

ITB 23-84131503-H
Attachment L-1
FAU 2017-2019 Expiring Policy and Loss History
Commercial Automobile Insurance

Florida Atlantic University (FAU) rejoined the State of Florida Commercial Automobile in September 2019 after having been a Named Insured on the State of Florida Commercial Automobile policy until October 20, 2017.

At that time, FAU sought private coverage through Hall Insurance Agency as underwritten by Auto Owners for the time period of October 20, 2017 through September 1, 2019. FAU's expiring policy and loss history dated June 27, 2019 for that coverage period is provided on the following pages.

22-0447-00
HALL INSURANCE
13510 HUTCHISON BLVD STE A
PANAMA CITY BEACH FL 32407

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

AUTO-OWNERS INSURANCE COMPANY

09-07-2018

FLORIDA ATLANTIC UNIVERSITY
13510 HUTCHISON BLVD # A
PANAMA CITY BEACH FL 32407-3174

Remember, you can view your policy, pay your bill or change your paperless options any time online, at www.auto-owners.com. If you have not already enrolled your policy, you may do so using policy number **49-635-664-07** and Personal ID Code (PID) **3X6 K3X 1R7**.

Your agency's phone number is (850) 234-2434.

RE: Policy 49-635-664-07

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

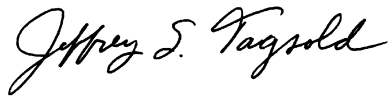
Auto-Owners and its affiliate companies offer a variety of programs, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need.

~ *Serving Our Policyholders and Agents Since 1916* ~

Thanks for letting us serve you!

You've been an Auto-Owners policyholder for
5 years! Thank you for trusting us with
your insurance needs.

A handwritten signature in black ink that reads "Jeffrey S. Tagsold". The signature is written in a cursive, flowing style.

Jeffrey S. Tagsold, Chairman & CEO

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2009 FORD ECONOLINE E250**
VIN **1FDXE45S19DA06490**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND CONTACT YOUR AGENCY.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.

The Florida Bureau of Financial Responsibility requires that all licensed drivers carry an insurance identification card at all times. If you require more cards for other licensed drivers covered under this policy, SEE YOUR AGENT.

89414 (2-12)

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Year/Make **2014 TOYT CAMRY L/SE/LE/XLE**
VIN **4T1BF1FK0EU413358**
Agency **HALL INSURANCE**
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2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

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89271 (2-12)

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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2014 TOYT CAMRY L/SE/LE/XLE**
VIN **4T1BF1FK4EU829493**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Year/Make **2014 TOYT CAMRY L/SE/LE/XLE**
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Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2014 TOYT RAV4 XLE**
VIN **JTMWFREV9ED03647**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Year/Make **1991 TOYT MR2 W-SPORT ROOF**
VIN **JT2SW21N1M0013335**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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89414 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2016 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK2GU163558**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2016 TOYT RAV4 XLE**
VIN **2T3WFREV2GW248063**
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Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK6HU317626**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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89414 (2-12)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK9HU623929**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK3HU633212**
Agency **HALL INSURANCE**
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Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Company Code: 09703
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Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK9HU620805**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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89414 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 ACUR RLX TECH**
VIN **JH4KC1F50HC000341**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
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89271 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK7HU806830**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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89414 (2-12)

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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK4HU807515**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK6HU441573**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND CONTACT YOUR AGENCY.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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89414 (2-12)

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89271 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK7HU766605**
Agency **HALL INSURANCE**
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Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK6HU376045**
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Agency Code 22-0447-00

Policy Number 49-635-664-07

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Phone **(850) 234-2434** Agency Code **22-0447-00**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND CONTACT YOUR AGENCY.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.

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89414 (2-12)

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK5HU806759**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK5HU806759**
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CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

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89271 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2017 TOYT CAMRY LE/XLE/SE/XSE**
VIN **4T1BF1FK8HU797622**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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Policy Number **49-635-664-07** Effective Date **10-20-2018**
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Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
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Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2018 TOYT CAMRY L/LE/XLE/SE/XSE**
VIN **4T1B11HK6JU061991**
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89271 (2-12)

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89271 (2-12)

Agency Code 22-0447-00

Policy Number 49-635-664-07

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2018 TOYT SEQUOIA SPT Utility LTD**
VIN **5TDKY5G17JS070185**
Agency **HALL INSURANCE**
Phone **(850) 234-2434** Agency Code **22-0447-00**

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FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number **49-635-664-07** Effective Date **10-20-2018**
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**
Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2018 TOYT SEQUOIA SPT Utility LTD**
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Property Damage Liability **YES**
Named Insured **FLORIDA ATLANTIC UNIVERSITY**

Year/Make **2018 MERZ E 300**
VIN **WDDZF4JB7JA482934**
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CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)

Auto-Owners
INSURANCE

LIFE · HOME · CAR · BUSINESS

**Road Trouble
Service**

1-888-TOW-AOIC

1-888-869-2642

24 hours a day, 7 days a week

2018 MERZ E 300

Policy Number: **49-635-664-07**

Coverage Limit: **\$75**

Flat Tire Dead Battery Need a Tow Accident Out of Gas Locked Out
89039 (7-16)

Auto-Owners
INSURANCE

LIFE · HOME · CAR · BUSINESS

**Road Trouble
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1-888-TOW-AOIC

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2018 MERZ E 300

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Flat Tire Dead Battery Need a Tow Accident Out of Gas Locked Out
89039 (7-16)

How to Use 1-888-TOW-AOIC

- Dial 1-888-TOW-AOIC and tell the service representative your name, policy number, and the service you require.
- Tell the service representative the location and telephone number where you can be reached.
- After receiving service:
 - If you have Road Trouble Service coverage, sign the service bill, pay for any amount above your coverage limit, and drive away.
 - If you do not have Road Trouble Service coverage, pay the service provider directly for the full amount.

This number can also be used if you are involved in an accident and need a tow. If you are involved in an accident:

- Remain calm; call 911.
- Do not admit fault.
- Write down the names, addresses, and phone numbers of anyone involved in the accident as a driver, passenger, or witness.
- Write down the license number, including state, of any vehicle involved.
- Write down the name and department of the investigating officer.
- Report the claim to your agency as soon as possible.

How to Use 1-888-TOW-AOIC

- Dial 1-888-TOW-AOIC and tell the service representative your name, policy number, and the service you require.
- Tell the service representative the location and telephone number where you can be reached.
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This number can also be used if you are involved in an accident and need a tow. If you are involved in an accident:

- Remain calm; call 911.
- Do not admit fault.
- Write down the names, addresses, and phone numbers of anyone involved in the accident as a driver, passenger, or witness.
- Write down the license number, including state, of any vehicle involved.
- Write down the name and department of the investigating officer.
- Report the claim to your agency as soon as possible.

NOTICE OF CHANGE IN POLICY TERMS COMMERCIAL AUTO POLICY

Dear Policyholder:

Enclosed are your revised Declarations pages, Commercial Auto Policy and all related endorsements. While some things may look familiar to you, other areas are new. We would like to take this opportunity to explain these changes. Effective with this renewal, this new policy and all related endorsements replace any policy or endorsement you previously received.

DECLARATIONS PAGE

We are excited to introduce your new Commercial Auto Declarations Pages. In conjunction with your new Commercial Auto Policy, this new page has been added to the beginning of your policy Declarations pages and will show you, at a glance, coverages, covered auto symbols, limits of insurance and premium. Additionally, your Declarations page has been separated into three numbered sections as shown below:

- **Item One** contains all information uniquely identifying the policy as yours. We are now also including the legal entity of the named insured.

- **Item Two** is entirely new and displays the coverages, covered auto symbols, limits and applicable premium for your chosen coverages. The covered auto symbols will indicate the covered autos for each coverage. If you have chosen not to purchase a specific coverage, both the "Covered Autos Symbols" and "Limit of Insurance" columns will be blank and the "Premium" column will indicate "No Coverage". On the back of this new page, you will find a legend briefly describing what each symbol means. Your actual policy contains the full description of the symbols.

- **Item Three** contains the schedule of items and additional coverages you have selected and has been slightly reformatted.

Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY

ITEM ONE
NAMED INSURED

ADDRESS

Issued

COMMERCIAL AUTO POLICY DECLARATIONS

Effective

POLICY NUMBER
Company Use

POLICY TERM

Entity:
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES
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 Commercial Auto Policy next to the name of the coverage.

COVERAGES	COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Bodily Injury			
Property Damage			
Physical Damage	Comprehensive		
	Collision		
	Road Trouble Service		
	Additional Expense		
Premium for Endorsements			
ESTIMATED TOTAL PREMIUM*			

* This policy may be subject to final audit.

COMMERCIAL AUTO POLICY CHANGES

Our previous Automobile Policy has been updated and is now referred to as the Commercial Auto Policy. In conjunction with the name change, some coverages have been enhanced and restrictions have been placed on others. You may or may not be affected by all of the changes identified in this document; your Declarations page will dictate the coverages you have selected, and will help you identify which of the changes described below apply to you.

As with any notice, this document is for informational purposes only and is a summary of the major changes to the Commercial Auto policy. No coverage is provided by this summary, and it must not be construed to replace or modify any provisions of your policy. Your policy contains the specific terms and conditions of coverage and supersedes this notice.

The "Quick Guide To Your Policy" section has been removed and is now in a separate form, Quick Reference, 58000 (1-15).

Words and phrases that appear in bold face type have special meaning and are defined in Section VI – Definitions.

There are now descriptions in headings of this policy and all applicable endorsements which are solely for convenience and are not part of the terms and conditions of coverage.

1. SECTION I – COVERED AUTOS

Covered Auto Symbols have been incorporated into the new Commercial Auto Policy and are used to describe the autos for which coverage may be provided.

COVERAGE ENHANCEMENTS

The following coverage enhancements apply:

- **Non-Owned Autos Liability**
Commercial vehicles not owned by you are now covered regardless of how frequently or infrequently they are used in your business if Symbol 9 (Non-owned autos) is denoted in the Declarations for Covered Autos Liability Coverage.
- **Mobile Equipment**
Liability is now extended to mobile equipment regardless of whether or not it is self-propelled, while it is being carried or towed by a covered auto. Coverage is excess over any other collectible insurance.
- **Newly Acquired Autos**
Coverage is provided to newly acquired autos or trailers until the end of the policy term or 30 days from the date the auto or trailer is acquired, whichever is longer, when such auto or trailer is also reported to us within this time. Additionally, you may now purchase the broadest physical damage coverage currently on an insured auto, during the first 30 days after the auto is acquired.
- **Hired Autos**
Language has been added to clarify that a leased, hired, rented or borrowed auto scheduled in the Declarations is considered a covered auto you own.

RESTRICTIONS IN COVERAGE

The following restrictions in coverage apply:

- **Hired Autos and Non-Owned Autos Liability**
If Symbol 8 (Hired Autos) is denoted in the Declarations, coverage for autos hired, leased, rented or borrowed on the insured's behalf with the insured's permission is no longer included. However, liability coverage for this exposure is still included with Symbol 9 (Non-Owned Autos).

- **Hired Autos**
If Symbol 8 (Hired Autos) is denoted in the Declarations, coverage for autos leased, hired, rented or borrowed from any of your employees is no longer provided. Additionally, if you are an LLC, coverage for autos leased, hired, rented or borrowed from your members is no longer provided.
- **Newly Acquired Autos**
The Comprehensive deductible for newly acquired autos and trailers is being increased from \$100 to \$250, and the Collision deductible is being increased from \$250 to \$500.
- **Trailers**
 - When a trailer is not connected to an auto or connected to an auto that is not insured by this policy, liability coverage will be restricted to trailers with a load capacity of 2,000 pounds or less. This restriction does not apply if the trailer is specifically scheduled in the Declarations.
 - The Operations Exclusions has been clarified to excluded coverage for liability arising out of the operation of machinery or equipment that is in, upon or attached to a trailer, non-motorized farm machinery or farm wagon.

OTHER

The following changes apply:

- Symbol 1 designates any auto as a covered auto. This was previously accomplished through the Comprehensive Automobile Liability form, 79547 (2-11). This will continue to be an optional coverage.
- Symbol 7 designates only those autos scheduled in the Declarations for a particular coverage as a covered auto.
- Symbol 8 designates only those autos you lease, hire, rent or borrow as a covered auto. This was previously accomplished through the Hired Automobile Physical Damage form, 89694 (5-10) and Hired Automobile Liability Coverage form, 79521 (2-11). This will continue to be an optional coverage.
- Symbol 9 designates only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business as a covered auto. This was previously accomplished through the Employers' Nonownership Liability form, 79503 (3-99). This will continue to be an optional coverage.
- Symbol 19 designates mobile equipment that is subject to financial responsibility law as a covered auto. This was previously accomplished through the Amendatory Endorsement – Mobile Special Equipment and Road Construction, Maintenance and Special Equipment form, 79517 (1-07).
- Coverage for Newly Acquired Autos is now provided through the Newly Acquired Autos section of the policy. This was previously accomplished through the Newly Acquired Automobile Coverage form, 79540 (3-99).
- Liability Coverage for some trailers and mobile equipment is now provided through the Trailers and Mobile Equipment section. This was previously accomplished through the Amendment of Trailer Liability Coverage form, 79419 (9-09) and Amendatory Endorsement – Mobile Special Equipment and Road Construction, Maintenance and Special Equipment form, 79517 (1-07).
- Coverage for Temporary Substitute Autos is now provided through Section I – Covered Autos. This was previously provided in Section II – Liability Coverage and Section III – Damage to Your Automobile.

2. SECTION II – COVERED AUTOS LIABILITY COVERAGE

WHO IS AN INSURED

A new Who Is An Insured provision identifies who is considered an insured by the policy. The following changes have been incorporated into this provision.

COVERAGE ENHANCEMENTS

The following coverage enhancements apply:

- Members of an LLC are now recognized as insureds while loading and unloading property to or from a covered auto.
- If Symbol 9 (Non-Owned Autos) is denoted in the Declarations, members of an LLC are now recognized as insureds when someone other than the named insured is using a covered auto in the named insured's business.
- A family member who owns an auto scheduled in the Declarations is now considered an insured.
- Any individual or organization who owns an auto (that is not a trailer) scheduled in the Declarations is now considered an insured while using a scheduled auto.
- The owner of an auto scheduled in the Declarations that is rented by or leased to you is now considered an insured.

RESTRICTIONS IN COVERAGE

The following restrictions in coverage apply:

- If Symbol 8 (Hired Autos) is denoted in the Declarations, it has been clarified that members of an LLC are not an insured if an auto owned by him or her or a member of his or her household is leased, hired, rented or borrowed by the named insured.
- A person using a covered auto while working in a business of storing, delivering or testing autos is not an insured unless such business is the named insured's.

OTHER

The following changes apply:

- The exclusion for the owner of a covered auto leased, hired, rented or borrowed previously found in the Hired Automobile Liability Coverage form, 79521 (2-11) and Comprehensive Automobile Liability form, 79547 (2-11) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.
- The exclusion for the employee, agent or driver of the owner or anyone else, from whom such covered auto is leased, hired, rented or borrowed previously found in the Hired Automobile Liability Coverage form, 79521 (2-11) and Comprehensive Automobile Liability form, 79547 (2-11) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.
- The exclusion for your employee, partner (if you are a partnership), member (if you are a limited liability company) or executive officer (if you are a corporation), if such covered auto is owned by him or her or member of his or her household previously found in the Employers' Nonownership Liability form, 79503 (3-99) and Comprehensive Automobile Liability form, 79547 (2-11) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.
- Coverage for the owner of a trailer, non-motorized farm machinery or farm wagon only when connected to or accidentally disconnected from a covered auto previously found in the Amendment of Trailer Liability Coverage form, 79419 (3-99) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.

- Coverage for a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer (if you are a corporation) while someone, other than you, is using with your permission a covered auto you do not own, lease, hire, rent or borrow, in connection with your business previously provided in the Employers' Nonownership Liability form, 79503 (3-99) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.
- Coverage for certain individuals or organizations for liability associated with ownership or use of a trailer not scheduled in the Declarations were previously provided coverage in the Amendment of Trailer Liability Coverage form, 79419 (3-99) is now located in Section II – Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured.

COVERAGE ENHANCEMENTS

The following coverage enhancements apply:

- **Pollution**
We have clarified pollution clean-up costs are covered when caused by the same covered accident that results in other bodily injury or property damage.
- **Supplementary Payments**
The following enhancements have been made to Supplementary Payments:
 - Coverage extends to anyone meeting the definition of an insured, not just the first named insured.
 - The limit for coverage on bail bonds required because of a covered accident or related traffic law violation is being increased from \$250 to \$2,000.
 - The limit for reasonable expenses incurred by an insured upon our request, such as loss of earnings, is being increased from \$100 per day to \$250 per day.
- **Expected or Intended Injury**
Liability resulting from an expected or intended act is now only excluded when it is expected or intended from the standpoint of the insured.
- **Handling of Property**
The Handling of Property exclusion for liability has been clarified to only apply to property being loaded or unloaded.
- **Public or Livery Conveyance**
The Public or Livery Conveyance exclusion for liability has been clarified to only apply to the transportation of people.

RESTRICTIONS IN COVERAGE

The following restrictions in coverage apply:

- **Supplementary Payments**
We will now only extend coverage to premiums on bonds to release attachments in any suit against an insured that we defend.
- **Contractual Liability**
The Contractual Liability exclusion now stipulates that bodily injury or property damage must occur subsequent to the execution of a contract or agreement. The contractual liability exclusion also removes from insured contract status those contracts where the individual insured was not a party to such contract.

- **Fellow Employee**
The Fellow Employee exclusion for liability now also applies to the spouse, child, parent and siblings of the fellow employee. Additionally, the exclusion was clarified to indicate that bodily injury sustained by an employee as a result of a fellow employee performing duties related to the conduct of your business is excluded.
- **Completed Operations**
Liability for completed operations is now excluded.
- **Racing**
Liability and physical damage are now excluded when due to prearranged high speed driving and prearranged competitive driving.
- **War or Military Action**
Additional types of actions and conflicts are now excluded from liability and physical damage coverage.
- **Workers Compensation**
Any obligation the insured's insurer might be held liable for under a workers compensation, disability benefits or unemployment compensation law is now excluded for liability.

OTHER

The following changes apply:

- Pollution Liability exclusions previously found in the Pollution Liability Exclusion form, 79524 (6-92) are now located in Section II – Covered Autos Liability Coverage, B. Exclusions, 9. Pollution.
- The Care, Custody or Control exclusions previously found in Section II – Liability Coverage, 2. Exclusions, h. and the Amendatory Endorsement Section II – Liability Coverage form, 89058 (4-07) are now located in Section II – Covered Autos Liability Coverage, B. Exclusions, 1., Care, Custody or Control.
- The “Limit of Liability” section is now “Limit of Insurance” and specifically indicates that the limit of insurance will not be increased because of the number of covered autos, insureds, premiums paid, claims made or suits brought, persons injured or vehicles involved in the accident.
- Combined Single Limit settlement provisions found in the Combined Limit of Liability form, 79539 (3-99) are now located in Section II – Covered Autos Liability Coverage, C. Limit of Insurance.
- Provisions for hold harmless agreements previously found in the Primary Coverage for Lessor and Named Lessee form, 79519 (6-92) are now located in Section II – Covered Autos Liability Coverage, B. Exclusions, 14. Autos Leased Under Hold Harmless Agreements.
- The Nuclear Energy Liability exclusions previously found in Section II – Liability Coverage, 2. Exclusions are now located in the Nuclear Energy Liability Exclusion Endorsement form, 58200 (1-15).

3. SECTION III – PHYSICAL DAMAGE COVERAGE

COVERAGE ENHANCEMENTS

The following coverage enhancements apply:

- **Transportation Expenses Following Theft**
Loss of Use by Theft has been renamed Transportation Expenses Following Theft and is being increased from \$20 per day/\$600 per loss to \$30 per day/\$900 per loss.

- **Personal Property Coverage**
The limit for loss to personal property in a covered private passenger auto is being increased from \$200 to \$300. Coverage now also extends to property contained within a hired private passenger auto, if Symbol 8 (Hired Autos) is denoted in the Declarations for Physical Damage Coverages.
- **Loss of Use - Rental Fee Reimbursement**
If Symbol 8 is denoted in the Declarations for Physical Damage Coverages, we will now reimburse you or pay on your behalf up to \$30 per day/\$900 per loss in the event you are legally responsible to pay for the loss of use of a commercial auto you rent and such auto is damaged in a covered loss.

RESTRICTIONS IN COVERAGE

The following restrictions in coverage apply:

- **Physical Damage for Non-Owned Trailers**
Physical damage coverage for non-owned trailers applies only if the load capacity of the trailer is 2,000 pounds or less. This restriction does not apply if the trailer is specifically scheduled in the Declarations.
- **Transportation Costs**
The \$25 limit to reimburse you for expenses incurred to transport you from your disabled auto to your intended destination is no longer provided.
- **Audio, Visual or Data Electronic Equipment**
Physical damage coverage for aftermarket CB radios, cellphones, TVs, or GPS devices that are permanently installed in the insured's vehicle are now limited to \$1,000. This restriction does not apply if such devices are scheduled in the Declarations.
- **Expected or Intentional Act**
The Expected or Intentional Act exclusion no longer has an exception to the exclusion for the loss payee; therefore physical damage coverage is no longer provided to the loss payee if an intentional act is committed by you.
- **Illegal Activities**
The Illegal Activities exclusion no longer has an exception to the exclusion for the loss payee; therefore physical damage coverage is no longer provided if an auto is confiscated by a civil authority because of an illegal activity engaged in by you or a family member.
- **Nuclear Hazard**
The Nuclear Hazard exclusion now precludes physical damage coverage for more causes of radioactive contamination.
- **Radar Detectors**
The Radar Detectors exclusion now precludes physical damage coverage for a jamming apparatus.

OTHER

The following changes apply:

- Fire and Theft Coverage provisions have been removed since these coverages are no longer offered.
- Glass repair provisions are now found in Section III – Physical Damage Coverage, 1. Coverage, 1. a. This was previously located in the Florida – Amendment of Deductible – Glass form, 79203 (6-13).
- Transportations Expenses Following Theft Coverage provisions are now found in Section III - Physical Damage Coverage, A. Coverage, 3. Coverage Extensions, b. Transportation Expenses Following Theft. Coverage, A. Coverage, 3. Coverage Extensions, b. Transportation Expenses Following Theft.

- This coverage was previously called Loss of Use by Theft Coverage and was previously located in the Loss of Use by Theft form, 89695 (12-05).
- Loss of Use – Rental Fee Reimbursement Coverage provisions are now found in Section III – Physical Damage Coverage, 3. Coverage Extension, e. Loss of Use Rental Fee Reimbursement. This was previously located in the Loss of Use – Rental Fee Reimbursement form, 79536 (7-94).
- Diminished Value Coverage provisions are now found in Section III – Physical Damage Coverage, A. Coverage, 3. Coverage Extensions, f. Diminished Value and in Section III – Physical Damage Coverage, B. Exclusions, 2. Diminished Value. This coverage was previously called Automobile Physical Damage Plus and was previously located in the Automobile Physical Damage Plus Endorsement form, 79167 (1-13). The exclusion was previously located in the Section III – Damage To Your Automobile Amendatory Endorsement form, 79939 (3-05).
- There is now an Audio, Visual or Data Electronic Equipment Exclusion in Section III – Physical Damage Coverage, B. Exclusions, 1. Audio, Visual or Data Electronic Equipment. This was previously located in Section III – Damage to Your Automobile, 2. Exclusions, h., i., j., l., and m.
- There is now a hired auto physical damage provision found in Section III – Physical Damage Coverage, C. Limit of Insurance, 5. Deductible – Hired Auto Physical Damage Coverage. This was previously accomplished through the Hired Automobile Physical Damage Coverage form, 79520 (5-10).
- Camper bodies are now referred to as Truck Campers.

4. SECTION IV - INDIVIDUAL NAMED INSURED

COVERAGE ENHANCEMENTS

The following coverage enhancements apply:

- Non-owned auto coverage is now extended when a private passenger auto is scheduled in the Declarations and any named insured is an individual, not just the first named insured.
- Non-owned auto coverage is now extended to family members that have an auto scheduled in the Declarations, not just to family members that do not own an auto.

RESTRICTIONS IN COVERAGE

The following restrictions in coverage apply:

- Coverage only applies to individuals when the non-owned auto is being used by them. Physical damage coverage will not be provided for non-owned autos being used without permission.

5. SECTION V - CONDITIONS

The following Loss Conditions have been added to the policy:

- *Appraisal for Physical Damage Loss* now gives you and us the right to request an appraisal if we do not agree on the amount of the physical damage loss.
- *Loss Payment - Physical Damage Coverage* clarifies that we have the option to pay for, repair, or replace damaged or stolen property; return stolen property or take all or part of the damaged or stolen property at an agreed value or appraised value.
- *Motor Carriers* gives us the right to recover payment if we are obligated to make a payment that we would not make except for such endorsement that is required by law for Motor Carriers. This condition was previously located in the Motor Carriers Amendatory Endorsement, 79501 (7-01).

The following General Conditions have been added to the policy:

- *Inspections* gives us the right to make inspections at any time.
- *Liberalization* allows us to automatically provide you more coverage, without additional premium charge, as of the day a revision is effective in your state.
- *Premiums* clarifies that the first named insured shown in the Declarations is responsible for all premiums and will receive any necessary return premiums. This was previously stated in the Insuring Agreement of the Automobile Policy.
- *Premium Audit* clarifies that the premium charged at the beginning of the policy period is estimated, based on the existing exposures you told us you would have. Because exposures can change during the policy period, we will compute the final premium due when we determine your actual exposures.
- *Examination of Books and Records* gives us the right to examine the insured's books and records. This was previously accomplished through the Comprehensive Liability form, 79547 (2-11), Hired Automobile Physical Damage Coverage form, 79520 (5-10) and Hired Automobile Liability Coverage form, 79521 (2-11).
- **Policy Term and Territory**
Mexico is no longer within the coverage territory; however, we have extended the coverage territory to worldwide for a covered auto that is a leased, hired, rented or borrowed private passenger auto.
- **Other Insurance**
The Other Insurance condition clarifies that liability coverage is primary for any liability assumed under an insured contract.
- **Assignment**
We now allow the assignee 60 days to notify us of the named insured's death or until the expiration date of the policy whichever is greater, whereas today we only allow 60 days.
- **No Benefit to Bailee - Physical Damage Coverage**
Physical damage coverage will not be provided for the benefit of any person or organization holding, storing, or transporting property for a fee.

6. SECTION VI - DEFINITIONS

The following definitions have been added to the policy:

- "Domestic employee", "employee", "executive officer", "leased worker", "temporary worker" and "volunteer worker" are now defined to clearly identify such individuals.
- "Insured" is now defined and used throughout the policy to identify who qualifies as an insured.
- "Loss" is now defined and used to grant coverage for a loss that is direct and accidental.
- "Covered pollution cost or expense" is now defined.

The following definitions have been replaced within the policy:

- The current definition of "equipment" has been replaced with "equipment or custom furnishings" to include custom furnishings.
- The current definition of "relative" has been replaced with "family member".
- The current definition of "occurrence" has been replaced with "accident".
- The current definition of "automobile" has been replaced with "auto".

- The current definition of “road construction, maintenance and special equipment” found in the Amendment Endorsement – Mobile Equipment and Road Construction, Maintenance and Special Equipment form, 79517 (1-07) has been clarified and is now located in Section VI – Definitions, O. Mobile Equipment and is referred to as “mobile equipment”.

ENHANCEMENTS

The following enhancements apply:

- The definition of “insured contract” now includes license agreements. The definition of “insured contract” was previously amended in the Contractual Liability Amendatory Endorsement form, 89368 (3-11).
- The definition of “suit” now includes provisions for covered pollution costs or expenses and provisions for arbitration proceedings or any other alternative dispute resolution proceedings.
- The definition of “you” now includes any named insured, not just the first named insured, in addition to the spouse.

RESTRICTIONS

The following restrictions apply:

- The definition of “auto” now specifically indicates that it does not include mobile equipment.
- The definition of “insured contract” now excludes a broader group of contractual arrangements in connection with railroads.
- The definition of “trailer” has been clarified to not include non-motorized farm machinery, farm wagons, and equipment or custom furnishings. The definition now also indicates that a trailer must be designed to be connected to and towed by a power unit.

If you have questions, please contact your insurance agent.

AVAILABILITY OF RISK MANAGEMENT PLAN - FLORIDA

The Florida Tort Reform and Insurance Act of 1986 requires insurance companies to make available to commercial casualty and commercial property policyholders guidelines for risk management plans.

Risk management guidelines include the following:

A. Safety measures, including, as applicable, the following areas:

1. Accidental occurrences;
2. Fire hazards and fire prevention and detection;
3. Liability for acts from the course of business;
4. Slip and fall hazards; and
5. Product injury.

B. Training to insureds in safety management techniques.

C. Safety management counseling services.

Risk Management Plan guidelines are available at your request. If you desire this service, please contact your agent for assistance in completing the request.

NOTICE TO POLICYHOLDER

FLORIDA UNINSURED MOTORIST COVERAGE OPTIONS AVAILABLE

Dear Policyholder:

Florida law allows you to make certain choices regarding Uninsured Motorist Coverage provided under your policy. The Uninsured Motorist Coverage provided by your current policy is described in your policy's Declarations page. Your previous selection or rejection of Uninsured Motorist Coverage as reflected on your Declarations page will continue to apply to your auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits unless you request a change to your previous selection or rejection in writing. Your selection or rejection shall be conclusively presumed to be an informed, knowing acceptance of such limitations on behalf of all insureds.

This document generally describes all of the coverage options available to you. No coverage is provided by this document. Please review your policy and Declarations page for information regarding your specific coverages.

Uninsured Motorist Coverage Options

Uninsured Motorist Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death which results from any of these. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. Uninsured Motorist Coverage also extends coverage for damages caused by motor vehicle owners or operators who have Bodily Injury Liability limits lower than the amount of your damages.

You may select Uninsured Motorist Coverage in an amount equal to your limits for Bodily Injury Liability Coverage. You may also select Uninsured Motorist limits lower than your Bodily Injury Liability limits, or you may entirely reject Uninsured Motorist Coverage.

If any named insured is designated as an individual, you have the option to purchase non-stacked Uninsured Motorist Coverage at a reduced rate. If any named insured is designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a motor vehicle owned or leased by you or a family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If injury occurs while you are occupying a motor vehicle which is not owned by you or a family member who resides with you, or while you are a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one motor vehicle covered by a policy for which you are a named insured, insured family member, or insured resident of the named insured's household. If the named insured is an individual and you do not elect to purchase the non-stacked coverage, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Uninsured Motorist Coverage limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you have questions regarding your Uninsured Motorist Coverage that is reflected on your policy's Declarations page or wish to select a different option, you must contact your agent and complete the Florida Option to Reject or Modify Uninsured Motorist Coverage form 58021 (1-17).

NOTICE OF CHANGE IN POLICY TERMS AUTO SHARING PROGRAM EXCLUSION

Dear Policyholder:

A new Auto Sharing Program Exclusion endorsement is now being attached to your policy. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- Covered Autos Liability Coverage and Physical Damage Coverage is now excluded for a covered auto that is used while enrolled in an auto sharing program agreement or being used in connection with an auto sharing program.
 - The exclusion does not apply to you or a family member, if you are an individual.
 - The exclusion applies only to Covered Autos Liability Coverage to the extent that the limits of liability for this coverage exceed the minimum limits of liability required by the financial responsibility law of the state which you reside.
- Physical Damage Coverage for non-owned autos has been amended to only provide coverage to a non-owned auto while being used in connection with an auto sharing program if the named insured is an individual and the non-owned auto is being used by the named insured or family member when the provisions of the auto sharing program or state law precludes the recovery of such loss.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Auto Sharing Program Exclusion endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

NOTICE OF CHANGE IN POLICY TERMS CHANGES - OUR RIGHT TO RECOVER PAYMENTS

Dear Policyholder:

The Changes – Our Right to Recover Payments endorsement has been attached to specify that any recovery obtained during the subrogation process will be prorated between the policyholder and us in the event that we have paid a claim that is less than the agreed loss because of a deductible or other limiting provision.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Changes – Our Right to Recover Payments endorsement carefully. If you have questions, please contact your insurance agent.

POLICYHOLDER NOTICE USE OF MEDICAL FEE SCHEDULE FOR PERSONAL INJURY PROTECTION CLAIMS

We will limit reimbursement of medical expenses under Personal Injury Protection coverage to 80 percent of the following schedule of maximum charges specified in the Florida Motor Vehicle No-Fault Law, section 627.736, Florida Statutes:

- a. For emergency transport and treatment by providers licensed under chapter 401, Florida Statutes, 200 percent of Medicare.
- b. For emergency services and care provided by a hospital licensed under chapter 395, Florida Statutes, 75 percent of the hospital's usual and customary charges.
- c. For emergency services and care as defined by s. 395.002, Florida Statutes, provided in a facility licensed under chapter 395, Florida Statutes, rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
- d. For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e. For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f. For all other medical services, supplies, and care, 200 percent of the allowable amount under:
 1. The participating physicians fee schedule of Medicare Part B, except as provided in 2. and 3. below.
 2. Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
 3. The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in f. above, we will limit reimbursement to 80 percent of the maximum reimbursable allowance under workers' compensation, as determined under s. 440.13, Florida Statutes, and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers' compensation will not be reimbursed by us.

For purposes of the above, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the service year in which the services, supplies, or care is rendered and for the area in which such services, supplies, or care is rendered, and the applicable fee schedule or payment limitation applies to services, supplies, or care rendered during that service year notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it will not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B. The term "service year" means the period from March 1 through the end of February of the following year.

If you have elected Extended Personal Injury Protection, as shown in the Declarations, we will limit reimbursement for medical benefits to 100 percent of the schedule of maximum charges set forth by the above described fee schedule for the named insured and resident family members and 80 percent of the schedule of maximum charges set forth by the above described fee schedule for persons other than the named insured or resident family members.

We shall use the Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies or care.

Your policy contains the terms and conditions of this coverage. Should you have any questions about this or other issues related to your policy, please contact your agent for assistance.

OPTION TO MODIFY PERSONAL INJURY PROTECTION BENEFITS

For Personal Injury Protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident family members. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident family members are employed, since lost wages will not be payable in the event of an accident.

If this is an existing or renewal policy, the option you previously selected for Personal Injury Protection will continue to apply, unless you make a different selection below.

Please review carefully and indicate your selection(s) under one of the following options, if desired:

Option 1:

Standard Personal Injury Protection Benefits

<u>Total Aggregate Limit for all Personal</u>	<u>Limit Per Person</u>
Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	80% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	60% of wage loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Death Benefits	\$5,000

Select deductible of No deductible \$250 \$500 \$1,000 to apply to Personal Injury Protection Benefits for:

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Exclude loss of gross income and loss of earning capacity ("lost wages")

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Option 2:

Extended Personal Injury Protection Benefits

<u>Total Aggregate Limit for all Personal</u>	<u>Limit Per Person</u>
Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	100% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	80% of wage loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Death Benefits	\$5,000

Select Extended Personal Injury Protection Coverage. **No deductible options are available.**

Exclude loss of gross income and loss of earning capacity ("loss wages"). **Excluded "loss wages" must apply to named insured and all dependent resident family members.**

Signature

Date

Policy Number: 49-635-664-07

Agency: 22-0447-00 HALL INSURANCE

NOTICE OF CHANGE IN POLICY TERMS FLORIDA CHANGES

Dear Policyholder:

The Florida Mediation of Personal Injury and Property Damage Claims and Florida Amendment of Deductible – Glass have been combined and is now titled Florida Changes. Additional changes have been made. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- The following changes have been made to defined terms, which are defined in the Commercial Auto Policy, 58001 (1-15):
 - "Automobile" has been changed to "auto" and now specifically indicates that it does not include mobile equipment.
 - "Loss" is now a defined term.
 - "Insured" is now a defined term.
 - "Equipment or custom furnishings" is now a defined term.
- The Supplementary Payments provision has been revised to indicate that in addition to our Limit of Insurance for Covered Autos Liability Coverage, we will also pay all costs we incur in the settlement of any claim or defense of any suit we defend. However, such costs shall not include attorneys' fees or attorneys' expenses taxed against the insured unless the attorneys' fees or attorneys' expenses were taxed against the insured as a result of our rejection of an offer of judgment at or below the applicable limit of insurance while providing a defense for that insured.
- The term "personal injury" has been replaced with "bodily injury".
- A written request for mediation must be filed with the Florida Department of Financial Services on an approved form.
- Mediation may also be requested in a claim filed by an insured for loss to a covered auto or its equipment or custom furnishings.
- The Appraisal for Physical Damage Loss Condition has been revised to indicate that upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute. The mediation must be completed before a demand for appraisal can be made.
- The Other Insurance Condition has been revised to indicate that the lessor's policy is excess if the contract indicates that the lessee's policy is primary.
- Your policy now has an express requirement that your vehicle be licensed or garaged in Florida for coverage to apply.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Florida Changes endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

NOTICE OF CHANGE IN POLICY TERMS FLORIDA - PERSONAL INJURY PROTECTION

Dear Policyholder:

The Florida No-Fault/Personal Injury Protection (PIP) Endorsement has been revised and is now titled Florida – Personal Injury Protection endorsement. Extended - Personal Injury Protection Coverage is now contained in a separate endorsement. Additional changes have been made. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- Insured motor vehicle is no longer a defined term.
- Service year and pedestrian are now defined terms.
- The Medicare fee schedule runs from March 1 through the end of February of the following year.
- We shall use the Medicare coding policies and payment methodologies for the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies or care.
- Anyone other than the named insured or family member must have the named insured's consent while occupying a covered motor vehicle to be an insured.
- The Limit of Liability section is now titled Limit of Insurance and has been clarified to indicate that we will not make duplicate payments to or for the benefit of the injured person and any amount under this coverage for Medical Benefits shall be limited by the medical fee schedule as provided by this policy.
- The Suit Against Us Condition and provisions from the Notice Condition have been combined into a Legal Action Against Us Condition and it has been clarified to indicate when legal action cannot be brought against us.
- A new Who Is An Insured provision has been added to identify who is considered an insured for Personal Injury Protection.
- The Special Provision for Rented or Leased Vehicles Condition has been added to the policy to clarify the coverage available for rented or leased motor vehicles.
- The Mediation Condition has been added to clarify when mediation can occur.
- The Medical Reports; Proof of Claim; Rehabilitation Notice Condition is now titled Medical Reports and Examinations; Payment of Claim Withheld and has been revised to clarify that benefits will be withheld whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony.
- The Fraud Condition has been replaced with the Concealment, Misrepresentation or Fraud Condition.
- The Policy Period; Territory Condition is now titled Policy Term and Territory.
- The Other Insurance Condition is now titled Modification of Policy Coverages.
- The Dispute Between an Injured Person and Us Condition and Personal Injury Protection Log Condition have been combined and is now titled Insured's Right to Personal Injury Protection Information.
- The Notice and Examination Under Oath Conditions have been combined and is now titled Duties in the Event of Accident, Claim, Suit or Loss.
- The Partial Payment or Rejection of Claim Condition and provisions from the Fraud Condition have been combined into the Payment of Benefits Condition and has been revised to clarify that Personal Injury Protection benefits payable may be overdue if they are not paid within 30 days.
- The Our Right to Recover Payments Condition has been amended to clarify when we have the right to recover benefits.
- Your policy now has an express requirement that your vehicle be licensed or principally garaged in Florida for coverage to apply.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Florida – Personal Injury Protection endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

NOTICE OF CHANGE IN POLICY TERMS FLORIDA - POLICY CANCELLATION AND NONRENEWAL

Dear Policyholder:

The Florida – Policy Cancellation and Nonrenewal endorsement has been revised. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- Only the first Named Insured is able to cancel the policy and they may do this at any time.
- During the first 60 days of the policy being in effect the first Named Insured may cancel the policy if the first Named Insured has purchased another policy to replace this policy, the covered auto has been totally destroyed or ownership of the covered auto has been transferred to another person or corporation.
- The following changes have been made to defined terms which are defined in the Commercial Auto Policy, 58001 (1-15):
 - "Automobile" has been changed to "auto" and now specifically indicates that it does not include mobile equipment.
 - "You" now includes any named insured, not just the first named insured, in addition to the spouse.
- The cancellation provisions have been clarified to indicate that we will not cancel for nonpayment of premium during the first 60 days the policy is in effect, unless a check for payment of premium issued to us by you or on your behalf is dishonored.
- If we or the first Named Insured cancels this policy, we shall mail any unearned premium to the first Named Insured.
- If we nonrenew this policy, we will mail or deliver written notice to the first Named Insured.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Florida – Policy Cancellation and Nonrenewal endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

NOTICE OF CHANGE IN POLICY TERMS EXCLUSION OF INJURY TO FAMILY MEMBERS

Dear Policyholder:

The Exclusion of Injury to Family Members endorsement has been revised. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- These defined terms, as used in the Exclusion of Injury to Family Members endorsement and found in the Commercial Auto Policy, 58001 (1-15), have been changed as follows:
 - “You” now includes any named insured, not just the first Named Insured, in addition to the spouse.
 - “Relative” has been changed to “family member”.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Exclusion of Injury to Family Members endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

NOTICE OF CHANGE IN POLICY TERMS NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)

Dear Policyholder:

The nuclear and atomic energy liability exclusions previously found in the Automobile Policy are now contained in a new form titled Nuclear Energy Liability Exclusion Endorsement (Broad Form). Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- Additional types of nuclear energy and atomic energy are now excluded for liability and medical payments coverage.
- The following are now defined terms, “hazardous properties”, “nuclear material”, “special nuclear material”, “by-product material”, “spent fuel”, “waste”, “nuclear reactor”, “source material”, “waste”, “nuclear facility” and “property damage”.
- “Insured” is now a defined term, as used in the Nuclear Energy Liability Exclusion Endorsement (Broad Form) and found in the Commercial Auto Policy, 58001 (1-15).

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Nuclear Energy Liability Exclusion Endorsement (Broad Form) and Declarations carefully. If you have questions, please contact your insurance agent.

Florida
POLICYHOLDER INFORMATION AND ASSISTANCE

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Tallahassee Regional Office for information and assistance by calling 850-216-3180.

Auto-Owners Insurance Company
Owners Insurance Company
Southern-Owners Insurance Company

NOTICE OF CHANGE IN POLICY TERMS FLORIDA - AUTO MEDICAL PAYMENTS COVERAGE

Dear Policyholder:

The Florida - Auto Medical Payments Coverage endorsement has been revised. Please take time to read through the form to understand the coverages and conditions contained within.

A summary of the changes are as follows:

- It has been clarified that the maximum amount of coverage available for bodily injury while not occupying an auto will be the single highest limit of insurance applying to an auto.
- Service year is now a defined term and it has been clarified that the Medicare fee schedule used in Personal Injury Protection Insurance runs from March 1 through the end of February of the following year.
- These defined terms, as used in the Florida - Auto Medical Payments Coverage endorsement and found in the Commercial Auto Policy, 58001 (1-15), have been changed as follows:
 - "Automobile" has been changed to "auto" and now specifically indicates that it does not include mobile equipment.
 - "Occurrence" has been changed to "accident".
 - "Insured" is now a defined term.
 - "Relative" has been changed to "family member".
- "Occupying" is now a defined term.
- The "Limit of Liability" section is now "Limit of Insurance" and now specifically indicates that the Limit of Insurance will not be increased because of the number of covered autos, insureds, premiums paid, claims made or suits brought, persons injured or vehicles involved in the accident.
- A new Who Is An Insured Provision has been added to identify who is considered an insured for Medical Payments Coverage, which will now include anyone occupying a covered auto. Additionally, if you are an individual and a covered auto is a private passenger auto then you and any family member, who does not own an auto (that is not a trailer) unless shown in the Declarations are insureds when struck by or while occupying an auto not owned by, furnished or available for regular use by you or anyone living with you.
- The Fraud Condition has been revised to clarify that all claims denied for suspected fraudulent insurance acts shall be reported to the Division of Investigative and Forensic Services.
- The Examination Under Oath Condition has been revised to clarify that compliance with the examination under oath requirement is a condition precedent to receiving benefits.

Coverage Enhancements

- The limit for funeral service expenses has been increased to \$5,000. Funeral service expenses must be incurred within three years of the accident resulting in death and reported to us within one year of the funeral.
- Coverage is provided to newly acquired autos until the end of the policy term or 30 days from the date the auto is acquired if the policy is renewed, whichever is longer, when such auto is reported to us within this time.
- Medical Payments Coverage resulting from an expected or intended act is now only excluded when it is expected or intended from the standpoint of the insured.

- It has been clarified that Medical Payments Coverage resulting from the transportation of goods is not excluded.
- The definition of "you" as used in the Florida - Auto Medical Payments Coverage endorsement and found in the Commercial Auto Policy, 58001 (1-15) now includes any named insured, not just the first Named Insured, in addition to the spouse.

Restrictions of Coverage

- We shall use the Medicare coding policies and payment methodologies for the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies or care.
- Medical Payments Coverage resulting from a person working in a business of storing, delivering or testing autos is now excluded, unless such business is yours.
- Medical Payments Coverage resulting from participating in prearranged high speed driving or prearranged competitive driving is now excluded.
- Medical Payments Coverage for additional types of actions and conflicts resulting in war is now excluded.
- Medical Payments Coverage resulting from bodily injury while occupying or struck by a covered auto that is enrolled in an auto sharing program agreement or being used in connection with an auto sharing program is now excluded. However, the exclusion does not apply to you or a family member, if you are an individual.
- Medical Payments Coverage resulting from any obligation for which the insured or the insured's insurer may be held liable under any workers compensation, disability benefits or unemployment compensation law or any similar law is now excluded.
- The definition of "trailer" as defined in the Commercial Auto Policy, 58001 (1-15) has been clarified to not include non-motorized farm machinery, farm wagons, and equipment of custom furnishings. The definition now also indicates that a trailer must be connected to and towed by a power unit.

This notice is for informational purposes only. Your policy contains the specific terms and conditions of coverage. Please review the enclosed Florida - Auto Medical Payments Coverage endorsement and Declarations carefully. If you have questions, please contact your insurance agent.

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054 (850) 234-2434

ITEM ONE

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

ADDRESS 13510 HUTCHISON BLVD # A
PANAMA CITY BEACH FL 32407-3174

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 10-20-2018

POLICY NUMBER 49-635-664-07

Company Use 78-02-FL-1310

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
to	
10-20-2018	10-20-2019

Entity: Municipality

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

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 Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		7, 8, 9, 19	\$500,000 each accident	\$42,168.86
Uninsured Motorist Coverage				No Coverage
Personal Injury Protection		7	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$3,717.83
Medical Payments		7	\$5,000 each person	\$699.92
Physical Damage	Comprehensive	7	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$3,175.88
	Collision	7	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$13,169.48
	Road Trouble Service	7	See ITEM THREE for the limit applicable for each covered auto.	\$2.00
	Additional Expense			No Coverage
Premium for Endorsements				
ESTIMATED TOTAL PREMIUM*				\$62,933.97

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054Company POLICY NUMBER
Bill Company Use 49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58001 (01-15) 58800 (04-18) 58000 (01-15) 58200 (01-15) 58550 (01-17) 58706 (01-17)
58524 (01-15) 58555 (01-16) 58558 (03-16)

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

- | | |
|---|---|
| 1 = Any Auto | 6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law |
| 2 = Owned Autos Only | 7 = Scheduled Autos Only |
| 3 = Owned Private Passenger Autos Only | 8 = Hired Autos Only |
| 4 = Owned Autos Other Than Private Passenger Autos Only | 9 = Non-owned Autos Only |
| 5 = Owned Autos Subject to No-fault | 19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only |

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054 (850) 234-2434

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

ADDRESS 13510 HUTCHISON BLVD # A
PANAMA CITY BEACH FL 32407-3174**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 10-20-2018

POLICY NUMBER 49-635-664-07

Company Use 78-02-FL-1310

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
to	
10-20-2018	10-20-2019

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

	TERRITORY	CLASS
Hired Autos	020 Palm Beach County, FL	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$72.23
TOTAL		\$72.23

ITEM DETAILS: Estimated cost of hire - liability \$ If Any (Subject to audit)
Rate Effective Date 06-08-2018

150 0887

	TERRITORY	CLASS
Non-Owned Autos Liability	020 Palm Beach County, FL	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$36.41
TOTAL		\$36.41

Rate Effective Date 06-08-2018

150 0887

	TERRITORY
1. 2009 FORD ECONOLINE E250 VIN: 1FDXE45S19DA06490	020 Palm Beach County, FL

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,453.87
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	89.88
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	17.54
Comprehensive	ACV - \$ 500 deductible	67.32
Collision	ACV - \$ 500 deductible	237.12
TOTAL		\$1,865.73

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto is principally used for business duties by a 44 year old operator.
This vehicle rated on a cost new of \$26,001.00, Cost Symbol: 12-5B-12-5B-60.
5% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
20% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

TERRITORY CLASS

2. 2014 TOYT CAMRY L/SE/LE/XLE VIN: 4T1BF1FK0EU413358	020 Palm Beach County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,131.92
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	119.92
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	19.18
Comprehensive	ACV - \$ 500 deductible	89.33
Collision	ACV - \$ 500 deductible	359.32
TOTAL		\$1,719.67

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 25 year old married male operator.
 This vehicle rated on a cost new of \$22,001.00, Cost Symbol: 25-3A-30-7A-03.
 10% Anti-Theft Device Discount applies to Comprehensive premium.
 Vehicle Count Factor Applies.
 5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
 Multi-Car Discount applies.
 35% Air Bag Discount applies to PIP and/or MP premiums.
 Rate Effective Date 06-08-2018

150 0887

3. 2014 TOYT CAMRY L/SE/LE/XLE VIN: 4T1BF1FK4EU829493	020 Palm Beach County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$890.46
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	74.86
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	17.07
Comprehensive	ACV - \$ 500 deductible	64.59
Collision	ACV - \$ 500 deductible	283.41
TOTAL		\$1,330.39

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 63 year old operator.
 This vehicle rated on a cost new of \$22,001.00, Cost Symbol: 25-3A-30-7A-03.
 10% Anti-Theft Device Discount applies to Comprehensive premium.
 Vehicle Count Factor Applies.
 5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
 Multi-Car Discount applies.
 35% Air Bag Discount applies to PIP and/or MP premiums.
 Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
4. 2014 TOYT CAMRY L/SE/LE/XLE VIN: 4T1BF1FK6EU426518		
	020	
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,051.43
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	91.01
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.48
Collision	ACV - \$ 500 deductible	74.90
	ACV - \$ 500 deductible	317.91
	TOTAL	\$1,555.73

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 51 year old operator.
 This vehicle rated on a cost new of \$22,001.00, Cost Symbol: 25-3A-30-7A-03.
 10% Anti-Theft Device Discount applies to Comprehensive premium.
 Vehicle Count Factor Applies.
 5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
 Multi-Car Discount applies.
 35% Air Bag Discount applies to PIP and/or MP premiums.
 Rate Effective Date 06-08-2018

150 0887

5. 2014 TOYT RAV4 XLE VIN: JTMWFREV9ED03647		
	020	
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,074.43
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	68.10
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	14.10
Collision	ACV - \$ 500 deductible	77.61
	ACV - \$ 500 deductible	280.69
	TOTAL	\$1,514.93

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0263868526

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 50 year old operator.
 Cost Symbol: 20-7B-21-6B-60.
 10% Anti-Theft Device Discount applies to Comprehensive premium.
 Vehicle Count Factor Applies.
 5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
 Multi-Car Discount applies.
 35% Air Bag Discount applies to PIP and/or MP premiums.
 Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

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Company
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POLICY NUMBER
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78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
6. 1991 TOYT MR2 W-SPORT ROOF VIN: JT2SW21N1M0013335		
	020	
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$993.63
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	104.76
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	16.48
Collision	ACV - \$ 500 deductible	29.67
	ACV - \$ 500 deductible	82.75
	TOTAL	\$1,227.29

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 44 year old operator.
 This vehicle rated on a cost new of \$17,501.00, Cost Symbol: 11-00-11-00-50.
 5% Anti-Theft Device Discount applies to Comprehensive premium.
 Vehicle Count Factor Applies.
 Multi-Car Discount applies.
 20% Air Bag Discount applies to PIP and/or MP premiums.
 Rate Effective Date 06-08-2018

150 0887

7. 2014 HAULMARK EDGE VIN: 575GB3239EG266147		
	020	SERV4CA
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$401.10
Comprehensive	ACV - \$ 500 deductible	62.17
Collision	ACV - \$ 500 deductible	184.04
	TOTAL	\$647.31

Interested Parties: None

ITEM DETAILS: Radius of operation - within a 100 mile radius.
 USE CLASS (00761): NOC Political Subdivision.
 Vehicle Count Factor Applies.
 Rate Effective Date 06-08-2018

150 0026000 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
BillPOLICY NUMBER
Company Use49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
8. 2016 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK2GU163558	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$918.64
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	81.66
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	17.83
Collision	ACV - \$ 500 deductible	68.17
	ACV - \$ 500 deductible	303.05
	TOTAL	\$1,389.35

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0295743457

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 56 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

9. 2016 TOYT RAV4 XLE VIN: 2T3WFREV2GW248063	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,076.46
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	69.33
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	13.81
Collision	ACV - \$ 500 deductible	80.92
	ACV - \$ 500 deductible	304.23
	TOTAL	\$1,544.75

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0300129964

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 49 year old operator.

Cost Symbol: 21-9B-21-9B-60.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER 49-635-664-07
Bill Company Use 78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
10. 2016 TEXAS TRAILER VIN: 4T9BU142XGG035718	020 Palm Beach County, FL	SERV4CA

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$292.21
Comprehensive	ACV - \$ 500 deductible	17.03
Collision	ACV - \$ 500 deductible	26.35
TOTAL		\$335.59

Interested Parties: None

ITEM DETAILS: Radius of operation - within a 100 mile radius.
This item is a Service/Utility trailer.
USE CLASS (00761): NOC Political Subdivision.
Vehicle Count Factor Applies.
Rate Effective Date 06-08-2018

150 0002000 0887

11. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU317626	020 Palm Beach County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,054.82
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	119.07
Medical Payments	\$ 5,000 each person	18.59
Comprehensive	ACV - \$ 500 deductible	88.14
Collision	ACV - \$ 500 deductible	356.52
TOTAL		\$1,637.14

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754424

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 29 year old married female operator.
Cost Symbol: 24-00-27-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER
Bill Company Use 49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
12. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK3HU307393	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,088.29
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	95.26
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	20.32
Comprehensive	ACV - \$ 500 deductible	77.12
Collision	ACV - \$ 500 deductible	349.39
	TOTAL	\$1,630.38

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 48 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

13. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK1HU276063	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,021.34
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	91.01
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	19.85
Comprehensive	ACV - \$ 500 deductible	75.05
Collision	ACV - \$ 500 deductible	328.00
	TOTAL	\$1,535.25

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754383

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 51 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER
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78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
14. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK9HU623929	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,054.82
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	122.47
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.16
Collision	ACV - \$ 500 deductible	88.14
	ACV - \$ 500 deductible	356.52
	TOTAL	\$1,642.11

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754440

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 27 year old married female operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

15. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK3HU633212	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,132.94
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	114.82
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.00
Collision	ACV - \$ 500 deductible	86.07
	ACV - \$ 500 deductible	377.91
	TOTAL	\$1,731.74

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754408

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 34 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00

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Company
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POLICY NUMBER
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49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
16. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU318355	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,110.61
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	116.52
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	19.37
Collision	ACV - \$ 500 deductible	87.45
	ACV - \$ 500 deductible	367.21
	TOTAL	\$1,701.16

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754375

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 32 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

17. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK0HU641154	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,222.21
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	105.47
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	83.32
	ACV - \$ 500 deductible	374.34
	TOTAL	\$1,805.66

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754416

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 41 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

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Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
18. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK0HU276202	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,065.98
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	118.22
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	18.74
Collision	ACV - \$ 500 deductible	88.14
	ACV - \$ 500 deductible	356.52
	TOTAL	\$1,647.60

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754432

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 30 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

19. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK9HU620805	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,099.46
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	119.92
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	18.59
Collision	ACV - \$ 500 deductible	89.52
	ACV - \$ 500 deductible	370.78
	TOTAL	\$1,698.27

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0316754391

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 25 year old married male operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
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NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
20. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK8HU280935	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,155.26
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	113.97
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.16
Collision	ACV - \$ 500 deductible	85.39
	ACV - \$ 500 deductible	385.04
	TOTAL	\$1,759.82

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817, Loan: 0317334845

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 35 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

21. 2017 ACUR RLX TECH VIN: JH4KC1F50HC000341	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$865.10
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	67.94
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	14.32
Collision	ACV - \$ 500 deductible	131.16
	ACV - \$ 500 deductible	401.09
	TOTAL	\$1,479.61

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 59 year old operator.

Cost Symbol: 55-00-56-1A-02.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER 49-635-664-07
Bill Company Use 78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
22. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK8HU363894	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,211.06
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	102.92
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	82.63
	ACV - \$ 500 deductible	370.78
	TOTAL	\$1,787.71

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 42 year old operator.
Cost Symbol: 24-00-27-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

23. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK9HU362477	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,065.98
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	118.22
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	18.74
Collision	ACV - \$ 500 deductible	88.14
	ACV - \$ 500 deductible	356.52
	TOTAL	\$1,647.60

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 30 year old operator.
Cost Symbol: 24-00-27-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER 49-635-664-07
Bill Company Use 78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
24. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU796372	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,144.10
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	99.52
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	79.19
	ACV - \$ 500 deductible	360.08
	TOTAL	\$1,703.21

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 45 year old operator.
Cost Symbol: 24-00-27-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

25. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK7HU806830	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,222.21
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	106.32
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	83.32
	ACV - \$ 500 deductible	377.91
	TOTAL	\$1,810.08

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 40 year old operator.
Cost Symbol: 24-00-27-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
26. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK1HU436023	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,121.78
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	97.82
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	78.50
	ACV - \$ 500 deductible	<u>356.52</u>
	TOTAL	\$1,674.94

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 46 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

27. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK4HU807515	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$865.10
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	76.56
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	16.85
Collision	ACV - \$ 500 deductible	66.10
	ACV - \$ 500 deductible	<u>292.35</u>
	TOTAL	\$1,316.96

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 60 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
BillPOLICY NUMBER
Company Use49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
28. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK4HU376786	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,065.98
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	118.22
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	18.74
Collision	ACV - \$ 500 deductible	88.14
	ACV - \$ 500 deductible	356.52
	TOTAL	\$1,647.60

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 30 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

29. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU799143	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,222.21
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	108.02
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	84.01
	ACV - \$ 500 deductible	377.91
	TOTAL	\$1,812.47

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 39 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
30. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU441573	020 Palm Beach County, FL	

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,088.29
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	62.11
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	15.12
Comprehensive	ACV - \$ 500 deductible	48.88
Collision	ACV - \$ 500 deductible	342.26
TOTAL		\$1,556.66

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 78 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

31. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK7HU766605	020 Palm Beach County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,211.06
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	102.92
Medical Payments	Death Benefits - \$5,000 each person \$ 5,000 each person	20.32
Comprehensive	ACV - \$ 500 deductible	82.63
Collision	ACV - \$ 500 deductible	370.78
TOTAL		\$1,787.71

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 42 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
32. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK8HU450193	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,177.58
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	100.37
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	80.56
	ACV - \$ 500 deductible	367.21
	TOTAL	\$1,746.04

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 44 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

33. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK6HU376045	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,177.58
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	100.37
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	80.56
	ACV - \$ 500 deductible	367.21
	TOTAL	\$1,746.04

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 44 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
34. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK8HU802835		
	020	
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,211.06
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	109.72
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	20.32
Collision	ACV - \$ 500 deductible	84.70
	ACV - \$ 500 deductible	381.47
	TOTAL	\$1,807.27

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 38 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

35. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK7HU442263		
	020	
	Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,121.78
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	115.67
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	19.69
Collision	ACV - \$ 500 deductible	86.76
	ACV - \$ 500 deductible	374.34
	TOTAL	\$1,718.24

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 33 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER
Bill Company Use 49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
36. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK5HU806759	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$954.37
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	84.21
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	18.59
Collision	ACV - \$ 500 deductible	72.30
	ACV - \$ 500 deductible	313.74
	TOTAL	\$1,443.21

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 54 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

37. 2017 TOYT CAMRY LE/XLE/SE/XSE VIN: 4T1BF1FK8HU797622	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,110.61
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	116.52
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	19.37
Collision	ACV - \$ 500 deductible	87.45
	ACV - \$ 500 deductible	367.21
	TOTAL	\$1,701.16

Interested Parties:

Lessor (Additional Insured and Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58591 (04-15)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 32 year old operator.

Cost Symbol: 24-00-27-3A-03.

10% Anti-Theft Device Discount applies to Comprehensive premium.

Vehicle Count Factor Applies.

5% ABS Discount applies to BI, PD, Coll, and PIP premiums.

Multi-Car Discount applies.

35% Air Bag Discount applies to PIP and/or MP premiums.

Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER
Bill Company Use 49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
38. 2018 TOYT CAMRY L/LE/XLE/SE/XSE VIN: 4T1B11HK6JU061991	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$867.69
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	79.11
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	16.83
Collision	ACV - \$ 500 deductible	68.48
	ACV - \$ 500 deductible	301.80
	TOTAL	\$1,333.91

Interested Parties:

Lienholder (Loss Payee): VT INC TRUSTEE OF WORLD OMNI, PO BOX 91326, MOBILE, AL 36691-1326

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17) 58903 (10-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 58 year old operator.
This vehicle rated on a cost new of \$22,001.00, Cost Symbol: 26-1A-28-3A-03.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

39. 2018 TOYT SEQUOIA SPT Utility LTD VIN: 5TDKY5G17JS070185	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$1,210.16
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	70.02
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	12.30
Collision	ACV - \$ 500 deductible	101.13
	ACV - \$ 500 deductible	336.48
	TOTAL	\$1,730.09

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 41 year old operator.
This vehicle rated on a cost new of \$50,001.00, Cost Symbol: 33-NB-22-8D-64.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

AUTO-OWNERS INS. CO.

AGENCY HALL INSURANCE
22-0447-00

MKT TERR 054

Company
Bill

POLICY NUMBER
Company Use

49-635-664-07
78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

	TERRITORY	CLASS
40. 2018 MERZ E 300 VIN: WDDZF4JB7JA482934	020 Palm Beach County, FL	
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$ 500,000 each accident	\$856.64
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	65.02
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 5,000 each person	13.90
Collision	ACV - \$ 500 deductible	121.19
Road Trouble Service	ACV - \$ 500 deductible	396.20
	\$ 75 each occurrence	2.00
	TOTAL	\$1,454.95

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58428 (01-17)

ITEM DETAILS: Auto driven to work or school more than 3 miles but less than 15 miles by a 63 year old operator.
This vehicle rated on a cost new of \$50,001.00, Cost Symbol: 51-3B-56-2A-02.
10% Anti-Theft Device Discount applies to Comprehensive premium.
Vehicle Count Factor Applies.
5% ABS Discount applies to BI, PD, Coll, and PIP premiums.
Multi-Car Discount applies.
35% Air Bag Discount applies to PIP and/or MP premiums.
Rate Effective Date 06-08-2018

150 0887

	TERM
ESTIMATED TOTAL PREMIUM	\$62,933.97
PAID IN FULL DISCOUNT	<u>-7,305.74</u>
ESTIMATED TOTAL PREMIUM IF PAID IN FULL	\$55,628.23

The Paid In Full Discount does not apply to fixed fees or statutory charges.

A 10% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb()
Comm Prop/Comm Liab(X) WC() Life() Personal() Farm().
Experience Rating Factor of 0.75 Applies.

00887
01000

Countersigned By: HALL INSURANCE

Auto-Owners

58974 (1-17)
Issued 09-07-2018

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054 (850) 234-2434

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

ADDRESS 13510 HUTCHISON BLVD # A
PANAMA CITY BEACH FL 32407-3174

COMMERCIAL AUTO POLICY DECLARATIONS STANDARD PROGRAM

Renewal Effective 10-20-2018

POLICY NUMBER 49-635-664-07

Company Use 78-02-FL-1310

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
to	
10-20-2018	10-20-2019

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

000099 / 000094

Scheduled Drivers List

Listed below are drivers currently scheduled on this policy. Please compare the list with your current records and contact your agent with any changes that need to be made. We will update the list accordingly for the next renewal.

Name: Last	First	Age	Date of Birth MM-DD-CCYY	State
FITZROY	ANTHONY	33	04-05-1985	FL
WRIGHT	BRIAN	* 46	05-12-1972	MT
NELSON	FERNANDA	* 39	01-15-1979	FL
JACKSON	JASON	40	11-10-1977	FL
JOYCE	JOAN	* 78	08-18-1940	FL
MCCORMACK	JOHN	51	06-28-1967	FL
MCCORMACK	KATRINA	51	11-17-1966	FL
WRIGHT	LAURA	* 44	04-28-1974	MT
DAWSON	MELISSA	49	09-26-1969	FL
BAKER	PATRICK	* 51	08-01-1967	FL
HARRIOTT	ROGER	* 42	09-11-1976	FL
HARRIOTT	MARISA	41	06-12-1977	FL
SANTASOFIA	ROBERTO	38	04-02-1980	FL
AIKAWA	JULIANNA	38	09-24-1980	FL
CALEY	GRACE	33	09-20-1985	OH
JAY	KELLIE	* 42	02-18-1976	FL
CURRY	MICHAEL	* 50	08-22-1968	GA
LAING	ROBERT	* 60	03-05-1958	NC
SNOW	ERIC	* 45	04-24-1973	TX
PARTRIDGE	CHARLES	44	12-07-1973	WI
MILLER	BART	33	05-06-1985	FL
KELLY	JOHN	* 63	01-05-1955	SC
AMSHOFF	CHARLES	* 48	07-17-1970	KY
NELSON	ETHAN	42	10-22-1975	FL
RAMOS	CARLOS	32	09-03-1986	FL
PHIPPS	ALLAN	* 44	08-27-1974	FL
DAWSON	MELISSA	49	09-26-1969	FL
CLARK	STEPHANIE	48	02-23-1970	KS
SANZ	JORGE	* 35	07-13-1983	FL

AUTO-OWNERS INS. CO.

58974 (1-17)
Issued 09-07-2018

AGENCY HALL INSURANCE
22-0447-00 MKT TERR 054

Company POLICY NUMBER 49-635-664-07
Bill Company Use 78-02-FL-1310

NAMED INSURED FLORIDA ATLANTIC UNIVERSITY

Term 10-20-2018 to 10-20-2019

Name: Last	First		Age	Date of Birth MM-DD-CCYY	State
ALEXANDER	KACHINE	*	29	02-28-1989	ND
NELSON	JUDITH		68	07-24-1950	SD
HUDSON	KEYNODO	*	40	09-06-1978	FL
WEIS	CHARLES	*	25	04-29-1993	AL
JORDAN	ABIGAIL	*	72	09-08-1946	MD
WORTHEN	JOSEPH		38	12-03-1979	SC
HARRELL	GARY		46	01-23-1972	FL
TRICKETT	CLINTON		27	03-19-1991	FL
KIFFIN	MONTE		43	05-09-1975	CA
JABIR	JAMES	*	56	08-12-1962	OH
THOMAS	DESMA	*	44	07-04-1974	FL
NIAS	DANITA	*	59	04-22-1959	FL
PRIMM	TERRY	*	44	10-04-1974	SC
JOHNSON	ARIANNE		28	02-10-1990	MN
MAMULA	GREGORY		42	12-12-1975	FL
KOPP	DAVID	*	32	10-22-1985	FL
WHITT	TROY	*	54	11-02-1963	FL
QUEEN	TITUS	*	38	01-17-1980	FL
WEIS	CHARLES	*	25	04-29-1993	GA
FAIRMAN	JARON	*	33	11-12-1984	CA
BATTLE	BRIAN	*	49	02-23-1969	FL
BATTLE	ABIGAIL	*	39	02-07-1979	FL
PECORARO	ANTHONY	*	41	09-10-1977	MS
CHURCH	KYLE	*	30	07-20-1988	FL
GREENFELD	ELYSE	*	58	10-05-1960	FL
PETTIT	COLLEEN		53	04-18-1965	FL
VANDER HORST	JOEL		34	12-04-1983	SC
MISKDEEN	AKEEM	*	32	12-04-1985	OH
MAY	DUSTY	*	41	12-30-1976	FL
PASTRANA	ERIK	*	34	12-16-1983	FL
NONTE MAY	ANNA		41	02-10-1977	FL
JACKSON	LAURA	*	27	01-17-1991	FL
HINES	ALVIN		27	01-21-1991	MO

* DRIVER ASSIGNED TO PRIVATE PASSENGER VEHICLE FOR RATING PURPOSES.

Commercial Auto Policy

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable. Subject to the provisions of General Condition 5. Changes and any audit provisions of any coverage provided, the premium shown in the Declarations is the only premium you will be asked to pay.

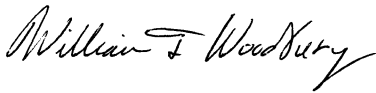
PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company, this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.



Secretary



President

QUICK REFERENCE

**THE DECLARATIONS PAGE SHOWS THE: NAMED INSURED
 SCHEDULE OF COVERED AUTOS AND COVERAGES
 LIMIT OF INSURANCE
 ENDORSEMENTS THAT APPLY TO THIS POLICY
 PREMIUM**

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COMMERCIAL AUTO POLICY

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered. Throughout this policy, words and phrases that appear in **bold face type** have special meaning. Refer to SECTION VI - DEFINITIONS. The descriptions in the headings of this policy and all applicable endorsements are solely for convenience and are not part of the terms and conditions of coverage.

SECTION I - COVERED AUTOS

A. COVERED AUTO DESIGNATION SYMBOLS

The following symbols describe the **autos** for which coverage may be provided. Symbols shown next to

the various coverages in the Declarations designate only those **autos** which shall be considered covered **autos** for each such coverage.

Symbol	Description Of Covered Auto Designation Symbols	
1	Any Auto	
2	Owned Autos Only	Only those autos you own (and for Covered Autos Liability Coverage any trailer you do not own while connected to or accidentally disconnected from a power unit you own). This includes those autos you acquire ownership of after the policy begins.
3	Owned Private Passenger Autos Only	Only private passenger autos you own (and for Covered Autos Liability Coverage any trailer while connected to or accidentally disconnected from a private passenger auto you own). This includes those private passenger autos you acquire ownership of after the policy begins.
4	Owned Autos Other Than Private Passenger Autos Only	Only those autos you own that are not private passenger autos (and for Covered Autos Liability Coverage any trailer while connected to or accidentally disconnected from a power unit, other than a private passenger auto, you own). This includes those autos that are not private passenger autos you acquire ownership of after the policy begins.
5	Owned Autos Subject To No-fault	Only those autos you own that are required by law to have no-fault benefits in the state in which they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned Autos Subject To A Compulsory Uninsured Motorist Law	Only those autos you own that are required by law of the state in which they are licensed or principally garaged to have and cannot reject Uninsured Motorist Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorist requirement.
7	Scheduled Autos Only	Only those autos scheduled in the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any trailer while connected to or accidentally disconnected from a power unit scheduled in the Declarations).
8	Hired Autos Only	Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent or borrow from any of your employees , partners (if you are a partnership), members (if you are a limited liability company), executive officers (if you are a corporation), or members of their households.
9	Non-owned Autos Only	Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees , partners (if you are a partnership), members (if you are a limited liability company), executive officers (if you are a corporation), or members of their households, but only while used in your business or your personal affairs.

Symbol	Description Of Covered Auto Designation Symbols	
19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

B. NEWLY ACQUIRED AUTOS

If Symbol 7 is entered next to a coverage in Item Two of the Declarations, then:

1. Coverage

a. An **auto you** acquire ownership of shall be a covered **auto** provided:

- (1) The date **you** acquire ownership of the **auto** is during the policy term shown in the Declarations;
- (2) No other insurance policy provides coverage for the **auto**; and
- (3) **We** already cover all other **autos you** own, that are licensed for use on public roadways, except any that are out of service because of mechanical breakdown or damage sustained in an **accident**; and

b. If such **auto you** acquire ownership of:

- (1) Replaces an **auto you** previously owned, it shall be provided only those coverages which applied to the replaced **auto**.
- (2) Is an additional **auto** (that is not a **trailer**), it shall be provided the following coverages:
 - (a) For other than physical damage coverage, it shall be provided the broadest coverages applicable to any one covered **auto** (that is not a **trailer**).
 - (b) For physical damage coverage, it shall be provided only those coverages (regardless of deductible) common to all of **your** other covered **autos**. The deductible shown in Item Two of the Declarations shall apply.
- (3) Is an additional **auto** (that is a **trailer**), it shall be provided only those physical damage coverages (regardless of deductible) common to all of **your** other covered **autos**. The deductible shown in Item Two of the Declarations shall apply.

2. Duration of Coverage

Coverage for an **auto you** acquire ownership of shall apply for the remainder of the policy term or 30 days from the date **you** acquired

ownership of the **auto** if this policy is renewed, whichever is longer.

3. Reporting

You must report all **autos you** acquire ownership of to **us** by the expiration of the policy term during which the **auto** was acquired or 30 days from the date **you** acquired the **auto** if this policy is renewed, whichever is longer.

4. Premium

You will be charged the premium for all **autos you** acquire ownership of that are provided coverage under this extension from the date **you** acquired the **autos**.

5. Option to Purchase Physical Damage Coverage

You may at any time during the first 30 days after **you** acquire ownership of the **auto**, purchase the broadest physical damage coverages applicable to any one **auto** already scheduled in the Declarations.

C. TRAILERS AND MOBILE EQUIPMENT

The Covered Autos Liability Coverage provided by this policy for an **auto** extends to:

- 1. A **trailer** that is not connected to an **auto**, provided such **trailer**:
 - a. Has a load capacity of 2,000 pounds or less; and
 - b. Is owned by or is in the care, custody or control of:
 - (1) **You**;
 - (2) A **family member**, if **you** are an individual, who owns an **auto** (that is not a **trailer**) scheduled in the Declarations for Covered Autos Liability Coverage or who only owns a **trailer**; or
 - (3) Any other individual or organization who owns an **auto** (that is not a **trailer**) scheduled in the Declarations for Covered Autos Liability Coverage.

Coverage only applies for the ownership or use of the **trailer** by the individuals or organizations described in (1), (2) and (3) immediately above.

- 2. A **trailer** that is connected to an **auto** (that is not a **trailer**) to which Covered Autos Liability Coverage provided by this policy does not apply, provided such **trailer**:

- a. Has a load capacity of 2,000 pounds or less; and

- b. Is owned by:
- (1) **You**;
 - (2) A **family member**, if **you** are an individual, who owns an **auto** (that is not a **trailer**) scheduled in the Declarations for Covered Autos Liability Coverage or who only owns a **trailer**; or
 - (3) Any other individual or organization who owns an **auto** (that is not a **trailer**) scheduled in the Declarations for Covered Autos Liability Coverage.

Coverage only applies for the ownership of the **trailer** arising from the use of the **trailer** by an individual or organization other than the **trailer** owner. No coverage applies to the owner or operator of the **auto** (that is not a **trailer**) to which the **trailer** is connected.

3. **Mobile equipment** while being carried or towed by a covered **auto**.
4. Non-motorized farm machinery or farm wagons while connected to or accidentally disconnected from such covered **auto**.

D. TEMPORARY SUBSTITUTE AUTOS

Any **auto you** do not own while used with the permission of its owner as a temporary substitute for a covered **auto you** own that is out of service because of its:

1. Breakdown;
2. Repair;
3. Servicing;
4. **Loss**; or
5. Destruction

shall be provided only those coverages which apply to such covered **auto** that is out of service.

E. HIRED AUTOS

Any leased, hired, rented or borrowed **auto** scheduled in the Declarations will be considered a covered **auto you** own and not a covered **auto you** lease, hire, rent or borrow.

SECTION II - COVERED AUTOS LIABILITY COVERAGE

A. COVERAGE

We will pay all sums an **insured** legally must pay as damages because of **bodily injury** or **property damage** to which this insurance applies, caused by an **accident** and resulting from the ownership, maintenance or use of a covered **auto** as an **auto**.

We will also pay all sums an **insured** legally must pay as a **covered pollution cost or expense** to which this insurance applies, caused by an **accident** and resulting from the ownership, maintenance or use of a covered **auto** as an **auto**. However, **we** will only pay for the **covered pollution cost or expense** if there is either **bodily injury** or **property damage** to which this insurance applies that is caused by the same **accident**.

We will investigate, settle or defend, as **we** consider appropriate, any claim or **suit** for damages or a **covered pollution cost or expense**, covered by this policy. **We** will do this at **our** expense, using attorneys of **our** choice. **Our** duty to defend or settle ends when the Limit of Insurance for Covered Autos Liability Coverage has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are **insureds**:

- a. **You** for any covered **auto**.
- b. Anyone else while using, with **your** permission, a covered **auto** (that is not a **trailer**) **you** own, lease, hire, rent or borrow except:
 - (1) (a) The owner or anyone else, from whom such covered **auto** is leased, hired, rented or borrowed; or

(b) Any **employee**, agent or driver of the owner or anyone else, from whom such covered **auto** is leased, hired, rented or borrowed.

- (2) Your **employee**, partner (if **you** are a partnership), member (if **you** are a limited liability company) or **executive officer** (if **you** are a corporation), if such covered **auto** is owned by him or her or a member of his or her household.
- (3) A person using such covered **auto** while working in a business of selling, leasing, servicing, repairing, parking, storing, delivering or testing **autos**, unless that business is **yours**.
- (4) A person, other than an **employee**, partner (if **you** are a partnership), member (if **you** are a limited liability company) or **executive officer** (if **you** are a corporation), or a lessee or borrower or any of their **employees**, while moving property to or from such covered **auto**.

- c. The owner of a **trailer**, non-motorized farm machinery or farm wagon only when connected to or accidentally disconnected from a covered **auto**.
- d. A partner (if **you** are a partnership), a member (if **you** are a limited liability company) or an **executive officer** (if **you** are a corporation) while someone, other than **you**, is using with **your** permission a covered **auto**

you do not own, lease, hire, rent or borrow, in connection with **your** business.

- e. If **you** are an individual:
 - (1) A **family member** who does not own an **auto** (that is not a **trailer**); and
 - (2) A **family member** who owns an **auto** scheduled in the Declarations while using a covered **auto**; and
 - (3) Anyone else while using, with the permission of a **family member**, a scheduled **auto**.
- f. Anyone liable for the conduct of an **insured** described in 1.a. through 1.e. immediately above, only to the extent of that liability.
- g. Any other individual or organization who owns an **auto** (that is not a **trailer**) scheduled in the Declarations while using a scheduled **auto**.
- h. Those individuals or organizations described in 1.e. and 1.g. immediately above for liability associated with ownership or use of a **trailer** not scheduled in the Declarations which is owned by such individual or organization only when such **trailer**:
 - (1) Has a load capacity of 2,000 pounds or less; and
 - (2) Is not connected to an **auto**; or
 - (3) Is connected to an **auto** (that is not a **trailer**) to which Covered Autos Liability Coverage is not provided by this policy while such **trailer** is being used by an individual or organization other than the **trailer** owner.
- i. While any covered **auto** scheduled in the Declarations is rented or leased to **you** and is being used by or for **you**, its owner or anyone else from whom **you** rent or lease it is an **insured** but only for that covered **auto**.

2. Coverage Extensions

a. Supplementary Payments

In addition to **our** Limit of Insurance for Covered Autos Liability Coverage, **we** will also pay:

- (1) Premiums on appeal bonds in any **suit we** defend. **We** will not apply for or furnish such bonds.
- (2) Premiums on bonds to release attachments in any **suit** against an **insured we** defend, but only for bond amounts that do not exceed the applicable Limit of Insurance. **We** will not apply for or furnish such bonds.
- (3) Up to \$2,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an **accident we** cover. **We** will not apply for or furnish such bonds.

- (4) Interest on damages owed by an **insured** because of a judgment in a **suit we** defend and accruing:
 - (a) After the judgment, and until **we** pay, offer or deposit in court, the amount for which **we** are liable under this policy; or
 - (b) Before the judgment, where owed by law, but only on that part of the judgment **we** pay.
- (5) Expenses an **insured** incurs for first aid to others at the time of an **accident** covered by this policy.
- (6) All court costs taxed against an **insured** in any **suit** against that **insured** which **we** defend.
- (7) All reasonable expenses incurred by an **insured** at **our** request, including actual loss of earnings up to \$250 per day.

b. Out-of-state Coverage Extensions

While a covered **auto** is away from the state where it is licensed, **we** will:

- (1) Increase the Limit of Insurance for Covered Autos Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered **auto** is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered **auto** is being used.

We will not duplicate payments available under this or any other insurance for the same elements of **loss**.

B. EXCLUSIONS

This insurance does not apply to any of the following:

1. Care, Custody or Control

Property damage to or covered **pollution cost** or **expense** involving property owned or transported by the **insured** or in the **insured's** care, custody or control. This exclusion does not apply to:

- a. Liability assumed under a sidetrack agreement; or
- b. **Property damage** to a residence or private garage, caused by a covered **private passenger auto**, when the residence or private garage is in the care, custody or control of the **insured**.

2. Contractual

Liability for **bodily injury** or **property damage** assumed under any contract or agreement. This exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an **insured contract** provided that the **bodily injury** or **property damage** occurs subsequent to the execution of such contract or agreement;
- b. That the **insured** would have in the absence of the contract or agreement; or
- c. Assumed in a **private passenger auto** lease or rental agreement, provided **you** are an individual and a party to the contract.

3. Employee Indemnification and Employer's Liability

Bodily injury to:

- a. An **employee** of the **insured** arising out of and in the course of:
 - (1) Employment by the **insured**; or
 - (2) Performing the duties related to the conduct of the **insured's** business; or
- b. The spouse, child, parent, brother or sister of that **employee** as a consequence of Paragraph **3.a.** above.

This exclusion applies:

- a. Whether the **insured** may be liable as an employer or in any other capacity; and
- b. To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to **bodily injury** to **domestic employees** not entitled to workers compensation benefits or to liability assumed by the **insured** under an **insured contract**.

4. Fellow Employee

Bodily injury to:

- a. Any fellow **employee** of any **insured** arising out of and in the course of the fellow **employee's** employment or while performing duties related to the conduct of **your** business; or
- b. The spouse, child, parent, brother or sister of the fellow **employee** as a consequence of Paragraph **4.a.** above.

5. Expected or Intended Injury

Bodily injury or **property damage** expected or intended from the standpoint of the **insured**.

6. Handling of Property

Bodily injury or **property damage** resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the **insured** for movement into or onto the covered **auto**;

- b. After it is moved from the covered **auto** to the place where it is finally delivered by the **insured**; or
- c. To or from any non-motorized farm machinery or farm wagon.

7. Operations

Bodily injury or **property damage** arising out of the operation of:

- a. Any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of **mobile equipment**.
- b. Machinery or equipment that is in, upon or attached to a land vehicle that would qualify under the definition of **mobile equipment** if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.
- c. Machinery or equipment that is in, upon or attached to a **trailer**, non-motorized farm machinery or farm wagon.

8. Completed Operations

Bodily injury or **property damage** arising out of **your** work after that work has been completed or abandoned.

In this exclusion, **your** work means:

- a. Work or operations performed by **you** or on **your** behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph **8.a.** or **8.b.** above.

Your work will be deemed completed at the earliest of the following times:

- a. When all of the work called for in **your** contract has been completed;
- b. When all the work to be done at the site has been completed if **your** contract calls for work at more than one site; or
- c. When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

9. Pollution

- a. **Bodily injury** or **property damage** arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **pollutants**:

- (1) That are, or that are contained in any property that is:

- (a) Being transported or towed by, handled or handled for movement into, onto or from the covered **auto**;
- (b) Otherwise in the course of transit by or on behalf of the **insured**; or
- (c) Being stored, disposed of, treated or processed in or upon the covered **auto**;

(2) Before the **pollutants** or any property in which the **pollutants** are contained are moved from the place where they are accepted by the **insured** for movement into or onto the covered **auto**; or

(3) After the **pollutants** or any property in which the **pollutants** are contained are moved from the covered **auto** to the place where they are finally delivered, disposed of or abandoned by the **insured**.

b. Paragraph 9.a.(1) above does not apply to fuels, lubricants, fluids, exhaust gases or other similar **pollutants** that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered **auto** or its parts, if:

(1) The **pollutants** escape, seep, migrate, or are discharged, dispersed or released directly from an **auto** part designed by its manufacturer to hold, store, receive or dispose of such **pollutants**; and

(2) The **bodily injury, property damage or covered pollution cost or expense** does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of **mobile equipment**.

c. Paragraphs 9.a.(2) and 9.a.(3) above do not apply to **accidents** that occur away from premises owned by or rented to an **insured** with respect to **pollutants** not in or upon a covered **auto** if:

(1) The **pollutants** or any property in which the **pollutants** are contained are upset, overturned or damaged as a result of the maintenance or use of a covered **auto**; and

(2) The discharge, dispersal, seepage, migration, release or escape of the **pollutants** is caused directly by such upset, overturn or damage.

10. Public or Livery Conveyance

Bodily injury or property damage arising out of the use of any covered **auto** as a public mode of transportation of people. This exclusion does not apply to car pooling on a share the expense basis.

11. Racing

Bodily injury or property damage arising out of the use of any covered **auto** while participating in any prearranged racing, prearranged high speed driving, prearranged competitive driving or prearranged demolition event. This exclusion also applies while any covered **auto** is preparing for or practicing for any of the previously mentioned events.

12. War or Military Action

Bodily injury or property damage arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

13. Workers Compensation

Any obligation for which the **insured** or the **insured's** insurer may be held liable under any workers compensation, disability benefits or unemployment compensation law or any similar law.

14. Autos Leased Under Hold Harmless Agreements

Bodily injury or property damage arising out of the use of any covered **auto** (that is not a **trailer**) while:

- a. Leased to **you** in writing in accordance with a written agreement in which the lessor holds **you** harmless; and
- b. Used pursuant to operating rights (permits) granted to **you** by a public authority.

C. LIMIT OF INSURANCE

We will pay damages for **bodily injury, property damage and covered pollution cost or expense** up to the Limit of Insurance shown in the Declarations for this coverage. Such damages shall be paid as follows:

- 1. When combined liability limits are shown in the Declarations, the limit shown for each **accident** is the total amount of coverage and the most **we** will pay for damages because of or arising out of **bodily injury, property damage and covered pollution cost or expense** in any one **accident**.
- 2. When separate **bodily injury and property damage** limits are shown in the Declarations:
 - a. For **bodily injury**:
 - (1) The limit shown for "each person" is the amount of coverage and the most **we**

will pay for all damages because of or arising out of **bodily injury** to one person in any one **accident**.

- (2) The limit shown for "each accident" is the total amount of coverage and the most **we** will pay, subject to **2.a.(1)** above, for all damages because of or arising out of **bodily injury** to two or more persons in any one **accident**.
- b. For **property damage**, the limit shown is the amount of coverage and the most **we** will pay for all **property damage** in any one **accident**.
3. The Limit of Insurance applicable to a **trailer**, non-motorized farm machinery or farm wagon which is connected to an **auto** covered by this policy shall be the limit of insurance applicable to such **auto**. The **auto** and connected **trailer**, non-motorized farm machinery or farm wagon are considered one **auto** and do not increase the Limit of Insurance.
4. The Limit of Insurance applicable to a **trailer** covered by this policy but not scheduled in the Declarations:

- a. Which is not connected to an **auto**; or
- b. Which is connected to an **auto** not covered for Covered Autos Liability Coverage by this policy

shall be the Limit of Insurance applicable to any covered **auto**.

5. The Limit of Insurance for this coverage may not be added to the limits for the same or similar coverage applying to other **autos** insured by this policy to determine the amount of coverage available for any one **accident** or **covered pollution cost or expense**, regardless of the number of:
 - a. Covered **autos**;
 - b. **Insureds**;
 - c. Premiums paid;
 - d. Claims made or **suits** brought;
 - e. Persons injured; or
 - f. Vehicles involved in the **accident**.

All **bodily injury**, **property damage** and **covered pollution cost or expense** resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one **accident**.

SECTION III - PHYSICAL DAMAGE COVERAGE

A. COVERAGE

1. **We** will pay for **loss** to a covered **auto** or its **equipment or custom furnishings** under:
 - a. **Comprehensive Coverage**
From any cause except:
 - (1) The covered **auto's** collision with another object; or
 - (2) The covered **auto's** overturn.
 However, **we** will pay for:
 - (1) Glass breakage from any cause including upset or collision;
 - (2) Damage caused by missiles or falling objects; and
 - (3) Damage caused by collision with an animal or bird.
 When a deductible is shown in the Declarations for this coverage, **we** will reduce **our** payment by that amount. The deductible shall not apply to the repair of safety or laminated glass contained within the windshield, rear window, a door window or any other side window of a covered **auto** that is a **private passenger auto**, provided both **you** and **we** agree to the repair. However, the deductible will still apply to:
 - (1) Any light or any component of any light to such covered **auto**;
 - (2) Any glass contained in the roof;
 - (3) Removable roof panels of any type;
 - (4) Mirrors of any type; or

- (5) Replacement of any safety or laminated glass.

b. Collision Coverage

Caused by:

- (1) The covered **auto's** collision with another object; or
- (2) The covered **auto's** overturn.

When a deductible is shown in the Declarations for this coverage, **we** will reduce **our** payment by that amount. The deductible shall not apply when a covered **auto** that is a **private passenger auto** is:

- (1) In a collision with another **auto**:
 - (a) **We** insure and which **you** do not own, rent or have in **your** care, custody or control; or
 - (b) Whose owner or operator has been identified; and
 - 1) Is legally responsible for the entire amount of the damage; and
 - 2) Is covered by a **property damage** liability policy or bond but only if the damage exceeds the deductible amount.
- (2) Legally parked and is accidentally struck by another of **your private passenger autos**, provided Collision Coverage applies to both **autos**.

2. Road Trouble Service

We will pay up to the amount shown in the Declarations for this coverage each time a covered **auto** that is a **private passenger auto** is disabled:

- a. For towing to the nearest available garage; and
- b. For the cost of labor performed at the place of disablement.

3. Coverage Extensions

a. Trailers

The Comprehensive Coverage and Collision Coverage provided to a covered **auto** will extend to certain **trailers you** do not own. The trailer must:

- (1) Have a load capacity of 2,000 pounds or less;
- (2) Be used with **your private passenger auto**; and
- (3) Be other than a **trailer** of the home, office, store, display or passenger type.

Our limit of insurance under this coverage extension is \$500 in any one **loss**. No deductible applies.

b. Transportation Expenses Following Theft

If Comprehensive Coverage is shown in the Declarations for a **private passenger auto** scheduled in the Declarations, **we** will pay up to \$30 per day but not more than \$900 in any one **loss** for transportation expenses incurred if such **auto** is stolen. **We** will pay such expenses incurred during the period beginning 48 hours after an **insured** reports the theft to **us** and to the police and ending when such **auto** is returned to use or **we** pay for its **loss**.

c. Personal Property

The Comprehensive Coverage and Collision Coverage provided to a covered **auto** that is a **private passenger auto** will extend to **loss** to personal property contained in or on such **auto** as follows:

- (1) Comprehensive Coverage because of:
 - (a) Fire;
 - (b) Lightning; or
 - (c) Theft or attempted theft if there are visible signs of someone breaking into such **auto** or the entire **auto** is stolen; or
- (2) Collision Coverage.

The personal property must be owned by **you**, a **family member** or **your employee**. This coverage extension does not apply to:

- (1) Property used in a business, trade or profession.
- (2) Money or jewelry.
- (3) Property specifically insured.

- (4) Anything that is otherwise excluded by this policy.

Our limit of insurance under this coverage extension is \$300 in any one **loss**. No deductible applies.

d. Air Bag Replacement

The Comprehensive Coverage provided to a **private passenger auto** scheduled in the Declarations will extend to replacement of an air bag that inflates without such **auto** having been involved in a Comprehensive or Collision **loss**. No deductible applies.

e. Loss of Use - Rental Fee Reimbursement

- (1) **We** shall provide the following extension of coverage when **you** become legally responsible to pay for loss of use of:

- (a) A **private passenger auto** rented or hired without a driver under a written rental contract or agreement and a covered **auto** under this policy is a **private passenger auto** with Comprehensive and Collision Coverages which extend to such rented or hired **private passenger auto**; or
- (b) An **auto** (that is not a **private passenger auto**) rented or hired without a driver under a written rental contract or agreement and such **auto** is provided Hired Auto Physical Damage coverage under this policy.

- (2) **We** shall reimburse **you** or pay on **your** behalf:

- (a) The rental fee that would have been paid if such **auto** (that is a **private passenger auto**); or
- (b) Up to \$30 per day but not more than \$900 in any one **loss**, of the rental fee that would have been paid, if such **auto** (that is not a **private passenger auto**)

had not sustained **loss**.

- (3) This coverage begins the day following the **loss** and ends, regardless of the policy expiration date, at the earliest of the following:

- (a) The day repairs to the rental **auto** are completed, not to exceed a period longer than required to repair such **auto**, exercising due diligence and dispatch;
- (b) The day **we** make payment for replacement of the rental **auto**; or
- (c) Thirty (30) days after the date coverage begins.

- (4) **You** or the rental agency must submit proper receipts to **us** for all expenses claimed under this coverage extension.

f. Diminished Value

When Diminished Value Coverage is shown in the Declarations for an **auto**, we shall pay:

- (1) An additional 15% of the settlement amount if the model year of such **auto** is no older than the model year of the date of the **loss** and the two prior model years; or
- (2) An additional 10% of the settlement amount for prior model years for damage to such **auto** because of **diminished value**, only if such **auto** is repaired. This provision does not apply to damage to glass.

B. EXCLUSIONS

Comprehensive and Collision Coverages do not apply to:

1. Audio, Visual or Data Electronic Equipment

Loss to any of the following:

- a. Any electronic equipment that reproduces, receives or transmits audio, visual, global positioning or data signals. However, such equipment is covered if:
 - (1) Standard or optional equipment for the manufacturer of a covered **auto** for that make, model and model year;
 - (2) Permanently installed in a covered **auto** and was not standard or optional equipment for the manufacturer of such covered **auto** for that make, model and model year; or
 - (3) Scheduled in the Declarations and a premium charged.

Our limit under a.(2) above shall not exceed \$1,000 in any one **loss**. No deductible applies to the coverage extension in a.(2) above.
- b. Tapes, discs or other similar media designed for use with equipment described in a. above.
- c. Any accessories used with the media or equipment described in a. or b. above.

2. Diminished Value

Loss to a covered **auto** because of or arising out of **diminished value**. This exclusion does not apply to the extent that coverage is provided when Diminished Value Coverage is shown in the Declarations.

3. Expected or Intentional Act

Loss to a covered **auto** because of or arising out of **your** intentional act or an intentional act committed at **your** direction or with **your** knowledge.

4. Conversion, Embezzlement or Secretion

Loss to a covered **auto** because of or arising out of conversion, embezzlement or secretion by any person lawfully having a covered **auto** under a sale, lease or similar agreement.

5. Illegal Activities

Loss to a covered **auto** because of confiscation or destruction by any civil or governmental authorities because of illegal activities engaged in by **you** or a **family member**.

6. Loss of Use

Loss of use of a covered **auto**, except as provided in Coverage Extensions.

7. Nuclear Hazard

Loss caused by or resulting from:

- a. The explosion of any weapon employing atomic fission or fusion; or
- b. Nuclear reaction or radiation, or radioactive contamination, however caused.

8. Racing

Loss to any covered **auto** while participating in any prearranged racing, prearranged high speed driving, prearranged competitive driving or prearranged demolition event. This exclusion also applies while any covered **auto** is preparing for or practicing for any of the previously mentioned events.

9. Radar Detectors

Loss to any device designed or used to:

- a. Detect speed-measuring equipment such as radar or laser detectors; or
- b. Elude or disrupt speed-measuring equipment such as a jamming apparatus.

10. Tires

Loss to tires, unless the **loss** is caused by:

- a. Fire;
 - b. Theft; or
 - c. Malicious mischief; or
- is part of other **loss** covered by this policy.

11. Truck Campers

Loss to:

- a. A truck camper; or
 - b. A pickup cover with built-in cooking and sleeping equipment
- unless scheduled in the Declarations and a premium charged.

12. War or Military Action

Loss caused by or resulting from:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental

authority in hindering or defending against any of these.

13. Wear and Tear

Loss to a covered **auto** because of and confined to:

- a. Wear and tear;
- b. Freezing; or
- c. Mechanical or electrical breakdown, other than burning of wiring.

This exclusion does not apply to such **loss** following and resulting from other **loss** covered by this policy.

C. LIMIT OF INSURANCE

1. The most **we** will pay for **loss** to any one covered **auto** is the lesser of:
 - a. The actual cash value of damaged or stolen property at the time of the **loss**;
 - b. The cost, at local prices, to repair or replace damaged or stolen property with other property of like kind and quality; or
 - c. The Limit of Insurance shown in the Declarations.
2. **We** will, at **our** option, replace an **auto** scheduled in the Declarations with a new one of equal value or pay **you your** original purchase price if:
 - a. Such **auto** is a **private passenger auto**;
 - b. **You** purchased it new;
 - c. **We** determine the **loss** cannot be repaired; and
 - d. The **loss** occurs within 90 days of the purchase date.

SECTION IV - INDIVIDUAL NAMED INSURED

If a Named Insured shown in the Declarations is an individual and any **auto** scheduled in the Declarations is a **private passenger auto**, the following extensions of coverage apply:

- A. The Covered Autos Liability Coverage provided for any scheduled **auto** (that is not a **trailer**) also applies to an **auto** (that is not a **trailer**):
 1. Not owned by **you** or anyone living with **you**.
 2. Not furnished or available for regular use to **you** or anyone living with **you**. However, **we** will afford **you** Covered Autos Liability Coverage for **your** use of an **auto** (that is not a **trailer**) owned by or furnished for the regular use of a **family member**.
 3. Not used in a business **you** own or operate selling, servicing, repairing, parking or storing **autos**.
 4. Not used by **you**, a **family member** or the chauffeur or **domestic employee** of either while

3. If a **loss** to an **auto** scheduled in the Declarations can be paid under either Comprehensive Coverage or Collision Coverage, payment will be made under the coverage that pays the most.

4. Coinsurance

If a scheduled **auto** has been altered, remodeled, converted or modified so that its value is substantially increased over that of a standard **auto** of the same make and model, and such modifications affect the amount of the **loss**, **we** will pay only the proportion that the value of a standard **auto** bears to the value of the scheduled **auto**. This does not apply when an additional premium is charged based on the increased value.

5. Deductible - Hired Auto Physical Damage Coverage

If other insurance is available to **you** or the owner of a covered **auto** (that is a hired **auto**) and such insurance is subject to a deductible greater than the deductible which applies to this coverage, **we** shall pay the difference between the two deductibles.

working in **your** business or occupation or that of a **family member**, unless the **auto** is a **private passenger auto**.

5. Not used by **you** or a **family member** without a reasonable belief of permission to do so.

We only extend this coverage to and while used by:

1. **You**, if an individual; and
2. **Family members**:
 - a. Who do not own an **auto** (that is not a **trailer**); or
 - b. Who own an **auto** (that is not a **trailer**) if scheduled in the Declarations.

We also extend this coverage to anyone legally responsible for the use of the **auto** (that is not a **trailer**) by the persons described in 1. and 2. immediately above.

- B. The Physical Damage Coverage provided for any scheduled **auto** (that is not a **trailer**) also applies to an **auto** (that is not a **trailer**):
 1. Not owned by **you** or anyone living with **you**.

2. Not furnished or available for regular use to **you** or anyone living with **you**.
3. Not used in a business **you** own or operate selling, servicing, repairing, parking or storing **autos**.
4. Not used by **you**, a **family member** or the chauffeur or **domestic employee** of either while working in **your** business or occupation or that of a **family member**, unless the **auto** is a **private passenger auto**.
5. Not used by **you** or a **family member** without a reasonable belief of permission to do so.

We only extend this coverage to and while used by:

1. **You**, if an individual; and
2. **Family members**:
 - a. Who do not own an **auto** (that is not a **trailer**); or
 - b. Who own an **auto** (that is not a **trailer**) scheduled in the Declarations.

These extensions do not apply when there is other insurance covering **your** interest or the interest of the owner. However, they do apply if **you** are legally liable.

SECTION V - CONDITIONS

A. LOSS CONDITIONS

1. Duties in the Event of Accident, Claim, Suit or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of **accident**, claim, **suit** or **loss**, an **insured** must give **us** or **our** authorized representative prompt notice of the **accident** or **loss**, including:
 - (1) How, when and where the **accident** or **loss** occurred;
 - (2) The **insured's** name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, the **insured** and any other involved **insured** must:
 - (1) Immediately send **us** copies of any request, demand, order, notice, summons or legal paper received concerning the claim or **suit**.
 - (2) Cooperate with **us** in the investigation or settlement of the claim or defense against the **suit**.
 - (3) Authorize **us** to obtain medical records or other pertinent information.
 - (4) Submit to examination, at **our** expense, by physicians of **our** choice, as often as **we** reasonably require.
 - (5) Assume no obligation, make no payment or incur no expense without **our** consent, except at the **insured's** own cost.
 - (6) Agree to examinations under oath at **our** request and give **us** a signed statement of such answers.
- c. If there is **loss** to a covered **auto** or its **equipment or custom furnishings**, an **insured** must also do the following:

- (1) Promptly notify the police if the covered **auto** or any of its **equipment or custom furnishings** is stolen.
- (2) Take all reasonable steps to protect the covered **auto** from further damage. Also keep a record of expenses for consideration in the settlement of the claim.
- (3) Permit **us** to inspect the covered **auto** and records proving the **loss** before its repair or disposition.

2. Legal Action Against Us

No legal action may be brought against **us** until there has been full compliance with all the terms of this policy. Further, under the Covered Autos Liability Coverage, no legal action may be brought until **we** agree a person entitled to coverage has an obligation to pay or until the amount of that obligation has been determined by judgment after trial. No one has any right under this policy to bring **us** into any action to determine the liability of any person **we** have agreed to protect.

3. Appraisal for Physical Damage Loss

If **you** and **we** disagree on the amount of **loss**, either may demand an appraisal of the **loss**. In this event, each party will select a competent and impartial appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of **loss**. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If **we** submit to an appraisal, **we** will still retain **our** right to deny the claim.

4. Loss Payment - Physical Damage Coverage

At **our** option, **we** may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return stolen property at **our** expense. **We** will pay for any damage that results to the **auto** from the theft; or
- c. Take all or any part of damaged or stolen property at an agreed or appraised value.

If **we** pay for the **loss**, **our** payment will include, where required by law, the applicable sales tax for damaged or stolen property. **We** may adjust the **loss** for an **auto you** lease, hire, rent or borrow with either **you** or the owner of such **auto**, whomever **we** choose.

5. Our Right to Recover Payments

If **we** make a payment under this policy and the person or organization to or for whom payment is made has a right to recover damages from another, **we** will be entitled to that right. That person or organization shall do everything necessary to transfer that right to **us** and do nothing to prejudice it.

6. Motor Carriers

- a. When this policy is amended by an endorsement prescribed in compliance with any law for the regulation of:
 - (1) Common carriers;
 - (2) Contract carriers; or
 - (3) Private carriers
 of passengers or property, all amended policy terms and conditions remain in full force and are binding between **you** and **us**.
- b. If as a result of that endorsement, **we** are obligated to make a payment that **we** would not make except for that endorsement, **you** agree to reimburse **us** for any payment, including payment for defense costs, **we** must make as a result of that endorsement.

B. GENERAL CONDITIONS**1. Policy Term and Territory**

Under this policy, **we** cover **accidents** and **losses** occurring:

- a. During the policy term shown in the Declarations; and
- b. Within the coverage territory.
The coverage territory is:
 - (1) The United States of America;
 - (2) The territories and possessions of the United States of America;
 - (3) Canada; and
 - (4) Anywhere in the world if a covered **auto** that is a **private passenger auto** is leased, hired, rented or borrowed

without a driver for a period of 30 days or less, provided that the **insured's** responsibility to pay damages is determined in a **suit** on the merits in any of the coverage territories described in **b.(1)**, **b.(2)** or **b.(3)** above or in a settlement to which **we** agree.

We also cover **loss** to, or **accidents** involving, a covered **auto** while being transported between any of these places.

2. Other Insurance

- a. For any covered **auto** that is scheduled in the Declarations, this policy provides primary insurance. For any covered **auto** which is not scheduled in the Declarations, the insurance provided by this policy is excess over any other collectible insurance. However, this coverage shall be primary when any covered **auto** (that is a **trailer**) is connected to an **auto** that is scheduled in the Declarations and this coverage shall be excess when any covered **auto** (that is a **trailer**) is connected to an **auto** that is not scheduled in the Declarations.
- b. Regardless of the provisions of Paragraph **a.** above, the Covered Autos Liability Coverage of this policy is primary for any liability assumed under an **insured contract**.
- c. When this policy and any other coverage form or policy covers on the same basis, either excess or primary, **we** will pay only **our** share. **Our** share is the proportion that the Limit of Insurance of **our** policy bears to the total of the limits of all the coverage forms and policies covering on the same basis.

3. Assignment

No interest in this policy may be assigned without **our** written consent. However, if **you** are an individual and **you** die within the policy term, the policy will cover as though named in the Declarations:

- a. **Your** spouse;
 - b. **Your** legal representative, but only with respect to his or her legal responsibility for the maintenance or use of a covered **auto**; and
 - c. Any person having proper temporary custody of a covered **auto** until a legal representative is appointed
- provided **we** are given written notice of **your** death within 60 days of the date of **your** death or by the expiration of the policy term in which **you** die, whichever is greater. This requirement does not apply with regard to **your** spouse.

4. Bankruptcy

Bankruptcy or insolvency of an **insured** or an **insured's** estate will not relieve **us** of any obligation under the terms of this policy.

5. Changes

- a. This policy contains all the agreements between **you** and **us** or any of **our** agents, concerning the insurance afforded. The terms of this policy can be amended or waived only by endorsement issued by **us** and made part of this policy.
- b. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with **our** consent. **We** may adjust **your** policy premium because of changes made to the policy.
- c. **We** may adjust **your** premium during the policy term because of changes in the factors that were used to determine such premium. These factors include but are not limited to:
 - (1) The principal place of garaging a covered **auto**;
 - (2) Coverages, limits of insurance and deductibles;
 - (3) The type, make and model of a covered **auto** and its use; and
 - (4) The operators of a covered **auto**.
 Premium adjustments will be made at the time of such changes or when **we** become aware of the changes, if later. **We** will use the governing rules and rates in effect on the inception date of the policy term.

6. Concealment, Misrepresentation or Fraud

This policy is void in any case of fraud by **you** at any time as it relates to this policy. It is also void if **you** or any other **insured**, at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This policy;
- b. The covered **auto**;
- c. **Your** interest in the covered **auto**; or
- d. A claim under this policy.

7. Duplication of Coverage

- a. If this policy and any other policy or coverage form provided by **us** or a company affiliated with **us**, provides coverage for the same **accident** or **loss**, **our** maximum limit of insurance under all the policies or coverage forms shall not exceed the highest limit of insurance under any single policy or coverage form applicable to the **accident** or **loss**.
- b. This condition does not apply to any policy or coverage form issued by **us** or a

company affiliated with **us** to specifically provide excess insurance over this policy.

8. Examination of Your Books and Records

We may examine and audit **your** books and records as they relate to this policy at any time during the policy term and up to one year afterward.

9. Inspections

- a. **We** have the right to:
 - (1) Make inspections at any time;
 - (2) Give **you** reports on the conditions **we** find; and
 - (3) Recommend changes.
- b. **We** are not obligated to make any inspections, reports or recommendations and any such actions **we** do undertake relate only to insurability and the premiums to be charged. **We** do not make safety inspections. **We** do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. **We** do not warrant that conditions:
 - (1) Are safe or healthful; or
 - (2) Comply with laws, regulations, codes or standards.
- c. Paragraphs **9.a.** and **9.b.** of this condition apply not only to **us**, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, reports or recommendations.

10. Liberalization

If **we** revise this policy to provide more coverage without additional premium charge, **your** policy will automatically provide the additional coverage as of the day the revision is effective in **your** state.

11. No Benefit to Bailee - Physical Damage Coverage

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this policy.

12. Premiums

The first Named Insured shown in the Declarations:

- a. Is responsible for the payment of all premiums; and
- b. Will be the payee for any return premiums **we** pay.

13. Premium Audit

The estimated premium for this policy is based on the exposures **you** told **us** **you** would have when this policy began. **We** will compute the final premium due when **we** determine **your**

actual exposures. The estimated total premium will be credited against the final premium due, and the first Named Insured will be billed for the balance, if any. The due date for the final premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, a return premium will be paid. Failure to pay any premium, including the

final premium, by the due date shown on the bill will be considered to be non payment of premium.

14. Severability

Except as to the Limit of Insurance, the coverage provided by this policy applies separately to each person against whom claim is made or **suit** is brought.

SECTION VI - DEFINITIONS

A. Accident includes continuous or repeated exposure to the same conditions resulting in **bodily injury** or **property damage**.

B. Auto means:

1. A land motor vehicle, designed for travel on public roads;
2. A **trailer**; or
3. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, **auto** does not include **mobile equipment**.

C. Bodily injury means physical injury, sickness or disease sustained by a person, including resulting death of that person.

D. 1. Covered pollution cost or expense means any cost or expense arising out of:

- a. Any request, demand, order or statutory or regulatory requirement that an **insured** or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, **pollutants**; or
- b. Any claim or **suit** by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, **pollutants**.

2. Covered pollution cost or expense does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **pollutants**:

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered **auto**;
 - (2) Otherwise in the course of transit by or on behalf of an **insured**; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered **auto**;
- b. Before the **pollutants** or any property in which the **pollutants** are contained are

moved from the place where they are accepted by an **insured** for movement into or onto the covered **auto**; or

c. After the **pollutants** or any property in which the **pollutants** are contained are moved from the covered **auto** to the place where they are finally delivered, disposed of or abandoned by an **insured**.

Paragraph **2.a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar **pollutants** that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered **auto** or its parts, if:

- (1) The **pollutants** escape, seep, migrate or are discharged, dispersed or released directly from an **auto** part designed by its manufacturer to hold, store, receive or dispose of such **pollutants**; and
- (2) The **bodily injury, property damage or covered pollution cost or expense** does not arise out of the operation of any equipment listed in Paragraph **6.b.** or **6.c.** of the definition of **mobile equipment**.

Paragraphs **2.b.** and **2.c.** above do not apply to **accidents** that occur away from premises owned by or rented to an **insured** with respect to **pollutants** not in or upon a covered **auto** if:

- (1) The **pollutants** or any property in which the **pollutants** are contained are upset, overturned or damaged as a result of the maintenance or use of a covered **auto**; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the **pollutants** is caused directly by such upset, overturn or damage.

E. Diminished value means the actual or perceived reduction in market value or resale value of a covered **auto** as the result of a covered **loss**.

F. Domestic employee means a person engaged in household or domestic work performed principally in connection with a residence premises.

G. Employee includes a **leased worker**. **Employee** does not include a **temporary worker**.

H. Equipment or custom furnishings means:

1. An apparatus or device (that is not a **trailer**):
 - a. Permanently attached to or installed in or upon a covered **auto**; or
 - b. Designed for use with, but detached from, a covered **auto**.
2. Keys and key fobs designed for a covered **auto**.
3. Custom paint, decals, wraps or other interior or exterior modifications to a covered **auto**.

Equipment or custom furnishings does not include:

1. Anything attached to real estate; or
2. Removable child seats.

I. Executive officer means a person holding any of the officer positions created by **your** charter, constitution, by-laws or any other similar governing document.**J. Family member** means a person who resides with **you** and who is related to **you** by blood, marriage or adoption. **Family member** includes a ward or foster child who resides with **you**.**K. Insured** means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage.**L. Insured contract** means:

1. A lease of premises;
2. A sidetrack agreement;
3. Any easement or license agreement, except in connection with:
 - a. Construction; or
 - b. Demolition operations on or within 50 feet of a railroad;
4. An indemnification of a municipality as required by ordinance, except in connection with work for a municipality;
5. That part of any other contract or agreement pertaining to **your** business (including an indemnification of a municipality in connection with work performed for a municipality) under which **you** assume the tort liability of another to pay damages because of **bodily injury** or **property damage** to a third person or organization. Tort liability means liability that would be imposed by law in the absence of any contract or agreement; or
6. That part of any contract or agreement entered into, as part of **your** business, pertaining to the rental or lease, by **you** or any of **your employees**, of any **auto**. However, such contract or agreement shall not be considered an **insured contract** to the extent that it obligates **you** or any of **your employees** to pay for **property damage** to any **auto** rented or leased by **you** or any of **your employees**.

An **insured contract** does not include that part of any contract or agreement that:

1. Indemnifies a railroad for **bodily injury** or **property damage** arising out of:
 - a. Construction; or
 - b. Demolition operations on or within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
2. Pertains to the loan, lease or rental of an **auto** to **you** or any of **your employees**, if the **auto** is loaned, leased or rented with a driver; or
3. Holds a person or organization engaged in the business of transporting property by **auto** for hire harmless for **your** use of a covered **auto** over a route or territory that person or organization is authorized to serve by public authority.

M. Leased worker means a person leased to **you** by a labor leasing firm under an agreement between **you** and the labor leasing firm to perform duties related to the conduct of **your** business. **Leased worker** does not include a **temporary worker**.**N. Loss** means direct and accidental loss or damage.**O. Mobile equipment** means any of the following types of land vehicles, including any attached machinery or equipment:

1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
2. Vehicles maintained for use solely on or next to premises **you** own or rent;
3. Vehicles that travel on crawler treads;
4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or
6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not **mobile equipment** but will be considered **autos**:
 - a. Equipment designed primarily for:

- (1) Snow removal;
- (2) Road maintenance, but not construction or resurfacing; or
- (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, **mobile equipment** does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered **autos**.

- P. **Pollutants** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- Q. **Private passenger auto** means:
 - 1. A passenger or station wagon type **auto** with four or more wheels;
 - 2. A pickup or van type **auto** with a gross weight of 15,000 pounds or less which is not used in the business of carrying passengers for hire; or
 - 3. A motorhome.
- R. **Property damage** means damage to or destruction of tangible property including resulting loss of use of that property.
- S. **Suit** means a civil proceeding in which:
 - 1. Damages because of **bodily injury** or **property damage**; or

- 2. A **covered pollution cost or expense** to which this insurance applies, are alleged.

Suit includes:

- 1. An arbitration proceeding in which such damages or **covered pollution costs or expenses** are claimed and to which the **insured** must submit or does submit with **our** consent; or
- 2. Any other alternative dispute resolution proceeding in which such damages or **covered pollution costs or expenses** are claimed and to which the **insured** submits with **our** consent.
- T. **Temporary worker** means a person who is furnished to **you** to substitute for a permanent **employee** on leave or to meet seasonal or short-term workload conditions.
- U. **Trailer** means a vehicle which is designed:
 - 1. For travel on public roads; and
 - 2. To be connected to and towed by a power unit.**Trailer** does not include non-motorized farm machinery or farm wagons. A **trailer** is not **equipment or custom furnishings**.
- V. **Volunteer worker** means a person who is not **your employee**, and who donates his or her work and acts at the direction of and within the scope of duties determined by **you**, and is not paid a fee, salary or other compensation by **you** or anyone else for their work performed for **you**.
- W. **We, us or our** means the Company providing this insurance.
- X. **You or your** means the Named Insured shown in the Declarations and if an individual, **your** spouse who resides in the same household.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

1. The insurance does not apply:
 - a. Under Covered Autos Liability Coverage, to **bodily injury** or **property damage**:
 - (1) With respect to which an **insured** under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the **hazardous properties of nuclear material** and with respect to which:
 - (a) Any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof; or
 - (b) The **insured** is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - b. Under any Medical Payments coverage, to expenses incurred with respect to **bodily injury** resulting from the **hazardous properties of nuclear material** and arising out of the operation of a **nuclear facility** by any person or organization.
 - c. Under Covered Autos Liability Coverage, to **bodily injury** or **property damage** resulting from **hazardous properties of nuclear material**, if:
 - (1) The **nuclear material**:
 - (a) Is at any **nuclear facility** owned by, or operated by or on behalf of, an **insured**; or
 - (b) Has been discharged or dispersed therefrom;
 - (2) The **nuclear material** is contained in **spent fuel** or **waste** at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an **insured**; or
 - (3) The **bodily injury** or **property damage** arises out of the furnishing by an **insured** of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any **nuclear facility**, but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to **property damage** to such **nuclear facility** and any property thereat.
2. As used in this endorsement:

Hazardous properties includes radioactive, toxic or explosive properties.

Nuclear material means **source material**, **special nuclear material** or **by-product material**.

Source material, **special nuclear material**, and **by-product material** have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

Spent fuel means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a **nuclear reactor**.

Waste means any waste material:

- (a) Containing **by-product material** other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its **source material** content; and
- (b) Resulting from the operation by any person or organization of any **nuclear facility** included under paragraphs (a) and (b) of the definition of **nuclear facility**.

Nuclear facility means:

- (a) Any nuclear reactor;
- (b) Any equipment or device designed or used for:
 - (1) Separating the isotopes of uranium or plutonium;
 - (2) Processing or utilizing **spent fuel**; or
 - (3) Handling, processing or packaging **waste**;
- (c) Any equipment or device used for the processing, fabricating or alloying of **special nuclear material** if at any time the total amount of such material in the custody of the **insured** at the

premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

- (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of **waste**

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

Nuclear reactor means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

Property damage includes all forms of radioactive contamination of property.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA - AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

A. COVERAGE

1. **We** will pay Auto Medical Payments Coverage to or for any **insured** who accidentally sustains **bodily injury** caused by an **accident**.
2. Auto Medical Payments Coverage shall consist of:
 - a. (1) Medical Benefits, meaning the following schedule of maximum charges specified in the Florida Motor Vehicle No-Fault Law, section 627.736, Florida Statutes, for **medically necessary** medical, surgical, X-ray, dental and rehabilitative services, including prosthetic devices and **medically necessary** ambulance, hospital and nursing services, if the injured person receives initial services and care within 14 days after the **accident** involving a covered **auto**.
 - (a) For emergency transport and treatment by providers licensed under chapter 401, Florida Statutes, 200 percent of Medicare.
 - (b) For emergency services and care provided by a hospital licensed under chapter 395, Florida Statutes, 75 percent of the hospital's usual and customary charges.
 - (c) For emergency services and care as defined by s. 395.002, Florida Statutes, provided in a facility licensed under chapter 395, Florida Statutes, rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
 - (d) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
 - (e) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
 - (f) For all other medical services, supplies, and care, 200 percent of the allowable amount under:
 - 1) The participating physicians fee schedule of Medicare Part B, except as provided in 2) and 3) below.
 - 2) Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
 - 3) The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in (f) above, **we** will limit reimbursement to the maximum reimbursable allowance under workers' compensation, as determined under s. 440.13, Florida Statutes, and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers' compensation will not be reimbursed by **us**.

for the area in which such services, supplies, or care is rendered, and the applicable fee schedule or payment limitation applies to services, supplies or care rendered during that **service year**, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it will not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.

We shall use the Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies or care.

However, the Medical Benefits shall provide reimbursement only for such:

- (a) Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, Florida Statutes, a dentist licensed under chapter 466, Florida Statutes, or a chiropractic physician licensed under chapter 460, Florida Statutes, or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401, Florida Statutes, which provides emergency transportation and treatment; and
- (b) Followup services and care referred by the health care provider of the initial services and care, consistent with the underlying medical diagnosis rendered in the initial services and care that are lawfully provided, supervised, ordered or prescribed by a physician licensed under chapter 458 or chapter 459, Florida Statutes, a chiropractic physician licensed under chapter 460, Florida Statutes, a dentist licensed under chapter 466, Florida Statutes, or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a physician assistant licensed under chapter 458 or

chapter 459, Florida Statutes, or an advanced registered nurse practitioner licensed under chapter 464, Florida Statutes. Followup services and care may also be provided by the following persons or entities:

- 1) A hospital or ambulatory surgical center licensed under chapter 395, Florida Statutes.
- 2) An **entity wholly owned** by one or more physicians licensed under chapter 458 or chapter 459, Florida Statutes, chiropractic physicians licensed under chapter 460, Florida Statutes, or dentists licensed under chapter 466, Florida Statutes, or by such practitioners and the spouse, parent, child, or sibling of such practitioners.
- 3) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- 4) A physical therapist licensed under chapter 486, Florida Statutes, based upon a referral by a provider described in (b) immediately above.
- 5) A health care clinic licensed under part X of chapter 400, Florida Statutes, which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or:
 - a) Has a medical director licensed under chapter 458, Florida Statutes, chapter 459, Florida Statutes, or chapter 460, Florida Statutes;
 - b) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and
 - c) Provides at least four of the following medical specialties:
 - i General medicine.
 - ii Radiography.

- iii Orthopedic medicine.
- iv Physical medicine.
- v Physical therapy.
- vi Physical rehabilitation.
- vii Prescribing or dispensing outpatient prescription medication.
- viii Laboratory services.

Medical Benefits do not include massage as defined in s. 480.033, Florida Statutes, or acupuncture as defined in s. 457.102, Florida Statutes, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for Medical Benefits under this provision.

- b. Reasonable funeral service expenses equal to the lesser of \$5,000 or the remainder of the unused Auto Medical Payments Coverage per person. Reasonable funeral service expenses must be incurred within three years of the **accident** resulting in death and reported to **us** within one year of the funeral. **We** may pay reasonable funeral service expenses to the executor or administrator of the deceased, to any of the deceased's relatives by blood, legal adoption, or marriage, or to any person appearing to **us** to be equitably entitled to such benefits.

B. WHO IS AN INSURED

- 1. Anyone **occupying** a covered **auto**; and
- 2. If **you** are an individual and a covered **auto** is a **private passenger auto** to which Auto Medical Payments applies:
 - a. **You**; and
 - b. Any **family member**, who does not own an **auto** (that is not a **trailer**) unless shown in the Declarations when struck by or while **occupying** an **auto** not owned by, furnished or available for regular use by **you** or anyone living with **you**.

C. EXCLUSIONS

Auto Medical Payments Coverage does not apply to:

- 1. **Bodily injury** expected or intended from the standpoint of the **insured**.
- 2. **Bodily injury** to an **insured** while working in a business of selling, leasing, servicing, repairing, parking, storing, delivering or testing **autos**, unless that business is **yours**.
- 3. **Bodily injury** arising out of the use of any covered **auto** as a public mode of transportation of people. This exclusion does not apply to car pooling on a share the expense basis.

- 4. **Bodily injury** arising out of the use of any covered **auto** while participating in any prearranged racing, prearranged high speed driving, prearranged competitive driving or prearranged demolition event. This exclusion also applies while any covered **auto** is preparing for or practicing for any of the previously mentioned events.
- 5. **Bodily injury** to any person **occupying** a covered **auto** without a reasonable belief of **your** permission to do so.
- 6. **Bodily injury** arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- 7. Any obligation for which the **insured** or the **insured's** insurer may be held liable under any workers compensation, disability benefits or unemployment compensation law or any similar law.
- 8. **Bodily injury** to an **insured occupying** or struck by a covered **auto** located for use as a residence or premises.
- 9. **Bodily injury** to any person injured while committing a felony.
- 10. **Bodily injury** sustained by any **insured** while **occupying** or when struck by any vehicle that is a covered **auto** while such **auto** is:
 - a. Enrolled in an electronic or written **auto** sharing program agreement; and
 - b. Being used in connection with such **auto** sharing program.
 If **you** are an individual, this exclusion does not apply to **you** or any **family member** while using such **auto**.

D. LIMIT OF INSURANCE

- 1. The Limit of Insurance shown in the Declarations for each person is the most **we** will pay to or for any person in one **accident** for medical benefits and reasonable funeral service expenses.
- 2. Subject to **D.1.** above, the most **we** will pay for reasonable funeral service expenses is \$5,000 per person.
- 3. The Limit of Insurance is not increased because of the number of:
 - a. **Covered autos**;
 - b. **Insureds**;
 - c. Premiums paid;

- d. Claims made or **suits** brought;
- e. Persons injured; or
- f. Vehicles involved in the **accident**.

4. **We** will not pay any amount for medical or funeral services that duplicate amounts paid or payable by other insurance of any type.
5. If **you**, or a **family member** who does not own an **auto** unless shown in the Declarations, sustain **bodily injury** while not **occupying** an **auto**, the maximum amount of coverage available for such **bodily injury** is the highest single limit of insurance for this coverage applying to any **auto** with respect to which the injured person is an **insured**.

E. OTHER INSURANCE

The coverage afforded by this endorsement shall be excess over benefits paid or payable under the Florida Motor Vehicle No-Fault Law. However, when the injured person is eligible for Personal Injury Protection Benefits, coverage shall only apply to the extent coverage is afforded under the Personal Injury Protection Benefits of this policy and is not payable under the Personal Injury Protection Benefits of this policy due to:

1. The 80% limitation; or
2. The maximum aggregate limitation.

F. FRAUD

Benefits are not due or payable to or on the behalf of an insured person if that person has committed, by a material act or omission, insurance fraud relating to Auto Medical Payments Coverage under this policy, if the fraud is admitted to in a sworn statement by the **insured** or established in a court of competent jurisdiction. Any insurance fraud voids all coverage arising from the claim related to such fraud under the Auto Medical Payments Coverage of the insured person who committed the fraud, irrespective of whether a portion of the insured person's claim may be legitimate, and any benefits paid before the discovery of the fraud is recoverable by **us** in its entirety from the person who committed insurance fraud. The prevailing party is entitled to its costs and attorney fees in any action in which it prevails in **our** action to enforce **our** right of recovery under this paragraph.

If **we** have a reasonable belief that a fraudulent insurance act, for the purposes of coverage under this coverage form, has been committed, **we** shall notify the claimant, in writing, within 30 days after submission of the claim that the claim is being investigated for suspected fraud. Beginning at the end of the initial 30-day period, **we** have an additional 60 days to conduct fraud investigation. No later than 90 days after the submission of the claim, **we** must

deny the claim or pay the claim with simple interest. Interest shall be assessed from the date the claim was submitted until the day the claim is paid. All claims denied for suspected fraudulent insurance acts shall be reported to the Division of Investigative and Forensic Services.

- G. The following provisions apply in addition to those contained in **SECTION V – CONDITIONS, A. LOSS CONDITIONS, 1. Duties in the Event of Accident, Claim, Suit or Loss** of the policy.

MEDICAL REPORTS; PROOF OF CLAIM; REHABILITATION NOTICE

As soon as practicable, the injured person or someone on his or her behalf shall send **us** written proof of claim, under oath if required. This must include full details of the **bodily injury**, treatment, and rehabilitation received and considered. It must also include such other information as may help **us** determine the amount **we** must pay. At **our** request the injured person or someone acting on the behalf of the injured person must authorize **us** to obtain medical and other records which pertain to the **bodily injury**. The injured person must, at **our** expense, submit to mental or physical examinations by doctors **we** select as often as **we** may reasonably require. An injured person's refusal to submit to or failure to appear at two examinations raises a rebuttable presumption that the refusal or failure was unreasonable. If an injured person unreasonably refuses to submit to or fails to appear at an examination, **we** are no longer liable for subsequent Medical Benefits.

EXAMINATION UNDER OATH

An injured person seeking benefits under Auto Medical Payments Coverage must comply with the terms of this policy, which include, but are not limited to, submitting to an examination under oath. The scope of questioning during the examination is limited to relevant information or information that could reasonably be expected to lead to relevant information. Compliance with the examination under oath requirement is a condition precedent to receiving benefits.

- H. **SECTION VI – DEFINITIONS** is amended.

The following definitions are added for the purposes of this endorsement only.

1. **Entity wholly owned** means a proprietorship, group practice, partnership, or corporation that provides health care services rendered by licensed health care practitioners and in which licensed health care practitioners are the business owners of all aspects of the business entity, including, but not limited to, being reflected as the business owners on the title or

lease of the physical facility, filing taxes as the business owners, being account holders on the entity's bank account, being listed as the principals on all incorporation documents required by this state, and having ultimate authority over all personnel and compensation decisions relating to the entity. However, this definition does not apply to an entity that is wholly owned, directly or indirectly, by a hospital licensed under chapter 395, Florida Statutes.

2. **Medically necessary** means a medical service or supply that a prudent physician would provide for the purpose of preventing, diagnosing or treating an illness, injury, disease or symptom in a manner that is:

- a. In accordance with generally accepted standards of medical practice;
 - b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
 - c. Not primarily for the convenience of the patient, physician or other health care provider.
3. **Occupying** means being in or on an **auto** as a passenger or operator, or being engaged in the immediate acts of entering, boarding or alighting from an **auto**.
 4. **Service year** means the period from March 1 through the end of February of the following year.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA - PERSONAL INJURY PROTECTION

For a covered **auto** licensed or principally garaged in Florida, this endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

With respect to coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

We agree with the **named insured**, subject to all the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows that:

A. COVERAGE

We will pay Personal Injury Protection benefits in accordance with the Florida Motor Vehicle No-fault Law to or for an **insured** who sustains **bodily injury** in an **accident** arising out of the ownership, maintenance or use of a **motor vehicle**. Personal Injury Protection benefits consist of the following:

1. Medical Benefits

- a. Medical Benefits, meaning 80% of the following schedule of maximum charges specified in the Florida Motor Vehicle No-Fault Law, section 627.736, Florida Statutes, for **medically necessary** medical, surgical, X-ray, dental and rehabilitative services, including prosthetic devices and **medically necessary** ambulance, hospital and nursing services, if the injured person receives initial services and care within 14 days after the **motor vehicle** accident:
- (1) For emergency transport and treatment by providers licensed under chapter 401, Florida Statutes, 200 percent of Medicare.
 - (2) For emergency services and care provided by a hospital licensed under chapter 395, Florida Statutes, 75 percent of the hospital's usual and customary charges.
 - (3) For emergency services and care as defined by s. 395.002, Florida Statutes, provided in a facility licensed under chapter 395, Florida Statutes, rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the

usual and customary charges in the community.

- (4) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- (5) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- (6) For all other medical services, supplies, and care, 200 percent of the allowable amount under:
 - (a) The participating physicians fee schedule of Medicare Part B except as provided in (b) and (c) below.
 - (b) Medicare Part B, in the case of services, supplies and care provided by ambulatory surgical centers and clinical laboratories.
 - (c) The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in (6) above, **we** will limit reimbursement to 80% of the maximum reimbursable allowance under workers compensation, as determined under s. 440.13, Florida Statutes, and

rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers compensation will not be reimbursed by us.

- b. For purposes of the above, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the **service year** in which the services, supplies, or care is rendered and for the area in which such services, supplies, or care is rendered, and the applicable fee schedule or payment limitation applies to services, supplies or care rendered during that **service year**, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it will not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.

We shall use the Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies or care.

However, the Medical Benefits shall provide reimbursement only for such:

- (1) Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, Florida Statutes, a dentist licensed under chapter 466, Florida Statutes, or a chiropractic physician licensed under chapter 460, Florida Statutes, or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401, Florida Statutes, which provides emergency transportation and treatment; and
- (2) Followup services and care referred by the health care provider of the initial services and care, consistent with the underlying medical diagnosis rendered in the initial services and care that are lawfully provided, supervised, ordered or prescribed by a physician licensed under chapter 458 or chapter 459, Florida Statutes, a chiropractic physician

licensed under chapter 460, Florida Statutes, a dentist licensed under chapter 466, Florida Statutes, or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a physician assistant licensed under chapter 458 or chapter 459, Florida Statutes, or an advanced registered nurse practitioner licensed under chapter 464, Florida Statutes. Followup services and care may also be provided by the following persons or entities:

- (a) A hospital or ambulatory surgical center licensed under chapter 395, Florida Statutes.
- (b) An **entity wholly owned** by one or more physicians licensed under chapter 458 or chapter 459, Florida Statutes, chiropractic physicians licensed under chapter 460, Florida Statutes, or dentists licensed under chapter 466, Florida Statutes, or by such practitioners and the spouse, parent, child, or sibling of such practitioners.
- (c) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- (d) A physical therapist licensed under chapter 486, Florida Statutes, based upon a referral by a provider described in (2) immediately above.
- (e) A health care clinic licensed under part X of chapter 400, Florida Statutes, which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or:
 - 1) Has a medical director licensed under chapter 458, Florida Statutes, chapter 459, Florida Statutes, or chapter 460, Florida Statutes;
 - 2) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and
 - 3) Provides at least four of the following medical specialties:
 - a) General medicine.
 - b) Radiography.
 - c) Orthopedic medicine.

- d) Physical medicine.
- e) Physical therapy.
- f) Physical rehabilitation.
- g) Prescribing or dispensing outpatient prescription medication.
- h) Laboratory services.

Medical Benefits, do not include massage as defined in s. 480.033, Florida Statutes, or acupuncture as defined in s. 457.102, Florida Statutes, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for Medical Benefits under this provision.

2. Disability Benefits

a. Replacement Services Expenses

With respect to the period of disability of the injured person, all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for such injury, the injured person would have performed without income for the benefit of his or her household, subject to the total aggregate limit;

b. Wage Loss

With respect to the period of disability of the injured person, 60% of any loss of income and earning capacity from inability to work proximately caused by the injury sustained by the injured person, subject to the total aggregate limit; and

3. Death Benefits

Death Benefits are in addition to the Medical Benefits, Replacement Services Expenses and Wage Loss provided under this policy. **We** may pay Death Benefits to the executor or administrator of the deceased, to any of the deceased's relatives by blood, legal adoption, or marriage, or to any person appearing to **us** to be equitably entitled to such benefits.

B. WHO IS AN INSURED

1. The **named insured**.
2. If the **named insured** is an individual, any **family member**.
3. Any other person while **occupying** a covered **motor vehicle** with the **named insured's** consent.
4. A **pedestrian** if the **pedestrian** is struck by a covered **motor vehicle**.

C. EXCLUSIONS

We will not pay Personal Injury Protection benefits for **bodily injury**:

1. Sustained by the **named insured** or any **family member** while **occupying any motor vehicle**

- owned by the **named insured** that is not a covered **motor vehicle**;
2. Sustained by any person while operating the covered **motor vehicle** without the **named insured's** expressed or implied consent;
3. Sustained by any person, if such person's conduct contributed to his or her **bodily injury** under any of the following circumstances:
 - a. Causing **bodily injury** to himself or herself intentionally; or
 - b. While committing a felony;
4. To any **pedestrian**, other than the **named insured** or any **family member**, not a legal resident of the state of Florida;
5. To any person, other than the **named insured**, if that person is the **owner** of a **motor vehicle** for which security is required under the Florida Motor Vehicle No-fault Law;
6. To any person, other than the **named insured**, or any **family member**, who is entitled to Personal Injury Protection benefits from the owner of a **motor vehicle** that is not a covered **motor vehicle** under this insurance or from the **owner's** insurer; or
7. To any person who sustains **bodily injury** while **occupying a motor vehicle** located for use as a residence or premises.

D. LIMIT OF INSURANCE

1. Regardless of the number of persons insured, policies or bonds applicable, premiums paid, vehicles involved or claims made, the total aggregate limit of Personal Injury Protection benefits, available under the Florida Motor Vehicle No-fault Law from all sources combined, including this policy, for or on behalf of any one person who sustains **bodily injury** as the result of any one **accident**, shall be \$10,000 when it has been determined, by a physician licensed under chapter 458 or chapter 459, Florida Statutes, a dentist licensed under chapter 466, Florida Statutes, a physician assistant licensed under chapter 458 or chapter 459, Florida Statutes, or an advanced registered nurse practitioner licensed under chapter 464, Florida Statutes, that the injured person had an **emergency medical condition**. However, Medical Benefits shall be limited to \$2,500 when:
 - a. A health care provider, as described in **A. COVERAGE, 1.b.(1)** which provided the initial services and care; or
 - b. A health care provider, as described in **A. COVERAGE, 1.b.(2)** which provided the followup services and care did not determine that the injured person had an **emergency medical condition**.

2. **We** will pay no more than \$5,000 per individual for Death Benefits. Death Benefits are in addition to the Medical and Disability Benefits provided under this policy.
3. Any amount paid under this coverage will be reduced by the amount of benefits an injured person has been paid or is entitled to be paid for the same elements of **loss** under any workers compensation law.
4. If Personal Injury Protection benefits, under the Florida Motor Vehicle No-fault Law, have been received from any insurer for the same elements of loss and expense benefits available under this policy, **we** will not make duplicate payments to or for the benefit of the injured person. The insurer paying the benefits shall be entitled to recover from **us** its pro rata share of the benefits paid and expenses incurred in handling the claim.
5. The deductible amount shown in the Declarations will be deducted from the total amount of expenses and losses listed in Paragraphs **A.1.**, **A.2.** and **A.3.** of this endorsement before the application of any percentage limitation for each **insured** to whom the deductible applies. Such deductible will apply:
 - a. Only to the **named insured**, if designated PIP Deductible (X); or
 - b. Only to the **named insured** and each dependent **family member**, if designated PIP Deductible (Y)
 as shown in the Declarations under Personal Injury Protection.
 The deductible does not apply to the Death Benefit.
6. Any amount paid under this coverage for Medical Benefits shall be limited by the medical fee schedule as provided by this policy.

E. CHANGES IN CONDITIONS

SECTION V - CONDITIONS is amended for the purposes of this endorsement only.

1. **Duties In The Event Of Accident, Claim, Suit Or Loss** is deleted and replaced by the following:
 Compliance with the following duties is a condition precedent to receiving benefits:
 In the event of an **accident**, the **named insured** must give **us** or **our** authorized representative prompt written notice of the **accident**.
 If any injured person or his or her legal representative institutes a legal action to recover damages for **bodily injury** against a third party, a copy of the summons, complaint or other process served in connection with that legal action must be forwarded to **us** as soon as possible by

the injured person or his or her legal representative.

A person seeking personal injury protection benefits must, as soon as possible, give **us** written proof of claim, under oath if required, containing full particulars concerning the injuries and treatment received and/or contemplated, and send **us** any other information that will assist **us** in determining the amount due and payable.

A person seeking personal injury protection benefits must submit to an examination under oath. The scope of questioning during the examination under oath is limited to relevant information or information that could reasonably be expected to lead to relevant information.

2. **Legal Action Against Us** is deleted and replaced by the following:

Legal Action Against Us

- a. No legal action may be brought against **us** until there has been full compliance with all terms of this policy. In addition, no legal action may be brought against **us**:
 - (1) Until the claim for benefits is overdue in accordance with Paragraph **F.2.** of this endorsement; and
 - (2) Until **we** are provided with a demand letter in accordance with the Florida Motor Vehicle No-fault Law sent to **us** via U.S. certified or registered mail; and
 - (3) With respect to the overdue claim specified in the demand letter, if, within 30 days of receipt of the demand letter, **we**:
 - (a) Pay the overdue claim; or
 - (b) Agree to pay for future treatment not yet rendered
 in accordance with the requirements of the Florida Motor Vehicle No-fault Law.
 - b. If legal action is brought against **us**, all claims related to the same health care provider or facility shall be brought in a single action, unless good cause can be shown why such claims should be brought separately.
3. **Our Right to Recover Payments** is deleted and replaced by the following:
Our Right to Recover Payments
 Unless prohibited by the Florida Motor Vehicle No-fault Law, in the event of payment to or for the benefit of any injured person under this coverage:
 - a. **We** will be reimbursed for those payments, not including reasonable attorneys' fees and other reasonable expenses, from the proceeds of any settlement or judgment resulting from any right of recovery of the injured

person against any person or organization legally responsible for the **bodily injury** from which the payment arises. **We** will also have a lien on those proceeds.

- b. If any person to or for whom **we** pay benefits has rights to recover benefits from another, those rights are transferred to **us**. That person must do everything necessary to secure **our** rights and must do nothing after loss to impair them.
 - c. The insurer providing Personal Injury Protection benefits on a private passenger **motor vehicle**, as defined in the Florida Motor Vehicle No-fault Law, shall be entitled to reimbursement to the extent of the payment of Personal Injury Protection benefits from the **owner** or the insurer of the **owner** of a commercial **motor vehicle**, as defined in the Florida Motor Vehicle No-fault Law, if such injured person sustained the injury while **occupying**, or while a **pedestrian** through being struck by, such commercial **motor vehicle**. However, such insurer's right of reimbursement under this Paragraph **c**. does not apply to an **owner** or registrant of a **motor vehicle** used as a taxicab.
4. **Concealment, Misrepresentation or Fraud** is deleted and replaced by the following:
Concealment, Misrepresentation or Fraud
We do not provide coverage under this endorsement for an **insured** if that **insured** has committed, by a material act or omission, insurance fraud relating to personal injury protection coverage under this form, if fraud is admitted to in a sworn statement by the **insured** or if the fraud is established in a court of competent jurisdiction. Any insurance fraud voids all personal injury protection coverage arising from the claim with respect to the **insured** who committed the fraud. Any benefits paid prior to the discovery of the fraud are recoverable from that **insured**.
5. **Policy Term and Territory** is deleted and replaced by the following:
Policy Term and Territory
The insurance under this section applies only to **accidents** which occur during the policy term:
- a. In the state of Florida;
 - b. As respects the **named insured** or any **family member**, while **occupying** the covered **motor vehicle** outside the state of Florida but within the United States of America, its territories or possessions or Canada; and
 - c. As respects the **named insured**, while **occupying** a **motor vehicle** of which a **family member** is the **owner** and for which security is maintained under the Florida Motor Vehicle No-Fault Law outside the state of

Florida but within the United States of America, its territories or possessions or Canada.

F. ADDITIONAL CONDITIONS

SECTION V - CONDITIONS is amended for the purposes of this endorsement only. The following conditions are added:

1. Mediation

- a. In any claim filed by an **insured** with **us** for:
 - (1) **Bodily injury** in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered **auto**;
 - (2) **Property damage** in any amount, arising out of the ownership, operation, maintenance or use of a covered **auto**;
 - or
 - (3) **Loss** to a covered **auto** or its equipment, in any amount
either party may make a written demand for mediation of the claim prior to the institution of litigation.
- b. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
- c. The request must state:
 - (1) Why mediation is being requested.
 - (2) The issues in dispute, which are to be mediated.
- d. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
- e. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.
- f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

2. Payment of Benefits

Personal Injury Protection benefits payable under this policy, whether the full or partial amount, may be overdue if not paid within 30 days after **we** are furnished with written notice of the covered loss and the amount of the covered loss in accordance with the Florida Motor Vehicle No-fault Law.

However, if **we** have a reasonable belief that a fraudulent insurance act has been committed relating to Personal Injury Protection coverage under this policy, **we** will notify the **insured** in writing, within 30 days after the submission of the claim, that the claim is being investigated for suspected fraud. No later than 90 days after the submission of the claim, **we** will either deny or pay the claim, in accordance with the Florida Motor Vehicle No-fault Law.

If **we** pay only a portion of a claim or reject a claim because of an alleged error in the claim, **we**, at the time of the partial payment or rejection, will provide an itemized specification or explanation of benefits because of the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which will be considered a timely submission of written notice of a claim.

3. Modification of Policy Coverages

Any Auto Medical Payments Coverage and any Uninsured Motorist Coverage afforded by the policy shall be excess over any Personal Injury Protection benefits paid or payable.

Regardless of whether the full amount of Personal Injury Protection benefits has been exhausted, any Medical Payments Coverage afforded by the policy shall pay the portion of any claim for personal injury protection medical expenses which are otherwise covered but not payable because of the limitation of 80% of medical expense benefits but shall not be payable for the amount of the deductible selected.

4. Medical Reports and Examinations; Payment of Claim Withheld

As soon as practicable, the person making the claim shall submit to mental and physical examinations at **our** expense when and as often as **we** may reasonably require and a copy of the medical report shall be forwarded to such person if requested.

At **our** request, the person making the claim or someone acting on behalf of such person must authorize **us** to obtain medical and other records which pertain to the **bodily injury**.

If the person unreasonably refuses to submit to, or fails to appear at, an examination, **we** will not be liable for subsequent Personal Injury Protection benefits. Such person's refusal to submit to, or failure to appear at, two examinations, raises a rebuttable presumption that such person's refusal or failure was unreasonable.

Whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony, **we** shall withhold benefits until, at the trial level, the prosecution makes a formal entry on the record that it will not prosecute the case against the person, the charge is dismissed or the person is acquitted.

5. Provisional Premium

In the event of any change in the rules, rates, rating plan, premiums or minimum premiums applicable to the insurance afforded, because of an adverse judicial finding as to the constitutionality of any provisions of the Florida Motor Vehicle No-fault Law providing for the exemption of persons from tort liability, the premium shown in the Declarations for any Liability, Medical Payments and Uninsured Motorist insurance shall be deemed provisional and subject to recomputation. If this policy is a renewal policy, such recomputation shall also include a determination of the amount of any return premium previously credited or refunded to the **named insured** pursuant to the Florida Motor Vehicle No-fault Law with respect to insurance afforded under a previous policy.

If the final premium thus recomputed exceeds the premium shown in the Declarations, the **named insured** shall pay to **us** the excess as well as the amount of any return premium previously credited or refunded.

6. Special Provisions For Rented Or Leased Vehicles

Notwithstanding any provision of this coverage to the contrary, if a person is injured while **occupying**, or through being struck by, a **motor vehicle** rented or leased under a rental or lease agreement which does not specify otherwise in language required by FLA. STAT. SECTION 627.7263(2) in at least 10-point type on the face of the agreement, the Personal Injury Protection benefits available under the Florida Motor Vehicle No-fault Law and afforded under the lessor's policy shall be primary.

7. Insured's Right To Personal Injury Protection Information

a. In a dispute between **us** and an **insured**, or between **us** and an assignee of the **insured's** Personal Injury Protection benefits,

we will, upon request, notify such **insured** or assignee that the limits for Personal Injury Protection have been reached. **We** will provide such information within 15 days after the limits for Personal Injury Protection have been reached.

- b. If legal action is commenced, **we** will, upon request, provide an **insured** with a copy of a log of Personal Injury Protection benefits paid by **us** on behalf of the **insured**. **We** will provide such information within 30 days of receipt of the request for the log from the **insured**.

G. ADDITIONAL DEFINITIONS

SECTION VI - DEFINITIONS is amended. As used in this endorsement only:

1. **Emergency medical condition** means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - a. Serious jeopardy to **insured's** health;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ part.
2. **Entity wholly owned** means a proprietorship, group practice, partnership, or corporation that provides health care services rendered by licensed health care practitioners and in which licensed health care practitioners are the business owners of all aspects of the business entity, including, but not limited to, being reflected as the business owners on the title or lease of the physical facility, filing taxes as the business owners, being account holders on the entity's bank account, being listed as the principals on all incorporation documents required by this state, and having ultimate authority over all personnel and compensation decisions relating to the entity. However, this definition does not apply to an entity that is wholly owned, directly or indirectly, by a hospital licensed under chapter 395, Florida Statutes.
3. **Medically necessary** refers to a medical service or supply that a prudent physician would provide for the purpose of preventing, diagnosing or treating an illness, injury, disease or symptom in a manner that is:
 - a. In accordance with generally accepted standards of medical practice;

- b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
 - c. Not primarily for the convenience of the patient, physician or other health care provider.
4. **Motor vehicle** means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of Florida and any trailer or semi-trailer designed for use with such vehicle. However, **motor vehicle** does not include:
 - a. A mobile home;
 - b. Any **motor vehicle** which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.
 5. **Named insured** means the person or organization named in the Declarations of the policy and, if an individual, shall include the spouse if a resident of the same household.
 6. **Occupying** means in or upon or entering into or alighting from.
 7. **Owner** means a person or organization who holds the legal title to a **motor vehicle** and also includes:
 - a. A debtor having the right to possession, in the event a **motor vehicle** is the subject of a security agreement;
 - b. A lessee having the right to possession, in the event a **motor vehicle** is the subject of a lease with option to purchase and such lease agreement is for a period of six months or more; and
 - c. A lessee having the right to possession, in the event a **motor vehicle** is the subject of a lease without option to purchase, and such lease is for a period of six months or more, and the lease agreement provides that the lessee shall be responsible for securing insurance.
 8. **Pedestrian** means a person while not an occupant of any self-propelled vehicle.
 9. **Service year** means the period from March 1 through the end of February of the following year.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA - POLICY CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION V - CONDITIONS, B. GENERAL CONDITIONS is amended. The following conditions are added.

1. Cancellation

- a. The first Named Insured shown in the Declarations may cancel this policy at any time by returning it to **us** or by notifying **us** of the date on which cancellation is to take effect. However, during the first 60 days this policy is in effect the first Named Insured may cancel only for one or more of the following reasons:
- (1) The covered **auto** has been totally destroyed;
 - (2) Ownership of the covered **auto** has been transferred to another person or corporation; or
 - (3) The first Named Insured has purchased another policy to replace this policy.
- b. (1) If a Named Insured is:
- (a) A natural person; or
 - (b) One or more related persons residing in the same household
- we** may cancel this policy by mailing or delivering written notice stating the reason for cancellation to the first Named Insured at the address shown in the Declarations.
- (2) This notice shall be mailed or delivered at least:
- (a) 10 days prior to the effective date when the reason for cancellation is nonpayment of premium; or
 - (b) 45 days prior to the effective date when cancellation is for any other reason.
- We** will not cancel for nonpayment of premium during the first 60 days this policy is in effect, unless a check for payment of premium issued to **us** is dishonored for any reason or any other type of premium payment is determined to be rejected or invalid.
- (3) If this policy has been in effect 60 days or more, **we** may cancel this policy only for one or more of the following reasons:

- (a) Nonpayment of premium;
 - (b) Material misrepresentation or fraud; or
 - (c) The suspension or revocation of **your** driver's license or motor vehicle registration or the driver's license of any other operator who either resides in **your** household or customarily operates an **auto** insured by this policy. Such suspension or revocation must have occurred during the policy period or within 180 days immediately preceding the effective date of the policy period.
- (4) If **we** determine that **you** have been charged a premium that is incorrect for the coverage **you** applied for on the insurance application, **we** shall immediately provide **you** with notice of the amount of additional premium due. If within 10 days of the date of notice, or a longer period if specified in such notice, **you** do not either:
- (a) Pay the additional premium due and maintain the policy in full force under its original terms; or
 - (b) Cancel this policy and demand a pro rata refund of any unearned premium then this policy shall be canceled 14 days from the date of notice or a longer period if specified in such notice.
- c. If **b.** above does not apply, **we** may cancel this policy by mailing or delivering written notice stating the reason for cancellation to the first Named Insured at the address shown in the Declarations. This notice shall be mailed or delivered at least:
- (1) 10 days prior to the effective date when the reason for cancellation is nonpayment of premium; or
 - (2) 45 days prior to the effective date when cancellation is for other than nonpayment of premium.

We will not cancel for nonpayment of premium during the first 60 days this policy is in effect, unless a check for payment of premium issued to **us** is dishonored for any reason or any other type of premium payment is determined to be rejected or invalid.

- d. If the first Named Insured cancels this policy, **we** shall mail any unearned premium to the first Named Insured within 30 days after the effective date of the cancellation.
- e. If **we** cancel this policy, **we** shall mail any unearned premium to the first Named Insured within 15 days after the effective date of the cancellation.
- f. If this is an audit policy, then, subject to **you** providing **us** or **our** agent the necessary data for

audit, **we** will refund any unearned premium within 90 days from the date of cancellation. If **our** audit is not completed within this time limitation, then **we** will accept **your** audit, and any unearned premium refund due will be mailed within 10 working days of receipt of **your** audit.

2. Nonrenewal

If **we** decide not to renew this policy, **we** will mail or deliver written notice stating the reason for nonrenewal to the first Named Insured at the address shown in the Declarations. This notice shall be mailed or delivered at least 45 days prior to the expiration of this policy.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES

For a covered **auto** licensed or principally garaged in Florida, this endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

With respect to coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

A. SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. COVERAGE, 2. Coverage Extensions,

a. Supplementary Payments is amended.

Paragraph (6) is deleted and replaced by the following.

(6) All costs **we** incur in the settlement of any claim or defense of any **suit we** defend. However, such costs shall not include attorneys' fees or attorneys' expenses taxed against the **insured** unless the attorneys' fees or attorneys' expenses were taxed against the **insured** as a result of **our** rejection of an offer of judgment at or below the applicable limit of insurance while providing a defense for that **insured**.

B. SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, Paragraph 1. is amended.

Paragraph a.(5) is deleted and replaced by the following.

(5) Replacement of any safety or laminated glass. However, in no event, shall a deductible apply to **loss** to glass used in the windshield.

C. SECTION V - CONDITIONS is amended.

1. **A. LOSS CONDITIONS** is amended. **3. Appraisal for Physical Damage Loss** is deleted and replaced by the following.

3. Appraisal for Physical Damage Loss

If **you** and **we** disagree on the amount of **loss**, either may demand an appraisal of the **loss**. Upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute in accordance with the Mediation provision contained in this endorsement. The mediation must be completed before a demand for appraisal can be made. In this event, each party will select a competent appraiser. The two appraisers will select a competent and

impartial umpire. The appraisers will state separately the actual cash value and amount of **loss**. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If **we** submit to an appraisal, **we** will still retain **our** right to deny the claim.

2. **B. GENERAL CONDITIONS** is amended.

a. The following is added to **2. Other Insurance**.

a. When this policy and any other Coverage Form or policy providing liability coverage applies to an **auto** and:

- (1) One provides coverage to a lessor of **autos** for rent or lease; and
- (2) The other provides coverage to a person not described in Paragraph **B.1.a.(1)**

then the Coverage Form or policy issued to the lessor described in Paragraph **B.1.a.(1)** is excess over any insurance available to a person described in **B.1.a.(2)** if the face of the lease or rental agreement contains, in at least 10 point type, the following language:

The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by FLA. STAT. SECTION 324.021(7) and FLA. STAT. SECTION 627.736.

b. The following conditions are added.

(1) **Mediation**

a. In any claim filed by an **insured** with **us** for:

(1) **Bodily injury** in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered **auto**;

(2) **Property damage** in any amount, arising out of the ownership, operation, maintenance or use of a covered **auto**; or

(3) **Loss** to a covered **auto** or its **equipment or custom furnishings**, in any amount

either party may make a written demand for mediation of the claim prior to the institution of litigation.

b. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.

c. The request must state:

(1) Why mediation is being requested.

(2) The issues in dispute, which are to be mediated.

d. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone if feasible. Participants in the mediation conference

must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.

e. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a **suit** is filed relating to the same facts already mediated.

f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

g. Disclosures and information divulged in the mediation process shall not be admissible in any subsequent action or proceeding relating to the claim or cause of action giving rise to the claim.

(2) **INSUFFICIENT FUNDS FEE**

We may impose an insufficient funds fee of up to \$15 per occurrence, if, because of insufficient funds, **your** payment of premium by debit card, credit card, electronic funds transfer or electronic check is returned, declined or cannot be processed. However, **we** may not charge **you** an insufficient funds fee if the failure in payment resulted from fraud or misuse on **your** account from which the payment was made and such fraud or misuse was not attributed to **you**.

All other policy terms and conditions apply.

58550 (1-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY TO FAMILY MEMBERS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION II – COVERED AUTOS LIABILITY COVERAGE, B. EXCLUSIONS is amended. The following exclusion is added.

Exclusion of Injury to Family Members
Bodily injury to you, if an individual, and to **your family members**.

All other policy terms and conditions apply.

58550 (1-17)

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58555 (1-16)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGES - OUR RIGHT TO RECOVER PAYMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION V – CONDITIONS, A. LOSS CONDITIONS, 5. Our Right to Recover Payments is amended. With respect to **SECTION III - PHYSICAL DAMAGE COVERAGE** only, the following condition is added. If the claim paid is less than the agreed **loss** because of any deductible or other limiting terms, the recovery is

prorated between **you** and **us** based on the interest of each in the **loss**. This condition only applies if **we** pay for a **loss** and then payment is made by those responsible for the **loss**.

All other policy terms and conditions apply.

58555 (1-16)

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Page 1 of 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF DEFINITIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION VI - DEFINITIONS is amended.

1. **B.** is deleted and replaced by the following definition.

B. Auto means:

1. A land motor vehicle;
2. A **trailer**; or
3. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, **auto** does not include **mobile equipment**. As it applies to this endorsement only,

mobile equipment does not include a snowmobile.

2. **U.** is deleted and replaced by the following definition.

U. Trailer means a vehicle which is designed to be connected to and towed by a power unit. **Trailer** does not include non-motorized farm machinery or farm wagons. A **trailer** is not **equipment or custom furnishings**.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO SHARING PROGRAM EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

A. SECTION II – COVERED AUTOS LIABILITY COVERAGE, B. EXCLUSIONS is amended.

The following exclusion is added:

Auto Sharing Program

Bodily injury, property damage or covered pollution cost or expense for the ownership, maintenance or use of a covered **auto** while:

1. Enrolled in an electronic or written **auto** sharing program agreement; and
2. Being used in connection with such **auto** sharing program.

If **you** are an individual, this exclusion does not apply to **you** or any **family member** while using such **auto**.

However, this exclusion applies only to the extent that the limits of liability for this coverage exceed the minimum limits of liability required by the financial responsibility law of the state in which **you** reside.

B. SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS is amended. The following exclusion is added:

Auto Sharing Program

Loss to a covered **auto** which occurs while:

1. Enrolled in an electronic or written **auto** sharing program agreement; and
2. Being used in connection with such **auto** sharing program.

If **you** are an individual, this exclusion does not apply to **you** or any **family member** while using such **auto**.

C. SECTION IV - INDIVIDUAL NAMED INSURED is amended. The following provision is added to Paragraph **B**.

This extension does not apply to **loss** to, or loss of use, of an **auto** in connection with an **auto** sharing program if the provisions of such **auto** sharing program preclude the recovery of such **loss** or loss of use, from **you** or such **family member**, or if otherwise precluded by any state law.

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE PROVISION

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SCHEDULE

Effective date:

Expiration date:

Additional Insured (Lessor):

Address of Additional Insured (Lessor):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

A. Additional Insured Provision

1. For a covered **auto** that is a **leased auto**, the **Who Is An Insured** provision under SECTION II - 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.
2. Coverage applies 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 covered **auto** that is 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

We shall notify the lessor no less than ten (10) days prior to the effective date of cancellation of this policy.

- 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 other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION III – PHYSICAL DAMAGE COVERAGE is amended. The following condition is added.

Loss Payable Clause

1. **Loss** under the policy shall be paid to the:
 - a. Named Insured; and
 - b. The loss payee (lienholder) shown in the Declarations as their interest may appear at the time of the **loss**.
2. **We** shall notify the loss payee ten (10) days prior to the effective date of cancellation of this policy.
3. If the **insured** fails to render proof of **loss** within the time required in the policy, the loss payee shall render proof of **loss**:
 - a. Within 60 days after our request; and
 - b. In a form and manner required in the policy.
4. At **our** option, **we** may pay the loss payee:
 - a. The amount of **loss**; or
 - b. The whole principal due with interest accrued at the time of settlement. If **we** make such payment, the loss payee shall assign and transfer the lien to **us**.
5. After **we** make payment to the loss payee under this agreement, **we** will have the right to recover, to the extent of **our** payment, from anyone held responsible. The transfer of such right to recover shall not impair the loss payee's right to recover the full amount of its claim.

All other policy terms and conditions apply.

Agency: 22044700
HALL INSURANCE

Policy Branch: TALLAHASSEE - 078

Named Insured: FLORIDA ATLANTIC UNIVERSITY

Policy Number: 49-635664-07

Policy Prefix: 130212

Address: 13510 HUTCHISON BLVD # A

Original Effective Date: 10/20/2013

PANAMA CITY BEACH, FL 32407-3174

PolicyType: COMMERCIAL AUTO

Term 10/20/2018 to 10/20/2019							
Claim Number: 300-0038401-2019				Policy Term: 10/20/2018 to 10/20/2019			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *	
01/30/2019	2/6/2019	PROPERTY DAMAGE	\$90.00		\$0.00	\$1,576.60	
01/30/2019	3/11/2019	COLLISION	\$0.00		\$0.00	\$0.00	
Fault:		At-Fault and Rated					
Description:		I was leaving an FAU dinner in Mizner Park on 1/30/19. It was approximately 9:00pm. I was turning right onto federal and there was a car also turning right in front of me. I was looking left to make sure there was no oncoming traffic (there was no-one on the road) and I mistakenly assumed the car in front of me had turned since there were no cars. I then moved up and hit their back bumper. I was going approximately 5 mph upon impact. I got out of the car and the woman I hit indicated that she was an insurance agent and did not want to get a police report. I complied and sent her a picture of my license and insurance card. My car was barely effected except for a little scrape on the front bumper.					
Vehicle Description:		2017 TOYOTA CAMRY LE/XLE/SE/XSE					
Driver:		JENNIFER WEIS					
Total:			\$90.00	\$0.00	\$0.00	\$1,576.60	

Term 10/20/2017 to 10/20/2018							
Claim Number: 300-0267722-2018				Policy Term: 10/20/2017 to 10/20/2018			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *	
08/31/2018	9/17/2018	COLLISION	\$95.55		-\$4,094.34	\$4,094.34	
Fault:		Not At-Fault and Rated					
Description:		IV IN RIGHT HAND TURNING LANE AND TURNING ONTO GLADE WHEN OV SIDE SWIPED IV THAT WAS ALSO TURNING RIGHT IN LANE NEXT TO IV					
Vehicle Description:		2017 TOYOTA CAMRY LE/XLE/SE/XSE					
Driver:		ARIANNE LYNN JOHNSON					

Claim Number: 050-0076151-2018				Policy Term: 10/20/2017 to 10/20/2018			
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *	
05/03/2018	8/21/2018	COMPREHENSIVE	\$17.50		\$0.00	\$855.18	
Fault:		Not At-Fault and Not Rated					
Description:		W/S 0616339693800818 ROCK FROM ROAD LOSS PART: FW					
Vehicle Description:		2017 TOYT CAMRY LE/XLE/SE/XSE					
Driver:							

Claim Number: 300-0051353-2018				Policy Term: 10/20/2017 to 10/20/2018		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
02/17/2018	3/2/2018	COMPREHENSIVE	\$90.00		\$0.00	\$454.26
Fault: Not At-Fault and Rated						
Description: INSURED WAS ENTERING ON RAMP TO HIGHWAY WHEN AN OPOSSUM RAN IN FRONT OF VEHICLE AND WAS HIT CAUSING DAMAGE						
Vehicle Description: 2017 TOYOTA CAMRY LE/XLE/SE/XSE						
Driver: ARRIANE JOHNSON						
Total:			\$203.05	\$0.00	-\$4,094.34	\$5,403.78

Term 10/20/2016 to 10/20/2017						
Claim Number: 300-0288588-2017				Policy Term: 10/20/2016 to 10/20/2017		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
10/09/2017	10/19/2017	COLLISION	\$46.05		\$0.00	\$425.05
Fault: Not At-Fault and Rated						
Description: INSURED'S VEHICLE WAS PARKED OUTSIDE HIS HOUSE. WHEN HE WENT TO WORK THE NEXT MORNING HE NOTICED THAT SOMEONE HAD BACKED INTO HIM. DAMAGE TO THE BACK DRIVERS SIDE LOWER PANEL INSURED CALLED POLICE TO REPORT						
Vehicle Description: 2017 TOYOTA CAMRY LE/XLE/SE/XSE						
Driver: PARKED VEHICLE						
Total:			\$46.05	\$0.00	\$0.00	\$425.05

Term 10/20/2015 to 10/20/2016						
Claim Number: 300-0105142-2015				Policy Term: 10/20/2015 to 10/20/2016		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
11/14/2015	12/15/2015	COLLISION	\$0.00		\$0.00	\$417.22
Fault: At-Fault and Rated						
Description: INSURED WAS BACKING OUT OF SPACE IN PARKING GARAGE NEXT TO FAU FOOTBALL STADIUM. INSURED WAS TRYING TO AVOID THE CAR PARKED NEXT TO HIM WHILE BACKING OUT AND DID NOT SEE A POST. FRONT BUMPER SNAGGED ON POST AND BECAME PARTIALLY DETACHED FROM CAR.						
Vehicle Description: 2014 TOYOTA CAMRY L/SE/LE/XLE						
Driver: JARED ALLEN						

Claim Number: 093-0002175-2015				Policy Term: 10/20/2015 to 10/20/2016		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
11/09/2015	1/5/2016	PROPERTY DAMAGE	\$85.00		\$0.00	\$386.80
11/09/2015	11/16/2015	COLLISION	\$85.00		\$0.00	\$1,977.80
Fault: At-Fault and Rated						
Description: IV STRUCK MR. RANCATORE						
Vehicle Description: 2015 TOYT SIENNA XLE/LIMITED						
Driver: RYAN MORAN						

Claim Number: 300-0004051-2016				Policy Term: 10/20/2015 to 10/20/2016		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
10/22/2015	1/6/2016	COLLISION	\$0.00		-\$1,817.54	\$1,817.54
Fault: Not At-Fault and Rated						
Description: INSURED WAS STRUCK FROM BEHIND WHILE TRAFFIC WAS SLOWING. OTHER DRIVER LEFT THE SCENE AND DID NOT WAIT ON POLICE BUT EXCHANGED INFO.						
Vehicle Description: 2013 TOYOTA CAMRY L/SE/LE/XLE						
Driver: BROOKLYN KOHLHEIM						
Total:			\$170.00	\$0.00	-\$1,817.54	\$4,599.36

Term 10/20/2014 to 10/20/2015						
Claim Number: 038-0001869-2015				Policy Term: 10/20/2014 to 10/20/2015		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
10/13/2015	7/13/2016	PROPERTY DAMAGE	\$0.00		\$0.00	\$0.00
10/13/2015	10/18/2016	COLLISION	\$0.00		\$0.00	\$0.00
Fault: Not At-Fault and Not Rated						
Description: THE DRIVER (DEVIN WYSS) WAS BACKING OUT OF A PARKING SPOT IN FRONT OF THE BUILDING AND THE SAME TIME ANOTHER DRIVER (HENRY SLY PH: 727-348-0477) WAS PULLING OUT OF ANOTHER SPOT IN ANOTHER ROW. THEY WERE BACK TO EACH OTHER (ROAD WAY IN THE PARKING LOT BETWEEN THEM). AT WHICH TIME THE TWO CARS BUMPED INTO TO EACH OTHER. THE SIDE SLIDING DOOR AND PART OF THE BACK QUARTER PANEL WERE SCRATCHED ON OUR CAR. PLEASE SEE ATTACHED PICTURES. IF NEEDED I CAN GET A PIC OF HENRY'S CAR AS WELL. THERE WAS NO POLICE REPORT FILED.						
Vehicle Description: 2015 TOYT SIENNA XLE/LIMITED						
Driver: DEVIN WYSS						

Claim Number: 050-0076318-2015				Policy Term: 10/20/2014 to 10/20/2015		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
08/07/2015	10/29/2015	COMPREHENSIVE	\$0.00		\$0.00	\$82.50
Fault: Not At-Fault and Not Rated						
Description: W/S 0905500990601015 OTHER - UNSURE LOSS PART: RP						
Vehicle Description: 2014 TOYT CAMRY/SE/LE/XLE						
Driver:						

Claim Number: 093-0001446-2015				Policy Term: 10/20/2014 to 10/20/2015		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
07/20/2015	8/24/2015	COMPREHENSIVE	\$92.92		\$0.00	\$3,502.73
Fault: Not At-Fault and Not Rated						
Description: INSURED'S VEHICLE WAS STOLEN OUT OF HIS DRIVEWAY, POLICE REPORT TO FOLLOW						
Vehicle Description: 2014 TOYT CAMRY/SE/LE/XLE						
Driver: BRIAN WRIGHT						

Claim Number: 093-0000679-2015				Policy Term: 10/20/2014 to 10/20/2015		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
04/06/2015	1/31/2017	PROPERTY DAMAGE	\$0.00		\$0.00	\$10,132.30
04/06/2015	4/15/2015	COLLISION	\$99.75		\$0.00	\$3,495.81
04/06/2015	1/31/2017	RESIDUAL BODILY INJURY	\$9,524.42		\$0.00	\$6,000.00
Fault: Not At-Fault and Not Rated						
Description: INSURED WAS LEAVING APARTMENT COMPLEX, TURNING RIGHT AT THE SAME TIME THE OTHER INSURED WAS BACKING UP						
Vehicle Description: 2013 TOYT CAMRY/SE/LE/XLE						
Driver: MICHAEL CRANE						
Total:			\$9,717.09	\$0.00	\$0.00	\$23,213.34

Term 10/20/2013 to 10/20/2014

No Claims Found for this Policy Term.

Other Losses Section

This section included open losses that the date of loss is outside of the three or five year period requested or has losses closed in the past three or five year period with a date of loss prior to that date.

Claim Number: 050-0051069-2014				Policy Term: 10/20/2013 to 10/20/2014		
Loss Date	Close Date	Coverage	Allocated Expense	Pending Reserve Amount	Recovery Amount	Paid Amount *
06/07/2014	7/18/2014	COMPREHENSIVE	\$0.00		\$0.00	\$357.60
Fault: Not At-Fault and Not Rated						
Description: W/S 00000000000002370619 FLYINGORFALLINGOBJECTS LOSS PART: FW						
Vehicle Description: 2011 TOYT CAMRY/SE/LE/XLE						
Driver:						
Total:			\$0.00	\$0.00	\$0.00	\$357.60

Totals for Policy 49-635664-07 from 06/27/2014 to 06/27/2019

\$10,226.19 \$0.00 -\$5,911.88 \$35,218.13

All losses shown; however, some may exceed the requested report period.

Total number of claims for this requested report period: 12