



Business Auto Policy

Insured Name

KEMBA FINANCIAL CREDIT UNION
555 OFFICENTER PL
GAHANNA, OH 43230-5314

Policy Number

BUA 7014699888

Policy Period

05/28/2021 to 05/28/2022

New Business

Producer Information

LOCKTON COMPANIES, LLC
444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Producer Processing Code

310-060692

CNA Branch

KANSAS CITY
7400 College Blvd
Suite 650
Overland Park, KS 66210

Thank you for choosing CNA!

With your Business Auto Policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

- To report a loss go to www.cna.com/claim or send an email to lossreport@cnaasap.com, or call 877-CNA-ASAP (877-262-2727)
- To find a network provider, go to www.cna.com/claim
- To request loss runs send an email to fsrmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

Risk Control Services

To learn more about our award winning Risk Control Services and how to improve your bottom line, please email us at riskcontrolwebinfo@cna.com, call (866) 262-0540 or visit www.cna.com/riskcontrol.

Commercial Automobile Identification Cards

Evidence of automobile insurance is required and must be produced upon request by law enforcement. Enclosed you will find your Automobile Insurance Identification Cards for each insured auto. The applicable Card must be carried in the insured auto at all times. If you are not the person directly responsible for having these Automobile Identification Cards displayed in each vehicle, please direct these cards to the appropriate person within your organization. The information displayed on the individual card(s) and the quantity supplied is based on the vehicle information provided by your independent CNA Insurance Agent.

**Quality Assurance**

Questions pertaining to this transaction should be referred to CNA Customer Interaction Center at 877-574-0540, Option 3. Please send endorsement requests to ciet@cna.com or fax 877-363-8669.



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BUSINESS AUTO COVERAGE PART DECLARATIONS

ITEM ONE

Named Insured and Mailing Address

Named Insured:

KEMBA FINANCIAL CREDIT UNION

Mailing Address:

555 OFFICENTER PL
GAHANNA, OH 43230-5314

Form of Business

Corporation (Not Otherwise Classified)

Policy Information

Policy Number: 7014699888

Renewal of: New Policy

Insurer's Name and Address:

National Fire Insurance Company of Hartford
151 N Franklin St
Chicago, IL 60606

Producer Information

Producer: LOCKTON COMPANIES, LLC

Producer Address:

444 W 47TH ST
STE 900
KANSAS CITY, MO 64112

Producer Code: 310-060692

Policy Period

05/28/2021 to 05/28/2022 at 12:01 a.m. Standard Time at your mailing address shown above.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all the forms applicable to this policy at the time of policy issuance.

Premium, Surcharges, Taxes and Fees at Issuance

Estimated Business Auto Policy Premium

\$5,041.00

Total Policy Charges

\$5,041.00



Premium Payable and Audit, if applicable

Premium Payable At Inception:	\$5,041
Audit Period	Not Auditable

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 Coverage Part.

Forms and Endorsements Attached to this Policy

See **SCHEDULE OF FORMS AND ENDORSEMENTS**



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 Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbol	Limit	Premium
Covered Auto Liability	1	\$1,000,000	\$3,115
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated in Each Personal Injury Protection Endorsement	
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated in Each Added Personal Injury Protection Endorsement	
Property Protection Insurance (Michigan Only)		Separately Stated in the Property Protection Insurance Endorsement	
Auto Medical Payments	2	\$5,000	\$14
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated in the Medical Expense And Income Loss Benefits Endorsement	
Uninsured Motorists	2	See Uninsured/Underinsured Motorist Supplementary Schedule	\$27
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)	2	See Uninsured/Underinsured Motorist Supplementary Schedule	\$95



ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (CONTINUED)

Coverages	Covered Auto Symbol	Limit	Premium
Physical Damage Comprehensive Coverage	7,8	Actual Cash Value or Cost of Repair, whichever is less, minus See Item Three Deductible for Each Covered Auto, but no deductible applies to Loss caused by Fire or Lightning. See Item Four For Hired or Borrowed Autos.	\$362
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus See Item Three Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism See Item Four For Hired or Borrowed Autos.	
Physical Damage Collision Coverage	7,8	Actual Cash Value or Cost of Repair, whichever is less, minus See Item Three Deductible for Each Covered Auto See Item Four For Hired or Borrowed Autos.	\$283
Physical Damage Towing and Labor	7	\$50 for Each Disablement of a Private Passenger Auto	\$1
Premium for Endorsements			\$1,144
Estimated Total Premium*			\$5,041.00



ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Except for Towing, all Physical Damage Loss is payable to You and the Loss Payee named below according to their interest in the Auto at the time of the Loss.

For The Coverages Shown for Each Covered Auto, Absence of a deductible or limit entry in any column means that the limit or deductible entry in the corresponding Item Two column applies instead.

Vehicle Number	Garage State	Territory	Model Year	Description	Vehicle Identification Number (VIN)	Cost New	Class Code
1	OH	103	2019	PACE TRAILER	53BPTEA18KA044966	\$3,915	68199
2	OH	103	2018	LAND ROVER RANG	SALYB2RV2JA718368	\$64,200	7391

Premium-Limits and Deductibles

Vehicle Number	Liability Premium	PIP Premium	Added PIP Premium	PPI (Michigan) Premium	Medical Payments		Uninsured Motorists Premium	Underinsured Motorists Premium
					Limit	Premium		
1	\$74				\$5,000	\$1	INC	INC
2	\$609				\$5,000	\$13	\$27	\$95

Vehicle Number	Medical Expense Income Loss (VA) Premium	Specified Cause of Loss Premium	Comprehensive		Collision		Towing & Labor Premium	Rental Reimbursement Premium	Total Vehicle Premium
			Deduct	Premium	Deduct	Premium			
1			\$1,000	\$14	\$1,000	\$20		\$27	\$136
2			\$1,000	\$98	\$1,000	\$263	\$1	\$27	\$1,133



ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Covered Autos Liability Coverage – Cost of Hire Rating Basis for Autos NOT Used in Your Motor Carrier Operations (Other than Mobile or Farm Equipment)

State(s)	Covered Autos Liability Coverage	Estimated Annual Cost of Hire	Premium
OH	Excess	If Any	\$378
Total Hired Auto Premium			\$378

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Physical Damage Coverages – Cost of Hire Rating Basis for All Autos (Other than Mobile or Farm Equipment)

Coverages	Limit of Insurance		
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning.		
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
OH	\$100	If Any	\$250
Collision	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto.		
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
OH	\$1,000	If Any	Included
Total Hired Auto Premium			\$250

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.



ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than Garage Service Operations and Other than Social Service Agencies	Number Of Employees	250	\$1,368
Total Non-ownership Covered Autos Liability Premium			\$1,368

ITEM SEVEN

COMMERCIAL AUTOMOBILE LOSS PAYEE SCHEDULE

This Schedule identifies loss payees provided by the Loss Payable Clause endorsement:

Any Loss Payee that has a financial interest in a covered "auto" for which we are providing physical damage coverage for that covered "auto" under this policy.

ITEM EIGHT

ADDITIONAL INSURED (LESSOR) SCHEDULE

This Schedule applies to the Lessor-Additional Insured And Loss Payee endorsement:

Any Lessor of a covered "auto" for which we are providing any coverage for that covered "auto" under this policy.

Chairman of the Board

Secretary



SCHEDULE OF FORMS AND ENDORSEMENTS

Endorsement Number	Form Name	Form Number	Form Edition Date
	IMPORTANT INFORMATION FOR OUR COMMERCIAL AUTO POLICY HOLDERS RIDE-SHARING EXCLUSION	CNA86492XX	03-2018
	BUSINESS AUTO COVERAGE PART DECLARATIONS	CNA85611XX	01-2017
	PAYMENT PLAN SCHEDULE	CNA84401XX	12-2015
	RENTAL REIMBURSEMENT COVERAGE SCHEDULE	CNA86098XX	06-2016
	UNINSURED/UNDERINSURED MOTORIST SUPPLEMENTARY SCHEDULE	CNA86257XX	07-2016
	BROADENED POLLUTION LIABILITY COVERAGE SCHEDULE	G-22454-A	10-1994
	COMMON POLICY CONDITIONS	IL 00 17	11-1998
	BUSINESS AUTO COVERAGE FORM	CA 00 01	10-2013
1	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE	CA 20 01	10-2013
2	REPOSSESSED AUTOS	CA 20 19	10-2013
3	EMPLOYEE HIRED AUTOS	CA 20 54	10-2013
4	OHIO UNINSURED AND UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY	CA 21 33	08-2017
5	PUBLIC OR LIVERY PASSENGER CONVEYANCE EXCLUSION	CA 23 44	11-2016
6	AUTO MEDICAL PAYMENTS COVERAGE	CA 99 03	10-2013
7	HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN	CA 99 16	10-2013
8	RENTAL REIMBURSEMENT COVERAGE	CA 99 23	10-2013
9	EMPLOYEES AS INSUREDS	CA 99 33	10-2013
10	LOSS PAYABLE CLAUSE	CA 99 44	10-2013
11	ECONOMIC AND TRADE SANCTIONS CONDITION	G-144291-A	03-2003
12	BROADENED POLLUTION LIABILITY COVERAGE	G-21578-B	05-2008
13	CALCULATION OF PREMIUM	IL 00 03	09-2008
14	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)	IL 00 21	09-2008
15	OHIO CHANGES - CANCELLATION AND NONRENEWAL	IL 02 44	09-2007

Form No: CNA62640XX (09-2012)

Policy Schedule ; Page: 1 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: BUA 7014699888

Policy Effective Date: 05/28/2021



SCHEDULE OF FORMS AND ENDORSEMENTS (Continued)

Endorsement Number	Form Name	Form Number	Form Edition Date
16	OHIO CHANGES - CANCELLATION AND NONRENEWAL	PA 02 09	10-2013
17	EXTENDED COVERAGE ENDORSEMENT - BA PLUS	SCA 23 500 D	10-2011

Form No: CNA62640XX (09-2012)

Policy Schedule ; Page: 2 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL
60606

Policy No: BUA 7014699888

Policy Effective Date: 05/28/2021



PAYMENT PLAN SCHEDULE

PAYMENT PLAN SCHEDULE

IT IS AGREED THAT THE TOTAL PREMIUM SHOWN IN THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

Effective Date	Premium	Commission %
05/28/2021	\$5,041.00	15.00%
Total Cost	\$5,041.00	



RENTAL REIMBURSEMENT COVERAGE SCHEDULE

This schedule applies to the Rental Reimbursement Coverage endorsement:

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, Collision	53BPTEA18KA044966, 2019, PACE TRAILER	\$30	50	\$1,500	Included
Comprehensive, Collision	SALYB2RV2JA718368, 2018, LAND ROVER RANGE ROVER VELAR	\$30	50	\$1,500	Included
Total Premium					Included



UNINSURED/UNDERINSURED MOTORIST SUPPLEMENTARY SCHEDULE

ITEM TWO Declarations Amendment:

The coverage limits shown below apply to covered “autos” licensed or principally garaged in, or to “auto dealer operations” conducted in, the listed state. Such limits replace any limits shown for the described coverage under ITEM TWO of the Declarations. Refer to the state specific coverage endorsement for a description of the coverage provided.

Coverage: Uninsured Motorists				
	“Bodily Injury” and “Property Damage”	“Bodily Injury”		“Property Damage”
State	Combined Single Limit	Each Person	Each “Accident”	Each “Accident”
OH	\$1,000,000			

Coverage: Underinsured Motorists (when not included in Uninsured Motorists Coverage)				
	“Bodily Injury” and “Property Damage”	“Bodily Injury”		“Property Damage”
State	Combined Single Limit	Each Person	Each “Accident”	Each “Accident”
OH	\$1,000,000			



BROADENED POLLUTION LIABILITY COVERAGE SCHEDULE

As per the policy declarations, this policy provides coverage subject to the limits of insurance indicated below:

Aggregate Limit \$1,000,000	Endorsement Premium Included
"Property damage" and "covered pollution costs or expense" per "accident" deductible None	

Refer to the policy declarations page for other forms and endorsements attached to and forming a part of this policy.



LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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: KEMBA FINANCIAL CREDIT UNION

Endorsement Effective Date: 05/28/2021

SCHEDULE

Insurance Company: National Fire Insurance Company of Hartford

Policy Number: 7014699888

Effective Date: 05/28/2021

Expiration Date: 05/28/2022

Named Insured: KEMBA FINANCIAL CREDIT UNION

Address: 555 OFFICENTER PL
GAHANNA, OH 43230-5314

Additional Insured (Lessor):

Address:

Designation Or Description Of "Leased Autos":

Coverages	Limit Of Insurance
Liability	\$1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"

Form No: CA 20 01 10 13

Endorsement Effective Date:

Endorsement No: 1; Page: 1 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: BUA 7014699888

Policy Effective Date: 05/28/2021

Policy Page: 17 of 35



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

A. Coverage

1. Any "**leased auto**" designated or described in the Schedule will be considered a covered "**auto**" you own and not a covered "**auto**" you hire or borrow.
2. For a "**leased auto**" designated or described in the Schedule, the **Who Is An Insured** provision under **Covered Autos Liability Coverage** is changed to include as an "**insured**" the lessor named in the Schedule. However, the lessor is an "**insured**" only for "**bodily injury**" or "**property damage**" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "**employees**" or agents; or
 - c. Any person, except the lessor or any "**employee**" or agent of the lessor, operating a "**leased auto**" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "**leased auto**" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "**loss**" to a "**leased auto**".
2. The insurance covers the interest of the lessor unless the "**loss**" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"**Leased auto**" means an "**auto**" leased or rented to you, including any substitute, replacement or extra "**auto**" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



REPOSSESSED AUTOS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO 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: KEMBA FINANCIAL CREDIT UNION

Endorsement Effective Date: 05/28/2021

SCHEDULE

Covered Autos Liability Coverage

Limit	Premium
\$1,000,000	Included
Minimum Premium	

Physical Damage Coverage

Location Number:		1	
Coverages	Limit Of Insurance For Each Location		Premium
Comprehensive		Limit Of Insurance	Included
		Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism	
		Maximum Deductible For Loss Caused By Theft Or Mischief Or Vandalism In Any One Event	
	OR		
	\$50,000	Limit Of Insurance	
	\$250	Deductible For All Perils For Each Covered Auto	
	\$1,000	Maximum Deductible For All Loss In Any One Event	

Form No: CA 20 19 10 13

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 2; Page: 1 of 4

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: BUA 7014699888

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Specified Causes of Loss		Limit of Insurance	
		Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism	
		Maximum Deductible For Loss Caused By Theft Or Mischief Or Vandalism In Any One Event	
		OR	
		Limit of Insurance	
		Deductible For All Perils For Each Covered Auto	
		Maximum Deductible For All Loss In Any One Event	
Fire			
Fire And Theft		Limit of Insurance	
		Deductible For Each Covered Auto For Loss Caused By Theft	
		Maximum Deductible For All Theft Loss In Any One Event	
Limited Specified Causes Of Loss		Limit of Insurance	
		Deductible For Each Covered Auto For Loss Caused By Theft	
		Maximum Deductible For All Theft Loss In Any One Event	
All Collision	\$50,000	Limit of Insurance	Included
	\$250	Deductible For Each Covered Auto	
Total Premium			Included

Locations Where You Store Repossessed Autos	
Location Number	Address (State your main business location as location Number 1.)
1	110 N HAMILTON RD GAHANNA OH 43230-2602
Limit Of Insurance For Unlisted Locations:	

Form No: CA 20 19 10 13
Endorsement Effective Date:
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Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

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Premium Basis - Reporting (Quarterly or Monthly) Or Nonreporting
(Indicate below with an "X" which Reporting Basis is selected.)

☐ **Reporting Basis** (Quarterly or Monthly as indicated below)

You must report to us on our form the location of the "autos" you repossess and their total value at each such location. For your main location identified as Location Number **1**, you must include the total value of all "autos" you repossess and "autos" you repossess that are temporarily stored at locations other than those stated in the Schedule.

Your reporting basis is:

☐ **Quarterly**

You must give us your first report by the 15th of the fourth month after the policy begins. Your subsequent reports must be given to us by the 15th of every third month. Your reports contain the value for the last business day of every third month coming within the policy period.

☐ **Monthly**

You must give us your reports by the 15th of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year, we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums will be credited against the final premium due.

☒ **Nonreporting Basis**

Stated Limit Of Insurance shown in the Schedule applies. (If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. This endorsement provides only those coverages where a premium or Limit of Insurance is shown.

B. The **Covered Autos Liability** and **Physical Damage Coverage** sections are amended as follows:

1. Any "auto" you repossess is a covered "auto", but only while:
 - a. Being repossessed by you;
 - b. Held by you at locations listed in the Schedule for sale after repossession; or
 - c. Pending delivery after sale.
2. The following exclusion is added:

This insurance does not apply to:

Any "auto" while used for other business or personal purposes.

Form No: CA 20 19 10 13

Endorsement Effective Date:

Endorsement No: 2; Page: 3 of 4

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL
60606

Endorsement Expiration Date:

Policy No: BUA 7014699888

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- C. The Who Is An Insured provision under Covered Autos Liability Coverage does not include anyone from whom an **"auto"** has been repossessed.
- D. The following is added to the **Limit Of Insurance** provision of the **Physical Damage Coverage** section:
1. Regardless of the number of covered **"autos"** involved in the **"loss"**, the most we will pay for all **"loss"** at any one location is the amount shown in the Schedule for that location.

2. Quarterly Or Monthly Reporting Premium Basis

If, on the date of your last report, the actual value of the covered **"autos"** at the **"loss"** location exceeds what you last reported, when a **"loss"** occurs, we will pay only a percentage of what we would otherwise be obligated to pay. We will determine this percentage by dividing your total reported value for the involved location by the total actual value at the **"loss"** location on the date of your last report.

If the first report due is delinquent on the date of **"loss"**, the most we will pay will not exceed 75 percent of the Limit Of Insurance shown in the Schedule for the applicable location.

3. Nonreporting Premium Basis

If, when **"loss"** occurs, the total value of your covered **"autos"** exceeds the Limit Of Insurance shown in the Schedule, we will pay only a percentage of what we would otherwise be obligated to pay. We will determine this percentage by dividing the Limit of Insurance by the total actual value at the **"loss"** location at the time the **"loss"** occurred.



OHIO UNINSURED AND UNDERINSURED MOTORISTS COVERAGE - BODILY INJURY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Ohio, 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: KEMBA FINANCIAL CREDIT UNION

Endorsement Effective Date: 05/28/2021

SCHEDULE

Limit Of Insurance

Uninsured Motorists Coverage: \$1,000,000 Each "Accident"

Underinsured Motorists Coverage: \$1,000,000 Each "Accident"

Uninsured and Underinsured Motorists Coverage applies unless an "X" is entered in the corresponding box below:

- ☐ If an "X" is entered in this box, this endorsement provides Uninsured Motorists Coverage only, and all references to "underinsured motor vehicle" do not apply.
- ☐ If an "X" is entered in this box, this endorsement provides Underinsured Motorists Coverage only, and all references to "uninsured motor vehicle" do not apply.

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 operator of an "uninsured motor vehicle" or "underinsured motor vehicle" because of "bodily injury" sustained by the "insured" and caused by an "accident".

The owner's or operator's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle" or "underinsured motor vehicle".

Form No: CA 21 33 08 17

Endorsement Effective Date:

Endorsement No: 4; Page: 1 of 6

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Endorsement Expiration Date:

Policy No: BUA 7014699888

Policy Effective Date: 05/28/2021

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2. With respect to damages resulting from an **"accident"** with an **"underinsured motor vehicle"**, we will pay under the coverage selected under this endorsement 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 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.

A. 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. However, no coverage is provided for anyone occupying an **"auto"** which is not a covered auto for Uninsured Motorists and/or Underinsured Motorists Coverage under this Coverage Form.
 - 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. However, no coverage is provided for anyone occupying an **"auto"** which is not a covered auto for Uninsured Motorists and/or Underinsured Motorists Coverage under this Coverage Form.
 - 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, if the settlement prejudices our right to recover payments. However, this exclusion does not apply to a settlement made with the insurer of an **"underinsured 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. Any **"insured"** using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. **"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 and/or 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 Uninsured Motorists Coverage and/or 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 Uninsured Motorists Coverage and/or Underinsured Motorists Coverage on a primary basis under any other Coverage Form or policy.
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 and/or Underinsured Motorists Coverage shown in the Schedule or Declarations.
2. The coverage limit for Uninsured and Underinsured Motorists Coverage applies separately to damages caused by an **"accident"** with an **"uninsured motor vehicle"** and an **"underinsured motor vehicle"**.
3. No one will be entitled to receive duplicate payments for the same elements of **"loss"** under this Coverage Form, any Liability Coverage form or any 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.

4. With respect to coverage provided for damages resulting from an **"accident"** with an **"underinsured motor vehicle"**, the limit of insurance shall be reduced by all sums paid for **"bodily injury"** by or on behalf of anyone who is legally responsible.

E. Changes In Conditions

The Conditions of the policy for Ohio Uninsured and Underinsured Motorists Insurance are changed 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.

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Endorsement Effective Date:

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Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

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- 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 an **"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.c. 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 amended 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 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 conditions are added:
- a. **Arbitration**
 - (1) 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 **"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.



- (2) 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. A decision agreed to by two of the arbitrators will be binding.

b. Statute Of Limitations

Any claim or suit for Uninsured Motorists Coverage and/or Underinsured Motorists Coverage must be brought within three years after the date of the "**accident**" causing the "**bodily injury**" or one year after the date the liability insurer of the "**uninsured motor vehicle**" becomes insolvent, whichever is later, provided that our rights are not prejudiced.

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:
 - a. For which no liability bond or policy applies at the time of an "**accident**";
 - 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 operator 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**" or intentional act must be proved by independent corroborative evidence.

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; or
 - c. Owned by any governmental unit or agency, unless the owner or operator of the "**uninsured motor vehicle**" has:
 - (1) An immunity under the Ohio Political Subdivision Tort Liability Law; or
 - (2) A diplomatic immunity.
4. "**Underinsured motor vehicle**" means a land motor vehicle for which the sum of all liability bonds or policies applicable at the time of an "**accident**" is either:
- a. Less than the limit of liability for this coverage; or
 - b. Reduced by payments to others injured in the "**accident**" to an amount which is less than the limit of liability for this coverage.

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. Designed for use mainly off public roads while not on public roads; or
- d. That is insured for Covered Autos Liability Coverage under this Policy.

Form No: CA 21 33 08 17

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Endorsement Expiration Date:

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Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL
60606

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HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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: KEMBA FINANCIAL CREDIT UNION

Endorsement Effective Date: 05/28/2021

SCHEDULE

Description Of Auto:

All Long Term Leased "Autos" when the term of the lease is 6 months or longer.

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

A. Any "**auto**" described in the Schedule will be considered a covered "**auto**" you own and not a covered "**auto**" you hire, borrow or lease.

B. Changes In Covered Autos Liability Coverage

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

While any covered "**auto**" described in the Schedule is rented or leased to you and is being used by or for you, its owner or anyone else from whom you rent or lease it is an "**insured**" but only for that covered "**auto**".

Form No: CA 99 16 10 13

Endorsement Effective Date:

Endorsement Expiration Date:

Endorsement No: 7; Page: 1 of 1

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL
60606

Policy No: BUA 7014699888

Policy Effective Date: 05/28/2021

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RENTAL REIMBURSEMENT COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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: KEMBA FINANCIAL CREDIT UNION

Endorsement Effective Date: 05/28/2021

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	SEE RENTAL REIMBURSEMENT COVERAGE SCHEDULE				
Collision					
Specified Causes Of Loss					
Total Premium					
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:

Form No: CA 99 23 10 13

Endorsement Effective Date:

Endorsement No: 8; Page: 1 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

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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.



Business Auto Policy
Rating Worksheet

POLICY NUMBER	POLICY PERIOD	PRODUCER PROCESSING CODE
BUA 7014699888	05/28/2021 - 05/28/2022	310-060692

FIRST NAMED INSURED AND ADDRESS	PRODUCER INFORMATION
KEMBA FINANCIAL CREDIT UNION 555 OFFICENTER PL GAHANNA, OH 43230-5314	LOCKTON COMPANIES, LLC 444 W 47TH ST STE 900 KANSAS CITY, MO 64112

AUTOMOBILE PREMIUM SUMMARY	
Hired Auto	\$628.00
Non-Owned Auto	\$1,710.00
BA Plus	\$205.00
Pollution Liability	\$500.00
110 N HAMILTON RD, GAHANNA, OH 43230-2602	\$729.00
Vehicle 1 2019 PACE TRAILER VIN:53BPTEA18KA044966	\$136.00
Vehicle 2 2018 LAND ROVER RANGE ROVER VELAR VIN:SALYB2RV2JA718368	\$1,133.00
Total Automobile Charges	\$5,041.00

COMMON COVERAGES

Coverage Description	State	Limit	Deductible	Term Premium	Transaction Premium
Hired Auto Coverage Cost of Hire: If Any Excess	OH				
Hired Auto - Collision	OH		\$ 1,000	Included	* Included
Hired Auto - Comprehensive	OH		\$ 100	\$250.00	* \$250.00
Hired Auto - Liability Combined Single Limit	OH	\$ 1,000,000	No Deductible	\$378.00	* \$378.00
* Minimum Premium Applied					
COMMON COVERAGE SUBTOTAL					\$628.00
Non-Owned Auto Coverage Number of Employees: 250 Number of Volunteers: Number of Volunteers as Donors: Number of Partners: Number of Employees As Insured: 250	OH				

Quote Name: Version #1
UWCRTGWKS0003XX (03-2017)
Effective Date: 05/28/2021
Written Date: 03/01/2021

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Submission No: BUA 7014699888
Print Date: 05/26/2021
Date Rated: 05/26/2021
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Business Auto Policy Rating Worksheet

Coverage Description	State	Limit	Deductible	Term Premium	Transaction Premium
Non-Owned Auto - Liability Combined Single Limit	OH	\$ 1,000,000	No Deductible	\$1,368.00	\$1,368.00
Non-Owned Auto - Employees Extended as Insureds Combined Single Limit	OH	\$ 1,000,000	No Deductible	\$342.00	\$342.00
COMMON COVERAGE SUBTOTAL					\$1,710.00
Extended Coverage Business Auto Plus Collision	OH			\$43.00	\$43.00
Extended Coverage Business Auto Plus Liability	OH			\$144.00	\$144.00
Extended Coverage Business Auto Plus Comprehensive	OH			\$18.00	\$18.00
COMMON COVERAGE SUBTOTAL					\$205.00
Pollution Liability - Broadened Coverage For Covered Autos	OH	\$ 1,000,000		\$500.00	\$500.00
COMMON COVERAGE SUBTOTAL					\$500.00

LOCATION COVERAGES		
1	110 N HAMILTON RD, GAHANNA, OH 43230-2602	
Description	Value	Premium
Repossessed Autos - Comprehensive		\$103.00
Limit	\$ 50,000	
All Perils Deductible	\$ 250-1,000	
Repossessed Autos - Combined Single Limit		\$344.00
Coverage Type	Combined Single Limit	
Combined Single Limit	\$ 1,000,000	
Deductible Type	No Deductible	
Repossessed Autos - Collision		\$282.00
Limit	\$ 50,000	
Deductible	\$ 250	
Subtotal		\$729.00

Quote Name: Version #1
UWCRTGWKS0003XX (03-2017)
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VEHICLE COVERAGES					
Vehicle #:	0001	Class:	68199	State:	OH
Type:	Truck	Year:	2019	City:	COLUMBUS
VIN:	53BPTEA18KA044966	Make:	PACE	Territory Code:	103
Cost New:	\$3,915	Model:	TRAILER	Weight:	N/A
		Use:	All Uses	Radius:	Local

Coverage Description	Limit of Insurance	Deductible	Term Premium	Transaction Premium
Liability Combined Single Limit	1,000,000	N/A	\$74.00	\$74.00
Medical Payments	5,000	N/A	\$1.00	\$1.00
Uninsured Motorists Combined Single Limit	1,000,000	N/A	\$0.00	\$0.00
Underinsured Motorists Combined Single Limit	1,000,000	N/A	\$0.00	\$0.00
Comprehensive	N/A	1,000	\$14.00	\$14.00
Collision	N/A	1,000	\$20.00	\$20.00
Rental Reimbursement	30 - 50	N/A	\$27.00	\$27.00
Vehicle Sub-Total				\$136.00

VEHICLE COVERAGES					
Vehicle #:	0002	Class:	7391	State:	OH
Type:	Private Passenger	Year:	2018	City:	GAHANNA
VIN:	SALYB2RV2JA718368	Make:	LAND ROVER	Territory Code:	103
Cost New:	\$64,200	Model:	RANGE ROVER VELAR	Weight:	N/A
		Use:	N/A	Radius:	N/A

Coverage Description	Limit of Insurance	Deductible	Term Premium	Transaction Premium
Liability Combined Single Limit	1,000,000	N/A	\$609.00	\$609.00
Medical Payments	5,000	N/A	\$13.00	\$13.00



Business Auto Policy
Rating Worksheet

Coverage Description	Limit of Insurance	Deductible	Term Premium	Transaction Premium
Uninsured Motorists Combined Single Limit	1,000,000	N/A	\$27.00	\$27.00
Underinsured Motorists Combined Single Limit	1,000,000	N/A	\$95.00	\$95.00
Comprehensive	N/A	1,000	\$98.00	\$98.00
Collision	N/A	1,000	\$263.00	\$263.00
Rental Reimbursement	30 - 50	N/A	\$27.00	\$27.00
Towing and Labor	\$50	N/A	\$1.00	\$1.00
Vehicle Sub-Total				\$1,133.00

Quote Name: Version #1
UWCRTGWKS0003XX (03-2017)
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