

Business Auto Declarations (Part I)

ITEM ONE This Declarations Page is issued with and is part of Policy No. 791-00-18-95-0000

Business Entity: Governmental Entity
See Common Policy Declarations 4 VIL 100 for additional information.

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	COVERED AUTOS	LIMIT	PREMIUM	
LIABILITY INSURANCE	1	\$ 1,000,000	\$ 1,697	
PERSONAL INJURY PROTECTION (P.I.P.) (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 (P.P.I.) (Michigan only)		Separately Stated In The P.P.I. Endorsement Minus \$ Deductible For Each Accident	\$	
AUTO MEDICAL PAYMENTS INSURANCE	2	\$ See Item Three Extension	\$ Included	
UNINSURED MOTORISTS INSURANCE	2	\$ See ASC 00 11 01 98, Schedule 5	\$ Included	
UNDERINSURED MOTORISTS (When not Included in Uninsured Motorists Coverage) (Not Applicable in New York)		\$	\$	
PHYSICAL DAMAGE INSURANCE	COMPREHENSIVE COVERAGE	10	ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$See Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused by Fire or Lightning. See Item Four for Hired or Borrowed Autos.	\$ Included
	SPECIFIED CAUSES OF LOSS COVERAGE			\$
	COLLISION COVERAGE	10	\$See Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four for Hired or Borrowed Autos. \$See Deductible For Each Covered Auto See Item Four For Hired Or Borrowed Autos	\$ Included
	TOWING AND LABOR			\$ for each disablement of a private passenger auto
Automobile Terrorism			\$	
			\$	
			\$	
			\$	
Estimated Total Premium Includes			\$ 53,217	
Composite Rated Coverages			PREMIUM FOR ENDORSEMENTS	
			ESTIMATED TOTAL PREMIUM	
			\$ 54,914	

ENDORSEMENTS ATTACHED TO THIS POLICY:
See ASC 00 11 01 98, Schedule 3

REFER TO COVERED AUTO SECTION OF THE BUSINESS AUTO COVERAGE FORM FOR DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS 1 THROUGH 9.
For Symbol 10
Refer to CA 99 54 10 13 for additional Covered Auto Designation Symbols

Business Auto Declarations (Part II)

ITEM **THREE** Schedule of Covered Autos You Own

Policy Number: 791-00-18-95-0000

Covered Auto No.	DESCRIPTION Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)	PURCHASED		Territory: Town & State Where The Covered Auto Will Be Principally Garaged
		Original Cost New	Actual Cost New (N) Used (U)	
	Composite Truck Per Schedule on File with Company			TN (41)
	Composite Trailer Per Schedule on File with Company			TN (41)
	Composite Private Passenger Per Schedule on File with Company			TN (41)
	Composite Fire Department - All Other Per Schedule on File with Company			TN (41)

Covered Auto No.	Radius of Operation	BUSINESS USE S = Service R = Retail C = Commercial	Size GVW, GCW or, Vehicle Seating Capacity	Age Group	RATING FACTOR			Code	Except for Towing 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. If any, See Schedule of Loss Payees
					Liability	Physical Damage	Secondary Factor		
							INCL	459400	
							INCL	459400	
								459400	
								459400	

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 Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)		AUTO MEDICAL PAYMENTS	
	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	LIMIT	PREMIUM
	1,000,000	Incl						5,000	Incl
	1,000,000	Incl						5,000	Incl
	1,000,000	Incl						5,000	Incl
	1,000,000	Incl						5,000	Incl
TOTAL PREMIUM									

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS COVERAGE		COLLISION		TOWING AND LABOR	
	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit Per Disablement	PREMIUM
	500	Incl			500	Incl		
	500	Incl			500	Incl		
	500	Incl			500	Incl		
	500	Incl			500	Incl		
TOTAL PREMIUM								

Business Auto Declarations (Part II)

ITEM THREE Schedule of Covered Autos You Own

Policy Number: 791-00-18-95-0000

Covered Auto No.	DESCRIPTION Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)	PURCHASED		Territory: Town & State
		Original Cost New	Actual Cost New (N) Used (U)	Where The Covered Auto Will Be Principally Garaged
	Composite Law Enforcement - PPT Per Schedule on File with Company			TN (41)

Covered Auto No.	Radius of Operation	BUSINESS USE S = Service R = Retail C = Commercial	Size GCW, GCW or, Vehicle Seating Capacity	Age Group	RATING FACTOR			Code	Except for Towing 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. If any, See Schedule of Loss Payees
					Liability	Physical Damage	Secondary Factor		
								459400	

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 Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION INSURANCE (MICHIGAN ONLY)		AUTO MEDICAL PAYMENTS	
	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	LIMIT	PREMIUM
	1,000,000	Incl						5,000	Incl
TOTAL PREMIUM		Incl							Incl

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS COVERAGE		COLLISION		TOWING AND LABOR	
	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit stated in ITEM TWO minus deductible shown below	PREMIUM	Limit Per Disablement	PREMIUM
	500	Incl			500	Incl		
TOTAL PREMIUM		Incl				Incl		

Business Auto Declarations (Part III)

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

Policy Number: 791-00-18-95-0000

Liability Coverage - Cost Of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other than Mobile or Farm Equipment)

LIABILITY COVERAGE	STATE Primary And All States	CLASS	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	PREMIUM
PRIMARY COVERAGE						\$
EXCESS COVERAGE	41-66190		If Any	1.511*		\$300
* Subject to Evidence of Insurance						
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.						
TOTAL PREMIUM						\$300

PHYSICAL DAMAGE COVERAGE

COVERAGES	STATE Primary And All States	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE For Each State (Excluding Autos Hired With A Driver)	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE		ACTUAL CASH VALUE, OR COST OF REPAIRS, OR \$ WHICHEVER IS LESS, MINUS DEDUCTIBLE 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, OR \$ WHICHEVER IS LESS, MINUS \$ 25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			\$
COLLISION		ACTUAL CASH VALUE, OR COST OF REPAIRS, OR \$ WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			\$
TOTAL PREMIUM					\$

ITEM **FIVE** Schedule for Non-ownership Liability

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
41-660300-611-37355 OTHER THAN GARAGE SERVICE OPERATIONS AND OTHER THAN SOCIAL SERVICE AGENCIES	Number of Employees	250	\$ 1,397
	Number of Partners (Active and Inactive)		\$
SOCIAL SERVICE AGENCIES	Number of Employees		\$
	Number of Volunteers Who Regularly Use Autos To Transport Clients		\$
	Number of Partners (Active and Inactive)		\$
GARAGE SERVICE OPERATIONS	Number of Employees Whose Principal Duty Involves The Operations of Autos		\$
	Number of Partners (Active and Inactive)		\$
			\$
			\$
TOTAL PREMIUM			\$ 1,397