

BUSINESS AUTO COVERAGE FORM DECLARATIONS

ITEM ONE

Named Insured: _____ Policy No. _____

Form of Business: Corporation Limited Liability Company Individual
 Partnership Other

Audit Period (If applicable) Annually Semi-Annually Quarterly Monthly

ITEM TWO Schedule of Coverages and Covered Autos

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

Coverages & Limits	Covered Autos	Premium
The most we will pay for any one accident or loss	{Entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto Coverage Form shows which autos are covered autos)	
Liability	8 9	\$
Limit = \$		
Personal Injury Protection (or equivalent No-fault coverage)		\$
Limit = minus \$ deductible		
Added Personal Injury Protection (or equivalent No-fault coverage)		\$
Limit = Stated in each Added PIP Endorsement		
Extraordinary Medical Benefits \$		\$
Limit = Stated in each Extraordinary Medical Benefit Endorsement		
Auto Medical Payments		\$
Limit = \$		
Uninsured Motorists		\$
Limit = \$		

Underinsured Motorists \$

(When not included in Uninsured Motorists Coverage)
Limit = \$

Physical Damage:

Comprehensive Coverage 8 \$
Limit = Actual Cash Value or cost of Repair, whichever is less minus \$
See CAE02AS Ded. for each covered auto but no deductible
applies to loss caused by fire or lightning. See Item Four for hired
or borrowed "autos".

Specified Causes of Loss Coverage \$
Limit = Actual Cash Value or Cost of Repair, whichever is less minus \$
Ded. for each covered auto for loss caused by mischief or
vandalism. See Item Four for hired or borrowed "autos".

Collision Coverage 8 \$
Limit = Actual Cash Value or Cost of Repair, whichever is less minus \$
See CAE02AS Ded. for each covered auto. See Item Four for
hired or borrowed "autos".

Towing and Labor \$
Limit = \$ for each disablement of a private passenger auto.

Premium for Endorsements \$

State Taxes & Fees \$

* Estimated Total Premium \$

* This policy may be subject to final audit.

Endorsements Attached To This Coverage Form:
See Schedule of Forms and Endorsements

ITEM FOUR. Schedule of Hired or Borrowed Covered Auto Coverage and Premiums.

Liability Coverage – Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (if Liability Coverage is primary)	Premium
CA				\$
Total Premium				\$

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 employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Physical Damage Coverage

Coverages	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repairs minus \$_____ Ded. For Each Covered Auto. But No Deductible Applies to Loss Caused By Fire or Lightning.			\$
Specified Causes of Loss	Actual Cash Value or Cost of Repairs Minus \$_____ Ded. For Each Covered Auto for Loss Caused by Mischief or Vandalism.			\$
Collision	Actual Cash Value or Cost of Repairs minus \$_____ Ded. For Each Covered Auto.			\$
Total Premium				\$

ITEM FIVE. Schedule for Non-Ownership Liability

Rating Basis	Number	Premium
Number of Employees		\$
Number of Partners		\$
Number of Volunteers		\$
Total Premium		\$