

CUSTOMER NUMBER: 2726089

RUN DATE: 07-18-23

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213

Go green. Go paperless.

Switch to **Paperless Delivery*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**
on Allstate.com

*State exceptions may apply

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HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213

VALUE VILLAGE THRIFT STORES, INC.;
THRIFT STORES OF WASHINGTON, D.C., INC.;
3424 EASTERN AVE
BALTIMORE, MD 21224-4121

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Register now through **Commercial My Account**
on Allstate.com

*State exceptions may apply

IMPORTANT NOTICE ABOUT YOUR RENEWAL OFFER

ALLSTATE INSURANCE COMPANY
2775 SANDERS ROAD, SUITE D2W
NORTHBROOK, IL 60062

DATE: 07/18/2023

VALUE VILLAGE THRIFT STORES, INC.; TH
3424 EASTERN AVE
BALTIMORE MD 212244121

POLICY NUMBER: 648910256
EFFECTIVE DATE OF RENEWAL: 10/01/2023

Dear Policyholder,

Thank you for being a valued Allstate Insurance Company customer. We hope you are completely satisfied with everything Allstate has to offer.

We want to let you know about a change related to your policy. Please note that with this renewal offer, your current annual premium will be increasing. Please see the **Notice of Policy Conditional Renewal** accompanying this letter.

While we know this isn't welcome news, we also want you to know that there are ways you can help manage your insurance costs without sacrificing quality Allstate Insurance Company coverage. For example, some of the ways you may be able to maintain or even reduce your premium include:

- Reviewing your coverages and determining whether or not any changes are needed
- Adjusting your deductible

So we encourage you to contact your Allstate Insurance Company representative to discuss whether any of these suggestions will work for you.

We know that insurance costs are extremely important to you, and it's one of our goals to help you manage those costs while always keeping you in Good Hands®. Thank you for choosing Allstate Insurance Company.

Sincerely,

Customer Service

cc:

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
(410)774-4313

ALLSTATE INSURANCE COMPANY
2775 SANDERS ROAD
BUILDING D2W
NORTHBROOK IL 60062

NOTICE OF POLICY CONDITIONAL RENEWAL

Named Insured & Mailing Address:

Producer: C3984

VALUE VILLAGE THRIFT STORES, INC.; TH
3424 EASTERN AVE
BALTIMORE MD 21224-4121

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE MD 21228-6213

Policy No.: 648910256
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE
Date of Expiration: 10/01/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following: you may see an increase in your premium.

The reason(s) for the action taken on your policy is (are) Rates

Named Insured

VALUE VILLAGE THRIFT STORES, INC.; TH
3424 EASTERN AVE
BALTIMORE MD 21224-4121

Date Mailed:
9th day of August, 2023

AUTHORIZED REPRESENTATIVE

Thank you for being a loyal Allstate Insurance Company customer – we're delighted to have you with us!

Dear Valued Customer,

Here's Your Allstate Business Insurance Renewal Offer

We're pleased to offer to continue your Allstate policy for another twelve months, so you can keep getting:

- Quality coverage at competitive prices
- Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

What's In This Package?

This package contains your insurance documents, including your Renewal Declarations Page—which lists your coverages, coverage limits, premiums and any discounts you're receiving. You'll want to review the Declarations Page to make sure you're comfortable with the coverage choices you've made. Keep in mind that policy documents may change, so you should carefully review them at each renewal.

Your Billing And Renewing

We will send you a payment notice in a separate mailing, which will list several convenient payment options. Please mail your payment to us by the due date indicated to ensure that you're protected.

Renewing your coverage is simple—just make sure we receive the required premium payment when it's due.

Have Questions?

Feel free to give your Allstate representative a call if you have any questions or if you see something that needs updating—coverages, limits, deductibles. Your Allstate representative will be happy to provide you with any additional information.

We Appreciate Your Business

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.

Sincerely,



Ryan Michel
President
Allstate Business Insurance
Allstate Insurance Company
Enclosures

XM CW 02 05 22

Policy Number
648910256

COMMON POLICY DECLARATIONS

Allstate Insurance Company

2775 Sanders Road, Northbrook, IL 60062

A STOCK INSURANCE COMPANY

Item 1.	Named Insured and Mailing Address	Agent Name and Address
	VALUE VILLAGE THRIFT STORES, (SEE NAMED INSURED ENDT) 3424 EASTERN AVE BALTIMORE MD 21224-4121	HBW INSURANCE GROUP INC 2 E ROLLING XRDS STE 151 CATONSVILLE MD 21228-6213
Item 2.	Policy Period	From: 10-01-2023 To: 10-01-2024
	at 12:01 A.M., Standard Time at your mailing address shown above.	
Item 3.	Business Description: USED ITEMS STORE	
	Form of Business: CORPORATION	
Item 4.	In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
	This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
	Coverage Part(s)	Premium
	Commercial Property Coverage Part	
	Commercial General Liability Coverage Part	
	Crime and Fidelity Coverage Part	
	Commercial Inland Marine Coverage Part	
	Commercial Auto (Business or Truckers) Coverage Part	\$ 23,019.00
	Commercial Garage Coverage Part	
	Terrorism Risk Insurance Act Coverage	
	TAX/SURCHARGE/FEE	\$ 30.00
	Total Policy Premium	\$ 23,049.00
Item 5.	Forms and Endorsements	
	Form(s) and Endorsement(s) made a part of this policy at time of issue:	
	See Schedule of Forms and Endorsements	

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

Date: 07-18-23

By: HBW INSURANCE GROUP INC
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
648910256

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

VALUE VILLAGE THRIFT STORES,
INC.; THRIFT STORES OF
WASHINGTON, D.C., INC.;
DRIVING FORCE, INC.

Important Payment Information – Please Read Carefully.

Total Premium for the Policy Period

If you pay in installments*	\$ 23,049.00
If you pay in full (includes FullPay® Discount)**	\$ 20,673.00

Choose one of the following types of payment plans that best meets your needs:

*** Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a **\$8 . 00** installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

**** Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

Late Fee – A \$15.00 late fee may be assessed if payment is received after due date.

Policy Fee – A policy fee of \$30.00 may be applied to the policy at the beginning of each policy period.

If fees are not paid, action may be taken up to termination of the policy for non-payment.

Ways to pay

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a **\$3 . 00** installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a **\$8 . 00** installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

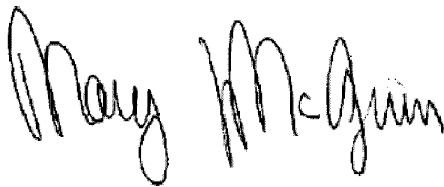
Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.

POLICY NUMBER: 648910256

MULTILINE
AM CW 02 11 09

WITNESS CLAUSE

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn

Secretary



Thomas J. Wilson

President

Countersigned by : HBW INSURANCE GROUP INC, Authorized Representative

Your Allstate Agency

Allstate relies on thousands of local agencies to assist customers with their insurance decision-making process by providing customers with information and high quality service. These agencies represent Allstate and provide numerous services to customers on its behalf. Agencies are paid a commission by the company for selling and servicing Allstate's insurance policies and may be eligible to receive additional compensation and rewards based on performance.

Policy Number
648910256

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
 12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 25	01-10	SCHEDULE OF TAXES, SURCHARGES OR FEES
IL 00 17	11-98	COMMON POLICY CONDITIONS
*IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
*IL 01 77	10-10	OK CHANGES-CONCEALMENT, MISREP OR FRAUD
*IL 01 79	10-02	OKLAHOMA NOTICE
*IL 01 93	09-07	OK EXCLUSION OF TRUSTOR AS NAMED INSURED
*IL 02 36	09-07	OKLAHOMA CHANGES-CANC & NONRENL
*IL 00 03	09-08	CALCULATION OF PREMIUM

AUTOMOBILE FORMS AND ENDORSEMENTS

AA CW 01	10-12	AMENDATORY ENDORSEMENT
DA CW 01	11-20	BUSINESS AUTO COVERAGE FORM DECLARATIONS
*CA 23 86	10-13	EXCLUSION OF TERRORISM/MIN STAT LIMITS
*CA 23 94	10-13	SILICA/SILICA-RELATED EXCL FOR COVRD AU
*CA 00 01	11-20	BUSINESS AUTO COVERAGE FORM
*CA 01 32	10-13	OKLAHOMA CHANGES
*AA CW 20	10-11	BUSINESS AUTO ENHANCEMENT ENDORSEMENT CW
CA 21 18	11-15	OKLAHOMA UM COVERAGE-STACKED
AA CW 12	12-21	VEHICLE SHARING EXCLUSION
*CA 23 01	10-13	EXPLOSIVES
*CA 23 45	11-20	PUBLIC LIVERY & ON-DEMAND DELIVRY EXCL
*CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 23	10-13	RENTAL REIMBURSEMENT COVERAGE

* These forms are part of this policy but are not printed

Policy Number
648910256

SCHEDULE OF TAXES, SURCHARGES OR FEES
Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

DM CW 02 (cont.)

TAXES/SURCHARGES/FEE DETAILED BREAKDOWN :

POLICY FEE	\$	30.00

TOTAL TAXES/SURCHARGES/FEE	\$	30.00

Important Notice – Customer-Requested Cancellation

When a mid-term cancellation request is made by the customer, an administrative fee may be applied, as allowed by applicable law.

Allstate Business Insurance follows industry standards for processing early cancellation requests.

Please refer to paragraph A.5. of the Common Policy Conditions (IL 00 17). If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Policies cancelled prior to the expiration date, by the first Named Insured, will be subject to an **administrative fee also known as a short-rate fee of 10% of the unearned premium.**

*The following is an **example** of the administrative fee calculation, when the refund is less than pro rata:*

An annual policy with a premium of \$1,200 is cancelled 30 days after the start of the policy. Allstate will collect on the unearned premium (the premium that corresponds to the time period remaining on the policy).

Annual Policy Premium: \$1,200 30 days of coverage

Pro rata: .918 (365 days - 30 days coverage = 335 unearned days, divided by 365 days = .918)

Short-rate: .826 (pro rata .918 times .90 (10% short rate fee) = .826)

\$1,200 x .826 = \$991.00 Return Premium

COMMON POLICY CONDITIONS

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

A. Cancellation

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

B. Changes

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

C. Examination Of Your Books And Records

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

D. Inspections And Surveys

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

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

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

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

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

E. Premiums

The first Named Insured shown in the Declarations:

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

F. Transfer Of Your Rights And Duties Under This Policy

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form

The following provisions are added:

What Law Will Apply

This policy is issued in accordance with the laws of Oklahoma and covers property or risk principally located in Oklahoma. Subject to the following paragraph, any and all claims or disputes by an "insured" or between an "insured" and "us" in any way related to this policy shall be governed by the laws of Oklahoma.

If a covered loss to the "auto", a covered "auto" "accident" or any other occurrence for which coverage applies under this policy happens outside Oklahoma, claims or disputes regarding that covered loss to the "auto," covered "auto" "accident" or other covered occurrence may be governed by the laws of the jurisdiction in which that covered loss to the "auto", covered "auto" "accident" or other covered occurrence happened, only if the laws of that jurisdiction would apply in the absence of a contractual choice of law provision such as this.

Where Lawsuits May Be Brought

Subject to the following two paragraphs any and all lawsuits by an "insured" or between an "insured" and "us" in any way related to this policy shall be brought, heard and decided only in a state or federal court located in Oklahoma. Any and all lawsuits against persons not parties to this lawsuit but involved the sale, administration, performance, or alleged breach of this policy, or involved in any other way with this policy, shall be brought, heard and decided only in a state or federal court located in Oklahoma, provided that such persons are subject to or consent to being sued in the courts specified in this paragraph.

If a covered loss to the "auto", a covered "auto" "accident" or any other occurrence for which coverage applies under this policy happens outside Oklahoma, lawsuits regarding that covered loss to the "auto," covered "auto" "accident" or other covered occurrence may also be brought in the judicial district where that covered loss to the "auto," covered "auto" "accident," or other covered occurrence happened.

Nothing in this provision, **Where Lawsuits May Be Brought**, shall impair any party's right to remove a state court lawsuit to a federal court.

All other policy terms, conditions, and exclusions apply.

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ALLSTATE CLAIM REPORTING

To report a claim on your Allstate Business Insurance policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.

To report a claim for:

Commercial Auto policies: 1(800) 255-7828

IMPORTANT NOTICE REGARDING YOUR POLICY.

Voluntary Provider Networks

We want to let you know about a program that may be available to you.

If you, or anyone covered under your policy, is injured in a loss covered under your auto policy, a Voluntary Provider Network may be available to you. A Voluntary Provider Network includes a variety of participating medical providers that can treat those injuries.

Voluntary Provider Networks maintain lists of their participating providers. In the event that you experience a loss, your claims representative can provide you with contact information for any participating Allstate networks that may be available in your state at the time.

You are under no obligation to use a medical provider who is a member of one of these networks, and you are free to seek medical services from a provider of your choice. There is no penalty if you choose a provider outside the network. If you are injured and treated by a provider who is a member of one of the participating networks, we may review their bills for covered medical services for re-pricing based on the approved rate for that provider's network.

You do not need to make a choice about these networks at this time. Please keep in mind that using a provider within a network should not be considered a confirmation that you have coverage. This notice is for information purposes only.

POLICY NUMBER: 648910256

COMMERCIAL AUTO

BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER:

HBW INSURANCE GROUP INC

NAMED INSURED: VALUE VILLAGE THRIFT STORES, INC.;
(SEE NAMED INSURED ENDORSEMENT)

MAILING ADDRESS: 3424 EASTERN AVE
BALTIMORE, MD 21224-4121

POLICY PERIOD: From 10-01-2023 to 10-01-2024 at 12:01 A.M. Standard Time at your
mailing address shown above

PREVIOUS POLICY NUMBER: 648910256

FORM OF BUSINESS:

☒ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC) ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

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 AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	01	\$1,000,000	\$ 15,069.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS	7	\$ 5,000 EACH INSURED	\$ 243.00
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	7	\$1,000,000	\$ 3,865.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$1,000,000	INCL
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.) OR SEE SCHEDULE DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO (A maximum deductible may also apply. Refer to Coverage Form for details.) See ITEM FOUR For Hired or Borrowed Autos.	\$ 1,045.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.) OR SEE SCHEDULE DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO (A maximum deductible may also apply. Refer to Coverage Form for Details.) See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	2	\$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 2,005.00
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO, LIGHT OR MEDIUM TRUCK	
TAX/SURCHARGE/FEE			\$ 30.00
PREMIUM FOR ENDORSEMENTS			\$ 792.00
*ESTIMATED TOTAL PREMIUM			\$ 23,049.00

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
OK1	2006, ISUZU NPR, JALB4B16967023187				TULSA OK		\$32,808
OK2	2001, CHRYSLER VOYAGER, 1C8GJ45GX1B114049				TULSA OK		\$23,525
OK3	2007, GMC\CHEVY W3S042, J8DC4B16677014629				TULSA OK		\$32,808
OK4	2018, GMC\CHEVY G3500, 1HA3GTCG3JN000951				TULSA OK		\$31,150
OK5	2005, GMC\CHEVY W4S042, J8DB4B16757008220				TULSA OK		\$30,416
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing and Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
OK1	50	R	12,000	19	All Others	224990	
OK2				24		739800	
OK3	50	R	12,000	18	All Others	224990	
OK4	50	R	12,300	7	All Others	224990	
OK5	50	R	14,500	20	All Others	224990	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
OK1	\$1,000,000	\$ 2,557					
OK2	\$1,000,000	\$ 1,146					
OK3	\$1,000,000	\$ 2,610					
OK4	\$1,000,000	\$ 3,164					
OK5	\$1,000,000	\$ 2,531					
Total Premium		\$ 14,688					

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
OK6	2003, ISUZU NPR, JALB4B14537011693				TULSA OK		\$30,251
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing and Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
OK6	50	R	12,000	22	All Others	224990	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
OK6	\$1,000,000	\$ 2,680					
Total Premium		INCL					

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium	
OK1	\$ 5,000	\$ 42			\$1,000,000	\$ 559		
OK2	\$ 5,000	\$ 10			\$1,000,000	\$ 1,070		
OK3	\$ 5,000	\$ 43			\$1,000,000	\$ 559		
OK4	\$ 5,000	\$ 54			\$1,000,000	\$ 559		
OK5	\$ 5,000	\$ 48			\$1,000,000	\$ 559		
Total Premium		\$ 243				\$ 3,865		
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Limit Per Disablement	Premium
OK1	\$ 1,000	\$ 171			\$ 1,000	\$ 283		
OK2	\$ 1,000	\$ 111			\$ 1,000	\$ 175		
OK3	\$ 1,000	\$ 171			\$ 1,000	\$ 283		
OK4	\$ 1,000	\$ 250			\$ 1,000	\$ 667		
OK5	\$ 1,000	\$ 171			\$ 1,000	\$ 283		
Total Premium		\$ 1,045				\$ 2,005		

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
OK6	\$ 5,000	\$ 46			\$1,000,000	\$ 559	
Total Premium		\$ 243				\$ 3,865	

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Limit Per Disablement	Premium
OK6	\$ 1,000	\$ 171			\$ 1,000	\$ 314		
Total Premium		\$ 1,045				\$ 2,005		

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage			
TOTAL HIRED AUTO PREMIUM			

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage	OK	IF ANY	\$ 176
TOTAL HIRED AUTO PREMIUM			\$ 176

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.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	STATE	DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PREMIUM
COMPREHENSIVE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MIS- CHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)		
SPECIFIED CAUSES OF LOSS		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM. (A maximum deductible may also apply. Refer to Coverage Form for details.)		
COLLISION		DEDUCTIBLE FOR EACH COVERED AUTO.		
TOTAL HIRED AUTO 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.				

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment Other Than Physical Damage Coverages					
COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
TOTAL HIRED AUTO PREMIUM					
<p>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.</p>					

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Cost Of Hire Rating Basis For Mobile or Farm Equipment Physical Damage Coverages						
COVERAGE	STATE	DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)				
SPECIFIED CAUSES OF LOSS		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)				
COLLISION		DEDUCTIBLE FOR EACH COVERED AUTO.				
TOTAL HIRED AUTO PREMIUM						
<p>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.</p>						

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Rental Period Rating Basis For Mobile Or Farm Equipment					
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
TOTAL HIRED AUTO PREMIUMS					

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Auto Service Operations	Number Of Employees	3	\$ 205
	Number Of Volunteers		
Auto Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		
	Number of Volunteers		
	Number Of Partners (Active and Inactive) or LLC Members		
Partnerships or LLCs	Number Of Employees		
	Number of Volunteers		
	Number Of Partners (Active and Inactive) or LLC Members		
TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM			\$ 205

ITEM SIX**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS**

Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Check One): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage	
Premiums	
Covered Autos Liability	
Personal Injury Protection	
Added Personal Injury Protection	
Property Protection Insurance (Michigan Only)	
Auto Medical Payments	
Medical Expense And Income Loss Benefits (Virginia Only)	
Comprehensive	
Specified Causes Of Loss	
Collision	
Towing And Labor	

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA UNINSURED MOTORISTS COVERAGE – STACKED

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

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

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

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

Named Insured: VALUE VILLAGE THRIFT STORES, I

Endorsement Effective Date: 10-01-2023

SCHEDULE

Limit Of Insurance: \$1,000,000

Each "Accident"

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

A. Coverage

We will pay, in accordance with Title 36, Oklahoma Statutes, all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":

- a. The Named Insured and any "family members".

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

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

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

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

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

C. Exclusions

This insurance does not apply to:

1. "Bodily injury" sustained by:
 - a. Any person who is a "family member" while "occupying", or when struck by, any motor vehicle owned by that person which is not insured for Uninsured Motorists Coverage at the time of the "accident" and to whom no other Uninsured Motorists Coverage is available.
 - b. Any "insured" while "occupying" an "auto":
 - (1) Owned by the Named Insured or any person who is a "family member"; or
 - (2) Furnished or available for the regular use of the Named Insured or any person who is a "family member";

if such "auto" is not insured under a motor vehicle insurance policy at the time of the "accident".
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of "insureds", or claims made, the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Insurance shown in the Schedule or Declarations. If there is more than one covered "auto", our limit of insurance for any one "accident", if the "bodily injury" is sustained by an individual Named Insured or any "family member", is the sum of the limits applicable to each covered "auto". Subject to this maximum limit of liability for all damages:
 - a. The most we will pay for all damages sustained in such "accident" by an "insured" other than an individual Named Insured or any "family member" is that "insured's" pro rata share of the limit shown in the Schedule or Declarations applicable to the vehicle that "insured" was "occupying" at the time of the "accident".
 - b. The individual Named Insured or any "family member" who sustains "bodily injury" in such "accident" will also be entitled to a pro rata share of the limit described in Paragraph **a.** above.

A person's pro rata share is the proportion that that person's damages bear to the total damages sustained by all "insureds".
2. If the "bodily injury" is sustained by any "insured", other than an individual Named Insured or any "family member", in an accident in which neither such Named Insured nor any "family member" sustained "bodily injury", the Limit Of Liability shown in the Schedule or Declarations for this coverage is our maximum limit of liability for all damages resulting from any such accident.
3. Any payment made by or on behalf of the owner or operator of a vehicle described in Paragraph **F.3.b.** of the definition of an "uninsured motor vehicle" shall not reduce or be a credit against our limit of insurance.

4. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage Form or Medical Payments Coverage endorsement attached to this Policy.

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

E. Changes In Conditions

The **Conditions** of the Policy are changed for Uninsured Motorists Coverage, as follows:

1. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - b. Promptly send us copies of the legal papers if a suit is brought.
 - c. A person seeking Uninsured Motorists Coverage must also notify us, in writing, of a tentative settlement between the "insured" and the insurer of an "uninsured motor vehicle" and allow us 60 days to advance payment in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "uninsured motor vehicle". This notice must be sent by certified mail and must include:
 - (1) Written documentation of economic losses;
 - (2) Copies of all medical bills; and
 - (3) Written authorization or a court order allowing us to obtain reports from any employers and medical providers.
3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

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

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

- a. Have been given written notice of a tentative settlement between an "insured" and the insurer of an "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification.

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

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

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

5. The following condition is added:

Arbitration

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

- d. If agreement by arbitration is not reached within three months from the date of demand, the "insured" may bring an action against anyone responsible for the use of a vehicle involved in the "accident".

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
 2. "Occupying" means in, upon, getting in, on, out or off.
 3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle or "trailer" for which there is a liability bond or policy at the time of an accident, the liability limits of which are less than the amount of the claim of the person or persons making such claim, regardless of the amount of coverage of either of the parties in relation to each other;
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - d. That is a hit-and-run vehicle and neither the driver nor owner can be identified.
- However, "uninsured motor vehicle" does not include any vehicle:
- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law; or
 - b. Designed for use mainly off public roads while not on public roads.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VEHICLE SHARING EXCLUSION

This endorsement modifies coverage 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.

A. Changes In Covered Autos Liability Coverage

The following Exclusion is added to Paragraph **B. Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

B. Changes In Physical Damage Coverage

The following Exclusion is added to Paragraph **B. Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

C. Changes In SECTION V – DEFINITIONS

The following Definition is added:

- Vehicle Sharing Program
"Vehicle sharing program" means a service organized through a company, organization, network, group, or individual, that uses a digital network, software application service, or equivalent method of facilitation, to connect customers to other companies, organizations, networks, groups, or individuals, with the purpose of sharing the customer's "auto" for personal or commercial use.

D. Changes In Uninsured Motorists Coverage

If a premium is displayed for Uninsured Motorists Coverage, the following Exclusion is added to the Paragraph titled **Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

E. Changes In Underinsured Motorists Coverage

If a premium is displayed for Underinsured Motorists Coverage, the following Exclusion is added to the Paragraph titled **Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

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	OK 1 2006 ISUZU JALB4B16967023187	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 1 2006 ISUZU JALB4B16967023187	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					\$ 792
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.

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	OK 2 2001 CHRYSLER 1C8GJ45GX1B114049	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 2 2001 CHRYSLER 1C8GJ45GX1B114049	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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	OK 3 2007 GMC\CHEVY J8DC4B16677014629	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 3 2007 GMC\CHEVY J8DC4B16677014629	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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	OK 4 2018 GMC\CHEVY 1HA3GTCG3JN000951	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 4 2018 GMC\CHEVY 1HA3GTCG3JN000951	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.
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- 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.
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 - 1. Necessary and actual expenses incurred.
 - 2. The maximum payment stated in the Schedule applicable to "any one day" or "any one period".
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- 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.

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BUSINESS AUTO COVERAGE FORM
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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	OK 5 2005 GMC\CHEVY J8DB4B16757008220	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 5 2005 GMC\CHEVY J8DB4B16757008220	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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:

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- 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.

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RENTAL REIMBURSEMENT COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
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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	OK 6 2003 ISUZU JALB4B14537011693	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 6 2003 ISUZU JALB4B14537011693	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.
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- 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.

OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2006 MAKE/MODEL ISUZU NPR
VEHICLE IDENTIFICATION NUMBER JALB4B16967023187

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I

COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

EXCLUDED DRIVERS
AN OWNER'S LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. KEEP THIS COPY OF THE OWNERS SECURITY VERIFICATION FORM IN THE MOTOR VEHICLE AT ALL TIMES. SUBMIT A COPY OF THIS OWNERS SECURITY VERIFICATION FORM WITH YOUR APPLICATION FOR REGISTRATION
IDCARDOK 10-11
SEE IMPORTANT NOTICE ON REVERSE SIDE

OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2006 MAKE/MODEL ISUZU NPR
VEHICLE IDENTIFICATION NUMBER JALB4B16967023187

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HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I

COVERAGES:

<u> X </u>	A	<u> X </u>	C	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. CARRY THIS OPERATORS SECURITY VERIFICATION FORM WHENEVER OPERATING ANY MOTOR VEHICLE.
IDCARDOK 10-11
SEE IMPORTANT NOTICE ON REVERSE SIDE

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
		R1	CAR RENTAL AND TRAVEL EXPENSE
C	MEDICAL PAYMENTS	U	UNINSURED MOTOR VEHICLE
D	COMPREHENSIVE	S	DEATH, DISMEMBERMENT
G	COLLISION	T	DISABILITY
L	LOSS TO YOUR RECREATIONALVEH.	Z	LOSS OF EARNINGS
N	EMERGENCY ROAD SERVICE		

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

OKLAHOMA STATE LAW REQUIRES THAT A COPY OF THIS OWNERS SECURITY VERIFICATION FORM BE CARRIED IN THE MOTOR VEHICLE AT ALL TIMES, AND BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF AN ACCIDENT, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE ACCIDENT.

OKLAHOMA STATE LAW ALSO REQUIRES THAT A CURRENT COPY OF THIS OWNERS SECURITY VERIFICATION FORM MUST BE SURRENDERED TO THE MOTOR LICENSE AGENT OR OTHER REGISTERING AGENCY UPON APPLICATION OR RENEWAL FOR A MOTOR VEHICLE LICENSE PLATE.

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
		R1	CAR RENTAL AND TRAVEL EXPENSE
C	MEDICAL PAYMENTS	U	UNINSURED MOTOR VEHICLE
D	COMPREHENSIVE	S	DEATH, DISMEMBERMENT
G	COLLISION	T	DISABILITY
L	LOSS TO YOUR RECREATIONALVEH.	Z	LOSS OF EARNINGS
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OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2001 MAKE/MODEL CHRYSLER VOYAGER
VEHICLE IDENTIFICATION NUMBER 1C8GJ45GX1B114049

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I
COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

EXCLUDED DRIVERS
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IDCARDOK 10-11
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OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2001 MAKE/MODEL CHRYSLER VOYAGER
VEHICLE IDENTIFICATION NUMBER 1C8GJ45GX1B114049

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I
COVERAGES:

<u> X </u>	A	<u> X </u>	C	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

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IDCARDOK 10-11
SEE IMPORTANT NOTICE ON REVERSE SIDE

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
		R1	CAR RENTAL AND TRAVEL EXPENSE
C	MEDICAL PAYMENTS	U	UNINSURED MOTOR VEHICLE
D	COMPREHENSIVE	S	DEATH, DISMEMBERMENT
G	COLLISION	T	DISABILITY
L	LOSS TO YOUR RECREATIONALVEH.	Z	LOSS OF EARNINGS
N	EMERGENCY ROAD SERVICE		

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HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
		R1	CAR RENTAL AND TRAVEL EXPENSE
C	MEDICAL PAYMENTS	U	UNINSURED MOTOR VEHICLE
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OKLAHOMA OWNERS SECURITY VERIFICATION FORM

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COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2007 MAKE/MODEL GMC\CHEVY W3S042
VEHICLE IDENTIFICATION NUMBER J8DC4B16677014629

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I
COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

EXCLUDED DRIVERS
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Allstate Insurance Company
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YEAR 2007 MAKE/MODEL GMC\CHEVY W3S042
VEHICLE IDENTIFICATION NUMBER J8DC4B16677014629

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CATONSVILLE, MD 21228-6213
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INSURED
VALUE VILLAGE THRIFT STORES, I
COVERAGES:

<u> X </u>	A	<u> X </u>	C	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

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IDCARDOK 10-11
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HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
C	MEDICAL PAYMENTS	R1	CAR RENTAL AND TRAVEL EXPENSE
D	COMPREHENSIVE	U	UNINSURED MOTOR VEHICLE
G	COLLISION	S	DEATH, DISMEMBERMENT
L	LOSS TO YOUR RECREATIONALVEH.	T	DISABILITY
N	EMERGENCY ROAD SERVICE	Z	LOSS OF EARNINGS

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HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
C	MEDICAL PAYMENTS	R1	CAR RENTAL AND TRAVEL EXPENSE
D	COMPREHENSIVE	U	UNINSURED MOTOR VEHICLE
G	COLLISION	S	DEATH, DISMEMBERMENT
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COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2018 MAKE/MODEL GMC\CHEVY G3500
VEHICLE IDENTIFICATION NUMBER 1HA3GTCG3JN000951

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I

COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

EXCLUDED DRIVERS
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POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2018 MAKE/MODEL GMC\CHEVY G3500
VEHICLE IDENTIFICATION NUMBER 1HA3GTCG3JN000951

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I

COVERAGES:

<u> X </u>	A	<u> X </u>	C	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. CARRY THIS OPERATORS SECURITY VERIFICATION FORM WHENEVER OPERATING ANY MOTOR VEHICLE.
IDCARDOK 10-11
SEE IMPORTANT NOTICE ON REVERSE SIDE

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY PROPERTY DAMAGE)	R	CAR RENTAL
C	MEDICAL PAYMENTS	R1	CAR RENTAL AND TRAVEL EXPENSE
D	COMPREHENSIVE	U	UNINSURED MOTOR VEHICLE
G	COLLISION	S	DEATH, DISMEMBERMENT
L	LOSS TO YOUR RECREATIONALVEH.	T	DISABILITY
N	EMERGENCY ROAD SERVICE	Z	LOSS OF EARNINGS

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

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OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NUMBER 19232
COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2005
MAKE/MODEL GMC\CHEVY W4S042
VEHICLE IDENTIFICATION NUMBER J8DB4B16757008220

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
COMPANY TELEPHONE NUMBER: 1-800-255-7828

INSURED
VALUE VILLAGE THRIFT STORES, I

COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

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IDCARDOK 10-11
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2775 Sanders Road
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EXPIRATION DATE 10-01-2024

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MAKE/MODEL GMC\CHEVY W4S042
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COMPANY ☒ COMMERCIAL ☐ PERSONAL
Allstate Insurance Company
2775 Sanders Road
Suite E1W

POLICY NUMBER 648910256
EFFECTIVE DATE 10-01-2023
EXPIRATION DATE 10-01-2024

YEAR 2003 MAKE/MODEL ISUZU NPR
VEHICLE IDENTIFICATION NUMBER JALB4B14537011693

AGENCY/COMPANY ISSUING FORM (INCLUDED ADDRESS AND TELEPHONE NUMBER)
HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213
AGENCY TELEPHONE NUMBER: 410-774-4313
INSURED
VALUE VILLAGE THRIFT STORES, I
COVERAGES:

<u> X </u>	A	<u> X </u>	c	<u> X </u>	D	<u> X </u>	G	<u> </u>	L	<u> </u>	N
<u> X </u>	R	<u> </u>	R1	<u> X </u>	U	<u> </u>	S	<u> </u>	T	<u> </u>	Z

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CUSTOMER NUMBER: 2726089

RUN DATE: 07-18-23

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE, MD 21228-6213

IMPORTANT NOTICE ABOUT YOUR RENEWAL OFFER

ALLSTATE INSURANCE COMPANY
2775 SANDERS ROAD, SUITE D2W
NORTHBROOK, IL 60062

DATE: 07/18/2023

VALUE VILLAGE THRIFT STORES, INC.; TH
3424 EASTERN AVE
BALTIMORE MD 212244121

POLICY NUMBER: 648910256
EFFECTIVE DATE OF RENEWAL: 10/01/2023

Dear Policyholder,

Thank you for being a valued Allstate Insurance Company customer. We hope you are completely satisfied with everything Allstate has to offer.

We want to let you know about a change related to your policy. Please note that with this renewal offer, your current annual premium will be increasing. Please see the **Notice of Policy Conditional Renewal** accompanying this letter.

While we know this isn't welcome news, we also want you to know that there are ways you can help manage your insurance costs without sacrificing quality Allstate Insurance Company coverage. For example, some of the ways you may be able to maintain or even reduce your premium include:

- Reviewing your coverages and determining whether or not any changes are needed
- Adjusting your deductible

So we encourage you to contact your Allstate Insurance Company representative to discuss whether any of these suggestions will work for you.

We know that insurance costs are extremely important to you, and it's one of our goals to help you manage those costs while always keeping you in Good Hands®. Thank you for choosing Allstate Insurance Company.

Sincerely,

Customer Service

cc:

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
(410)774-4313

ALLSTATE INSURANCE COMPANY
2775 SANDERS ROAD
BUILDING D2W
NORTHBROOK IL 60062

NOTICE OF POLICY CONDITIONAL RENEWAL

Named Insured & Mailing Address:

Producer: C3984

VALUE VILLAGE THRIFT STORES, INC.; TH
3424 EASTERN AVE
BALTIMORE MD 21224-4121

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE MD 21228-6213

Policy No.: 648910256
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE
Date of Expiration: 10/01/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following: you may see an increase in your premium.

The reason(s) for the action taken on your policy is (are) Rates

Producer

HBW INSURANCE GROUP INC
2 E ROLLING XRDS
STE 151
CATONSVILLE MD 21228-6213

Date Mailed:
9th day of August, 2023

AUTHORIZED REPRESENTATIVE

Policy Number
648910256

COMMON POLICY DECLARATIONS

Allstate Insurance Company

2775 Sanders Road, Northbrook, IL 60062

A STOCK INSURANCE COMPANY

Item 1.	Named Insured and Mailing Address	Agent Name and Address
	VALUE VILLAGE THRIFT STORES, (SEE NAMED INSURED ENDT) 3424 EASTERN AVE BALTIMORE MD 21224-4121	HBW INSURANCE GROUP INC 2 E ROLLING XRDS STE 151 CATONSVILLE MD 21228-6213
Item 2.	Policy Period	From: 10-01-2023 To: 10-01-2024
	at 12:01 A.M., Standard Time at your mailing address shown above.	
Item 3.	Business Description: USED ITEMS STORE	
	Form of Business: CORPORATION	
Item 4.	In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
	This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
	Coverage Part(s)	Premium
	Commercial Property Coverage Part	
	Commercial General Liability Coverage Part	
	Crime and Fidelity Coverage Part	
	Commercial Inland Marine Coverage Part	
	Commercial Auto (Business or Truckers) Coverage Part	\$ 23,019.00
	Commercial Garage Coverage Part	
	Terrorism Risk Insurance Act Coverage	
	TAX/SURCHARGE/FEE	\$ 30.00
	Total Policy Premium	\$ 23,049.00
Item 5.	Forms and Endorsements	
	Form(s) and Endorsement(s) made a part of this policy at time of issue:	
	See Schedule of Forms and Endorsements	

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

Date: 07-18-23

By: HBW INSURANCE GROUP INC
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
648910256

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

VALUE VILLAGE THRIFT STORES,
INC.; THRIFT STORES OF
WASHINGTON, D.C., INC.;
DRIVING FORCE, INC.

Important Payment Information – Please Read Carefully.

Total Premium for the Policy Period

If you pay in installments*	\$ 23,049.00
If you pay in full (includes FullPay® Discount)**	\$ 20,673.00

Choose one of the following types of payment plans that best meets your needs:

*** Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a **\$8 . 00** installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

**** Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

Late Fee – A \$15.00 late fee may be assessed if payment is received after due date.

Policy Fee – A policy fee of \$30.00 may be applied to the policy at the beginning of each policy period.

If fees are not paid, action may be taken up to termination of the policy for non-payment.

Ways to pay

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a **\$3 . 00** installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a **\$8 . 00** installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

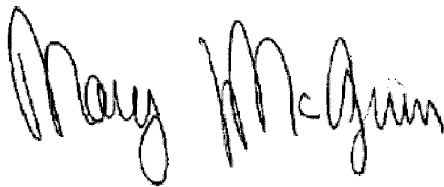
Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.

POLICY NUMBER: 648910256

MULTILINE
AM CW 02 11 09

WITNESS CLAUSE

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn
Secretary



Thomas J. Wilson
President

Countersigned by : HBW INSURANCE GROUP INC, Authorized Representative

Policy Number
648910256

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
 12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 25	01-10	SCHEDULE OF TAXES, SURCHARGES OR FEES
IL 00 17	11-98	COMMON POLICY CONDITIONS
*IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
*IL 01 77	10-10	OK CHANGES-CONCEALMENT, MISREP OR FRAUD
*IL 01 79	10-02	OKLAHOMA NOTICE
*IL 01 93	09-07	OK EXCLUSION OF TRUSTOR AS NAMED INSURED
*IL 02 36	09-07	OKLAHOMA CHANGES-CANC & NONRENL
*IL 00 03	09-08	CALCULATION OF PREMIUM

AUTOMOBILE FORMS AND ENDORSEMENTS

AA CW 01	10-12	AMENDATORY ENDORSEMENT
DA CW 01	11-20	BUSINESS AUTO COVERAGE FORM DECLARATIONS
*CA 23 86	10-13	EXCLUSION OF TERRORISM/MIN STAT LIMITS
*CA 23 94	10-13	SILICA/SILICA-RELATED EXCL FOR COVRD AU
*CA 00 01	11-20	BUSINESS AUTO COVERAGE FORM
*CA 01 32	10-13	OKLAHOMA CHANGES
*AA CW 20	10-11	BUSINESS AUTO ENHANCEMENT ENDORSEMENT CW
CA 21 18	11-15	OKLAHOMA UM COVERAGE-STACKED
AA CW 12	12-21	VEHICLE SHARING EXCLUSION
*CA 23 01	10-13	EXPLOSIVES
*CA 23 45	11-20	PUBLIC LIVERY & ON-DEMAND DELIVRY EXCL
*CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 23	10-13	RENTAL REIMBURSEMENT COVERAGE

* These forms are part of this policy but are not printed

Policy Number
648910256

SCHEDULE OF TAXES, SURCHARGES OR FEES
Allstate Insurance Company

Named Insured VALUE VILLAGE THRIFT STORES,

Effective Date: 10-01-23
12:01 A.M., Standard Time

Agent Name HBW INSURANCE GROUP INC

DM CW 02 (cont.)

TAXES/SURCHARGES/FEE DETAILED BREAKDOWN :

POLICY FEE	\$	30.00

TOTAL TAXES/SURCHARGES/FEE	\$	30.00

Important Notice – Customer-Requested Cancellation

When a mid-term cancellation request is made by the customer, an administrative fee may be applied, as allowed by applicable law.

Allstate Business Insurance follows industry standards for processing early cancellation requests.

Please refer to paragraph A.5. of the Common Policy Conditions (IL 00 17). If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Policies cancelled prior to the expiration date, by the first Named Insured, will be subject to an **administrative fee also known as a short-rate fee of 10% of the unearned premium.**

*The following is an **example** of the administrative fee calculation, when the refund is less than pro rata:*

An annual policy with a premium of \$1,200 is cancelled 30 days after the start of the policy. Allstate will collect on the unearned premium (the premium that corresponds to the time period remaining on the policy).

Annual Policy Premium: \$1,200 30 days of coverage

Pro rata: .918 (365 days - 30 days coverage = 335 unearned days, divided by 365 days = .918)

Short-rate: .826 (pro rata .918 times .90 (10% short rate fee) = .826)

\$1,200 x .826 = \$991.00 Return Premium

COMMON POLICY CONDITIONS

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

A. Cancellation

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

B. Changes

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

C. Examination Of Your Books And Records

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

D. Inspections And Surveys

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

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

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

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

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

E. Premiums

The first Named Insured shown in the Declarations:

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

F. Transfer Of Your Rights And Duties Under This Policy

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form

The following provisions are added:

What Law Will Apply

This policy is issued in accordance with the laws of Oklahoma and covers property or risk principally located in Oklahoma. Subject to the following paragraph, any and all claims or disputes by an "insured" or between an "insured" and "us" in any way related to this policy shall be governed by the laws of Oklahoma.

If a covered loss to the "auto", a covered "auto" "accident" or any other occurrence for which coverage applies under this policy happens outside Oklahoma, claims or disputes regarding that covered loss to the "auto," covered "auto" "accident" or other covered occurrence may be governed by the laws of the jurisdiction in which that covered loss to the "auto", covered "auto" "accident" or other covered occurrence happened, only if the laws of that jurisdiction would apply in the absence of a contractual choice of law provision such as this.

Where Lawsuits May Be Brought

Subject to the following two paragraphs any and all lawsuits by an "insured" or between an "insured" and "us" in any way related to this policy shall be brought, heard and decided only in a state or federal court located in Oklahoma. Any and all lawsuits against persons not parties to this lawsuit but involved the sale, administration, performance, or alleged breach of this policy, or involved in any other way with this policy, shall be brought, heard and decided only in a state or federal court located in Oklahoma, provided that such persons are subject to or consent to being sued in the courts specified in this paragraph.

If a covered loss to the "auto", a covered "auto" "accident" or any other occurrence for which coverage applies under this policy happens outside Oklahoma, lawsuits regarding that covered loss to the "auto," covered "auto" "accident" or other covered occurrence may also be brought in the judicial district where that covered loss to the "auto," covered "auto" "accident," or other covered occurrence happened.

Nothing in this provision, **Where Lawsuits May Be Brought**, shall impair any party's right to remove a state court lawsuit to a federal court.

All other policy terms, conditions, and exclusions apply.

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IMPORTANT NOTICE REGARDING YOUR POLICY.

Voluntary Provider Networks

We want to let you know about a program that may be available to you.

If you, or anyone covered under your policy, is injured in a loss covered under your auto policy, a Voluntary Provider Network may be available to you. A Voluntary Provider Network includes a variety of participating medical providers that can treat those injuries.

Voluntary Provider Networks maintain lists of their participating providers. In the event that you experience a loss, your claims representative can provide you with contact information for any participating Allstate networks that may be available in your state at the time.

You are under no obligation to use a medical provider who is a member of one of these networks, and you are free to seek medical services from a provider of your choice. There is no penalty if you choose a provider outside the network. If you are injured and treated by a provider who is a member of one of the participating networks, we may review their bills for covered medical services for re-pricing based on the approved rate for that provider's network.

You do not need to make a choice about these networks at this time. Please keep in mind that using a provider within a network should not be considered a confirmation that you have coverage. This notice is for information purposes only.

POLICY NUMBER: 648910256

COMMERCIAL AUTO

BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER:

HBW INSURANCE GROUP INC

NAMED INSURED: VALUE VILLAGE THRIFT STORES, INC.;
(SEE NAMED INSURED ENDORSEMENT)

MAILING ADDRESS: 3424 EASTERN AVE
BALTIMORE, MD 21224-4121

POLICY PERIOD: From 10-01-2023 to 10-01-2024 at 12:01 A.M. Standard Time at your
mailing address shown above

PREVIOUS POLICY NUMBER: 648910256

FORM OF BUSINESS:

☒ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC) ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

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 AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	01	\$1,000,000	\$ 15,069.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS	7	\$ 5,000 EACH INSURED	\$ 243.00
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	7	\$1,000,000	\$ 3,865.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$1,000,000	INCL
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.) OR SEE SCHEDULE DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO (A maximum deductible may also apply. Refer to Coverage Form for details.) See ITEM FOUR For Hired or Borrowed Autos.	\$ 1,045.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.) OR SEE SCHEDULE DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO (A maximum deductible may also apply. Refer to Coverage Form for Details.) See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	2	\$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 2,005.00
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO, LIGHT OR MEDIUM TRUCK	
TAX/SURCHARGE/FEE			\$ 30.00
PREMIUM FOR ENDORSEMENTS			\$ 792.00
*ESTIMATED TOTAL PREMIUM			\$ 23,049.00

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
OK1	2006, ISUZU NPR, JALB4B16967023187				TULSA OK		\$32,808
OK2	2001, CHRYSLER VOYAGER, 1C8GJ45GX1B114049				TULSA OK		\$23,525
OK3	2007, GMC\CHEVY W3S042, J8DC4B16677014629				TULSA OK		\$32,808
OK4	2018, GMC\CHEVY G3500, 1HA3GTCG3JN000951				TULSA OK		\$31,150
OK5	2005, GMC\CHEVY W4S042, J8DB4B16757008220				TULSA OK		\$30,416
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing and Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
OK1	50	R	12,000	19	All Others	224990	
OK2				24		739800	
OK3	50	R	12,000	18	All Others	224990	
OK4	50	R	12,300	7	All Others	224990	
OK5	50	R	14,500	20	All Others	224990	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
OK1	\$1,000,000	\$ 2,557					
OK2	\$1,000,000	\$ 1,146					
OK3	\$1,000,000	\$ 2,610					
OK4	\$1,000,000	\$ 3,164					
OK5	\$1,000,000	\$ 2,531					
Total Premium		\$ 14,688					

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY		Original Cost New		
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)		Town & State Where The Covered Auto Will Be Principally Garaged				
OK6	2003, ISUZU NPR, JALB4B14537011693		TULSA OK		\$30,251		
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing and Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
OK6	50	R	12,000	22	All Others	224990	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
OK6	\$1,000,000	\$ 2,680					
Total Premium		INCL					

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
OK1	\$ 5,000	\$ 42			\$1,000,000	\$ 559	
OK2	\$ 5,000	\$ 10			\$1,000,000	\$ 1,070	
OK3	\$ 5,000	\$ 43			\$1,000,000	\$ 559	
OK4	\$ 5,000	\$ 54			\$1,000,000	\$ 559	
OK5	\$ 5,000	\$ 48			\$1,000,000	\$ 559	
Total Premium		\$ 243				\$ 3,865	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Limit Per Disablement
OK1	\$ 1,000	\$ 171			\$ 1,000	\$ 283	
OK2	\$ 1,000	\$ 111			\$ 1,000	\$ 175	
OK3	\$ 1,000	\$ 171			\$ 1,000	\$ 283	
OK4	\$ 1,000	\$ 250			\$ 1,000	\$ 667	
OK5	\$ 1,000	\$ 171			\$ 1,000	\$ 283	
Total Premium		\$ 1,045				\$ 2,005	

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
OK6	\$ 5,000	\$ 46			\$1,000,000	\$ 559	
Total Premium		\$ 243				\$ 3,865	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Deductible Stated In ITEM TWO	Premium	Limit Per Disablement
OK6	\$ 1,000	\$ 171			\$ 1,000	\$ 314	
Total Premium		\$ 1,045				\$ 2,005	

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage			
TOTAL HIRED AUTO PREMIUM			

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage	OK	IF ANY	\$ 176
TOTAL HIRED AUTO PREMIUM			\$ 176

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.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	STATE	DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PREMIUM
COMPREHENSIVE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MIS- CHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)		
SPECIFIED CAUSES OF LOSS		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM. (A maximum deductible may also apply. Refer to Coverage Form for details.)		
COLLISION		DEDUCTIBLE FOR EACH COVERED AUTO.		
TOTAL HIRED AUTO 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.				

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment Other Than Physical Damage Coverages					
COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
TOTAL HIRED AUTO PREMIUM					
<p>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.</p>					

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Cost Of Hire Rating Basis For Mobile or Farm Equipment Physical Damage Coverages						
COVERAGE	STATE	DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)				
SPECIFIED CAUSES OF LOSS		DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM (A maximum deductible may also apply. Refer to Coverage Form for details.)				
COLLISION		DEDUCTIBLE FOR EACH COVERED AUTO.				
TOTAL HIRED AUTO PREMIUM						
<p>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.</p>						

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (CONTINUED)

Rental Period Rating Basis For Mobile Or Farm Equipment					
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
TOTAL HIRED AUTO PREMIUMS					

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Auto Service Operations	Number Of Employees	3	\$ 205
	Number Of Volunteers		
Auto Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		
	Number of Volunteers		
	Number Of Partners (Active and Inactive) or LLC Members		
Partnerships or LLCs	Number Of Employees		
	Number of Volunteers		
	Number Of Partners (Active and Inactive) or LLC Members		
TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM			\$ 205

ITEM SIX**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS**

Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Check One): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage	
Premiums	
Covered Autos Liability	
Personal Injury Protection	
Added Personal Injury Protection	
Property Protection Insurance (Michigan Only)	
Auto Medical Payments	
Medical Expense And Income Loss Benefits (Virginia Only)	
Comprehensive	
Specified Causes Of Loss	
Collision	
Towing And Labor	

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA UNINSURED MOTORISTS COVERAGE – STACKED

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

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

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

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

Named Insured: VALUE VILLAGE THRIFT STORES, I

Endorsement Effective Date: 10-01-2023

SCHEDULE

Limit Of Insurance: \$1,000,000

Each "Accident"

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

A. Coverage

We will pay, in accordance with Title 36, Oklahoma Statutes, all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":

- a. The Named Insured and any "family members".

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

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

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

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

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

C. Exclusions

This insurance does not apply to:

1. "Bodily injury" sustained by:
 - a. Any person who is a "family member" while "occupying", or when struck by, any motor vehicle owned by that person which is not insured for Uninsured Motorists Coverage at the time of the "accident" and to whom no other Uninsured Motorists Coverage is available.
 - b. Any "insured" while "occupying" an "auto":
 - (1) Owned by the Named Insured or any person who is a "family member"; or
 - (2) Furnished or available for the regular use of the Named Insured or any person who is a "family member";if such "auto" is not insured under a motor vehicle insurance policy at the time of the "accident".
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of "insureds", or claims made, the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Insurance shown in the Schedule or Declarations. If there is more than one covered "auto", our limit of insurance for any one "accident", if the "bodily injury" is sustained by an individual Named Insured or any "family member", is the sum of the limits applicable to each covered "auto". Subject to this maximum limit of liability for all damages:
 - a. The most we will pay for all damages sustained in such "accident" by an "insured" other than an individual Named Insured or any "family member" is that "insured's" pro rata share of the limit shown in the Schedule or Declarations applicable to the vehicle that "insured" was "occupying" at the time of the "accident".
 - b. The individual Named Insured or any "family member" who sustains "bodily injury" in such "accident" will also be entitled to a pro rata share of the limit described in Paragraph **a.** above.A person's pro rata share is the proportion that that person's damages bear to the total damages sustained by all "insureds".
2. If the "bodily injury" is sustained by any "insured", other than an individual Named Insured or any "family member", in an accident in which neither such Named Insured nor any "family member" sustained "bodily injury", the Limit Of Liability shown in the Schedule or Declarations for this coverage is our maximum limit of liability for all damages resulting from any such accident.
3. Any payment made by or on behalf of the owner or operator of a vehicle described in Paragraph **F.3.b.** of the definition of an "uninsured motor vehicle" shall not reduce or be a credit against our limit of insurance.

4. No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Liability Coverage Form or Medical Payments Coverage endorsement attached to this Policy.

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

E. Changes In Conditions

The **Conditions** of the Policy are changed for Uninsured Motorists Coverage, as follows:

1. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
2. **Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - b. Promptly send us copies of the legal papers if a suit is brought.
 - c. A person seeking Uninsured Motorists Coverage must also notify us, in writing, of a tentative settlement between the "insured" and the insurer of an "uninsured motor vehicle" and allow us 60 days to advance payment in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "uninsured motor vehicle". This notice must be sent by certified mail and must include:
 - (1) Written documentation of economic losses;
 - (2) Copies of all medical bills; and
 - (3) Written authorization or a court order allowing us to obtain reports from any employers and medical providers.
3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

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

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

- a. Have been given written notice of a tentative settlement between an "insured" and the insurer of an "uninsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 60 days after receipt of notification.

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

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

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

5. The following condition is added:

Arbitration

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

- d. If agreement by arbitration is not reached within three months from the date of demand, the "insured" may bring an action against anyone responsible for the use of a vehicle involved in the "accident".

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
 - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle or "trailer" for which there is a liability bond or policy at the time of an accident, the liability limits of which are less than the amount of the claim of the person or persons making such claim, regardless of the amount of coverage of either of the parties in relation to each other;
 - c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - d. That is a hit-and-run vehicle and neither the driver nor owner can be identified.

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VEHICLE SHARING EXCLUSION

This endorsement modifies coverage 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.

A. Changes In Covered Autos Liability Coverage

The following Exclusion is added to Paragraph **B. Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

B. Changes In Physical Damage Coverage

The following Exclusion is added to Paragraph **B. Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

C. Changes In SECTION V – DEFINITIONS

The following Definition is added:

- Vehicle Sharing Program
"Vehicle sharing program" means a service organized through a company, organization, network, group, or individual, that uses a digital network, software application service, or equivalent method of facilitation, to connect customers to other companies, organizations, networks, groups, or individuals, with the purpose of sharing the customer's "auto" for personal or commercial use.

D. Changes In Uninsured Motorists Coverage

If a premium is displayed for Uninsured Motorists Coverage, the following Exclusion is added to the Paragraph titled **Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

E. Changes In Underinsured Motorists Coverage

If a premium is displayed for Underinsured Motorists Coverage, the following Exclusion is added to the Paragraph titled **Exclusions**:

- Vehicle Sharing Program
"Bodily injury" or "property damage" arising out of the use of a covered "auto" while it is being used in connection with a "vehicle sharing program".

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	OK 1 2006 ISUZU JALB4B16967023187	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 1 2006 ISUZU JALB4B16967023187	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					\$ 792
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.

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	OK 2 2001 CHRYSLER 1C8GJ45GX1B114049	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 2 2001 CHRYSLER 1C8GJ45GX1B114049	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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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	OK 3 2007 GMC\CHEVY J8DC4B16677014629	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 3 2007 GMC\CHEVY J8DC4B16677014629	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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RENTAL REIMBURSEMENT COVERAGE

This endorsement modifies insurance provided under the following:

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

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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	OK 4 2018 GMC\CHEVY 1HA3GTCG3JN000951	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 4 2018 GMC\CHEVY 1HA3GTCG3JN000951	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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RENTAL REIMBURSEMENT COVERAGE

This endorsement modifies insurance provided under the following:

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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	OK 5 2005 GMC\CHEVY J8DB4B16757008220	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 5 2005 GMC\CHEVY J8DB4B16757008220	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.

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	OK 6 2003 ISUZU JALB4B14537011693	\$ 50	60	\$ 3,000	\$ 49
Collision	OK 6 2003 ISUZU JALB4B14537011693	\$ 50	60	\$ 3,000	\$ 83
Specified Causes Of Loss					
Total Premium					INCL
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.