



DECLARATIONS

BUSINESS AUTO COVERAGE FORM

Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P.O. Box 2961 • Harrisburg, PA 17105
(717) 234-4941

RENEWAL DECLARATION * * EFFECTIVE 06/29/22
RENEWAL OF POLICY AX9 0773018

POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE IS PROVIDED IN THE	AGENCY	P
AX9 0773018	06/29/22	06/29/23	PENN NATIONAL SECURITY INS CO	1621498	07
NAMED INSURED AND ADDRESS			AGENCY		
3 AAA LLC 7777 LANDOVER RD HYATTSVILLE MD 20785			HBW INSURANCE GROUP INC 2 E ROLLING CROSSROADS STE 151 CATONSVILLE MD 21228		

POLICY PERIOD: POLICY COVERS FROM: 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

LIMITED LIA

IN RETURN FOR 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.

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Autos Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY (CSL)		8 9 19	\$ 1,000,000		\$ 258
BODILY INJURY (SPLIT LIMITS)			\$		\$
			\$		\$
PROPERTY DAMAGE			\$		\$
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)			SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.		\$
ADDED P.I.P. (or equivalent added No-fault coverage)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$
AUTO MEDICAL PAYMENTS			\$		\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)			SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT		\$
UNINSURED MOTORIST (CSL)			SEE SCHEDULE		\$
UNINSURED MOTORIST BI(SPLIT LIMITS)			\$		\$
			\$		\$
UNINSURED MOTORIST PD			\$		\$
UNDERINSURED MOTORIST (When not included in Uninsured Motorist coverage)			SEE SCHEDULE		\$
COMPREHENSIVE	PHYSICAL DAMAGE COVERAGE		SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING, SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS	ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS DED. FOR EACH COVERED AUTO	\$
SPECIFIED CAUSES OF LOSS			SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS		\$
COLLISION			SEE ITEM THREE FOR DED. FOR EACH COVERED AUTO SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS		\$
TOWING AND LABOR			\$ For Each Disablement Of A Private Passenger "Auto"		\$
PREMIUMS FOR ENDORSEMENTS					\$
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\$ This policy may be subject to final audit.

Countersigned By

AUTHORIZED REPRESENTATIVE

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AX9 0773018	06/29/22	06/29/23	PENN NATIONAL SECURITY INS CO	1621498	07

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.
(For other than Mobile or Farm Equipment)

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE FOR AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATES PER EACH \$100 COST OF HIRE	FACTOR (If liability coverage is primary)	PREMIUM
MD	IF ANY	1.987		\$ 122
TOTAL ITEM FOUR LIABILITY PREMIUM				\$ 122

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 COVERAGE					
COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR FOR EACH STATE (EXCLUDING AUTOS HIRED WITH A DRIVER)	RATE PER EACH \$100 ANNUAL COST OF HIRE	MINIMUM PREMIUM	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.		\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.		\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.		\$	\$	\$
TOTAL ITEM FOUR PHYSICAL DAMAGE PREMIUM					\$

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.

Physical Damage coverage for covered "autos" you hire or borrow is primary over any other valid and collectible insurance.

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	3	\$ 136
	Number Of Partners (Active or Inactive)		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Number Of Partners (Active or Inactive)		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers Who Regularly Use Autos to Transport Clients (Active or Inactive)		\$
TOTAL PREMIUM ITEM FIVE			\$ 136