American Alternative Insurance Corporation GPPÁ-AU-4050065-01/012

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

	OMMON POLICY CHANG	DE ENDURSEMENT	F ((1) D (1) 10 20 10
Named Insured STATE OF	FLORIDA		Effective Date: 10-20-18 12:01 A.M., Standard Time
Agency Name Glatfelto	er Underwriting	Services, Inc.	12.01 A.W., Otandard Time
This endorsement will not be used	I to decrease coverages,	increase rates or deducti	bles or alter any terms or conditions
of coverage unless at the sole requ	lest of the insured.		-
COVERAGE PART INFORMATION	- Coverage parts affecte	a by this change as indica	ated by x below.
Property			
Crime			
Inland Marine			
X Auto			\$ -1,214.00
General Liability			
Public Officials and Ma	anagement Liability		
The following item(s):			
Insured's Name		Insured's Mailing	Address
Policy Number		Company	
Effective/Expiration Da	ate	Insured's Legal St	tatus/Business of Insured
Payment Plan		Premium Determin	nation
Additional Interested P	arties	Coverage Forms a	and Endorsements
Limits/Exposures		Deductibles	
Covered Property/Loc	ation Description	Classification/Class	ss Codes
Rates		Underlying Expos	sure/Insurance
is (are) changed to read {See Addi	tional Page(s)}		
THE FOLLOWING VEHICLE	HAS BEEN DELETE	D:	DEDE 20000140
0037 - FL LOCATED AT FSU	2012 HONDA CIV	IC VIN# 19XF	B5F53CE000140
ALL OTHER TERMS AND CO	ONDITIONS REMAIN	THE SAME	
The above amendments result in a	change in the premium a	s follows:	
	This premium does not in		es.
•	sted at Audit Additional	-	Return \$ -1,214.00
Fo	Tax and Surc	harge Changes	
Foi	r New York, the NY Motor Vehicle		
Additional			Return
Countersigned By:			John Q. Kolem
		AUTH	ORIZED AGENT

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

```
Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
```

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA E

Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/012

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 37 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2012 Use:

Make: HONDA CIVIC Class Code: 739800

 Model:
 State: FL

 V.I.N.: 19XFB5F53CE000140
 Territory: 123

Valuation: Actual Cash Value

Coverages:	Limit of Ins	<u>surance</u>	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u>	<u>1</u>
Liability (combined single limit)	\$ 1,00	00,000			-1073.00	R/P
Personal Injury Protection (PIP)	See End	dorsement			-24.00	R/P
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			-14.00	R/P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-23.00	R/P
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	-80	R/P
Physical Damage — Towing and Labor						
Other Auto Coverages						
Total:					-1214.00	R/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year:

Make:

Model:

V.I.N.:

Use:

Class Code:

State:

Territory:

Valuation:

Coverages: <u>Limit of Insurance</u> <u>Deductible</u> <u>Premium</u>

Liability (combined single limit)
Personal Injury Protection (PIP)
Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

American Alternative Insurance Corporation GPPĀ-AU-4050065-01/007
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018 To 10-20-2019

PLEASE READ IT CAREFULLY.

COMMON POLICY CHANG	GE ENDORSEMENT
Named Insured STATE OF FLORIDA	Effective Date: $10-20-18$ 12:01 A.M., Standard Time
Agency Name Glatfelter Underwriting	Services, Inc.
This endorsement will not be used to decrease coverages, of coverage unless at the sole request of the insured.	increase rates or deductibles or alter any terms or conditions
COVERAGE PART INFORMATION — Coverage parts affecte	d by this change as indicated by x below.
Property	
Crime	
Inland Marine	
X Auto	\$ -2,279.00
General Liability	
Public Officials and Management Liability	
The following item(s):	
Insured's Name	Insured's Mailing Address
Policy Number	Company
Effective/Expiration Date	Insured's Legal Status/Business of Insured
Payment Plan	Premium Determination
Additional Interested Parties	Coverage Forms and Endorsements
Limits/Exposures	Deductibles
Covered Property/Location Description	Classification/Class Codes
Rates	Underlying Exposure/Insurance
is (are) changed to read {See Additional Page(s)}	
THE FOLLOWING VEHICLE HAS BEEN DELETE 0055 - FL 2006 CHEVROLET 2GCEC13T961141705	D: SILVERADO 1500 VIN#
THE FOLLOWING VEHICLE HAS BEEN DELETE 0064 - FL 2008 CHEVROLET	
ALL OTHER TERMS AND CONDITIONS REMAIN	
The above amendments result in a change in the premium as	
<u> </u>	clude taxes and surcharges.
☐ No Changes ☐ To be Adjusted at Audit Additional	Return \$ -2,279.00
For New York, Tax and Surcharges d	harge Changes o not apply. _aw Enforcement Fee and/ or NY Fire Fee may be included.
Additional	Return
Countersigned By:	John G. Loleur
000 400 (04 00)	AUTHÓRIZED AGENT

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee ENTERPRÎSE FM TRUST PO BOX 16805 SAINT LOUIS, MO 63105 DESCRIPTION APPLIES TO #6145, #9863, #7526 Loss Payee BB&T 200 WEST FORSYTH ST #200 JACKSONSVILLE, FL 32202 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor GT LEASING PO BOX 10196 JACKSONSVILLE, FL 32247 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867 Addl Insured Lessor ENTERPRISE FM TRUST

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Policy Number: GPPA-AU-4050065-01/007 Named Insured:

Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 55 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2006 Use: Service

Make: CHEVROLET SILVERADO 1500 **Class Code**: 014990

Model: SERVICE State: FL V.I.N.: 2GCEC13T961141705 Territory: 154

Valuation: Actual Cash Value

STATE OF FLORIDA

Coverages: Liability (combined single limit)	Limit of Ins	<u>Dedu</u>	<u>ıctible</u>	<u>Premium</u> -815.00 R/P	
Personal Injury Protection (PIP)		dorsement			-22.00 R/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			-5.00 R/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	-33.00 R/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	-42 R/P
Physical Damage — Towing and Labor					
Other Auto Coverages					
Total:					-917.00 R/P

Vehicle # 64 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2008 Use:

Make: CHEVROLET IMPALA **Class Code**: 739800

Model: State: FL V.I.N.: 2G1WB58K789198822 Territory: 106 Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	•	surance 00,000 dorsement	<u>Dedu</u>	<u>ictible</u>	<u>Premiun</u> -1224.00 -64.00	R/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM)	\$	5,000			-14.00	R/P
Underinsured Motorists (UIM) Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		\$	500	-18.00	R/P
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages Total:	ACV		\$	500	-42 -1362.00	

Page: 1 GCO400 (01/09)

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/009
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

	PLEASE READ IT C COMMON POLICY CHANG		To 10-20-2019
	F FLORIDA	E ENDONSEMENT	Effective Date: 10-20-18 12:01 A.M., Standard Time
Agency Name Glatfelt	ter Underwriting	Services, Inc.	
This endorsement will not be use of coverage unless at the sole req	ed to decrease coverages, in the insured	increase rates or deducti	bles or alter any terms or conditions
COVERAGE PART INFORMATION		d by this change as indica	ated by x below.
Property			_
Crime			
Inland Marine			
X Auto			
General Liability			
Public Officials and M	Management Liability		
	,		
The following item(s):			
Insured's Name		Insured's Mailing	Address
Policy Number		Company	
Effective/Expiration D)ate		tatus/Business of Insured
Payment Plan	7410	Premium Determir	
Additional Interested	Parties	=	and Endorsements
 	r ai ues	Deductibles	and Endorsements
Limits/Exposures		=	
Covered Property/Lo	cation Description	Classification/Class	
Rates		Underlying Expos	ure/Insurance
is (are) changed to read {See Add	litional Page(s)}		
THE VEHICLE MAKE FOR FUSION 2 (HYBRID) TO	VEHICLE # 123 HA A(N) FORD FUSION	S BEEN CHANGED :	FROM A(N) FORD
ALL OTHER TERMS AND (CONDITIONS REMAIN	THE SAME	
The above amendments result in a			
X No Changes To be Adju	This premium does not incusted at Audit Additional	clude taxes and surcharge	Return
Elite elianides 10 20 / 12/0	7.13.31.13.1	harge Changes	Neturn
	or New York, Tax and Surcharges do or New York, the NY Motor Vehicle L	o not apply.	ire Fee may be included.
Additional	,		Return
Countersigned By:			John Q. Lolew
		AUTH	ÓRIZED AGENT

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee ENTERPRĪSE FM TRUST PO BOX 16805 SAINT LOUIS, MO 63105 DESCRIPTION APPLIES TO #6145, #9863, #7526 Loss Payee BB&T 200 WEST FORSYTH ST #200 JACKSONSVILLE, FL 32202 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor GT LEASING PO BOX 10196 JACKSONSVILLE, FL 32247 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867 Addl Insured Lessor ENTERPRISE FM TRUST

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lesson ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/009 STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 123 Insured's #: Vehicle Is: CHANGED: Insured Entity:

Year: 2017 Use:

Make: FORD FUSION 3 (HYBRID) **Class Code**: 739800

Model: State: FL V.I.N.: 3FA6P0UU1HR236175 Territory: 123

Valuation: Actual Cash Value

Coverages: Limit of Insurance **Deductible** <u>Premium</u>

Liability (combined single limit) 1,000,000 Personal Injury Protection (PIP) See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments \$ 5,000

Medical Exp. And Income Loss

Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM)

Physical Damage - Comprehensive ACV 500

Physical Damage — Specified Causes of Loss

Physical Damage - Collision ACV \$ 500

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

Vehicle # Insured's #: Vehicle Is: Insured Entity:

Year: Use: Class Code: Make: Model: State: V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

Liability (combined single limit) Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage - Collision

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1 12-11-2018

American Alternative Insurance Corporation
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

COMMON POLICY CHANG	E ENDORSEMENT
Named Insured STATE OF FLORIDA	Effective Date: $10-20-18$ 12:01 A.M., Standard Time
Agency Name Glatfelter Underwriting	Services, Inc.
This endorsement will not be used to decrease coverages, i of coverage unless at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions
COVERAGE PART INFORMATION - Coverage parts affected	by this change as indicated by x below.
Property	
Crime	
Inland Marine	
X Auto	\$ -1,062.00
General Liability	
Public Officials and Management Liability	
The following item(s):	
Insured's Name	Insured's Mailing Address
Policy Number	Company
Effective/Expiration Date	Insured's Legal Status/Business of Insured
Payment Plan	Premium Determination
Additional Interested Parties	Coverage Forms and Endorsements
Limits/Exposures	Deductibles
Covered Property/Location Description	Classification/Class Codes
Rates	Underlying Exposure/Insurance
is (are) changed to read {See Additional Page(s)}	
THE FOLLOWING VEHICLE HAS BEEN DELETE	D:
0131 - FL 2018 GMC VIN#	GKALMEV1JL208582
ALL OTHER TERMS AND CONDITIONS REMAIN	THE SAME
The above amendments result in a change in the premium as	follows: lude taxes and surcharges.
No Changes To be Adjusted at Audit Additional	Return \$ -1,062.00
For New York, Tax and Surcharges do	narge Changes
For New York, the NY Motor Vehicle L Additional	aw Enforcement Fee and/or NY Fire Fee may be included. Return
Countersigned By:	John Q. Lolew
	AUTHÓRIZED AGENT

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

```
Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
```

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/006

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 131 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2018 Use:

Make: GMC Class Code: 739800

Model: TERRAINState: FLV.I.N.: GKALMEV1JL208582Territory: 136

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP)	•	surance 00,000 dorsement	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u> -858.00 R/P -33.00 R/P
Added Personal Injury Protection	DCC LIN	2010 Cilicii C			33.00 10,1
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			-14.00 R/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	-42.00 R/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	-115 R/P
Physical Damage — Towing and Labor					
Other Auto Coverages					
Total:					-1062.00 R/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year:

Make:

Model:

V.I.N.:

Use:

Class Code:

State:

Territory:

Valuation:

Coverages: <u>Limit of Insurance</u> <u>Deductible</u> <u>Premium</u>

Liability (combined single limit)
Personal Injury Protection (PIP)
Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

American Alternative Insurance Corporation
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

			COM	ON POLICY	Y CHANC	GE END	ORSEM	ENT			
Named In	sured	STATE	OF FL	ORIDA				E	Effective		10-20-18 A.M., Standard Time
Agency N	lame	Glatfe	lter	Underwr	iting	Serv	rices,	Inc.			
This endors	sement w	rill not be u	sed to	decrease co	verages, ed.	increa	se rates o	or deductib	les or alt	er any	terms or conditions
				overage par		d by th	is change	e as indicat	ted by	belov	N.
	Property	/									_
	Crime										
	Inland M	1arine									
X	Auto								\$		2,207.00
	General	Liability									
	Public C	Officials and	l Manag	ement Liabil	ity						
The following	ng item(s)):									
	Insured'	s Name					Insured'	s Mailing A	ddress		
	Policy N	lumber					Compan	ıy			
	Effective	e/Expiration	n Date				Insured'	s Legal Sta	tus/Bus	iness o	of Insured
	Paymen	t Plan					Premium	n Determina	ation		
	Addition	al Intereste	ed Partie	es			Coverag	e Forms ar	nd Endor	rsemer	nts
	Limits/E	xposures					Deductik	oles			
	Covered	Property/	Locatio	n Description	n		Classific	ation/Class	s Codes		
	Rates						Underlyi	ng Exposu	re/Insur	ance	
is (are) cha			ddition	al Page(s)}							
SEE NEX	T PAGE	Ξ									
The above a	amendme	ents result i	n a cha	nge in the pr	remium a	s follov	/S:				
				premium do				surcharges	S.		
☐No Chan	nges	To be A	djusted	at Audit A	Additional	\$	2,	207.00	Return		
				Tax and S York, Tax and S York, the NY Mo		lo not ap	oly.	and/or NY Fire	e Fee may b	e includ	ed.
Additional				, me					Return		-
Countersig	ned By:							7	John	9	Solow
								AUTHC	ÓRIZED A	AGENT	
000 400 (0											

American Alternative Insurance Corporation

Policy Number GPPA-AU-4050065-01/001

Policy Period: From 10-20-2018

COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0197 - FL 2017 FORD VIN# 1FT7W2B69HEE58256 LOCATED AT USF

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0198 - FL 2011 FORD VIN# 1FT7W2B68BEB76147 LOCATED AT USF

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0199 - FL 2018 EXPLORER VIN# 1FM5K7D89JGC76030 LOCATED AT

UWF

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

```
Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
```

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/001

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

97 Insured's #:

Vehicle # 197 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2017

Make: FORD

Use: Service
Class Code: 014990

 Model:
 F 2 5 0
 State:
 F L

 V.I.N.:
 1 F T 7 W 2 B 6 9 H E E 5 8 2 5 6
 Territory:
 1 3 2

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	<u>Limit of Ins</u>	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u> 435.00 A/P	
Personal Injury Protection (PIP)	See End	dorsement			10.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			5.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage Comprehensive	ACV		\$	500	47.00 A/P
Physical Damage Specified Causes of Loss					
Physical Damage Collision	ACV		\$	500	88.00 A/P
Physical Damage Towing and Labor					INCL
Other Auto Coverages					
Total:					585.00 A/P

Vehicle # 198 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2011 Use: Service Make: FORD Class Code: 014990

Model: F250 FWC State: FL V.I.N.: 1FT7W2B68BEB76147 Territory: 132 Valuation: Actual Cash Value

Coverages:	Limit of Ins	surance	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			435.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			10.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5 , 000			5.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage Comprehensive	ACV		\$	500	35.00 A/P
Physical Damage Specified Causes of Loss					
Physical Damage Collision	ACV		\$	500	53.00 A/P
Physical Damage Towing and Labor					INCL
Other Auto Coverages					
Total:					538.00 A/P

Named Insured: Policy Number: GPPA-AU-4050065-01/001

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 199 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2018 Use:

Make: EXPLORER Class Code: 739800

Model: State: FL V.I.N.: 1FM5K7D89JGC76030 Territory: 167

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection		nsurance 000,000 ndorsement	<u>Ded</u>	<u>uctible</u>	<u>Premium</u> 853.00 A/P 39.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			14.00 A/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)					
Physical Damage Comprehensive	ACV		\$	500	50.00 A/P
Physical Damage Specified Causes of Loss Physical Damage Collision	ACV		\$	500	128.00 A/P
Physical Damage Towing and Labor Other Auto Coverages					INCL
Total·					1084 00 A/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year: Use: Make: Class Code:

Model: State: V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

Liability (combined single limit)
Personal Injury Protection (PIP)
Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage -- Comprehensive

Physical Damage -- Specified Causes of Loss

Physical Damage -- Collision

Physical Damage -- Towing and Labor

Other Auto Coverages

Total:

American Alternative Insurance Corporation GPPÄ-AU-4050065-01/002
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY. COMMON POLICY CHANGE ENDORSEMENT	To 10-20-2019	
Named Insured STATE OF FLORIDA	Effective Date: $10-20-18$ 12:01 A.M., Standard Time	
Agency Name Glatfelter Underwriting Services, Inc		
This endorsement will not be used to decrease coverages, increase rates or ded of coverage unless at the sole request of the insured.	uctibles or alter any terms or conditions	
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by x below.		
Property		
Crime		
Inland Marine		
X Auto	\$ 839.00	
General Liability		
Public Officials and Management Liability		
The following item(s):		
Insured's Name Insured's Maili	ng Address	
Policy Number Company		
Effective/Expiration Date Insured's Lega	al Status/Business of Insured	
Payment Plan Premium Detel	rmination	
Additional Interested Parties Coverage Form	ms and Endorsements	
Limits/Exposures Deductibles		
Covered Property/Location Description Classification/	Class Codes	
Rates Underlying Ex	posure/Insurance	
is (are) changed to read {See Additional Page(s)}		
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0200 - FL 2008 FORD VIN# 1FTSW21Y18EC82672 LOCATED AT FIU		
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME		
The above amendments result in a change in the premium as follows: This premium does not include taxes and surcharges.		
No Changes To be Adjusted at Audit Additional \$ 839.00 Return		
Tax and Surcharge Changes		
For New York, Tax and Surcharges do not apply. For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.		
Additional Return		
Countersigned By:	John G. Loleur	
AL	JTHÓRIZED AGENT	

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

```
Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
```

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/002

STATE OF FLORIDA Policy Period: From: 10-20-2018 10-20-2019 To:

SCHEDULE OF AUTO CHANGES

Vehicle # 200 Insured's #: Vehicle Is: ADDED: Insured Entity:

Year: 2008 Use: Service Make: FORD **Class Code**: 014990 State: FL

Territory: 133

Model: F250 V.I.N.: 1FTSW21Y18EC82672 Valuation: Actual Cash Value

Coverages: Limit of Insurance **Deductible Premium** 741.00 A/P Liability (combined single limit) 1,000,000 Personal Injury Protection (PIP) See Endorsement 23.00 A/P Added Personal Injury Protection Property Protection Insurance (MI only) Auto Medical Payments \$ 5,000 11.00 A/P Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage -- Comprehensive ACV 500 25.00 A/P Physical Damage -- Specified Causes of Loss Physical Damage -- Collision ACV \$ 500 39.00 A/P Physical Damage -- Towing and Labor INCL Other Auto Coverages Total: 839.00 A/P

Vehicle # Insured's #: Vehicle Is: Insured Entity:

Year: Use: Class Code: Make: Model: State: V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage -- Comprehensive

Physical Damage -- Specified Causes of Loss

Physical Damage -- Collision

Physical Damage -- Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1

American Alternative Insurance Corporation
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY. To 10-20-2019 COMMON POLICY CHANGE ENDORSEMENT		
Named Insured STATE OF FLORIDA	Effective Date: 11-02-18 12:01 A.M., Standard Time	
Agency Name Glatfelter Underwriting	Services, Inc.	
This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.		
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by x below.		
Property		
Crime		
Inland Marine		
X Auto	\$ 1,519.00	
General Liability		
Public Officials and Management Liability		
The following item(s):		
Insured's Name	Insured's Mailing Address	
Policy Number	Company	
Effective/Expiration Date	Insured's Legal Status/Business of Insured	
Payment Plan	Premium Determination	
Additional Interested Parties	Coverage Forms and Endorsements	
Limits/Exposures	Deductibles	
Covered Property/Location Description	Classification/Class Codes	
Rates	Underlying Exposure/Insurance	
is (are) changed to read {See Additional Page(s)}		
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0201 - FL 2018 HYUNDAI VIN# 5NPE24AA0JH673941 LOCATED AT DFS		
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME		
The above amendments result in a change in the premium as follows:		
This premium does not include taxes and surcharges. No Changes To be Adjusted at Audit Additional \$ 1,519.00 Return		
No Changes To be Adjusted at Audit Additional \$ 1,519.00 Return Tax and Surcharge Changes		
For New York, Tax and Surcharges do not apply. For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.		
Additional Return		
Countersigned By:	John Q. Loleur	
	AUTI∯ÓRIZED AGENT	

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 11-02-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

```
Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
```

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 11-02-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA Effective Date: 11-02-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/003

STATE OF FLORIDA Policy Period: From: 10-20-2018 10-20-2019 To:

SCHEDULE OF AUTO CHANGES

Insured's #: Vehicle # 201 Vehicle Is: ADDED: Insured Entity:

Year: 2018 Use:

Make: HYUNDAI **Class Code**: 739800

Model: SONATA State: FL V.I.N.: 5NPE24AA0JH673941 Territory: 134

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	•	nsurance 00,000 dorsement	<u>Ded</u>	<u>uctible</u>	<u>Premium</u> 1243.00 A/P 79.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			13.00 A/P
Uninsured Motorists (UM)					
Underinsured Motorists (UIM) Physical Damage — Comprehensive	ACV		\$	500	40.00 A/P
Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		Y	300	40.00 A/I
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$	500	144 A/P INCL
Total:					1519 NN 1/P

Vehicle # Insured's #: Vehicle Is: Insured Entity:

Year: Use: Class Code: Make: State: Model: V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage - Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1

American Alternative Insurance Corporation
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

COMMON POLICY CHANGE ENDORSEMENT						
Named Insured STATE OF FLORIDA	Effective Date: $11-06-18$ 12:01 A.M., Standard Time					
Agency Name Glatfelter Underwriting	Services, Inc.					
This endorsement will not be used to decrease coverages, in of coverage unless at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions					
COVERAGE PART INFORMATION - Coverage parts affected	by this change as indicated by x below.					
Property						
Crime						
Inland Marine						
X Auto	\$ 955.00					
General Liability						
Public Officials and Management Liability						
The following item(s):						
Insured's Name	Insured's Mailing Address					
Policy Number	Company					
Effective/Expiration Date	Insured's Legal Status/Business of Insured					
Payment Plan	Premium Determination					
Additional Interested Parties	Coverage Forms and Endorsements					
Limits/Exposures	Deductibles					
Covered Property/Location Description	Classification/Class Codes					
Rates	Underlying Exposure/Insurance					
is (are) changed to read {See Additional Page(s)}	Onderlying Exposure/ insurance					
is (are) changed to read {See Additional Page(s)}						
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0202 - FL 2019 FORD VIN# 1:	FTYR1YM0KKA16194 LOCATED AT JAC					
ALL OTHER TERMS AND CONDITIONS REMAIN	THE SAME					
The above amendments result in a change in the premium as						
This premium does not income No Changes To be Adjusted at Audit Additional						
No Changes To be Adjusted at Audit Additional Tax and Surch						
For New York, Tax and Surcharges do						
Additional	Return					
Countersigned By:	John Q. Loleur					
	AUTHORIZED AGENT					

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 11-06-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee ENTERPRĪSE FM TRUST PO BOX 16805 SAINT LOUIS, MO 63105 DESCRIPTION APPLIES TO #6145, #9863, #7526 Loss Payee BB&T 200 WEST FORSYTH ST #200 JACKSONSVILLE, FL 32202 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor GT LEASING PO BOX 10196 JACKSONSVILLE, FL 32247 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867 Addl Insured Lessor ENTERPRISE FM TRUST

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 11-06-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lesson ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/004

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 202 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019

Make: FORD

Use: Service
Class Code: 014990

Model: TRANSIT

V.I.N.: 1FTYR1YM0KKA16194

Valuation: Actual Cash Value

State: FL

Territory: 106

Limit of Insurance Coverages: **Deductible** <u>Premium</u> 818.00 A/P Liability (combined single limit) 1,000,000 See Endorsement Personal Injury Protection (PIP) 19.00 A/P Added Personal Injury Protection Property Protection Insurance (MI only) Auto Medical Payments \$ 5,000 6.00 A/P Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage — Comprehensive ACV 500 33.00 A/P Physical Damage — Specified Causes of Loss Physical Damage - Collision ACV \$ 500 79 A/P Physical Damage — Towing and Labor INCL Other Auto Coverages

955.00 A/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year:Use:Make:Class Code:Model:State:V.I.N.:Territory:

Valuation:

Total:

Coverages: <u>Limit of Insurance</u> <u>Deductible</u> <u>Premium</u>

Liability (combined single limit)
Personal Injury Protection (PIP)
Added Personal Injury Protection
Property Protection Insurance (MI only)

Auto Madical December

Auto Medical Payments

Medical Exp. And Income Loss Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1

To 10-20-2019

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/005

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

COMMON POLICY CHANGE ENDORSEMENT						
Named Insured STATE OF FLORIDA	Effective Date: 11-08-18 12:01 A.M., Standard Time					
Agency Name Glatfelter Underwriting	Services, Inc.					
This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.						
COVERAGE PART INFORMATION - Coverage parts affected	by this change as indicated by x below.					
Property						
Crime						
Inland Marine						
X Auto	\$ 1,287.00					
General Liability						
Public Officials and Management Liability						
The following item(s):						
Insured's Name	Insured's Mailing Address					
Policy Number	Company					
Effective/Expiration Date	Insured's Legal Status/Business of Insured					
Payment Plan	Premium Determination					
Additional Interested Parties	Coverage Forms and Endorsements					
Limits/Exposures	Deductibles					
Covered Property/Location Description	Classification/Class Codes					
Rates	Underlying Exposure/Insurance					
is (are) changed to read {See Additional Page(s)}						
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0203 - FL 2019 FORD TRANSIT LOCATED AT UWF	VIN# 1FBVU4XM3KKA11595					
ALL OTHER TERMS AND CONDITIONS REMAIN	THE SAME					
The above amendments result in a change in the premium as						
This premium does not incl	lude taxes and surcharges.					
No Changes To be Adjusted at Audit Additional						
Tax and Surch For New York, Tax and Surcharges do For New York, the NY Motor Vehicle La						
Additional	Return					
Countersigned By:	John Q. Lolem					
	AUTHÓRIZED AGENT					

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 11-08-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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Loss Payee
ENTERPRÎSE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #6145, #9863, #7526
Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459
Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867
Addl Insured Lessor
ENTERPRISE FM TRUST
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SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 11-08-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-08-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/005

STATE OF FLORIDA Policy Period: From: 10-20-2018

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 203 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: FORD Class Code: 588100

Model: TRANSIT WAGONState: FLV.I.N.: 1FBVU4XM3KKA11595Territory: 167

Valuation: Actual Cash Value

Coverages: Limit of Insurance **Deductible** <u>Premium</u> Liability (combined single limit) 1,000,000 1045.00 A/P Personal Injury Protection (PIP) See Endorsement 76.00 A/P Added Personal Injury Protection Property Protection Insurance (MI only) Auto Medical Payments \$ 5,000 12.00 A/P Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage - Comprehensive ACV 500 60.00 A/P Physical Damage — Specified Causes of Loss Physical Damage - Collision ACV \$ 500 94 A/P Physical Damage - Towing and Labor INCL Other Auto Coverages Total: 1287.00 A/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year: Use:
Make: Class Code:
Model: State:

V.I.N.: Territory:

Valuation:

Coverages: <u>Limit of Insurance</u> <u>Deductible</u> <u>Premium</u>

Liability (combined single limit)
Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/008

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

			COMMO	N POLICY CHANG	GE EN	DORSEM	ENT		
Named In:	sured	STATE C	OF FLC	RIDA			E	ffective Date:	: 11-15-18
								12:0	1 A.M., Standard Time
Agency N				Inderwriting					_
				ecrease coverages, the insured.	increa	se rates o	or deductible	es or alter ar	ny terms or conditions
COVERAGE	PART I	NFORMATIO	ON — Co	verage parts affecte	d by t	nis change	e as indicate	ed by x bel	ow.
	Property	У							
	Crime								
	Inland N	/larine							
X	Auto							\$	-2,386.00
	General	Liability							
	Public C	Officials and	Manager	nent Liability					
一									
The followin	ng item(s):							
	Insured	's Name				Insured'	s Mailing Ad	dress	
一声	Policy N	lumber				Compan	ıy		
	Effective	e/Expiration	Date			Insured'	s Legal Stat	us/Business	of Insured
	Paymen	t Plan				Premium	n Determinat	tion	
一	Addition	nal Interested	d Parties			Coverag	je Forms and	d Endorseme	ents
	Limits/E	Exposures				Deductik	bles		
	Covered	d Property/L	ocation	Description	Classification/Class Codes				
	Rates					Underlyi	ing Exposur	e/Insurance	
is (are) char	nged to r	ead {See A c	dditional	Page(s)}					
THE FOL:				BEEN DELETI					
2C4RDGB		92 – FI 67927	201	2 DODGE GRA	AND (CARAVAI	N VIN#		
			E HAS	BEEN DELETI	ZD:				
1112 1 0 2		96 – FI				IN#	1FTFW1CV	J5AFC371	83
				TIONS REMAIN					_
The above a	amendme	ents result in		e in the premium a					
No Chan	nges Ir	To be Ad		remium does not in		axes and	surcnarges.		2 20 6 00
INO CITAIT	iges [ijusteu at	7 10 0 11 0 11 0		Changes		Return \$	-2,386.00
			For New Y	Tax and Surce ork, Tax and Surcharges or ork, the NY Motor Vehicle	do not ap	ply.	and/or NV Fire	Fee may be inclu	uded
Additional			TOT NEW TO	ork, the 141 motor vernote	Law Line	ordenient i ce		Return	
Countersigr	ned By:						(John G	1 Solaw
							ALITIA	DIZED ACE	y Technological Sections
GCO400 (0	14 00)						AUTHO	RIZED AGEN	N I

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 11-15-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee ENTERPRÎSE FM TRUST PO BOX 16805 SAINT LOUIS, MO 63105 DESCRIPTION APPLIES TO #6145, #9863, #7526 Loss Payee BB&T 200 WEST FORSYTH ST #200 JACKSONSVILLE, FL 32202 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor GT LEASING PO BOX 10196 JACKSONSVILLE, FL 32247 DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034, #9208, #8857, #7163 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690, #0920, #0800, #7136 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226, #0499, #9100, #9855 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722, #8849, #7286, #8902 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198, #0646, #8753, #7459 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091, #1062, #7291, #0867 Addl Insured Lessor ENTERPRISE FM TRUST

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 11-15-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136,#2911,#3552

Addl Insured Lessor

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA Effective Date: 11-15-18

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

Named Insured: Policy Number: GPPA-AU-4050065-01/008

STATE OF FLORIDA Policy Period: From: 10-20-2018 10-20-2019 To:

SCHEDULE OF AUTO CHANGES

Vehicle # 92 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2012 Use:

Make: DODGE GRAND CARAVAN **Class Code**: 739800

Model: State: FL V.I.N.: 2C4RDGBGXCR167927 Territory: 107

Valuation: Actual Cash Value

Coverages: Limit of Insurance **Deductible Premium** Liability (combined single limit) 1,000,000 -1252.00 R/PPersonal Injury Protection (PIP) See Endorsement -58.00 R/PAdded Personal Injury Protection Property Protection Insurance (MI only) \$ 5,000 -13.00 R/P Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage — Comprehensive ACV 500 -29.00 R/PPhysical Damage — Specified Causes of Loss Physical Damage - Collision ACV \$ 500 -76 R/P Physical Damage - Towing and Labor Other Auto Coverages

Total: -1428.00 R/P

Vehicle # 9.6 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2010 Use: Service Make: FORD F150 Class Code: 014990

State: FL Model: V.I.N.: 1FTFW1CV5AFC37183 Territory: 107 Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection		surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	Premium -833.00 R/P -19.00 R/P	
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM)	\$	5,000			-7.00 R/P	
Underinsured Motorists (UIM) Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		\$	500	-37.00 R/P	
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages Total:	ACV		\$	500	-62 R/P -958.00 R/P	

GCO400 (01/09) Page: 1 12-07-2018