III** of Endorsement **CA 25 14** are reinforced to include coverage for contents of premises rented to the named insured for a period of seven or fewer consecutive days. Additionally, the Schedule and Paragraph **C.** are revised to specify a \$100,000 standard limit for this coverage, unless another limit is shown in the Schedule.

CA 20 78 – Physical Damage Coverage – Autos Held For Sale By Non-dealers

CA 99 37 – Garagekeepers Coverage

To reinforce the application of the "all perils" deductible, the Schedule in **CA 99 37** has been revised to reference "for each customer's auto" and in **CA 20 78** the Schedule is revised to reference "each covered auto".

CA 02 38 – Reinstatement Of Insurance

CA 02 40 – Suspension Of Insurance

The Schedule in **CA 02 40** is revised, in part, to specify additional coverages that may be suspended in the Schedule and to add an optional field to specify the date when the suspension will end. The endorsement will also state that the suspended coverages as indicated in the Schedule will remain suspended until the Reinstatement Effective Date or the end of the policy period. A similar Schedule is introduced in Endorsement **CA 02 38**.

CA 24 01 – Transportation Of Seasonal Or Migrant Agricultural Workers (formerly titled Farm Labor Contractors)

The title is revised to reinforce that this endorsement may be used with agricultural employers and agricultural associates, in addition to farm labor contractors. The lead-in language in the Liability Coverage provision is also revised to more closely reflect the provisions of the Migrant And Seasonal Agricultural Worker Protection Act. In addition, the Schedule is revised to include specific identification of those vehicles used for such transportation and the limits of insurance are revised to reflect a combined single-limit approach.

CA 23 13 – Trailer Interchange Fire And Fire And Theft Coverages

This endorsement is revised to eliminate reference to the Business Auto Coverage Form, as this coverage will be provided under new Endorsement **CA 23 98**, Trailer Interchange Coverage.

CA 04 47 – Florida Emergency Services – Volunteer Firefighters' And Workers' Injuries Limited Exclusion

CA 20 28 – Florida Emergency Services – Volunteer Firefighters' And Workers' Injuries Excluded

CA 04 47 is revised to directly modify the Business Auto Coverage Form instead of Endorsement **CA 20 28**; thus the title of the endorsement is also revised. This also required that the exclusion that was currently contained in **CA 20 28** be introduced in Endorsement **CA 04 47**. This exclusion is also revised to reinforce that coverage for fellow firefighters and other volunteer workers is not excluded. We also deleted both "using or maintaining a covered 'auto'" to reinforce that bodily injury coverage is only excluded while engaged in volunteer firefighting, rescue squad or ambulance corps operations, and "of the 'insured'" to reinforce that the exclusion applies to all emergency services activities in which a volunteer worker is involved regardless whether acting on behalf of the insured.

CA 25 08 – Personal Injury Liability Coverage – Garages

CA 25 14 – Broadened Coverage – Garages

The employment-related practices portion of the Employee Indemnification And Employer's Liability exclusion is revised to reinforce that the exclusion is intended to apply to any injury caused by the malicious prosecution of a person and any injury-causing event associated with employment, whether it occurs before, during or after employment of that person.

CA 25 14 – Broadened Coverage – Garages

The exclusion for damages arising out of the infringement of copyright, patent, trademark, trade secret or other intellectual property rights under Personal And Advertising Injury Liability Coverage is reinforced so that it does not apply to personal and advertising injury arising out of the use of another's advertising idea in the named insured's advertisement.

CA 03 01 – Deductible Liability Insurance

CA 03 02 – Deductible Liability Insurance

These endorsements are revised to reinforce that only one deductible option applies: either a combined single-limit Liability Coverage Deductible or a Property Damage Only Liability Coverage Deductible.

CA 20 05 – Drive-away Contractors

The Schedule in this endorsement is revised to indicate that the rating of physical damage coverage is now based upon the estimated annual gross receipts in lieu of cost of hire.

CA 20 06 – Driving Schools – Non-owned Autos

This endorsement is revised to include "Non-owned Autos" in the title and to reformat the table in the Schedule to include a new column for "number of owned autos used for driver training".

CA 20 21 – Snowmobiles

The Schedule is revised to remove Comprehensive and Collision as these coverages are insured on a stated amount basis via Stated Amount Insurance Endorsement **CA 99 28**. Also, "Other (non-Physical Damage) Coverage" is added to the Schedule. To accommodate coverage at various limits, the hardcoded limit of \$500 for Medical Payments in the Schedule is deleted. The inapplicability of the exclusions in the Schedule is revised to use a check box approach in lieu of listing the additional premium. Paragraph **B.1.** is deleted, as this exclusion is currently reflected throughout the underlying coverage forms. In addition, the exclusions are generally reinforced to apply only to the vehicles shown in the Schedule of the endorsement.

CA 99 23 – Rental Reimbursement Coverage

This endorsement is revised to remove the Column for "Auto No." in the Schedule in light of the inclusion of a column for "Designation or Description of Covered 'Autos' to which this insurance applies".

CA 99 30 – Tapes, Records And Discs Coverage

A space for the entry of the description or designation of covered autos is added. Additionally, Paragraph **A.** is introduced to provide that the coverage provided applies only to the covered autos described or designated in the Schedule.

CA 99 47 – Employee As Lessor

Paragraph **A.** is revised to reinforce that any auto listed in the Schedule will be considered a covered "auto" that the insured owns.

CA 99 37 – Garagekeepers Coverage

CA 99 59 – Garagekeepers Coverage – Customers' Sound-receiving Equipment

The definition of "customer's auto" is reinforced to expressly provide coverage for autos that are in the care of the garagekeeper without regard to the request or consent of the vehicle's owner.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI CHANGES – POLLUTION EXCLUSION

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Missouri, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Covered Autos Liability Coverage

The following is added to the **Pollution** Exclusion:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

B. Changes In General Liability Coverages

With respect to the Auto Dealers Coverage Form:

1. The following is added to Exclusion **2.f. Pollution** of Paragraph **A. Bodily Injury And Property Damage Liability**, or to any amendment to or replacement thereof:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

2. The following is added to Exclusion **2.i. Pollution** of Paragraph **B. Personal And Advertising Injury Liability**:

This Pollution Exclusion applies even if such irritant or contaminant has a function in your business, operations, premises, site or location.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI UNINSURED MOTORISTS COVERAGE

For a covered "auto" registered or principally garaged in, or "auto dealer operations" conducted in, Missouri, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. No judgment for damages arising out of a "suit" brought against the owner or operator of an "uninsured motor vehicle" is binding on us unless we have:
 - a. Received reasonable notice of the pendency of the "suit" resulting in the judgment; and
 - b. Had a reasonable opportunity to protect our interests in the "suit".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members". However, this does not include any "family member", other than the Named Insured's spouse, who owns an "auto".
 - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

- 1. Any claim settled without our consent, if the settlement or judgment prejudices our right to recover payment. However, this exclusion applies only to the extent that the limits of liability for Uninsured Motorists Coverage exceed the minimum limits of liability required by the financial responsibility law of Missouri.
- 2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 3. "Bodily injury" sustained by any person while "occupying" or struck by any vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto". However, this exclusion does not apply to an individual Named Insured.
- 4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 5. Punitive or exemplary damages.
- 6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Coverage shown in the Schedule or Declarations.

However, if "bodily injury" to which this coverage applies is sustained by any person other than an individual Named Insured or any "family member", the Limit of Insurance shown in the Schedule or Declarations for this coverage is also the most we will pay regardless of the number of covered "autos".

- 2. If there are two or more covered "autos" that are not trailers, and "bodily injury" is sustained by an individual Named Insured or any "family member", our Limit of Insurance for any one "accident" is the sum of the limits applicable to each covered "auto" which is not a "trailer". Subject to this maximum limit of liability for all damages:

- a. The most we will pay for all damages sustained in such "accident" by an "insured" other than an individual Named Insured or any "family member" is that "insured's" pro rata share of the limit shown in the Schedule or Declarations for this coverage at the time of the "accident".
- b. An individual Named Insured or any "family member" who sustains "bodily injury" in such "accident" will also be entitled to a pro rata share of the limit described in Paragraph a. above.

A person's pro rata share is the proportion that that person's damages bears to the total damages sustained by all "insureds".

- 3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage form attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible. However, this does not include any amounts paid or payable under medical payments or any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The Conditions are changed for Missouri Uninsured Motorists Coverage as follows:

- 1. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible uninsured motorists insurance.

- 2. Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Promptly send us copies of the legal papers if a "suit" is brought.

- 3. Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

- 4.** The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", both parties may agree to an arbitration and to be bound by the results of that arbitration. However, disputes concerning coverage under this endorsement may not be arbitrated. If both parties so agree, then each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

- 5. Two Or More Coverage Forms Or Policies Issued By Us** does not apply.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - c. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must either:
 - (1) Hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
 - (2) Cause "bodily injury" to an "insured" without hitting an "insured", a covered "auto" or a vehicle an "insured" is "occupying". The facts of the "accident" must be proved. We may request supporting evidence beyond the testimony of a person making a claim under this or any similar coverage to support the validity of such claim.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law; or
- b. Designed for use mainly off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI UNDERINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Missouri, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle".
2. We will pay under this coverage only if Paragraph **a.** or **b.** below applies:
 - a. The limit of any applicable liability bonds or policies has been exhausted by payment of judgments or settlements; or

- b. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle", and we:

- (1) Have been given prompt written notice of such tentative settlement; and
 - (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.
3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members". However, this does not include any "family member", other than the Named Insured's spouse, who owns an "auto".
 - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
2. "Bodily injury" sustained by any person while "occupying" or struck by any vehicle owned by the Named Insured or if the Named Insured is an individual, any "family member", that is not a covered "auto". However, this exclusion does not apply to an individual Named Insured.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the limit of Underinsured Motorists Coverage shown in the Schedule or Declarations.
2. We will not pay for any element of "loss" if a person is entitled to receive duplicate payment under any of the following or similar law:
 - a. Workers' compensation law; or
 - b. Disability benefits law.
3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and this policy's Covered Autos Liability Coverage.
4. We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

E. Changes In Conditions

The Conditions are changed for Missouri Underinsured Motorists Coverage as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

 - a. The maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
 - b. Subject to all other provisions of this policy, including but not limited to:
 - (1) Exclusion C.2. of this endorsement;
 - (2) Paragraph D. Limit Of Insurance of this endorsement;
 - (3) Paragraph E.1.a. of the Other Insurance Condition of this endorsement; and

(4) The Two Or More Coverage Forms Or Policies Issued By Us Condition of this policy;

any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible underinsured motorists insurance providing coverage on a primary basis.

c. If the coverage under this Coverage Form is provided:

(1) On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.

(2) On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss in the Business Auto and Motor Carrier Coverage Forms and Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions in the Auto Dealers Coverage Form are changed by adding the following:

- a.** Promptly notify the police if a hit-and-run driver is involved;
- b.** Promptly send us copies of the legal papers if a "suit" is brought; and
- c.** A person seeking Underinsured Motorists Coverage must also promptly notify us in writing of a tentative settlement between the "insured" and the insurer of the "underinsured motor vehicle" and allow us to advance payment to that "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle".

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights do not apply under this provision with respect to damages caused by an "accident" with an "underinsured motor vehicle" if we:

- a.** Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle"; and
- b.** Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a.** That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Underinsured Motorists Coverage; and
- b.** We also have a right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a.** If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", both parties may agree to an arbitration and to be bound by the results of that arbitration. However, disputes concerning coverage under this endorsement may not be arbitrated. If both parties so agree, then each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b.** Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

- 1.** "Family member" means a person related to an individual Named Insured by blood, marriage or adoption, who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.
3. "Underinsured motor vehicle" means a land motor vehicle or "trailer" for which a "bodily injury" liability bond or policy applies at the time of an "accident", but the amount paid for "bodily injury" under that bond or policy to an "insured" is not enough to pay the full amount the "insured" is legally entitled to recover as damages.

However, "underinsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law; or
- b. Designed for use mainly off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA CHANGES – CONCEALMENT, MISREPRESENTATION OR FRAUD

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART – FARM PROPERTY – OTHER FARM PROVISIONS FORM – ADDITIONAL
COVERAGES, CONDITIONS, DEFINITIONS
FARM COVERAGE PART – LIVESTOCK COVERAGE FORM
FARM COVERAGE PART – MOBILE AGRICULTURAL MACHINERY AND EQUIPMENT COVERAGE FORM
STANDARD PROPERTY POLICY

A. When this endorsement is attached to the **Standard Property Policy CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.

B. The **Concealment, Misrepresentation Or Fraud** condition is replaced by the following:

Except as provided in Paragraphs **C.** and **D.**, we do not provide coverage in any case of fraud by you as it relates to this Coverage Part at any time. We also do not provide coverage if you or any other insured ("insured"), at any time, intentionally conceal or misrepresent a material fact concerning:

1. This Coverage Part;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this Coverage Part.

C. The **Concealment, Misrepresentation Or Fraud** condition in the Commercial Auto Coverage Part is replaced by the following:

We do not provide coverage in any case of fraud by you at any time as it relates to this Coverage Part. We also do not provide coverage if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

1. This Coverage Part;
2. The covered "auto";

3. Your interest in the covered "auto"; or

4. A claim under this Coverage Part.

However, this provision does not apply, but only up to the compulsory or financial responsibility limits required by Oklahoma law, if an "accident" results in a third party liability claim against the "insured" under this Coverage Part.

D. Under the Kidnap/Ransom And Extortion Coverage Form, the **Concealment, Misrepresentation Or Fraud** condition is replaced by the following:

We do not provide coverage in any case of fraud by you as it relates to this insurance at any time. We also do not provide coverage if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This insurance;
2. A person insured under this insurance;
3. The "property" covered under this insurance;
4. Your interest in the "property" covered under this insurance; or
5. A claim under this insurance.

OKLAHOMA NOTICE

The following statement is added to the policy:

WARNING:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information, is guilty of a felony.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA CHANGES

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Covered Autos Liability Coverage

1. Paragraph **C. Limit Of Insurance** in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.5. Limit Of Insurance – Covered Autos Liability** in the Auto Dealers Coverage Form are changed by adding the following:

Covered Autos Liability Coverage is provided in this Coverage Part in accordance with coverage required by the Compulsory Insurance Law of Oklahoma.

2. Paragraph **2.b.(4)** of the **Who Is An Insured** provision of the Auto Dealers Coverage Form does not apply.

B. Changes In Conditions

1. Paragraph **c.(2)** of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms and Paragraph **c.(2)** of the **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** Condition in the Auto Dealers Coverage Form are replaced by the following:

- (2) Take all reasonable steps, at our expense, to protect the covered "auto" from further damage. Also, keep a record of your expenses for consideration in the settlement of the claim.

2. The **Other Insurance** Condition in the Auto Dealers and Business Auto Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are changed by adding the following:

When two policies providing liability coverage apply to an "auto" and:

- a. One provides coverage to a named insured who is an authorized motor vehicle dealer; and
- b. The other provides coverage to a person not engaged in that business; and
- c. At the time of an "accident" a person described in **b.** is operating the "auto", then that person's liability insurance is primary and the dealer's liability insurance is excess over any insurance available to that person, provided:
 - (1) The person is operating the "auto" with the permission of the dealer;
 - (2) The change in financial responsibility is evidenced by a release signed by the person operating the "auto"; and
 - (3) No fee or lease charge has been made by the dealer for the use of the "auto".

OKLAHOMA FRAUD STATEMENT

WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Wisconsin, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Covered Autos Liability Coverage

1. If your business is other than selling, servicing, repairing or parking "autos", **Who Is An Insured** is changed to include an officer, agent or "employee" of such business while using a covered "auto". However, that person is an "insured" only if he or she has no other valid and collectible insurance with at least the applicable minimum limit specified in WIS. STAT. ch. 344. In this event, coverage will be provided only up to the applicable minimum limit specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - a. \$60,000 for each "accident" for "bodily injury" and "property damage", if the limit of liability is a single limit that applies for each "accident"; or
 - b. \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.
2. If your business is selling, servicing, repairing or parking "autos", **Who Is An Insured** is changed to include anyone other than an officer, agent or "employee" of such business while using a covered "auto". However, that person is an "insured" only if he or she has no other valid and collectible insurance with at least the applicable minimum limit specified in WIS. STAT. ch. 344. In this event, coverage will be provided only up to the applicable minimum limit specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - a. \$60,000 for each "accident" for "bodily injury" and "property damage", if the limit of liability is a single limit that applies for each "accident"; or
 - b. \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.

3. The following is added to **Who Is An Insured:**

Anyone else is an "insured" while using a covered "auto" you own with your or any adult "family member's" permission.

4. The Auto Dealers Coverage Form is changed as follows:

a. Paragraph **2.b.(4)(a)** of the **Who Is An Insured** provision is replaced by the following:

(a) Has no other available insurance (whether primary, excess or contingent), they are an "insured" but only up to \$60,000 for each "accident", which is the minimum combined single limit of liability specified in WIS. STAT. ch. 344.

b. Paragraph **2.b.(4)(b)** of the **Who Is An Insured** provision is replaced by the following:

(b) Has other available insurance (whether primary, excess or contingent), less than the applicable minimum limit for "bodily injury" or "property damage" liability specified in WIS. STAT. ch. 344, they are an "insured" only for the amount by which the applicable minimum limit of liability exceeds the limit of their other insurance. The applicable minimum limit is:

(i) \$60,000 for each "accident" for "bodily injury" or "property damage", if the limit of liability is a single limit that applies for each "accident"; or

(ii) \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.

5. Paragraph **1.b.(4)** of the **Who Is An Insured** provision in the Motor Carrier Coverage Form does not apply.

6. The **Fellow Employee** Exclusion does not apply if the "bodily injury" results from the use of a covered "auto" you do not own or lease.

B. Changes In Conditions

1. The lead-in to the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms and the **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** Condition in the Auto Dealers Coverage Form is replaced by the following:

We have no duty to provide coverage under this policy if failure to comply with the following duties is prejudicial to us:

2. The first sentence of Paragraph **a.** in the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms is replaced by the following:

a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representatives notice as soon as reasonably possible of the "accident" or "loss".

3. The first sentence of Paragraph **a.** in the **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** Condition in the Auto Dealers Coverage Form is replaced by the following:

a. In the event of "accident", claim, "suit", offense, "loss" or "act, error or omission", you must give us or our authorized representatives notice as soon as reasonably possible of the "accident", offense, "loss" or "act, error or omission".

4. The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

We shall be entitled to a recovery only after the "insured" has been fully compensated for damages.

5. The **Legal Action Against Us** Condition does not apply.

6. The following is added to the **Concealment, Misrepresentation Or Fraud** Condition:

No oral or written statement, representation or warranty made by the "insured" or on his or her behalf in the negotiation for or procurement of this Coverage Form shall be deemed material or defeat or void this Coverage Form, unless such statement, representation or warranty was false and made with intent to deceive, or unless the matter misrepresented or made a warranty, increased the risk or contributed to the "loss". In addition, no breach of a warranty in this Coverage Form shall defeat or void this Coverage Form unless the breach of such warranty increased the risk at the time of "loss", or contributed to the "loss", or existed at the time of the "loss".

Our authorized representative's knowledge will be considered our knowledge. If our authorized representative knows before an "accident" or "loss", and if applicable, offense or "act, error or omission", something which violates a policy condition, this will not void the policy or defeat a recovery for a claim.

If we elect to rescind this policy, we will notify the "insured" of our intention within 60 days after acquiring knowledge of sufficient facts to constitute grounds for rescission.

7. The following condition is added:

Conformity To Statute Or Rule

Any provision of this Coverage Part (including endorsements which modify the Coverage Part) that is in conflict with a Wisconsin statute or rule is hereby amended to conform to that statute or rule.

The term rule means a valid rule promulgated by the Commissioner of Insurance in accordance with the rule-making authority conferred under WIS. STAT. Section 227.11(2) and published in the Wisconsin Administrative Code.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN UNINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Wisconsin, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- c. Anyone else "occupying" an "auto" you do not own who is an "insured" for Covered Autos Liability under the Coverage Form, but only at times when that person is an "insured" for Covered Autos Liability under the Coverage Form.
- d. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone else "occupying" an "auto" you do not own who is an "insured" for Covered Autos Liability under the Coverage Form, but only at times when that person is an "insured" for Covered Autos Liability under the Coverage Form.
- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

- 1. Any claim settled without our consent.
- 2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 3. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other Coverage Form or policy.
- 4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 5. Punitive or exemplary damages.

6. "Bodily injury" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
- 2. The Limit of Insurance under this coverage shall be reduced by:
 - a. All sums paid or payable under any workers' compensation, disability benefits or similar law; and
 - b. All sums paid by or for anyone who is legally responsible, including all sums paid under this Coverage Form's Liability Coverage.
- 3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage form, Underinsured Motorists Coverage endorsement or Uninsured Motorists Coverage endorsement.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not make a duplicate payment to the extent amounts are paid or payable because of "bodily injury" under workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The **Conditions** are changed for Uninsured Motorists Coverage as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.
- c. If the coverage under this Coverage Form is provided:
 - (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
 - (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and

- b. Promptly send us copies of the legal papers if a "suit" is brought.

3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

- a. We shall be entitled to the right to recover damages from another only after the "insured" has been fully compensated for damages.
- b. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid only after the "insured" has been fully compensated for damages.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the applicable minimum limit for "bodily injury" liability specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - (1) \$50,000 for each "accident", if the limit of liability is a single limit that applies for each "accident"; or
 - (2) \$25,000 for each person/\$50,000 for each "accident", if the limit of liability is indicated as a split limit;
 - b. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - c. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying", or must hit another vehicle that hits an "insured", a covered "auto" or a vehicle an "insured" is "occupying".
 - d. That is a phantom motor vehicle and neither the driver nor owner can be identified. The vehicle must make no physical contact with the insured nor with a vehicle the insured is occupying, and all of the following must apply:
 - (1) The facts of the accident must be corroborated by competent evidence that is provided by someone other than the "insured" or any other person who makes a claim against the uninsured motorists coverage as a result of the accident;

- (2) Within 72 hours after the accident, the "insured" or someone on behalf of the "insured" must report the accident to a police, peace or judicial officer or to the department of transportation or, if the accident occurs outside of Wisconsin, the equivalent agency in the state where the accident occurs; and
- (3) Within 30 days after the accident occurs, the "insured" or someone on behalf of the "insured" must file with the insurer a statement under oath that the "insured" or a legal representative of the "insured" has a cause of action arising out of the accident for damages against a person whose identity is not ascertainable and setting forth the facts in support of the statement.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned by a governmental unit or agency;
- b. Operated exclusively on rails or crawler treads;
- c. Designed for use mainly off public roads while not on public roads;
- d. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer which is or becomes insolvent; or
- e. That is an underinsured motor vehicle.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN UNDERINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Wisconsin, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy or as of the date indicated below.

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle".
2. We will pay under this coverage only if Paragraph **a.** or **b.** below applies:
 - a.** The limits of any applicable liability bonds or policies have been exhausted by payment of judgments or settlements; or
 - b.** A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle", and we:
 - (1) Have been given prompt written notice of such tentative settlement; and

- (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a.** The Named Insured and any "family members".
 - b.** Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
- 2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

- 1. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 2. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Underinsured Motorists Coverage under this Coverage Form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Underinsured Motorists Coverage under this Coverage Form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Underinsured Motorists Coverage on a primary basis under any other Coverage Form or policy.
- 3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 4. Punitive or exemplary damages.
- 5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Underinsured Motorists Coverage shown in the Schedule or Declarations.
- 2. The Limit of Insurance under this coverage shall be reduced by:
 - a. All sums paid or payable under any workers' compensation, disability benefits or similar law; and
 - b. All sums paid by or for anyone who is legally responsible, including all sums paid under this Coverage Form's Covered Autos Liability Coverage.
- 3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage form, Underinsured Motorists Coverage endorsement or Uninsured Motorists Coverage endorsement.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not make a duplicate payment to the extent amounts are paid or payable because of "bodily injury" under workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The conditions are changed for Underinsured Motorists Coverage as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible underinsured motorists insurance providing coverage on a primary basis.
- c. If the coverage under this Coverage Form is provided:
 - (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
 - (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly send us copies of the legal papers if a "suit" is brought; and

- b. Promptly notify us, in writing, of a tentative settlement between an "insured" and the insurer of the "underinsured motor vehicle", and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle". However, this Provision **2.b.** does not apply if failure to notify us does not prejudice our rights against the insurer, owner or operator of such "underinsured motor vehicle".

3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

- a. We shall be entitled to the right to recover damages from another only after the "insured" has been fully compensated for damages.
- b. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid only after the "insured" has been fully compensated for damages.

Our rights do not apply under this provision with respect to Underinsured Motorists Coverage if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Underinsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Underinsured motor vehicle" means a land motor vehicle or "trailer" for which the sum of all liability bonds or policies, at the time of an "accident", provides at least the applicable minimum limit for bodily injury liability specified in WIS. STAT. ch. 344 but that sum is less than the Limit of Insurance of this coverage. The applicable minimum limit is:
 - a. \$50,000 for each "accident", if the limit of liability is a single limit that applies for each "accident"; or
 - b. \$25,000 for each person/\$50,000 for each "accident", if the limit of liability is indicated as a split limit.However, "underinsured motor vehicle" does not include any vehicle:
 - a. Owned or operated by a self-insurer under any applicable motor vehicle law;
 - b. Owned by a governmental unit or agency;
 - c. Operated exclusively on rails or crawler treads;
 - d. Designed for use mainly off public roads while not on public roads; or
 - e. That is an "uninsured motor vehicle".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical, chiropractic and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.
4. Anyone else "occupying" an "auto" you do not own who is an "insured" for liability under the Coverage Form, but only at times when that person is an "insured" for liability under the Coverage Form.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.
3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.

8. "Bodily injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

E. Changes In Conditions

The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KANSAS CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Kansas, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. Changes In Covered Autos Liability Coverage

1. The paragraph within **Supplementary Payments** relating to court costs taxed against the "insured" is replaced by the following:

All costs taxed against the "insured" in any "suit" against the "insured" we defend.

2. Paragraph **2.b.(4)** of the **Who Is An Insured** provision of the Auto Dealers Coverage Form does not apply.
3. For coverage and limits required by the Kansas Financial Responsibility law, **Exclusions** is changed as follows:

- a. The **Workers' Compensation** Exclusion is replaced by the following:

Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or any similar law.

- b. The **Employee Indemnification And Employers' Liability** Exclusion is replaced by the following:

Employee Indemnification And Employers' Liability

This coverage does not apply to "bodily injury" to any "employee" of the "insured" arising out of and in the course of the "employee's" employment by the "insured" or while performing duties related to the conduct of the "insured's" business if benefits are required or available for the "employee" under any workers' compensation or disability benefits law or under any similar law. This exclusion does not apply to liability assumed by the "insured" under an "insured contract".

- c. The **Fellow Employee** Exclusion is replaced by the following:

Fellow Employee

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

- d. The **Care, Custody Or Control** Exclusion is replaced by the following:

Care, Custody Or Control

This coverage does not apply to "property damage" to property owned by, rented to, or in charge of or transported by an "insured". However, this exclusion does not apply to "property damage" to a rented residence or private garage or to liability assumed by the "insured" under a sidetrack agreement.

- e. The following is added to the **War** Exclusion:

This exclusion applies only to the extent that the limit of insurance for this coverage in this policy exceeds the limit required by the Kansas Automobile Injury Reparations Act.

- f. The **Racing** Exclusion does not apply.

- g. The exclusion relating to "bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, release or escape of pollutants does not apply if the discharge, dispersal, release or escape is sudden and accidental.

4. Our Limit of Insurance applies except that we will apply the limit shown in the Declarations to first provide the separate limits required by Kansas law as follows:

- a. \$25,000 for "bodily injury" to any one person caused by any one "accident";
- b. \$50,000 for "bodily injury" to two or more persons caused by any one "accident"; and
- c. \$25,000 for "property damage" caused by any one "accident".

This provision will not change our limit of insurance.

B. Changes In Physical Damage Coverage

1. The "Diminution In Value" Exclusion does not apply.
2. The Limits Of Insurance provision with respect to repair or replacement resulting in better than like kind or quality in any coverage form or endorsement does not apply.

C. Changes In Conditions

1. The following is added to the **Loss Payment – Physical Damage Coverages** Condition:

An "auto" shall be deemed a total "loss" when such "auto" is required to be registered in this state and has been directly and accidentally wrecked or damaged to the extent that the total cost of repair is 75% or more of the fair market value, in accordance with KAN. STAT. ANN. § 8-197(b)(2).

2. The **Concealment, Misrepresentation Or Fraud** General Condition is replaced by the following:

Concealment, Misrepresentation Or Fraud

We will not pay under this coverage form if you or any other "insured" in relation to an insurance application, rating, claim or coverage under this policy knowingly and with intent to defraud:

- a. Presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement which such person knows to contain materially false information concerning any material fact; or

- b. Conceals information concerning any material fact for the purpose of misleading.

3. The **Appraisal For Physical Damage Loss** Condition is replaced by the following:

Appraisal For Physical Damage Loss

If, after a claim has been made, a dispute arises because you and we disagree on the amount of the "loss", either party may make a written request for an appraisal of the "loss". **However, an appraisal will be made only if both you and we agree, voluntarily, to have the loss appraised.** If so agreed, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraiser and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

An appraisal decision will be binding.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Policy Number: 1000199019171 **Effective Date:** 4/1/2017
Named Insured: Virtus Group LLC

EXTENSION SCHEDULE OF NAMED INSUREDS

This endorsement modifies insurance provided under the:

**BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIERS COVERAGE FORM
TRUCKERS COVERAGE FORM**

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds.

Virtus Group of California, LLC ; National Drying Technologies ; American Moisture Control, Inc.

All other terms, conditions and exclusion of this policy remain unchanged.

SICA 1013 (03/12)

Page 1 of 1

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KANSAS CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

- A.** If you are an individual and a covered "auto" you own is of the "private passenger type", and this Policy covers fewer than five "autos" and does not insure the motor vehicle hazard of garages, motor vehicle sales agencies, repair shops, service stations or public parking places, the Cancellation Common Policy Condition does not apply to that "auto". The following condition applies instead:

Ending This Policy

1. Cancellation

- a.** You may cancel the Policy by mailing or delivering to us advance written notice of cancellation.
- b.** We may cancel this Policy by mailing you notice of cancellation. If we cancel for nonpayment of premium, we will mail you at least 10 days' notice. If we cancel for any other reason, we will mail you at least 30 days' written notice.
- c.** When this Policy is in effect 60 days or more or is a renewal or continuation policy, we may cancel **Covered Autos Liability Coverage** and **Personal Injury Protection** only for one or more of the following reasons:
 - (1)** Nonpayment of premium.
 - (2)** Fraudulent misrepresentation in obtaining this Policy.
 - (3)** The "insured" violates any terms or conditions of the Policy.

- (4)** You or any other operator who either resides in the same household or customarily operates a covered "auto":
 - (a)** Has had his or her driver's license suspended or revoked during the policy period.
 - (b)** Is or becomes subject to epilepsy or heart attacks and cannot produce a physician's certificate stating that he or she can operate a motor vehicle safely.
 - (c)** Has been convicted during the policy period or 36 months before it, for:
 - (i)** Any felony;
 - (ii)** Criminal negligence resulting in death, homicide or assault, arising from the operation of a motor vehicle;
 - (iii)** Driving a motor vehicle while intoxicated or under the influence of drugs;
 - (iv)** Leaving the scene of an "accident" without stopping to report;
 - (v)** Theft of a motor vehicle;
 - (vi)** Making false statements when applying for a driver's license; or
 - (vii)** A third moving violation, committed within a period of 18 months of:
 - i.** Any regulation limiting the speed of motor vehicles;

- ii. Any of the provisions in the motor vehicle laws of any state, the violation of which constitutes a misdemeanor or traffic infraction; or
 - iii. Any ordinance traffic infraction, or ordinance which prohibits the same acts as a misdemeanor statute of the uniform act regulating traffic on highways, whether or not the violations were repetitions of the same offense or were different offenses.
- (5) We replace this Policy with another one providing similar coverages and the same limits for the covered "auto". The replacement policy will take effect when this Policy is cancelled, and will end a year after this Policy begins or on this Policy's expiration date, whichever is earlier.
- d. Renewal or continuation of this Policy does not act as a waiver or estoppel of any reasons for cancellation which existed before the effective date of renewal or continuation.
- e. If this Policy is cancelled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not offered a refund.
- f. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

2. Nonrenewal

- a. If we decide not to renew or continue this Policy, we will mail you written notice at least 30 days before the end of the policy period.
- b. We may not renew or continue this Policy only for one or more of the following reasons:
 - (1) When we are required or have been permitted by the commissioner of insurance, in writing, to reduce premium volume in order to preserve our financial integrity.
 - (2) When we cease to transact such business in this state.

- (3) When we are able to show competent medical evidence that the insured has a physical or mental disablement that impairs his or her ability to drive in a safe and reasonable manner.
- (4) When unfavorable underwriting factors, pertinent to the risk, are existent, and of a substantial nature, which could not have reasonably been ascertained by us at the initial issuance or the last renewal of the Policy.
- (5) When the Policy has been continuously in effect for a period of five years, provided that such five-year period shall begin at the first anniversary date following the policy effective date.
- (6) When any of the reasons specified as reasons for cancellation are existent.
- c. If we offer to renew or continue this Policy and you do not accept, this Policy will terminate at the end of the policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.
- d. If we fail to mail proper notice of nonrenewal and you obtain other insurance, this Policy will end on the effective date of that insurance.

3. Mailing Of Notices

We will mail any notice of cancellation or nonrenewal by certified or registered mail, United States Post Office certificate of mailing or any other mail tracking method currently used, approved or accepted by the United States Postal Service to your last mailing address known to us. Proof of mailing will be sufficient proof of notice.

- B. For all policies not described in Paragraph A. above, the **Cancellation** Common Policy Condition does not apply. The following condition applies instead:

Ending This Policy

1. Cancellation

- a. You may cancel the Policy by returning it to us or by giving us advance notice of the date cancellation is to take effect.
- b. We may cancel this Policy by mailing you written notice of cancellation, stating our reasons for cancellation. If we cancel for nonpayment of premium, we will mail you at least 10 days' notice. If we cancel for any other reason, we will mail you at least 30 days' notice.

- c. When this Policy is in effect for 90 days or more or is a renewal or continuation policy, we may cancel only for one or more of the following reasons:
 - (1) Nonpayment of premium.
 - (2) This Policy was issued because of material misrepresentation.
 - (3) Any "insured" violated any of the material terms and conditions of this Policy.
 - (4) Unfavorable underwriting factors, specific to the "insured", exist that were not present at the inception of this Policy.
 - (5) A determination by the insurance commissioner that continuation of coverage could place us in a hazardous financial condition or in violation of the laws of Kansas.
 - (6) A determination by the insurance commissioner that we no longer have adequate reinsurance to meet our needs.
- d. The effective date of cancellation stated in the notice shall become the end of the policy period.
- e. If this Policy is cancelled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not offered a refund.

2. Nonrenewal

- a. If we decide not to renew or continue this Policy, we will mail you written notice at least 60 days before the end of the policy period stating the reasons for nonrenewal. If we offer to renew or continue and you do not accept, this Policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.
- b. If we fail to mail proper notice and you obtain other insurance, this Policy will end on the effective date of that insurance.

3. Mailing Of Notices

Any notice of cancellation or nonrenewal will be mailed by certified or registered mail, United States Post Office certificate of mailing or any other mail tracking method currently used, approved or accepted by the United States Postal Service to the first named insured's last mailing address known to us. Proof of mailing of any notice will be sufficient proof of notice.

4. Notice To Director Of Vehicles

If you are a Vehicle Dealer or Mobile Home Dealer, the following provision applies:

If the Policy is cancelled, we will notify the Director of Vehicles 30 days before the effective date of cancellation.



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

Additional Insured – Where Required Under Written Contract or Written Agreement Endorsement

Policy Number: 1000199019171

Effective Date: 4/1/2017 at 12:01 A.M.

Named Insured: Virtus Group LLC

This endorsement modifies the insurance coverage form(s) listed below that have been purchased by you and evidenced as such on the declarations page. Please read the endorsement and respective policy(ies) carefully.

Business Auto Coverage Form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is hereby agreed that **SECTION II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured**, is amended to include the following:

- d. Any person or organization whom you become obligated to include as an additional insured under this policy, as a result of any written contract or written agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:

- (1) The coverage and/or limits of this policy, or

- (2) The coverage and/or limits required by said written contract or written agreement.

All other terms and conditions of this Policy remain unchanged.

Signed for STARR INDEMNITY & LIABILITY COMPANY

Charles H. Dangelo, President

Nehemiah E. Ginsburg, General Counsel

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI CHANGES

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Missouri, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

A. The following is added to **Supplementary Payments:**

Prejudgment interest awarded against the "insured" on the part of the judgment we pay. If we make an offer to pay the applicable Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.

B. Changes In Covered Autos Liability Coverage

1. Paragraph **2.b.(4)** of the **Who Is An Insured** Provision in the Auto Dealers Coverage Form is replaced by the following:

(4) Your customers. However, those customers are "insureds" up to the compulsory or financial responsibility law limits where the covered "auto" is principally garaged.

2. Paragraph **1.b.** of the **Who Is An Insured** Provision in the Business Auto and Motor Carrier Coverage Forms and Paragraph **2.b.** of the **Who Is An Insured** Provision in the Auto Dealers Coverage Form are changed by adding the following:

(6) If you are an individual, any member of your household, other than your spouse, who is related to you by blood or adoption, including a ward or foster child, who owns an "auto".

3. If your business is other than selling, repairing or servicing "autos", the **Care, Custody Or Control** Exclusion does not apply to "property damage" to or "covered pollution cost or expense" involving an "auto" loaned to you, with or without consideration, by a person engaged in the business of selling, repairing or servicing "autos" as a temporary substitute for an "auto" you own.

C. Changes In Conditions

1. The **Appraisal For Physical Damage Loss** Condition is replaced by the following:

If you and we disagree on the amount of "loss", both parties may agree to an appraisal of the "loss" and to be bound by the results of that appraisal. If both parties so agree, then each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. The following is added to the **Concealment, Misrepresentation And Fraud** Condition:

With respect to Covered Autos Liability Coverage, this condition only applies in excess of the minimum limits of liability required by the Missouri Financial Responsibility Laws.

3. If your business is other than selling, repairing or servicing "autos", the following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form:

Covered Autos Liability Coverage is primary for any temporary substitute for an "auto" you own if the substitute "auto" is operated by an "insured" and is loaned to you, with or without consideration, by a person engaged in the business of selling, repairing or servicing "autos".

4. If your business is selling, repairing or servicing "autos", the following is added to the **Other Insurance** Condition in the Auto Dealers and Business Auto Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form:

Covered Autos Liability Coverage is excess for any "auto" you own if operated by a customer to whom you have loaned the "auto", with or without consideration, as a temporary substitute for an "auto" owned by the customer.

- D. The following provision is added:

Missouri Property And Casualty Insurance Guaranty Association Coverage Limitations

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (to be referred to as the Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (to be referred to as the Association), the Association will pay claims covered under the Act if we become insolvent.

2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitations apply subject to all other provisions of the Act:

- a. Claims covered by the Association do not include a claim by or against an "insured" of an insolvent insurer, if the "insured" has a net worth of more than \$25 million on the later of the end of the "insured's" most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes insolvent; provided that an "insured's" net worth on such date shall be deemed to include the aggregate net worth of the "insured" and all of its affiliates as calculated on a consolidated basis.

- b. Payments made by the Association for covered claims will include only that amount of each claim which is less than \$300,000.

However, the Association will not:

- (1) Pay an amount in excess of the applicable Limit of Insurance of the policy from which a claim arises; or
- (2) Return to an "insured" any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA UNINSURED MOTORISTS COVERAGE – NON-STACKED

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Oklahoma, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: Virtus Group LLC

Endorsement Effective Date: 4/1/2017

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

We will pay, in accordance with Title 36, Oklahoma Statutes, all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to:

1. "Bodily injury" sustained by:
 - a. Any person who is a "family member" while "occupying", or when struck by, any motor vehicle owned by that person which is not insured for Uninsured Motorists Coverage at the time of the "accident" and to whom no other Uninsured Motorists Coverage is available.
 - b. Any "insured" while "occupying" an "auto":
 - (1) Owned by the Named Insured or any person who is a "family member"; or
 - (2) Furnished or available for the regular use of the Named Insured or any person who is a "family member";if such "auto" is not insured under a motor vehicle insurance policy at the time of the "accident".
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
2. Any payment made by or on behalf of the owner or operator of a vehicle described in Paragraph **F.3.b.** of the definition of an "uninsured motor vehicle" shall not reduce or be a credit against our limit of insurance.
3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage Form or Medical Payments Coverage endorsement attached to this Policy.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

E. Changes In Conditions

The **Conditions** of the Policy are changed for **Uninsured Motorists Coverage**, as follows:

1. **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

 - a. The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy providing coverage on either a primary or excess basis.
 - b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.

c. If the coverage under this Coverage Form is provided:

- (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of insurance bears to the total of all applicable limits of insurance for coverage on a primary basis.
- (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of insurance bears to the total of all applicable limits of insurance for coverage on an excess basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Promptly send us copies of the legal papers if a suit is brought.
- c. A person seeking Uninsured Motorists Coverage must also notify us, in writing, of a tentative settlement between the "insured" and the insurer of an "uninsured motor vehicle" and allow us 60 days to advance payment in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "uninsured motor vehicle". This notice must be sent by certified mail and must include:
 - (1) Written documentation of economic losses;
 - (2) Copies of all medical bills; and
 - (3) Written authorization or a court order allowing us to obtain reports from any employers and medical providers.

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights do not apply under this provision with regard to Uninsured Motorists Coverage if we:

- a. Have been given written notice of a tentative settlement between an "insured" and the insurer of an "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification:

- a. That payment will be separate from any amount an "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and
- b. We also have the right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that is recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Either party may make a written demand for arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply.
- c. Any decision agreed to by the arbitrators will not be binding.
- d. If agreement by arbitration is not reached within three months from the date of demand, the "insured" may bring an action against anyone responsible for the use of a vehicle involved in the "accident".

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle or "trailer" for which there is a liability bond or policy at the time of an accident, the liability limits of which are less than the amount of the claim of the person or persons making such claim, regardless of the amount of coverage of either of the parties in relation to each other;
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - d. That is a hit-and-run vehicle and neither the driver nor owner can be identified.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law; or
- b. Designed for use mainly off public roads while not on public roads.