

REGIONAL OFFICE INSTRUCTION SHEET

POLICY NO. 22 UEN RB2036
CHANGE NO. 001
CHANGE EFF DATE: 12/12/14

ROUTING INSTRUCTIONS:

_ SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.

POLICY FACE SHEET

36

20 INSURER:

RB HARTFORD INSURANCE GROUP

UEN CHANGE NO. 001

CHANGE EFF DATE: 12/12/14

POLICY NO.: 22 UEN RB2036 K3

COMMON POLICY DECLARATIONS

ITEM

1. NAMED INSURED AND
MAILING ADDRESS:

JOHNSTON MEMORIAL HOSPITAL
SEE FORM IH1204
509 N BRIGHT LEAF BLVD
SMITHFIELD NC 27577
(JOHNSTON COUNTY)

2. POLICY PERIOD: FROM 10/01/14 TO 10/01/15

3. AGENT'S OR BROKER'S CODE: 270298 RECORDS RETENTION - PERMANENT
AGENT'S OR BROKER'S NAME: WILLIS OF NORTH CAROLINA INC

PREVIOUS POLICY NO.: 22 UEN RB2036

4. AUDIT PERIOD:

5. NAMED INSURED IS: CORPORATION

6. DESCRIPTION OF YOUR BUSINESS: HOSPITAL

AUTO COMPANY CODE: A

POLICY STATUS: ACTIVE

LOB LEVEL OF SUPPORT: #AUTO-S

RATED RISK

SIC CODE - 8062

MARKET SEGMENTATION - 870

E-COMMERCE ID: 2

AUTOMATICALLY BOOKED

TRANS TYPE: ENDT CNTL#: 002
FACE SHEET TERMINAL ID: R045V1XA PAGE 1
12/22/14 22 UEN RB2036 K3 (10/01/15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISCELLANEOUS CHANGE ENDORSEMENT

POLICY NUMBER: 22 UEN RB2036 K3
CHANGE NUMBER: 001A



This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below. (Premium adjustment, if any, for the addition, deletion or other change described in this endorsement is shown in the Premium Column below.)

Effective Date: 12/12/14

Named Insured: JOHNSTON MEMORIAL HOSPITAL
SEE IH1204

Producer's Name: WILLIS OF NORTH CAROLINA INC

Pro Rata Factor: .803

Description of Change:

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

SENTINEL INSURANCE COMPANY, LIMITED

FOR THIS ENDORSEMENT THE ADDITIONAL PREMIUM OF \$1,032.00 IS DUE AT POLICY CHANGE EFFECTIVE DATE.

THE FOLLOWING COVERED "AUTO(S)" IS/ARE ADDED (SEE SCHEDULE)

00010

Countersigned by
(Where required by law)

Suean L. Castaneda
Authorized Representative

12/22/14
Date

MISCELLANEOUS CHANGE ENDORSEMENT (Continued)

POLICY NUMBER: 22 UEN RB2036 K3

S C H E D U L E O F C O V E R E D A U T O S Y O U O W N

ABSENCE, IF ANY, OF A LIMIT ENTRY MEANS THAT THE LIMIT ENTRY SHOWN IN THE
CORRESPONDING ITEM TWO OF THE DECLARATIONS LIMIT COLUMN APPLIES INSTEAD.

NO. 00010 15 CHEV SILVERADO 1500 ID NO. 1GCVKPEC0FZ196585
GARAGED: SMITHFIELD NC TERR: 023 CLASS: 01499
ORIG. COST NEW: \$ 29,500
TAX CODE: ZIP CODE: 27577

COVERAGES:	ANNUAL PREMIUMS	SEQ. NO. 00011	ADDITIONAL/RETURN	PREMIUMS
LIABILITY	\$ 695		\$ 558.00 AP	
AUTO MEDICAL PAYMENTS	\$ 40	\$ 5,000 EACH "INSURED"	\$ 32.00 AP	
UNINSURED MOTORISTS	\$ 115		\$ 92.00 AP	
COMPREHENSIVE	\$ 1,000 DEDUCTIBLE		\$ 79.00 AP	
COLLISION	\$ 1,000 DEDUCTIBLE		\$ 271.00 AP	
	\$ 337			

AUTOMOBILE SUMMARY

PAGE 1

POLICY INFORMATION:

NAMED INSURED: JOHNSTON MEMORIAL HOSPITAL
PRODUCER CODE AND NAME: 270298 WILLIS OF NORTH CAROLINA INC
COMPANY CODE AND NAME: A SENTINEL INSURANCE COMPANY, LIMITED
POLICY EFFECTIVE DATE: 10/01/14 POLICY EXPIRATION DATE: 10/01/15
TRANS EFFECTIVE DATE: 12/12/14 EXAMINATION PERIOD:
TRANSACTION TYPE: ENDORSEMENT CHANGE NUMBER: 001

POLICY COVERAGES RECAP

COVERAGE	COVERED AUTOS	LIMITS	PREMIUM
LIABILITY	1	\$ 1,000,000 PER ACC	\$ 558.00AP
MED PAY	2	\$ 5,000 EACH INSURED	\$ 32.00AP
UM	2	\$ 1,000,000 PER ACC	\$ 92.00AP
UDM	2	\$ 1,000,000 PER ACC	INCL
OTC	7		\$ 79.00AP
COLLISION	7		\$ 271.00AP
ENDORSEMENTS			\$ 0.00
	TOTAL PREMIUM CHANGE:		\$ 1,032.00 AP

CAFS REPORTED: NC

POLICY # 22UENRB2036 K3 CONTROL # 002 TERM ID R045V1XA
PROCESS DATE 12/22/14 OPER INITIALS SZM AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL

PAGE 1

POLICY NUMBER: 22 UEN RB2036 K3 TRANS EFF DATE: 12/12/14
CHANGE NUMBER: 001
PRIMARY STATE/TERRITORY: NC 023 OP CODE:
MARKET SEGMENTATION: 870

STATE RATING MODIFICATION FACTORS AND COMMISSIONS

NORMAL LINE COMMISSION: 17.0

	LIABILITY	OTC	COLL
SCHEDULE/FLEX/IRPM MOD:	1.220	1.220	1.220

COMMERCIAL

AUTO NO:	00010	DESC:	15 CHEV	VIN:	1GCVKPEC0FZ196585
SEQ NO:	00011	STATE:	32	TYPE:	TRUCK
CLASS:	01499 L	ZIP:	27577	TERR:	023
VEHICLE INDIVIDUALLY OWNED:	NO	MODEL:	SILVERADO 1500		
COST NEW:	\$ 29,500	AGE:	01		

ADDED LIAB

(A)542 X (D)1.46 X (EE)1.000 X (I)1.220 X (IY)1.000 X
(GV).72 = (ZA)695 X (T).803 = 558.00AP

ADDED MED PAY LMT: \$ 5,000

(A)59 X (IY).950 X (GV).72 = (ZA)40 X (T).803 = 32.00AP

ADDED UM

(A)115 = (ZA)115 X (T).803 = 92.00AP

ADDED UDM

INCL

ADDED COMP DED: \$ 1,000

((IQ)110 X (FH)1.30 X (FI)1.00) - ((IQ)110 X (FI)1.00 X
(FA).11) = (A)111 X (EE)1.00 X (I)1.220 X
(GV).72 = (ZA)98 X (T).803 = 79.00AP

ADDED COLL DED: \$ 1,000

((IQ)312 X (FH)1.35 X (FI)1.00) - ((IQ)312 X (FI)1.00 X
(FA).12) = (A)384 X (EE)1.00 X (I)1.220 X
(GV).72 = (ZA)337 X (T).803 = 271.00AP

COMMON COVERAGES INFORMATION

HIRED CAR

PREVIOUS LIAB CLASS: 6619 IF ANY
(*ZA)500 X (T).803 = 402.00

KEYS

* = OVERRIDE

A = BASE RATE	D = INCR LIMIT FCTR	I = SCHED/FLEX MOD
T = P/R FCTR	EE = FINAL RATING FCTR	FA = DEDUCT FCTR
FH = ORIGINAL COST NEW	FI = ACV AGE GROUP FCTR	GV = COMPANY CODE DEV
IQ = PD BASE COV RATE	IY = CLASS OF VEH FCTR	ZA = FINAL PREMIUM

POLICY # 22UENRB2036 K3 CONTROL # 002 TERM ID R045V1XA
PROCESS DATE 12/22/14 OPER INITIALS SZM AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL (CONT)

PAGE 2

POLICY NUMBER: 22 UEN RB2036 K3 TRANS EFF DATE: 12/12/14
CHANGE NUMBER: 001

REVISED LIAB CLASS: 6619

(A).63 X (D).00 X (I)1.220 X

(GV).72 = (P).553 = (*ZA)500 = (ZA)500 X (T).803 = 402.00

DIFFERENCE 0.00

TOTAL DIFFERENCE \$ 1,032.00 AP

KEYS

A = BASE RATE
P = FINAL RATE
ZA = FINAL PREMIUM

* = OVERRIDE

D = INCR LIMIT FCTR
T = P/R FCTR

I = SCHED/FLEX MOD
GV = COMPANY CODE DEV

POLICY # 22UENRB2036 K3 CONTROL # 002 TERM ID R045V1XA
PROCESS DATE 12/22/14 OPER INITIALS SZM AAR PREV POL # 22UENRB2036

POLICY INFORMATION

NAMED INSURED: JOHNSTON MEMORIAL HOSPITAL E-COMMERCE ID: 2
PRODUCER CODE AND NAME: 270298 WILLIS OF NORTH CAROLINA INC
POLICY EFFECTIVE DATE: 10/01/2014 POLICY EXPIRATION DATE: 10/01/2015
TRANS EFFECTIVE DATE: 12/12/14 AUDIT PERIOD:
TRANSACTION TYPE: ENDORSEMENT CHANGE NO.: 001

----- COVERAGE PART -----	--- COMPANY CODE ---	----- PREMIUM -----
AUTO	A	1,032.00 AP
TOTAL PREMIUM CHANGE:		1,032.00*AP

*INCLUDES TERRORISM PREMIUM 0.00

POLICY FACE SHEET

36

20 INSURER:
RB HARTFORD INSURANCE GROUP
UEN

POLICY NO.: 22 UEN RB2036 K3
COMMON POLICY DECLARATIONS
ITEM

1. NAMED INSURED AND MAILING ADDRESS: JOHNSTON MEMORIAL HOSPITAL
SEE FORM IH1204
509 N BRIGHT LEAF BLVD
SMITHFIELD NC 27577
(JOHNSTON COUNTY)
2. POLICY PERIOD: FROM 10/01/14 TO 10/01/15
3. AGENT'S OR BROKER'S CODE: 270298 RECORDS RETENTION - PERMANENT
AGENT'S OR BROKER'S NAME: WILLIS OF NORTH CAROLINA INC

PREVIOUS POLICY NO.: 22 UEN RB2036

4. AUDIT PERIOD:
5. NAMED INSURED IS: CORPORATION
6. DESCRIPTION OF YOUR BUSINESS: HOSPITAL

AUTO COMPANY CODE: A
POLICY STATUS: ACTIVE
LOB LEVEL OF SUPPORT: AUTO-S

RATED RISK MARKET SEGMENTATION - 870
SIC CODE - 8062 E-COMMERCE ID: 2

AUTOMATICALLY BOOKED

TRANS TYPE: RENL CNTL#: 001
FACE SHEET TERMINAL ID: R053V13A PAGE 1
08/01/14 22 UEN RB2036 K3 (10/01/15)

This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

COMMON POLICY DECLARATIONS

POLICY NUMBER: 22 UEN RB2036 K3
RENEWAL OF: 22 UEN RB2036



Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

JOHNSTON MEMORIAL HOSPITAL
SEE IH1204
509 N BRIGHT LEAF BLVD
SMITHFIELD , NC 27577
(JOHNSTON COUNTY)

Policy Period: From 10/01/14 To 10/01/15

12:01 A.M. , Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

Total Advance Premium: \$11,011.00

Coverage Part and Insurance Company Summary

Advance Premium

COMMERCIAL AUTO
SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA
HARTFORD , CT 06155

\$11,011.00

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 IL00171198 IH12040312 IH99400409 IH99410409 IL00210908 HA00250614

Agent/Broker Name: WILLIS OF NORTH CAROLINA INC

Countersigned by
(Where required by law)

Authorized Representative

Date



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF THE DECLARATIONS - ADDITIONAL
PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED
INSUREDS**

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

JOHNSTON MEMORIAL HOSPITAL AUTHORITY
JOHNSTON HEALTH SERVICES CORPORATION



Named Insured: JOHNSTON MEMORIAL HOSPITAL

Policy Number: 22 UEN RB2036

Effective Date: 10/01/14

Expiration Date: 10/01/15

Company Name: WILLIS OF NORTH CAROLINA INC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM**



POLICY NUMBER: 22 UEN RB2036

This COMMERCIAL AUTOMOBILE COVERAGE PART consists of:

- A. This Declarations Form;
- B. Business Auto Coverage Form; and
- C. Any Endorsements issued to be a part of this Coverage Form and listed below.

ITEM ONE - NAMED INSURED AND ADDRESS

The Named Insured is stated on the Common Policy Declarations.

ADVANCE PREMIUM: \$ 11,011.00

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations".

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HA00040302	HA00121102T	CA00011013	HA21020614	CA99031013
CA21161013	CA01261013	CA99231013	HA00240614	HA99080614
HA99160312				

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 22 UEN RB2036

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the advance 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 Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
COVERED AUTOS LIABILITY	01	\$ 1,000,000	\$ 7,447.00
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.	
OPTIONAL BASIC ECONOMIC LOSS (New York only)		\$25,000 each eligible injured person.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the Property Protection Insurance Endorsement.	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		Separately stated in the Medical Expense and Income Loss Benefits Endorsement.	
AUTO MEDICAL PAYMENTS	02	\$ Each Insured or the limit separately stated for each "auto" in ITEM THREE.	\$ 364.00
UNINSURED MOTORISTS	02	\$ SEE FORM HA2102 OR STATE FORM(S)	\$ 1,035.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorist Coverage)	02,	\$ SEE FORM HA2102 OR STATE FORM(S)	INCL

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 22 UEN RB2036

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
PHYSICAL DAMAGE		See ITEM FOUR for hired or borrowed "autos".	
COMPREHENSIVE COVERAGE	07	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	\$ 443.00
SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus \$ deductible for each covered "auto" for "loss" caused by mischief or vandalism.	
COLLISION COVERAGE	07	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	\$ 1,322.00
TOWING AND LABOR		\$ or the amount separately stated for each "auto" in ITEM THREE, whichever is greater, for each disablement.	
Endorsement Premium (Not included above)			\$ 400.00
TOTAL ADVANCE PREMIUM:			\$ 11,011.00

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 22 UEN RB2036

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
FORM HA0012 ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE

RATING BASIS IS COST OF HIRE. 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.

State	Estimated Cost of Hire	Rate Per Each \$100 Cost of Hire	Advance Premium
	IF ANY	.553	\$.55

TOTAL COVERED AUTOS HIRED AUTO ADVANCE PREMIUM: \$ 500.00

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Advance Premium
Other than a Social Service Agency	Number of Employees Number of Partners	250	\$ 586.00
Social Service Agency	Number of Employees Number of Volunteers		

TOTAL ADVANCE PREMIUM: \$ 586.00

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

COVERAGES:	SEQ. NO. 00001	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 40.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 37.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 97.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

COVERAGES:	SEQ. NO. 00002	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 40.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 40.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 103.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

**SCHEDULE OF COVERED AUTOS YOU OWN
(ITEM THREE OF THE DECLARATIONS) (Continued)**

POLICY NUMBER: 22 UEN RB2036

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

NO. 00003	02 DODGE	ID NO. 2B7HB11X72K140191
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 01499
ORIG. COST NEW: \$ 18,890		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 10000

COVERAGES:	SEQ. NO. 00003	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 40.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 37.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 97.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

NO. 00004	02 INTL	ID NO. 1HTMMAAL42H524845
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 21499
ORIG. COST NEW: \$ 46,956		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 19660

COVERAGES:	SEQ. NO. 00004	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 42.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 44.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 146.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

**SCHEDULE OF COVERED AUTOS YOU OWN
(ITEM THREE OF THE DECLARATIONS) (Continued)**

POLICY NUMBER: 22 UEN RB2036

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

NO. 00005	06 CHEV	ID NO. 2GCEK19V961105640
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 01499
ORIG. COST NEW: \$ 24,000		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 10000

COVERAGES:	SEQ. NO. 00005	PREMIUMS
LIABILITY		\$ 695.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 40.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 55.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 141.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

NO. 00006	03 DODGE	ID NO. 1D4GP25323B236783
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 01499
ORIG. COST NEW: \$ 19,000		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 10000

COVERAGES:	SEQ. NO. 00006	PREMIUMS
LIABILITY		\$ 556.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 42.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 37.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 97.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

**SCHEDULE OF COVERED AUTOS YOU OWN
(ITEM THREE OF THE DECLARATIONS) (Continued)**

POLICY NUMBER: 22 UEN RB2036

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

NO. 00007	05 IHC	ID NO. 1HTMMAAM95H686998
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 21499
ORIG. COST NEW: \$ 49,973		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 19660

COVERAGES:	SEQ. NO. 00007	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 42.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 58.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 182.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

NO. 00008	10 FORD	ID NO. NM0LS7CNXAT033270
GARAGED: SMITHFIELD	NC TERR: 023	CLASS: 01499
ORIG. COST NEW: \$ 21,500		
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L SIZE: 10000

COVERAGES:	SEQ. NO. 00008	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 36.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 62.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 206.00
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$ 50.00

NO. 00009	14 ISUZU	NPR	ID NO. JALC4W163E7002314
GARAGED: SMITHFIELD		NC TERR: 023	CLASS: 21499
ORIG. COST NEW: \$ 39,640			
TAX LOC: 0798	ZIP CODE: 27577	RADIUS: L	SIZE: 14500

COVERAGES:	SEQ. NO. 00010	PREMIUMS
LIABILITY		\$ 730.00
AUTO MEDICAL PAYMENTS	\$ 5,000 EACH "INSURED"	\$ 42.00
UNINSURED MOTORISTS		\$ 115.00
UNDERINSURED MOTORISTS		INCL
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$ 73.00
COLLISION \$ 1,000 DEDUCTIBLE		\$ 253.00



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

This endorsement modifies insurance provided under the following:

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

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

Endorsement Effective:
Named Insured:

The Limit shown in ITEM TWO of the Declarations for Uninsured Motorists Coverage and for Underinsured Motorists Coverage (when not included in Uninsured Motorists Coverage) is replaced by the limits shown below for the state indicated.

SCHEDULE

COVERAGE	LIMIT		STATE
UNINSURED MOTORISTS	\$ 1,000,000 each "accident"		NC
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists Coverage)	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		
	\$,000 each "accident"		

The state limit shown above completes the limit entry required on the endorsement(s) applicable in the same state.

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:

Endorsement Effective Date:

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		\$		\$	\$
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:
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.

SCHEDULE

AUTO NO.	COVERAGE	MAXIMUM PAYMENT EACH COVERED AUTO			PREMIUM
		ANY ONE DAY	NO. OF DAYS	ANY ONE PERIOD	
1	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
2	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
3	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
4	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
5	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
6	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
7	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00
8	COMPREHENSIVE COLLISION	\$ 50	30	\$ 1,500	\$ 19.00 \$ 31.00

AUTOMOBILE SUMMARY

PAGE 1

POLICY INFORMATION

NAMED INSURED: JOHNSTON MEMORIAL HOSPITAL
PRODUCER CODE AND NAME: 270298 WILLIS OF NORTH CAROLINA INC
COMPANY CODE AND NAME: A SENTINEL INSURANCE COMPANY, LIMITED
EFFECTIVE DATE: 10/01/14 EXPIRATION DATE: 10/01/15
EXAMINATION PERIOD:

POLICY COVERAGES RECAP

COVERAGE	COVERED AUTOS	LIMITS	PREMIUM
LIABILITY	1	\$ 1,000,000 PER ACC	\$ 7,447.00
MED PAY	2	\$ 5,000 EACH INSURED	\$ 364.00
UM	2	\$ 1,000,000 PER ACC	\$ 1,035.00
UDM	2	\$ 1,000,000 PER ACC	INCL
OTC	7		\$ 443.00
COLLISION	7		\$ 1,322.00
ENDORSEMENTS			\$ 400.00
		TOTAL PREMIUM	\$ 11,011.00

CAFS REPORTED: NC

POLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL

PAGE 1

POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14
 PRIMARY STATE/TERRITORY: NC 023 OP CODE: 01199
 MARKET SEGMENTATION: 870

STATE RATING MODIFICATION FACTORS AND COMMISSIONS

NORMAL LINE COMMISSION: 17.0

	LIABILITY	OTC	COLL
SCHEDULE/FLEX/IRPM MOD:	1.220	1.220	1.220

COMMERCIAL

AUTO NO: 00001	DESC: 04 CHEV	VIN: 1GCGG25U541246852
SEQ NO: 00001	STATE: 32	TYPE: TRUCK
CLASS: 01499 L	ZIP: 27577 0000	TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO	MODEL: NO ENTRY MADE	
COST NEW: \$ 19,594	AGE: 12	TAX LOC: 0798

LIAB

(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY)1.050 X
 (GV).72 = 730.00

MED PAY LMT: \$ 5,000

(A)59 X (IY).950 X (GV).72 = 40.00

UM

(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000

((IQ)110 X (FH)1.00 X (FI).50) - ((IQ)110 X (FI).50 X
 (FA).11) = (A)42 X (EE)1.00 X (I)1.220 X (GV).72 = 37.00

COLL DED: \$ 1,000

((IQ)312 X (FH)1.00 X (FI).40) - ((IQ)312 X (FI).40 X
 (FA).12) = (A)110 X (EE)1.00 X (I)1.220 X (GV).72 = 97.00

RENTAL REIMBURSEMENT

COMP

((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL

((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

KEYS

A = BASE RATE	D = INCR LIMIT FCTR	I = SCHED/FLEX MOD
EE = FINAL RATING FCTR	FA = DEDUCT FCTR	FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR	FM = # OF DAYS	GV = COMPANY CODE DEV
HQ = RENT PER DAY	IQ = PD BASE COV RATE	IY = CLASS OF VEH FCTR

POLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
 PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL (CONT)

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POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00002	DESC: 00 CHEV	VIN: 1GBJG31R8Y1164525
SEQ NO: 00002	STATE: 32	TYPE: TRUCK
CLASS: 01499 L	ZIP: 27577 0000	TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO	MODEL: NO ENTRY MADE	
COST NEW: \$ 24,139	AGE: 12	TAX LOC: 0798

LIAB

(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY)1.050 X
 (GV).72 = 730.00

MED PAY LMT: \$ 5,000

(A)59 X (IY).950 X (GV).72 = 40.00

UM

(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000

((IQ)110 X (FH)1.07 X (FI).50) - ((IQ)110 X (FI).50 X
 (FA).11) = (A)45 X (EE)1.00 X (I)1.220 X (GV).72 = 40.00

COLL DED: \$ 1,000

((IQ)312 X (FH)1.06 X (FI).40) - ((IQ)312 X (FI).40 X
 (FA).12) = (A)117 X (EE)1.00 X (I)1.220 X (GV).72 = 103.00

RENTAL REIMBURSEMENT

COMP

((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL

((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO: 00003	DESC: 02 DODGE	VIN: 2B7HB11X72K140191
SEQ NO: 00003	STATE: 32	TYPE: TRUCK
CLASS: 01499 L	ZIP: 27577 0000	TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO	MODEL: NO ENTRY MADE	
COST NEW: \$ 18,890	AGE: 12	TAX LOC: 0798

LIAB

(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY)1.050 X
 (GV).72 = 730.00

MED PAY LMT: \$ 5,000

(A)59 X (IY).950 X (GV).72 = 40.00

UM

(A)115.00 = 115.00

KEYS

A = BASE RATE	D = INCR LIMIT FCTR	I = SCHED/FLEX MOD
EE = FINAL RATING FCTR	FA = DEDUCT FCTR	FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR	FM = # OF DAYS	GV = COMPANY CODE DEV
HQ = RENT PER DAY	IQ = PD BASE COV RATE	IY = CLASS OF VEH FCTR

POLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
 PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL (CONT)

PAGE 3

POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00003 DESC: 02 DODGE VIN: 2B7HB11X72K140191

UDM

INCL

COMP DED: \$ 1,000
((IQ)110 X (FH)1.00 X (FI).50) - ((IQ)110 X (FI).50 X
(FA).11) = (A)42 X (EE)1.00 X (I)1.220 X (GV).72 = 37.00

COLL DED: \$ 1,000
((IQ)312 X (FH)1.00 X (FI).40) - ((IQ)312 X (FI).40 X
(FA).12) = (A)110 X (EE)1.00 X (I)1.220 X (GV).72 = 97.00

RENTAL REIMBURSEMENT

COMP
((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL
((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO: 00004 DESC: 02 INTL VIN: 1HTMMAAL42H524845
SEQ NO: 00004 STATE: 32 TYPE: TRUCK
CLASS: 21499 L ZIP: 27577 0000 TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO MODEL: NO ENTRY MADE
COST NEW: \$ 46,956 AGE: 12 TAX LOC: 0798

LIAB
(A)542 X (D)1.46 X (EE)1.05 X (I)1.220 X (GV).72 = 730.00

MED PAY LMT: \$ 5,000
(A)59 X (GV).72 = 42.00

UM
(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000
((IQ)110 X (FH)1.55 X (FI).50) - ((IQ)110 X (FI).50 X
(FA).11) = (A)67 X (EE).75 X (I)1.220 X (GV).72 = 44.00

COLL DED: \$ 1,000
((IQ)312 X (FH)1.90 X (FI).40) - ((IQ)312 X (FI).40 X
(FA).12) = (A)222 X (EE).75 X (I)1.220 X (GV).72 = 146.00

RENTAL REIMBURSEMENT

COMP
((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

KEYS

A = BASE RATE D = INCR LIMIT FCTR I = SCHED/FLEX MOD
EE = FINAL RATING FCTR FA = DEDUCT FCTR FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR FM = # OF DAYS GV = COMPANY CODE DEV
HQ = RENT PER DAY IQ = PD BASE COV RATE

POLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL (CONT)

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POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00004 DESC: 02 INTL VIN: 1HTMMAAL42H524845
COLL
((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO: 00005 DESC: 06 CHEV VIN: 2GCEK19V961105640
SEQ NO: 00005 STATE: 32 TYPE: TRUCK
CLASS: 01499 L ZIP: 27577 0000 TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO MODEL: NO ENTRY MADE
COST NEW: \$ 24,000 AGE: 10 TAX LOC: 0798

LIAB
(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY)1.000 X
(GV).72 = 695.00

MED PAY LMT: \$ 5,000
(A)59 X (IY).950 X (GV).72 = 40.00

UM
(A)115.00 = 115.00

UDM
INCL

COMP DED: \$ 1,000
((IQ)110 X (FH)1.07 X (FI).70) - ((IQ)110 X (FI).70 X
(FA).11) = (A)63 X (EE)1.00 X (I)1.220 X (GV).72 = 55.00

COLL DED: \$ 1,000
((IQ)312 X (FH)1.06 X (FI).55) - ((IQ)312 X (FI).55 X
(FA).12) = (A)161 X (EE)1.00 X (I)1.220 X (GV).72 = 141.00

RENTAL REIMBURSEMENT
COMP
(A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00
COLL
(A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO: 00006 DESC: 03 DODGE VIN: 1D4GP25323B236783
SEQ NO: 00006 STATE: 32 TYPE: TRUCK
CLASS: 01499 L ZIP: 27577 0000 TERR: 023
VEHICLE INDIVIDUALLY OWNED: NO MODEL: NO ENTRY MADE
COST NEW: \$ 19,000 AGE: 12 TAX LOC: 0798

LIAB
(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY).800 X
(GV).72 = 556.00

MED PAY LMT: \$ 5,000
(A)59 X (IY)1.000 X (GV).72 = 42.00

KEYS

A = BASE RATE D = INCR LIMIT FCTR I = SCHED/FLEX MOD
EE = FINAL RATING FCTR FA = DEDUCT FCTR FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR FM = # OF DAYS GV = COMPANY CODE DEV
HQ = RENT PER DAY IQ = PD BASE COV RATE IY = CLASS OF VEH FCTR

POLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

AUTOMOBILE DETAIL (CONT)

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POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00006 DESC: 03 DODGE VIN: 1D4GP25323B236783

UM

(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000

((IQ)110 X (FH)1.00 X (FI).50) - ((IQ)110 X (FI).50 X
(FA).11) = (A)42 X (EE)1.00 X (I)1.220 X (GV).72 = 37.00

COLL DED: \$ 1,000

((IQ)312 X (FH)1.00 X (FI).40) - ((IQ)312 X (FI).40 X
(FA).12) = (A)110 X (EE)1.00 X (I)1.220 X (GV).72 = 97.00

RENTAL REIMBURSEMENT

COMP

((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL

((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO:	00007	DESC:	05 IHC	VIN:	1HTMMAAM95H686998
SEQ NO:	00007	STATE:	32	TYPE:	TRUCK
CLASS:	21499 L	ZIP:	27577 0000	TERR:	023
VEHICLE INDIVIDUALLY OWNED:	NO	MODEL:	NO ENTRY MADE		
COST NEW:	\$ 49,973	AGE:	11	TAX LOC:	0798

LIAB

(A)542 X (D)1.46 X (EE)1.05 X (I)1.220 X (GV).72 = 730.00

MED PAY LMT: \$ 5,000

(A)59 X (GV).72 = 42.00

UM

(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000

((IQ)110 X (FH)1.55 X (FI).65) - ((IQ)110 X (FI).65 X
(FA).11) = (A)88 X (EE).75 X (I)1.220 X (GV).72 = 58.00

COLL DED: \$ 1,000

((IQ)312 X (FH)1.90 X (FI).50) - ((IQ)312 X (FI).50 X
(FA).12) = (A)277 X (EE).75 X (I)1.220 X (GV).72 = 182.00

KEYS

A = BASE RATE	D = INCR LIMIT FCTR	I = SCHED/FLEX MOD
EE = FINAL RATING FCTR	FA = DEDUCT FCTR	FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR	FM = # OF DAYS	GV = COMPANY CODE DEV
HQ = RENT PER DAY	IQ = PD BASE COV RATE	

POLICY #	22UENRB2036	K3 CONTROL #	001	TERM ID	R053V13A
PROCESS DATE	08/01/14	OPER INITIALS	TLA	AAR PREV POL #	22UENRB2036

AUTOMOBILE DETAIL (CONT)

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POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00007 DESC: 05 IHC VIN: 1HTMMAAM95H686998

RENTAL REIMBURSEMENT

COMP

((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL

((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO:	00008	DESC:	10 FORD	VIN:	NM0LS7CNXAT033270
SEQ NO:	00008	STATE:	32	TYPE:	TRUCK
CLASS:	01499 L	ZIP:	27577 0000	TERR:	023
VEHICLE INDIVIDUALLY OWNED:	NO	MODEL:	NO ENTRY MADE		
COST NEW:	\$ 21,500	AGE:	06	TAX LOC:	0798

LIAB

(A)542 X (D)1.46 X (EE)1.00 X (I)1.220 X (IY)1.050 X (GV).72 = 730.00

MED PAY LMT: \$ 5,000

(A)59 X (IY).850 X (GV).72 = 36.00

UM

(A)115.00 = 115.00

UDM

INCL

COMP DED: \$ 1,000

((IQ)110 X (FH)1.07 X (FI).80) - ((IQ)110 X (FI).80 X (FA).11) = (A)71 X (EE)1.00 X (I)1.220 X (GV).72 = 62.00

COLL DED: \$ 1,000

((IQ)312 X (FH)1.06 X (FI).80) - ((IQ)312 X (FI).80 X (FA).12) = (A)235 X (EE)1.00 X (I)1.220 X (GV).72 = 206.00

RENTAL REIMBURSEMENT

COMP

((A)1.43 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 19.00

COLL

((A)2.37 / 100) X (FM)30 X (HQ)50 X (I)1.220 X (GV).72 = 31.00

AUTO NO:	00009	DESC:	14 ISUZU	VIN:	JALC4W163E7002314
SEQ NO:	00010	STATE:	32	TYPE:	TRUCK
CLASS:	21499 L	ZIP:	27577 0000	TERR:	023
VEHICLE INDIVIDUALLY OWNED:	NO	MODEL:	NPR		
COST NEW:	\$ 39,640	AGE:	02	TAX LOC:	0798

LIAB

(A)542 X (D)1.46 X (EE)1.05 X (I)1.220 X (GV).72 = 730.00

KEYS

A = BASE RATE	D = INCR LIMIT FCTR	I = SCHED/FLEX MOD
EE = FINAL RATING FCTR	FA = DEDUCT FCTR	FH = ORIGINAL COST NEW
FI = ACV AGE GROUP FCTR	FM = # OF DAYS	GV = COMPANY CODE DEV
HQ = RENT PER DAY	IQ = PD BASE COV RATE	IY = CLASS OF VEH FCTR

POLICY #	22UENRB2036	K3 CONTROL #	001	TERM ID	R053V13A
PROCESS DATE	08/01/14	OPER INITIALS	TLA	AAR PREV POL #	22UENRB2036

AUTOMOBILE DETAIL (CONT)

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POLICY NUMBER: 22 UEN RB2036 K3 EFFECTIVE DATE: 10/01/14

AUTO NO: 00009 DESC: 14 ISUZU VIN: JALC4W163E7002314

MED PAY LMT: \$ 5,000
(A)59 X (GV).72 = 42.00UM
(A)115.00 = 115.00UDM
INCLCOMP DED: \$ 1,000
((IQ)110 X (FH)1.30 X (FI)1.00) - ((IQ)110 X (FI)1.00 X
(FA).11) = (A)111 X (EE).75 X (I)1.220 X (GV).72 = 73.00COLL DED: \$ 1,000
((IQ)312 X (FH)1.35 X (FI)1.00) - ((IQ)312 X (FI)1.00 X
(FA).12) = (A)384 X (EE).75 X (I)1.220 X (GV).72 = 253.00

COMMON COVERAGES INFORMATION

HIRED CAR
LIAB CLASS: 6619
(A).63 X (D).00 X (I)1.220 X (GV).72 = (P).553 * 500.00NOL EMPLOYERS CLASS: 6603 EST. # OF EMPLOYEES: 000250
(A)439 X (D)1.52 X (I)1.220 X (GV).72 = 586.00

GRAND TOTAL \$ 11,011.00

KEYS

* = OVERRIDE

A = BASE RATE D = INCR LIMIT FCTR I = SCHED/FLEX MOD
P = FINAL RATE EE = FINAL RATING FCTR FA = DEDUCT FCTR
FH = ORIGINAL COST NEW FI = ACV AGE GROUP FCTR GV = COMPANY CODE DEV
IQ = PD BASE COV RATEPOLICY # 22UENRB2036 K3 CONTROL # 001 TERM ID R053V13A
PROCESS DATE 08/01/14 OPER INITIALS TLA AAR PREV POL # 22UENRB2036

POLICY INFORMATION

NAMED INSURED: JOHNSTON MEMORIAL HOSPITAL E-COMMERCE ID: 2
PRODUCER CODE AND NAME: 270298 WILLIS OF NORTH CAROLINA INC
EFFECTIVE DATE: 10/01/2014 EXPIRATION DATE: 10/01/2015
AUDIT PERIOD:

---- COVERAGE PART ----	--- COMPANY CODE ---	---- PREMIUM ----
AUTO	A	11,011.00

TOTAL POLICY PREMIUM 11,011.00*

*INCLUDES TERRORISM PREMIUM 0.00

POLICY INFORMATION

NAMED INSURED: JOHNSTON MEMORIAL HOSPITAL

PRODUCER CODE AND NAME: 270298 WILLIS OF NORTH CAROLINA INC

EFFECTIVE DATE: 10/01/14

ST	PROP	B&M	MARINE	GEN-LIAB	AUTO-LIAB	PHYS-DAM	BOND	BURG
32					\$8,846	\$2,165		

POLICY #	22UENRB2036	K3	CONTROL #	001	TERM ID	R053V13A
PROCESS DATE	08/01/14	OPER	INITIALS	TLA	AAR	PREV POL # 22UENRB2036

POLICYHOLDER NOTICE - NORTH CAROLINA

Date: 08/01/14

Policy Number: 22 UEN RB2036

Renewal Date: 10/01/14

Your Hartford Agent: WILLIS OF NORTH CAROLINA INC



JOHNSTON MEMORIAL HOSPITAL

509 N BRIGHT LEAF BLVD
SMITHFIELD NC 27577

Dear Valued Hartford Customer,

Your current policy provided by The Hartford will expire shortly. The purpose of this notice is to advise you of changes to your policy for the upcoming policy term. This is not a bill. You will receive a separate bill for all or part of the premium due for your upcoming policy.

A. Policy Premium

The premium indicated below is based on the underwriting information that we currently have on file and may be subject to change based on additional information that may be developed during the underwriting process. If you desire additional information regarding your premium determination, please contact your agent or broker, or you may contact us directly.

Renewal Premium = \$ 11,011.00

B. Coverage Changes (if applicable)

Your policy for the upcoming term will include certain reductions or additional restrictions in coverage, as indicated by an (x) below.

☒ Increase in Deductible to: INCREASED TO \$1,000 FOR COMPREHENSIVE AND COLLISION COVERAGES.

☐ Reduction in Limits to:

☐ Reductions in Coverage:

☐ Other Changes, Clarifications or Restrictions in Coverage:

You may receive other notices of coverage changes for the upcoming policy term under separate cover. Those other changes will apply in addition to the changes described above.

Some states consider the change(s) described in this notice to be a nonrenewal of your prior policy, in which case this is our notice to you in compliance with the applicable law.

If you would like more information about this notice or your policy, please contact your agent or broker, or you may contact us directly. We look forward to continuing our relationship and fulfilling your insurance needs.

Thank you for your business.



IMPORTANT NOTICE TO POLICYHOLDERS

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

TERRORISM PREMIUM (CERTIFIED ACTS OF TERRORISM)

Coverage:

Premium (if Covered):

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for "certified acts of terrorism" under TRIA. The portion of your premium attributable to such coverage is shown above in this notice.

B. The following definition is added with respect to the provisions of this notice:

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. Disclosure Of Federal Share Of Terrorism Losses

The United States Department of the Treasury will reimburse insurers for 85% of that portion of such insured losses that exceeds the applicable insurer deductible. However, if aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States Government has not charged any premium for their participation in covering terrorism losses.

D. Cap On Insurer Liability For Terrorism Losses

If aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met, or will meet, our insurer deductible under TRIA we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with Treasury procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.