

# COMMERCIAL AUTO



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## FACTS

### WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?

#### Why?

Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal and state laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances, transaction history, and credit history
- Assets and insurance claim history

#### How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.

#### Reasons we can share your personal information

#### Does Nationwide share?

#### Can you limit this sharing?

**For our everyday business purposes—**  
such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus

Yes

No

**For our marketing purposes—**  
to offer our products and services to you

Yes

No

**For joint marketing with other financial companies**

Yes

No

**For our affiliates' everyday business purposes—**  
information about your transactions and experiences

Yes

No

**For our affiliates' everyday business purposes—**  
information about your creditworthiness

Yes

Yes

**For our affiliates to market to you**

Yes

Yes

**For nonaffiliates to market to you**

No

We don't share

#### To limit our sharing

Call 1-866-280-1809 – our menu will prompt you through your choices. Please have your account or policy number handy when you call.

#### Please note:

If you are a *new customer*, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing. If you have previously opted out, your request remains on file and you do not need to opt out again.

#### Questions?

Call 888-999-2018 or go to [www.nationwide.com/privacy](http://www.nationwide.com/privacy)

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## Who we are

## Who is providing this notice?

Nationwide Mutual Insurance Company and the Nationwide Family of Property & Casualty Companies. For a complete list of our Family of Companies, visit: <https://www.nationwide.com/personal/about-us/affiliated-companies/>

## What we do

## How does Nationwide protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state laws. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.

## How does Nationwide collect my personal information?

We collect your personal information, for example, when you

- apply for insurance or give us your contact information
- pay your insurance premiums or file an insurance claim
- show your driver's license

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

## Why can't I limit all sharing?

Federal and state laws give you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

## What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

## Definitions

## Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies. *Our affiliates include financial companies, such as Nationwide Life Insurance Company and Nationwide Financial Services, Inc. Visit [nationwide.com](http://nationwide.com) for a list of affiliated companies.*

## Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies. *Nationwide does not share with nonaffiliates so they can market to you.*

## Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you. *Our joint marketing partners include financial service companies.*

## Other important information

**Nevada Residents:** We are providing you this notice under state law. You may request to be placed on our internal Do Not Call list by sending an email with your phone number to [privacy@nationwide.com](mailto:privacy@nationwide.com). You may request a copy of our telemarketing practices. For more on this Nevada law, contact: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; phone number: 1-702-486-3132; email: [BCPINFO@ag.state.nv.us](mailto:BCPINFO@ag.state.nv.us); Nationwide, 1000 Yard Street GH-2D-OCA1, Columbus, OH 43212; 888-999-2018; [privacy1@nationwide.com](mailto:privacy1@nationwide.com).

**For Vermont Customers:** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at [www.nationwide.com/privacy](http://www.nationwide.com/privacy) or call 888-999-2018.

**For insurance customers in AZ, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA only:** The term "Information" means information we collect during an insurance transaction. We will not use your medical information for marketing purposes without your consent. We may share your Information with nonaffiliates without your prior authorization as permitted or required by law. We may share your Information with insurance regulatory authorities, law enforcement, and consumer reporting agencies. Information we obtain from a report prepared by an insurance-support organization may be retained by that insurance-support organization and disclosed to others.

**To request access to or deletion of your personal information,** send a written letter to: **Nationwide, 1000 Yard Street GH-2D-OCA1, Columbus, OH 43212.**

Include your name, address, and your policy, contract, or account number, and describe the information you wish to access or delete. **You may correct inaccurate personal information** by visiting [Nationwide.com](http://Nationwide.com) or calling your agent. We can't change information other companies, like credit agencies, provide to us. You'll need to ask them to change it.





## IMPORTANT NOTICE

### FAIR CREDIT REPORTING ACT

Thank you for giving us the opportunity to provide your insurance protection. We appreciate the confidence you place in us to handle your insurance needs.

In order to provide each of our policyholders with the most accurate coverage, Nationwide, like many insurance companies, uses information obtained from various consumer reporting agencies. Types of consumer reports include motor vehicle reports, accident/loss history reports, prior insurance history reports, or consumer and credit history reports. Information contained in a consumer report has had an adverse effect on your policy's coverage and/or premium.

### How Consumer Reports Are Used

Information contained within a consumer report, such as use of credit, payment history and prior losses is used in determining eligibility for coverage and determining premium charged. You may request (no more than once in any twelve-month period) that we obtain an updated risk score.

### How Did The Consumer Report Impact Me?

Based on information received from the consumer reporting agency below, the content of the report has had an adverse effect on your policy's coverage and/or premium. If you are a new customer, this means that your policy was not offered, the policy's coverage has been reduced, and/or the premium is higher than if we had not used a consumer report. If you are receiving this notice as part of your renewal, this means that your policy's coverage has been reduced and/or your premium is higher than your previous term. Receiving this notification does not necessarily indicate that you have an undesirable consumer report. Please note that the consumer reporting agency did not make the decision to take this adverse action and can not provide the specific reasons why the adverse action was taken. The company taking this action is shown on the Declarations of your policy.

The following is (are) the primary characteristic(s) of the consumer report that influenced the underwriting of your insurance policy and resulted in adjustment in your insurance coverage and/or premium.

Percent Of Balance To Credit Line Is 33.12% To 56.4% 6.22% Or Less Balance To Credit Line Is Better
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Average Months Accounts Have Been Opened Is 98 To 119 Months 194 Or More Average Months Opened Is Better
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### Your Rights Under The Fair Credit Reporting Act

You have the right to dispute the accuracy or completeness of any information contained in the consumer report with the consumer reporting agency. We do not have a copy of the actual report. If you would like to review the consumer report used to develop your policy coverage, you may request a free copy of the report from the consumer reporting agency within 60 days of the receipt of this letter. If you dispute the information and the consumer reporting agency makes changes to the content of your consumer report, please contact us so we can determine the effect on your policy.

To request a copy of your consumer report, please contact using the reference information shown below:

LEXISNEXIS CONSUMER CENTER  
P.O. BOX 105108 ATLANTA, GEORGIA 30348-5108  
1-800-456-6004  
WWW.CONSUMERDISCLOSURE.COM

REFERENCE NUMBER: 23345008415921

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**Who Can I Contact?**

Should you have questions relating to how the company uses consumer reports in the underwriting or pricing of your policy, please contact your agent or visit [www.nationwide.com](http://www.nationwide.com)

If you have a dispute concerning any adverse action taken, a complaint may also be filed with your state Department of Insurance.

**Thank you for choosing Nationwide®. We value your business.**

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## IMPORTANT NOTICE

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure you have current information about your policy.

### What you need to do

Please read this notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

### You can always count on us to be there

We appreciate your business and look forward to continuing to serve you. If you have any questions, or would like to learn about additional coverage options, please contact your Nationwide agent.

### Important Notice Description(s)

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#### Important Notice for Renewal Policies

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you.

Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

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#### Important Notice Fair Credit Reporting Act

Thank you for giving us the opportunity to provide your insurance protection. We appreciate the confidence you place in us to handle your insurance needs.

In order to provide each of our policyholders with the most accurate rate, the insurance company shown on your declarations page, like many insurance companies, uses information obtained from various consumer reporting agencies as part of our rating process. The information used may include motor vehicle reports.

#### How Consumer Reports Are Used?

**Motor Vehicle Reports** - Some of the information from motor vehicle reports, such as driving record, are among several factors that determine your premium. We consider moving violations in rating your policy.

#### How Did The Consumer Reports Impact Me?

**Motor Vehicle Reports** - Based on information received from the consumer reporting agency below, driving record (violations) may have had an adverse affect on your policy's premium.

Receiving this notification does not necessarily indicate that you had a poor consumer report. Please note the consumer reporting agency did not make any decision to take adverse action and cannot provide the specific reasons why adverse action may have been taken.

#### Your Rights Under The Fair Credit Reporting Act

You have the right to dispute the accuracy or completeness of any information contained in the consumer report with the consumer reporting agency. We do not have a copy of the actual report; we only receive information relating to the violations contained on the report. If you would like to review the motor vehicle reports used to

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develop your premium, you may request a free copy of the report from the consumer reporting agency within 60 days of the receipt of this letter. If you dispute the information and the consumer reporting agency makes changes to the content of your consumer report, please contact us so we can determine the affect on your premium or policy.

To request a copy of the motor vehicle report, please contact:

LexisNexis Consumer Center  
PO Box 105108  
Atlanta, GA 30348-5108  
(866) 718-7684  
Website: [personalreports.lexisnexis.com/](http://personalreports.lexisnexis.com/)

Fair Credit Reporting Act  
NI 20 35 01 18

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INSURANCE IDENTIFICATION CARDS  
PLEASE KEEP A CARD IN EACH VEHICLE  
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MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2005 GMC 1500 4X4 15 CREW DEN VEHICLE IDENTIFICATION NUMBER 2GTEK63NX51223359  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



SEE IMPORTANT NOTICE ON REVERSE SIDE

MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 1996 FORD F-250 S/C 4X4 25 XL VEHICLE IDENTIFICATION NUMBER 1FTHX26F4TEB52022  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

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**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company as soon as possible.  
Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 1982 FORD N-SERIES VEHICLE IDENTIFICATION NUMBER 1FDYN80K6CVA17151  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2006 FORD F-150 | CREW 4X4 15 VEHICLE IDENTIFICATION NUMBER 1FTPW14V36KD12061  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 1995 FORD F-250 | S/C 4X4 25 X VEHICLE IDENTIFICATION NUMBER 1FTHX26F4SKA17896  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2013 FEATHERLITE HORSE TRAILER VEHICLE IDENTIFICATION NUMBER 4FGB22425DC126833  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
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Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR 2001 MAKE/MODEL GMC 2500 | EXT 4X4 25 HD VEHICLE IDENTIFICATION NUMBER 1GTHK29111E340430  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR 1996 MAKE/MODEL PRAIRIE TRAILER VEHICLE IDENTIFICATION NUMBER 1P9CS1823T1199259  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 1992 TRAVALONG STOCK TRAILER VEHICLE IDENTIFICATION NUMBER 4DYGS202XN1010767  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2016 ELITE SHOW TRAILER VEHICLE IDENTIFICATION NUMBER 1E9SS2421G1221852  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 1985 GMC TRUCK VEHICLE IDENTIFICATION NUMBER 1GDL7D1G6FV609709  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
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HILGER, MT 59451-9623

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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2016 PJ UTILITY TRAILER VEHICLE IDENTIFICATION NUMBER 3CVU81412F2536691  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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INSURANCE IDENTIFICATION CARDS  
PLEASE KEEP A CARD IN EACH VEHICLE  
DO NOT USE IF YOUR POLICY OR COVERAGE IS NOT IN FORCE

76932000105356



MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2018 CHEVROLET SILVERADO VEHICLE IDENTIFICATION NUMBER 1GC5KZCG1JZ161998  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



SEE IMPORTANT NOTICE ON REVERSE SIDE

MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2017 CHEVROLET SILVERADO 1500 CREW/ VEHICLE IDENTIFICATION NUMBER 3GCUKREC5HG334423  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2015 GMC 2500 CREW 4X4 25 HD VEHICLE IDENTIFICATION NUMBER 1GT120EGXFF635754  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2022 FORD EXPLORER VEHICLE IDENTIFICATION NUMBER 1FMSK8DH2NGA83118  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2016 FORD EXPLORER 4DR XLT 3.5 VEHICLE IDENTIFICATION NUMBER 1FM5K8D86GGA30390  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2013 JAYCO EAGLE 23.5 RBS VEHICLE IDENTIFICATION NUMBER 1UJCJ0BL4D1PZ0162  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2020 CHEVROLET TRAVERSE4DR PREMIER VEHICLE IDENTIFICATION NUMBER 1GNEVKKW4LJ165687  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 28223 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
POLICY NUMBER FPK BA013059603943 EFFECTIVE DATE 02-14-2025 EXPIRATION DATE 02-14-2026  
YEAR MAKE/MODEL 2014 FEATHERLIGHT 81277024 VEHICLE IDENTIFICATION NUMBER 4FGB22425EC134397  
AGENCY/COMPANY ISSUING CARD  
LEWISTOWN INSURANCE AGENCY INC  
PO BOX 210  
LEWISTOWN, MT 59457-0210  
INSURED  
JAMES FORAN  
114 FORAN LN  
HILGER, MT 59451-9623

CUSTOMER SERVICE: (406) 535-5458

CLAIMS REPORTING: (800) 421-3535



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**MONTANA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER **28223** COMPANY **NATIONWIDE AGRIBUSINESS INSURANCE COMPANY** ☒ COMMERCIAL ☐ PERSONAL  
POLICY NUMBER **FPK BA013059603943** EFFECTIVE DATE **02-14-2025** EXPIRATION DATE **02-14-2026**  
YEAR MAKE/MODEL **2012 DODGE RAM 3500SRW CREW 4X4 35** VEHICLE IDENTIFICATION NUMBER **3C63D3GL7CG282891**  
AGENCY/COMPANY ISSUING CARD  
**LEWISTOWN INSURANCE AGENCY INC**  
**PO BOX 210**  
**LEWISTOWN, MT 59457-0210**  
INSURED  
**JAMES FORAN**  
**114 FORAN LN**  
**HILGER, MT 59451-9623**

CUSTOMER SERVICE: **(406) 535-5458**

CLAIMS REPORTING: **(800) 421-3535**



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Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## BUSINESS AUTO DRIVER SCHEDULE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Policy Number: FPK BA013059603943

List of drivers we have on file. Please notify us of any changes as they occur.

### SCHEDULE OF DRIVERS

Driver Name	License State	License Number	Date of Birth	Gender	Driver Status	Drive Other Car Coverage (Y / N)	Broadened PIP (Y / N)	Excluded Driver (Y / N)
JAMES FORAN	MT	12068195641 14	12-14-1956	M	FT	N	N	N
JARED FORAN	MT	09015198941 30	09-30-1989	M	FT	N	N	N
CYNTHIA FORAN	MT	11028195941 09	11-09-1959	F	FT	N	N	N
WILLIAM FORAN	MT	06011199141 21	06-21-1991	M	FT	N	N	N
MELANIE FORAN	MT	10109198941 15	10-15-1989	F	FT	N	N	N
TYRELL FORAN	MT	12143198741 03	12-03-1987	M	FT	N	N	N
JADA FORAN	MT	AAA0000315 512	05-27-1994	F	FT	N	N	N

\*Driver Status: Full time (FT), Part time (PT), Non-driver (ND)

**All terms and conditions of this policy apply unless modified by this endorsement.**

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NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

1100 LOCUST STREET  
DES MOINES, IA 50391-1100  
1-877 On Your Side  
1 (877) 669-6877

**RENEWAL**

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## COMMERCIAL AUTO

### COMMON DECLARATIONS

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Issued By: NATIONWIDE AGRIBUSINESS  
INSURANCE COMPANY

Policy Number: FPK BA013059603943



#### *Premium/Fees*

Total Annual Premium	\$10,026.00
<b>Total Policy Premium</b>	<b>\$10,026.00</b>

---

#### ITEM1

Policy Period:	Effective From 02-14-2025 to 02-14-2026 12:01 AM standard time at the insured's mailing address.	Agency:	LEWISTOWN INSURANCE AGENCY INC
Named Insured:	JAMES FORAN See Schedule of Named Insureds	Address:	PO BOX 210 LEWISTOWN, MT 59457-0210
Mailing Address:	114 FORAN LN HILGER, MT 59451-9623	Agency Phone:	(406) 535-5458
Telematics Solution:	Decline	Producer:	RONALD MILLER
The Insured is a(n):	Individual		

In return for the payment of the premium, and subject to the terms of this policy, we agree with you to provide the insurance stated in this policy

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 2: 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 or Motor Carrier Coverage Form next to the name of the coverage.

Coverage	Covered Autos	Limit of Insurance	Deductible	Premium
Liability	7, 8, 9	\$500,000		\$3,839.00
Medical Payments / Expense	2	See Item 2 (Cont.)		\$110.00
Uninsured Motorists				No Coverage
Underinsured Motorists				No Coverage
Comprehensive	7	See Item 3 or Item 4		\$3,333.00
Collision	7	See Item 3 or Item 4		\$2,734.00
Towing Labor Coverage	7	See Item 3 or Item 4		\$10.00
Minimum Premium Adjustment				\$0.00





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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### SCHEDULE OF NAMED INSURED(S)

Named Insured	Type of Entity
JAMES FORAN	Individual
JADA FORAN	Individual
JARED FORAN	Individual
CYNTHIA FORAN	Individual

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 2 (CONTINUED): SCHEDULE OF COVERAGES AND COVERED AUTOS

##### SCHEDULE OF COVERAGES - MT

Coverage	Limit of Insurance	Deductible	Premium
Medical Payments	\$5,000		
Uninsured Motorists			No Coverage
Underinsured Motorists			No Coverage





## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### FORMS AND ENDORSEMENTS SUMMARY

Form Number	Title
CA P 100 03 22	Notice Section Of Important Provisions - Commercial Auto
Acord 50 02 07	Insurance Identification Card
BADRSCHED 01 18	Business Auto Driver Schedule
BADS01 01 18	Business Auto Declarations
CA 20 01 10 13	Lessor - Additional Insured And Loss Payee
CA 99 44 10 13	Loss Payable Clause
IL R 017 03 22	Common Policy Conditions IL 00 17 11 98 Table Of Contents
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 01 67 10 13	Montana Changes - Conformity With Statutes
CA 00 01 10 13	Business Auto Coverage Form
CA 01 72 10 13	Montana Medical Payments Coverage - Removal Of Reasonable Expenses Limitation
CA 02 20 10 13	Montana Changes - Cancellation And Nonrenewal
CA 23 84 10 13	Exclusion Of Terrorism
CA 99 03 10 13	Auto Medical Payments Coverage
NCA 70 00 01 18	Auto Medical Payments Amendment
NCA 70 07 01 18	Business Auto Extension Endorsement
NCA 70 09 01 21	Single Deductible With Multiple Policies
NCA 99 54 01 18	Amendment of Covered Auto Symbol 7
NCA R 001 05 22	Business Auto Coverage Form CA 0 01 10 13 Table Of Contents

#### IMPORTANT NOTICES

Form Number	Title
G-9333-01 01 24	Nationwide Privacy Statement
NI4033 01 21	Fair Credit Reporting Act
NI0004 01 17	Important Notice for Renewal Policies
NI2035 01 18	Important Notice Fair Credit Reporting Act

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**Nationwide®****COMMERCIAL AUTO****SCHEDULE(S)**

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

**ITEM 3: SCHEDULE OF COVERED AUTOS YOU OWN**

<b>Vehicle:</b>	1	<b>Class Code:</b>	02469
<b>Description:</b>	2005 GMC 1500 4X4 15 CREW DEN	<b>Original Cost New:</b>	\$41,735
<b>VIN Number:</b>	2GTEK63NX51223359		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$200.00
Medical Payments	See Item 2		\$110.00
Comprehensive			No Coverage
Collision			No Coverage

<b>Estimated Vehicle Premium</b>	<b>\$310.00</b>
----------------------------------	-----------------

<b>Vehicle:</b>	2	<b>Class Code:</b>	02469
<b>Description:</b>	1996 FORD F-250 S/C 4X4 25 XL	<b>Original Cost New:</b>	\$21,870
<b>VIN Number:</b>	1FTHX26F4TEB52022		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$161.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

<b>Estimated Vehicle Premium</b>	<b>\$161.00</b>
----------------------------------	-----------------

<b>Vehicle:</b>	3	<b>Class Code:</b>	32469
<b>Description:</b>	1982 FORD N-SERIES	<b>Original Cost New:</b>	\$10,000
<b>VIN Number:</b>	1FDYN80K6CVA17151		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106



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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$137.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
Estimated Vehicle Premium			<b>\$137.00</b>

**Vehicle:** 4 **Class Code:** 02469  
**Description:** 2006 FORD F-150 | CREW 4X4 15 **Original Cost New:** \$34,455  
**VIN Number:** 1FTPW14V36KD12061  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$195.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
Estimated Vehicle Premium			<b>\$195.00</b>

**Vehicle:** 5 **Class Code:** 02469  
**Description:** 1995 FORD F-250 | S/C 4X4 25 X **Original Cost New:** \$20,826  
**VIN Number:** 1FTHX26F4SKA17896  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$161.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
<b>Estimated Vehicle Premium</b>			<b>\$161.00</b>

**Vehicle:** 6 **Class Code:** 69462  
**Description:** 2013 FEATHERLITE HORSE TRAILER **Original Cost New:** \$15,000  
**VIN Number:** 4FGB22425DC126833  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623



Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

**Vehicle:** 7 **Class Code:** 02469  
**Description:** 2001 GMC 2500 | EXT 4X4 25 HD **Original Cost New:** \$33,451  
**VIN Number:** 1GTHK29111E340430  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623





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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$178.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
Estimated Vehicle Premium			<b>\$178.00</b>

**Vehicle:** 8 **Class Code:** 69469  
**Description:** 1996 PRAIRIE TRAILER **Original Cost New:** \$12,000  
**VIN Number:** 1P9CS1823T1199259  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

**Vehicle:** 9 **Class Code:** 69462  
**Description:** 1992 TRAVALONG STOCK TRAILER **Original Cost New:** \$15,000  
**VIN Number:** 4DYGS202XN1010767  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623

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# COMMERCIAL AUTO

## SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

**Vehicle:** 10 **Class Code:** 69462  
**Description:** 2016 ELITE SHOW TRAILER **Original Cost New:** \$9,500  
**VIN Number:** 1E9SS2421G1221852  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623



Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

**Vehicle:** 11 **Class Code:** 22469  
**Description:** 1985 GMC TRUCK **Original Cost New:** \$10,000  
**VIN Number:** 1GDL7D1G6FV609709  
**Garaging Location:** 114 FORAN LN **Territory:** 106  
HILGER, MT 59451-9623



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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$150.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
Estimated Vehicle Premium			<b>\$150.00</b>

Vehicle: 12 Class Code: 69469

Description: 2016 PJ UTILITY TRAILER Original Cost New: \$3,000

VIN Number: 3CVU81412F2536691

Garaging Location: 114 FORAN LN Territory: 106  
HILGER, MT 59451-9623

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

Vehicle: 13 Class Code: 22461

Description: 2018 CHEVROLET SILVERADO Original Cost New: \$46,075

VIN Number: 1GC5KZCG1JZ161998

Garaging Location: 114 FORAN LN Territory: 106  
HILGER, MT 59451-9623

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$266.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$342.00
Collision	Actual Cash Value	\$1,000	\$331.00
<b>Estimated Vehicle Premium</b>			<b>\$939.00</b>

#### Additional Interest: Loss Payee

FERGUS FEDERAL CREDIT UNION  
106 EAST JANEAX  
LEWISTOWN, MT 59457-3033  
Loan Number: NBR NOT IN PCIO



<b>Vehicle:</b>	14	<b>Class Code:</b>	02469
<b>Description:</b>	2017 CHEVROLET SILVERADO 1500 CREW/	<b>Original Cost New:</b>	\$46,400
<b>VIN Number:</b>	3GCUKREC5HG334423		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$253.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$312.00
Collision	Actual Cash Value	\$1,000	\$323.00
<b>Estimated Vehicle Premium</b>			<b>\$888.00</b>

#### Additional Interest: Loss Payee

FERGUS FEDERAL CREDIT UNION  
106 EAST JANEAX  
LEWISTOWN, MT 59457-3033  
Loan Number: NBR NOT IN PCIO



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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
<b>Vehicle:</b>	15	<b>Class Code:</b>	22469
<b>Description:</b>	2015 GMC 2500 CREW 4X4 25 HD	<b>Original Cost New:</b>	\$53,740
<b>VIN Number:</b>	1GT120EGXFF635754		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106
Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$238.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$251.00
Collision	Actual Cash Value	\$1,000	\$217.00
<b>Estimated Vehicle Premium</b>			<b>\$706.00</b>

#### Additional Interest: Loss Payee

FERGUS FEDERAL CREDIT UNION  
106 EAST JANEAX  
LEWISTOWN, MT 59457-3033  
Loan Number: NBR NOT IN PCIO

<b>Vehicle:</b>	16	<b>Class Code:</b>	7381
<b>Description:</b>	2022 FORD EXPLORER	<b>Original Cost New:</b>	\$35,000
<b>VIN Number:</b>	1FMSK8DH2NGA83118		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$499.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$914.00
Collision	Actual Cash Value	\$1,000	\$711.00
Towing Labor	\$200 per disablement		\$5.00
<b>Estimated Vehicle Premium</b>			<b>\$2,129.00</b>

#### Additional Interest: Lessor

FERGUS FEDERAL CREDIT UNION  
106 EAST JANEUX  
LEWISTOWN, MT 59457-3033



<b>Vehicle:</b>	17	<b>Class Code:</b>	7381
<b>Description:</b>	2016 FORD EXPLORER 4DR XLT 3.5	<b>Original Cost New:</b>	\$35,400
<b>VIN Number:</b>	1FM5K8D86GGA30390		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106



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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$427.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$436.00
Collision	Actual Cash Value	\$1,000	\$361.00
Towing Labor	\$200 per disablement		\$5.00
<b>Estimated Vehicle Premium</b>			<b>\$1,229.00</b>

**Vehicle:** 18 **Class Code:** 7963  
**Description:** 2013 JAYCO EAGLE 23.5 RBS **Original Cost New:** \$20,000  
**VIN Number:** 1UJCJ0BL4D1PZ0162  
**Garaging Location:** 114 FORAN LN HILGER, MT 59451-9623 **Territory:** 106

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$87.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$159.00
Collision	Actual Cash Value	\$1,000	\$168.00
<b>Estimated Vehicle Premium</b>			<b>\$414.00</b>

**Vehicle:** 19 **Class Code:** 7381  
**Description:** 2020 CHEVROLET TRAVERSE4DR PREMIER AWD **Original Cost New:** \$48,400  
**VIN Number:** 1GNEVKKW4LJ165687  
**Garaging Location:** 114 FORAN LN HILGER, MT 59451-9623 **Territory:** 106

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**Nationwide®****COMMERCIAL AUTO****SCHEDULE(S)**

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

**ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN**

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$444.00
Medical Payments	See Item 2		\$0.00
Comprehensive	Actual Cash Value	\$1,000	\$919.00
Collision	Actual Cash Value	\$1,000	\$623.00
<b>Estimated Vehicle Premium</b>			<b>\$1,986.00</b>

**Additional Interest: Loss Payee**

FERGUS FEDERAL CREDIT UNION  
106 EAST JANEAX  
LEWISTOWN, MT 59457-3033



<b>Vehicle:</b>	20	<b>Class Code:</b>	69469
<b>Description:</b>	2014 FEATHERLIGHT 81277024	<b>Original Cost New:</b>	\$10,000
<b>VIN Number:</b>	4FGB22425EC134397		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$0.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage

<b>Vehicle:</b>	21	<b>Class Code:</b>	21469
<b>Description:</b>	2012 DODGE RAM 3500SRW CREW 4X4 35 ST LB	<b>Original Cost New:</b>	\$44,130
<b>VIN Number:</b>	3C63D3GL7CG282891		
<b>Garaging Location:</b>	114 FORAN LN HILGER, MT 59451-9623	<b>Territory:</b>	106





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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 3 (CONTINUED): SCHEDULE OF COVERED AUTOS YOU OWN

Coverage	Limit of Insurance	Deductible	Premium
Liability	See Item 2		\$231.00
Medical Payments	See Item 2		\$0.00
Comprehensive			No Coverage
Collision			No Coverage
<b>Estimated Vehicle Premium</b>			<b>\$231.00</b>

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## COMMERCIAL AUTO

### SCHEDULE(S)

Policy Number: FPK BA013059603943

Policy Period: From 02-14-2025 To 02-14-2026

#### ITEM 4: SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE

Coverage	Limit of Insurance	Deductible	Estimated Cost	Premium
Liability	See Item 2	See Item 2		\$66.00
Cost Of Hire - Insured Providing Excess				
Cost of Hire - Insured Providing Primary				
Comprehensive				No Coverage
Collision				No Coverage
Total Premium				\$66.00

For other than 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 5: SCHEDULE OF NONOWNERSHIP COVERAGE

Coverage	Limit	Business Type	Rating Basis	Number	Premium
Liability	See Item 2				\$146.00
		Other than a Social Service Agency	Number of Employees	1	
Total Premium					\$146.00

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its Secretary and President.

Secretary

President

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

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.

### SCHEDULE

<b>Insurance Company:</b>	
<b>Policy Number:</b>	<b>Effective Date:</b>
<b>Expiration Date:</b>	
<b>Named Insured:</b>	
<b>Address:</b>	
<b>Additional Insured (Lessor):</b>	
<b>Address:</b>	
<b>Designation Or Description Of "Leased Autos":</b>	

Coverages	Limit Of Insurance
Covered Autos Liability	\$ Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, the Who Is An Insured provision under Covered Autos Liability Coverage is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
  - a. You;
  - b. Any of your "employees" or agents; or
  - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
  2. If you cancel the policy, we will mail notice to the lessor.
  3. Cancellation ends this agreement.
- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



**All terms and conditions of this policy apply unless modified by this endorsement.**