

Policy Number:

Renewal of Number:

**BUSINESS AUTO DECLARATIONS**

**Item 1. Named Insured and Mailing Address**

**Agent Name and Address**

New Empire Entertainment  
Insurance Services, Inc.  
1611 S. Catalina Ave. Suite 208  
Redondo Beach, CA 90277

**Item 2. Policy Period From:**

**To:**

At 12:01 AM Standard Time at the Mailing Address Shown Above

**Item 3. Schedule of Coverages and Covered Autos**

This policy provides only those coverages where a change is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as "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 (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)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability Combined Single Limit		8, 9	\$ 1,000,000	\$
Bodily Injury			\$	\$
Property Damage			\$	\$
Personal Injury Protection (P.I.P)			SEPARATELY STATED IN EACH P.I.P END MINUS \$ Ded.	\$
ADDED P.I.P (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P ENDORSEMENT	\$
AUTO MEDICAL PAYMENTS			\$	\$
UNINSURED MOTORIST			\$	\$
UNDERINSURED MOTORIST (when not included in UM cov.			\$	\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$ 1,000 Deductible FOR EACH COVERED AUTO APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING \$1,000 Deductible FOR EACH COVERED AUTO	\$
	SPECIFIED CAUSES OF LOSS COVERAGE			\$
	COLLISION COVERAGE			\$

	TOWING AND LABOR (not available in California)		\$            for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE : See Page 4				
			PREMIUM FOR ENDORSEMENTS	\$
			ESTIMATED TOTAL PREMIUM	\$
			MINIMUM PREMIUM	\$

**Item 4. Schedule of Covered Autos You Own**

Covered Auto No.	Description		Purchased		Territory			
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Primarily Garaged			
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss is Payable To You And The Loss Payee Named Below As Interests May Appear 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	Primary Rating Factor Liab.    Phy. Dam.		Secondary Rating Factor	
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.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus. Deductible Shown Below	Premium	
Total Premium								

**Item 4. Schedule of Covered Autos You Own (Cont'd)**

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		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	
	Limit	Premium	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium
Total Premium						
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.)					
	COLLISION			TOWING & LABOR		
	Limit Stated In ITEM TWO MINUS Deductible Shown Below	Premium		Limit Per Disablement	Premium	
		\$				
Total Premium						

**Item 5. 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
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 partners or “employees” or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

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 REPAIR, WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

#### PHYSICAL DAMAGE COVERAGE

##### Item 6. Schedule for Non-Ownership Liability

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than A Social Service Agency	Number of Employees	Up to 25	Included
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
TOTAL			Included

**Item 7.** Form(s) and Endorsement(s) made a part of the certificate at time of issue:  
See attached Schedule of Forms and Endorsements.

Countersigned:

Date : \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Representative

THIS POLICY TOGETHER WITH THE POLICY CONDITIONS, COVERAGE PARTS AND FORMS  
AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.