

# ***Commercial Auto Policy***

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## ***Epecially Designed For:***

STATE OF FLORIDA  
4050 ESPLANDE WAY  
SUITE 360  
TALLAHASSEE FL 32399



*Underwritten by*  
**American Alternative Insurance Corporation**

## **RISK CONTROL POLICYHOLDER NOTICE**

Dear Glatfelter Public Practice Client,

Safety and health is a major concern in organizations today. These issues are important because of the major impact that accidents can have on an organization. Morale can often be affected as well as an organization's finances. Insurance rarely covers all the expenses associated with accidents. There are often hidden costs that the organization must bear such as time spent reporting, documenting and investigating the accident.

### **Risk Control Guidelines Provided by Glatfelter Public Practice**

As a valuable service to you, Glatfelter Public Practice provides risk control guidelines and programs to your organization in an effort to help you prevent and/or reduce the impact of accidents. Implementing Glatfelter Public Practice risk control measures could benefit your organization by reducing or eliminating the hidden costs of accidents while helping your organization to continue to serve your community.

Glatfelter Public Practice provides a number of programs and services to help you in your risk control effort. While most of these services are available to our clients at no additional cost, some may require a fee based on the scope of the service requested. Some of the services and programs that we provide to our clients include:

- On-site risk control consultations
- Recommendations to control identifiable hazards
- Loss experience analysis
- Consultation on specific risk control-related problems
- Sample standard operating guidelines for vehicle operations
- Accident investigation procedures and forms

### **Risk Control Publications**

Glatfelter Public Practice has many resources that you can access at no charge on our Web site. These include Communiqués, which are a one-page fact sheet, that presents a specific hazard and provides procedures for controlling the hazard. Glatfelter Public Practice also provides numerous training programs that you can access through our Risk Control Services. Please visit [www.GlatfelterPublicPractice.com](http://www.GlatfelterPublicPractice.com) to view and order these resources.

### **Inquire About Our Risk Control Services**

If you would like information about some of the above services and publications, please call Glatfelter Public Practice Risk Control at (800) 233-1957.

# American Alternative Insurance Corporation

(a stock insurance company)

Administrative Office: 555 College Road East • Princeton, NJ 08543-5241 • (800) 305-4954

Statutory Office: 2711 Centerville Road, Suite 400 • Wilmington, DE 19805

Administered by: Glatfelter Underwriting Services, Inc. • 183 Leader Heights Road • York, PA 17402  
(800) 233-1957 • www.GlatfelterPublicPractice.com

Glatfelter  
Public  
Practice<sup>SM</sup>

A Division of Glatfelter Insurance Group

## AUTO POLICY DECLARATIONS

Named Insured and Mailing Address:

STATE OF FLORIDA  
4050 ESPLANDE WAY  
SUITE 360  
TALLAHASSEE FL 32399

Policy Number: GPPA-AU-4050065-01/000

Renewal of: GPPA-AU-4050065-00

Policy Period: From 10-20-2018

To 10-20-2019

at 12:01 AM Standard Time at your  
mailing address shown above

Type of Entity: MUNICIPALITY

Business Description: MUNICIPALITY

|                                  |    |            |
|----------------------------------|----|------------|
| Estimated Coverage Part Premium: | \$ | 243,919.00 |
| Taxes, Fees and Surcharges:      | \$ |            |
| Total Premium:                   | \$ | 243,919.00 |

The policy premium is payable on the dates and in the amounts shown below:

See Installment Schedule

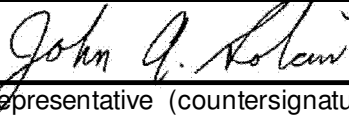
Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**Common Forms**

See Schedule of Forms and Endorsements.

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in the policy. These declarations, the schedule of forms and endorsements, and any forms and endorsements we may later attach to reflect changes, make up and complete the above numbered policy.

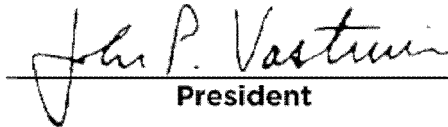


Authorized Representative (countersignature, where required)

10-19-2018

Date

The Company has caused this policy to be signed by its President and Secretary:



President



Secretary



**Policy Number**  
**GPPA-AU-4050065-01/000**

**INSTALLMENT SCHEDULE**

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18  
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

**IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS  
PAYABLE ON INSTALLMENTS AS FOLLOWS:**

|                | <b>DUE</b> | <b>PREMIUM</b> | <b>SURCHARGE</b> | <b>REVISED<br/>INSTALLMENT TOTAL</b> |
|----------------|------------|----------------|------------------|--------------------------------------|
| <b>DEPOSIT</b> | 10/20/2018 | \$243,919.00   |                  | \$243,919.00                         |

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

**Policy Number**  
**GPPA-AU-4050065-01/000**

**SCHEDULE OF ADDITIONAL INTEREST(S)**

**Named Insured** STATE OF FLORIDA

**Effective Date:** 10-20-18  
12:01 A.M., Standard Time

**Agency Name** Glatfelter Underwriting Services, Inc.

Loss Payee  
ENTERPRISE FM TRUST  
PO BOX 16805  
SAINT LOUIS, MO 63105  
DESCRIPTION APPLIES TO #6145, #9863, #7526

Loss Payee  
BB&T  
200 WEST FORSYTH ST #200  
JACKSONSVILLE, FL 32202  
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor  
GT LEASING  
PO BOX 10196  
JACKSONSVILLE, FL 32247  
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920,#0800, #7136

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor  
ENTERPRISE FM TRUST

**Policy Number**  
**GPPA-AU-4050065-01/000**

**SCHEDULE OF ADDITIONAL INTEREST(S)**

Named Insured STATE OF FLORIDA

Effective Date: 10-20-18  
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor  
ENTERPRISE FM TRUST  
PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

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



**Policy Number**  
**GPPA-AU-4050065-01/000**

**SCHEDULE OF NAMED INSURED(S)**

**Named Insured**     STATE OF FLORIDA

**Effective Date:**     10-20-18  
12:01 A.M., Standard Time

**Agency Name**     Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION  
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

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

## **COMMON POLICY CONDITIONS**

All Coverage Parts included in this policy are subject to the following conditions.

### **A. Cancellation**

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.
7. If this Condition conflicts with your state's requirements regarding cancellation or non-renewal, the provisions of any state-specific form attached to this policy will supersede this Condition to the extent of such conflict.

### **B. Changes**

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### **C. 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 period and up to three years afterward.

### **D. Inspections and Surveys**

1. We have the right to:
  - a. Make inspections and surveys at any time;
  - b. Give you reports on the conditions we find; and
  - c. Recommend changes.

2. We are not obligated to make any inspections, surveys, 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. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations on our behalf.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

#### **E. Liberalization**

If we revise any coverage included in this policy, and if such revision does not require a premium charge, your policy will automatically provide the additional coverage as of the date the revision is effective in your state.

#### **F. Premiums**

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

#### **G. Titles**

Throughout this policy, titles are intended for ease of reference only. They do not extend or restrict any coverage beyond what is specifically stated in the policy had no titles been used.

#### **H. Transfer of Your Rights and Duties Under This Policy**

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. 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 period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, 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. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

**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 AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:
  - A. Under any 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 any 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 the first two paragraphs 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.

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

## AUTO COVERAGE PART DECLARATIONS

**ITEM ONE:** Named Insured - Refer to the Common or Auto Policy Declarations

**ITEM TWO:** Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

| Coverage  | Covered Auto Symbols | Limit of Insurance<br>(this is the most we will pay for any one accident or loss) | Premium       |
|---|----------------------|---|---------------|
| Liability<br>(combined single limit)  | 10                   | \$1,000,000<br>each accident  | \$ 204,908    |
| Personal Injury Protection (PIP)<br>(or equivalent no-fault coverage)       | 5                    | Refer to ITEM THREE and each PIP or added PIP endorsement                         | \$ 7,298      |
| Added Personal Injury Protection<br>(or equivalent added no-fault coverage) | N/A                  | Separately stated in each added PIP endorsement                                   |               |
| Property Protection Insurance<br>(Michigan Only)                            | N/A                  | Separately stated in the P.P.I. endorsement minus Ded. for each accident          |               |
| Auto Medical Payments   | 7                    | \$ 5,000 each person  | \$ 2,485      |
| Medical Expense and Income Loss Benefits<br>(Virginia only)                 | N/A                  | Separately stated in each Medical Expense and Income Loss Benefits endorsement    |               |
| Uninsured Motorists (UM)  | N/A                  | Refer to ITEM THREE and the Uninsured Motorists endorsement                       |               |
| Underinsured Motorists (UIM)<br>(when not included in UM coverage)          | N/A                  | Refer to ITEM THREE and the Underinsured Motorists endorsement                    |               |
| Physical Damage – Comprehensive   | 7, 8                 | Refer to ITEM THREE and ITEM FOUR (if applicable)                                 | \$ 7,043      |
| Physical Damage – Specified Causes of Loss                                  | 7                    |   | \$ 107        |
| Physical Damage – Collision   | 7, 8                 |   | \$ 22,078     |
| Physical Damage – Towing and Labor  | N/A                  | Refer to ITEM THREE   |               |
| Other Auto Coverages  |                      |   |               |
| Estimated Coverage Part Premium:  |                      |   | \$ 243,919.00 |
| Taxes, Fees and Surcharges:   |                      |   |               |
| Total Premium:  |                      |   | \$ 243,919.00 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM THREE: Schedule of Your Auto Coverage**

**Auto Schedule Summary**

| Veh. Num. | Year | Make                 | Model      | PE Code | V.I.N.            | Value |
|-----------|------|----------------------|------------|---------|-------------------|-------|
| 1         | 2015 | PETERBILT            | DUMP TRUCK | OTH     | 3BPZLJ0X6FF269695 | ACV   |
| 2         | 2017 | CHEVROLET MALIBU LS  |            | OTH     | 1G1ZC5ST5HF263203 | ACV   |
| 3         | 2017 | CHEVROLET MALIBU LS  |            | OTH     | 1G1ZC5ST6HF264439 | ACV   |
| 4         | 2013 | TOYOTA SIENNA        |            | OTH     | 5TDZK3DC7DS326145 | ACV   |
| 5         | 2016 | TOYOTA CAMRY         |            | OTH     | 4T1BF1FK3GU609863 | ACV   |
| 6         | 2016 | TOYOTA RAV4          |            | OTH     | 2T3ZFREV1GW297526 | ACV   |
| 7         | 2016 | TOYOTA RAV4          |            | OTH     | 2T3ZFREV5GW293284 | ACV   |
| 8         | 2003 | PREVOST HIGHWAY COAC |            | OTH     | 2PCH3349431014741 | ACV   |
| 9         | 2013 | TOYOTA SIENNA VAN    |            | OTH     | 5TDZK3DC6DS350890 | ACV   |
| 10        | 2013 | TOYOTA SIENNA VAN    |            | OTH     | 5TDZK3DC2CS273708 | ACV   |
| 11        | 2013 | NISSAN ALTIMA        |            | OTH     | 1N4AL3AP2DC284797 | ACV   |
| 12        | 2015 | INTERNATIONAL 4300   | SERVICE    | OTH     | 3HAMMMML9FL036813 | ACV   |
| 13        | 2015 | FORD TRANSIT T-350   | SERVICE    | OTH     | 1FBZX2ZM2FKA24998 | ACV   |
| 14        | 2014 | LINCOLN NAVIGATOR    |            | OTH     | 5LMJJ2H57EEL08363 | ACV   |
| 15        | 2015 | FORD E-450           | SERVICE    | OTH     | 1FDDE4FS2FDA16094 | ACV   |
| 16        | 2015 | FORD E-450           | SERVICE    | OTH     | 1FDDE4FSXGDC3441  | ACV   |
| 17        | 2016 | DODGE 5500           | SERVICE    | OTH     | 3C7WRNAL1GG342734 | ACV   |
| 18        | 2015 | GOSHEN COACH         | SERVICE    | OTH     | 1FDEE3FS3FDA35047 | ACV   |
| 19        | 2015 | THOMAS 141YS BUS     |            | OTH     | 1T7YU4E24F1284036 | ACV   |
| 20        | 2015 | THOMAS 141YS BUS     |            | OTH     | 1T7YU4E26F1284037 | ACV   |
| 21        | 2015 | THOMAS WHITE BUS     |            | OTH     | 1T7YU4E27F1284127 | ACV   |
| 22        | 2015 | THOMAS WHITE BUS     |            | OTH     | 1I7YU4E29F1284128 | ACV   |
| 23        | 2016 | DODGE CARAVAN SE     |            | OTH     | 2C4RDGBG3GR365853 | ACV   |
| 24        | 2016 | DODGE CARAVAN SE     |            | OTH     | 2C4RDGBG8GR364116 | ACV   |
| 25        | 2016 | DODGE CARAVAN SE     |            | OTH     | 2C4RDGBG6GR364115 | ACV   |
| 26        | 2017 | BLUE BIRD BUS        |            | OTH     | 1BABNBCA5HF331038 | ACV   |
| 27        | 2017 | BLUE BIRD BUS        |            | OTH     | 1BABNBCA7HF331039 | ACV   |
| 28        | 2018 | BLUE BIRD BUS        |            | OTH     | 1BAKFCPAXJF337419 | ACV   |
| 29        | 2018 | BLUE BIRD BUS        |            | OTH     | 1BABNBCA9JF337415 | ACV   |
| 30        | 2002 | CHEVY MALIBU         |            | OTH     | 1G1ND52J62M669570 | ACV   |
| 31        | 2011 | TOYOTA TACOMA        | SERVICE    | OTH     | 5TFMU4FN1BX002012 | ACV   |
| 32        | 2011 | GMC SIERRA           | SERVICE    | OTH     | 1GT12ZC84BF142324 | ACV   |
| 33        | 2006 | CHEVY EXPRESS        | SERVICE    | OTH     | 1GAHG39U361115869 | ACV   |
| 34        | 2012 | CHEVY SILVERADO      | SERVICE    | OTH     | 1GC4KZC86CF144915 | ACV   |
| 35        | 2012 | TOYOTA TACOMA        | SERVICE    | OTH     | 3TMMU4FNXCM046873 | ACV   |
| 36        | 2012 | TOYOTA PRIUS         |            | OTH     | JTDKDTB38C1505773 | ACV   |
| 37        | 2012 | HONDA CIVIC          |            | OTH     | 19XFB5F53CE000140 | ACV   |
| 38        | 2013 | DODGE CARAVAN        |            | OTH     | 2C4RDGCG7DR693853 | ACV   |
| 39        | 2015 | FORD TRANSIT WAGON X |            | OTH     | 1FMZK1YM8FKA12680 | ACV   |
| 40        | 2016 | FORD TRANSIT CONNECT |            | OTH     | NM0GE9F76G1241748 | ACV   |
| 41        | 2016 | FORD TRANSIT CONNECT |            | OTH     | NM0GE9F78G1259457 | ACV   |
| 42        | 2014 | TOYOTA PRIUS         |            | OTH     | JTDKDTB36E1079875 | ACV   |
| 43        | 2014 | TOYOTA PRIUS         |            | OTH     | JTDKDTB3XE1081385 | ACV   |
| 44        | 2016 | NISSAN FRONTIER      | SERVICE    | OTH     | 1N6BD0CT8GN750498 | ACV   |
| 45        | 2016 | NISSAN FRONTIER      | SERVICE    | OTH     | 1N6BD0CT5GN750331 | ACV   |
| 46        | 2015 | CAIO G3600 MOTORCOAC |            | OTH     | 4UZFDGDV4ECFR5176 | ACV   |
| 47        | 2006 | CHEVY CHAMPION BUS   |            | OTH     | 1GBG5V1246F421713 | ACV   |
| 48        | 2014 | FORD WINNEBAGO       |            | OTH     | 1F645DY2E0A04347  | ACV   |
| 49        | 2014 | FORD WINNEBAGO       |            | OTH     | 1F645DY9E0A03339  | ACV   |
| 50        | 2006 | CHEVY CHAMPION BUS   |            | OTH     | 1GBG5V1246F421825 | ACV   |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM THREE: Schedule of Your Auto Coverage**

**Auto Schedule Summary**

| Veh. Num. | Year | Make          | Model                   | PE Code | V.I.N.              | Value |
|-----------|------|---------------|-------------------------|---------|---------------------|-------|
| 51        | 2006 | CHEVY         | CHAMPION BUS            | OTH     | 1GBG5V1206F421322   | ACV   |
| 52        | 2005 | CHEVY         | CHAMPION BUS            | OTH     | 1GBE5V1285F509766   | ACV   |
| 53        | 2005 | CHEVY         | CHAMPION BUS            | OTH     | 1GBE5V1275F509466   | ACV   |
| 54        | 2006 | FORD          | E150 ECONOLINE SERVICE  | OTH     | 1FMRE11W76HA80310   | ACV   |
| 55        | 2006 | CHEVROLET     | SILVERADO SERVICE       | OTH     | 2GCEC13T961141705   | ACV   |
| 56        | 1997 | FORD          | TAURUS                  | OTH     | 1FALP52U2VA278637   | ACV   |
| 57        | 2005 | HONDA         | CIVIC LX                | OTH     | JHMES16575S007207   | ACV   |
| 58        | 2004 | FORD          | TAURUS                  | OTH     | 1FAFP53U94A173054   | ACV   |
| 59        | 2006 | CHEVROLET     | IMPALA                  | OTH     | 2G1WB55K969407009   | ACV   |
| 60        | 2007 | CHEVROLET     | IMPALA LS               | OTH     | 2G1WB55KX79173836   | ACV   |
| 61        | 2007 | CHEVROLET     | IMPALA LS               | OTH     | 2G1WB55K179170369   | ACV   |
| 62        | 2007 | FORD          | ECONOLINE E250 SERVICE  | OTH     | 1FTNE24W27DA11649   | ACV   |
| 63        | 2006 | FORD          | ECONOLINE E250 SERVICE  | OTH     | 1FTNS24W76DA85155   | ACV   |
| 64        | 2008 | CHEVROLET     | IMPALA                  | OTH     | 2G1WB58K789198822   | ACV   |
| 65        | 2012 | FORD          | FOCUS                   | OTH     | 1FAHP3F27CL106365   | ACV   |
| 66        | 2011 | FORD          | 138 ECONOLINE E SERVICE | OTH     | 1FMNE1BW8BDB31473   | ACV   |
| 67        | 2003 | FORD          | FREIGHTLINER MT SERVICE | OTH     | 4UZAAARBW43CL84659  | ACV   |
| 68        | 2012 | FORD          | FUSION                  | OTH     | 3FAHP0GA6CR418893   | ACV   |
| 69        | 2012 | FORD          | FUSION                  | OTH     | 3FAHP0GA0CR418890   | ACV   |
| 70        | 2009 | FORD          | CROWN VIC POLIC         | OTH     | 2FAHP71V39X142655   | ACV   |
| 71        | 2011 | FORD          | TAURUS SE               | OTH     | 1FAHP2DW2BG183250   | ACV   |
| 72        | 2013 | FORD          | FUSION                  | OTH     | 3FA6P0G71DR138537   | ACV   |
| 73        | 2013 | TOYOTA        | COROLLA                 | OTH     | JTDBU4EEXDJ119957   | ACV   |
| 74        | 2005 | HONDA         | CIVIC LX                | OTH     | 2HGES16595H607849   | ACV   |
| 75        | 2014 | FORD          | EXPORER                 | OTH     | 1FM5K8B85EGA92010   | ACV   |
| 76        | 2014 | FORD          | EXPORER                 | OTH     | 1FM5K8B87EGA92011   | ACV   |
| 77        | 2014 | FORD          | FUSION                  | OTH     | 1FA6POH72E5406434   | ACV   |
| 78        | 2012 | FORD          | EDGE                    | OTH     | 2FMDK3JC1CBA34470   | ACV   |
| 79        | 2015 | CHEVORLET     | TRAVERSE L              | OTH     | 1GNKRFED5FJ192720   | ACV   |
| 80        | 2015 | CHEVORLET     | SILVERADO               | OTH     | 3GCPCEC7FG145431    | ACV   |
| 81        | 2016 | FORD          | TAURUS SE               | OTH     | 1FAHP2D86GG100413   | ACV   |
| 82        | 2016 | FORD          | EXPLORER                | OTH     | 1FM5K8B85GGB97570   | ACV   |
| 83        | 2016 | CHEVY         | IMPALA LIMITED          | OTH     | 2G1WA5E33G1154877   | ACV   |
| 84        | 2016 | FORD          | FUSION S                | OTH     | 3FA6P0G76GR398002   | ACV   |
| 85        | 2017 | FORD          | FUSION                  | OTH     | 3FA6P0G70HR108175   | ACV   |
| 86        | 2005 | GMC           | SAVANA SERVICE          | OTH     | 1GJHG39U451158163   | ACV   |
| 87        | 2016 | FORD          | F-150 SERVICE           | OTH     | 1FTEW1EG2GKD82434   | ACV   |
| 88        | 2016 | FORD          | F-350 SERVICE           | OTH     | 1FT8W3CVT8GED29096  | ACV   |
| 89        | 2006 | CHEVROLET     | EXPRESS SERVICE         | OTH     | 1GBFG15T061196964   | ACV   |
| 90        | 2011 | MERCEDES BENZ | SPRINT                  | OTH     | WD4PE8CC2B5566158   | ACV   |
| 91        | 2004 | FORD          | CROWN VIC               | OTH     | 2FAF [ 73W14X137105 | ACV   |
| 92        | 2012 | DODGE         | GRAND CARAVAN           | OTH     | 2C4RDGBGXCRI167927  | ACV   |
| 93        | 2012 | FORD          | ESCAPE                  | OTH     | 1FMCUODG7CKA30223   | ACV   |
| 94        | 2012 | FORD          | ESCAPE                  | OTH     | 1FMCUODG9CKA30224   | ACV   |
| 95        | 2006 | DODGE         | CARAVAN                 | OTH     | 1D4GP24E76B612661   | ACV   |
| 96        | 2010 | FORD          | F150                    | OTH     | 1FTFW1CV5AFC37183   | ACV   |
| 97        | 2016 | FORD          | ESCAPE                  | OTH     | 1FMCU0F7XGUA85966   | ACV   |
| 98        | 2017 | FARBER        | S753 SERVICE            | OTH     | 1512E9569HE533278   | ACV   |
| 99        | 2016 | DODGE         | GRAND CARAVAN           | OTH     | 2C4RDGBG1GR285094   | ACV   |
| 100       | 2016 | DODGE         | GRAND CARAVAN           | OTH     | 2C4RDGBG9GR372161   | ACV   |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM THREE: Schedule of Your Auto Coverage**

**Auto Schedule Summary**

| Veh. Num. | Year | Make      | Model                  | PE Code | V.I.N.             | Value |
|-----------|------|-----------|------------------------|---------|--------------------|-------|
| 101       | 2016 | FORD      | TRANSIT T-350          | OTH     | 1FBZX2YM2GKA60483  | ACV   |
| 102       | 2000 | FLEETWOOD | DISCOVERY              | OTH     | 4UZ6XFBASYCH31191  | ACV   |
| 103       | 2000 | FLEETWOOD | DISCOVERY              | OTH     | 4UZ6XBAX4CG90833   | ACV   |
| 104       | 2016 | FORD      | TRANSIT T-350 SERVICE  | OTH     | 1FBZX2CM1GKB57343  | ACV   |
| 105       | 2017 | DODGEN    | 32' GOOSENECK TRAILER  | OTH     | 1J9GN3227GH030709  | ACV   |
| 106       | 2015 |           | HD FLHP MOTORCYCLE     | OTH     | 1HD1FHM1XFB622928  | ACV   |
| 107       | 2005 |           | KENT TRAILER           | OTH     | 1KKVE53385L216541  | ACV   |
| 108       | 2017 | FORD      | SUPER DUTY E450        | OTH     | 1FDFE4FS9HDC31975  | ACV   |
| 109       | 2017 | TOYOTA    | RAV 4 HV               | OTH     | JTMRJREV6HD077456  | ACV   |
| 110       | 2017 | TOYOTA    | RAV 4                  | OTH     | JTMRJREV1HD077753  | ACV   |
| 111       | 2016 | VOLVO     | VNL64T                 | OTH     | 4V4NC9EJ8GN948571  | ACV   |
| 112       | 2015 | FORD      | EDGE SEL AWD           | OTH     | 2FMTK4J96FBC18054  | ACV   |
| 113       | 2016 | FORD      | TAURUS SE              | OTH     | 1FAHP2D87GG123179  | ACV   |
| 114       | 2017 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP4HC297542  | ACV   |
| 115       | 2017 | FORD      | EXPLORER               | OTH     | 1FM5K8B80HGC78705  | ACV   |
| 116       | 2016 |           | FVXL KITCHEN TRAILER   | OTH     | 4U3J04827GL015336  | ACV   |
| 117       | 2017 | FREEDOM   | TRAILER                | OTH     | 5WKBE1014H1045810  | ACV   |
| 118       | 2017 | FORD      | EXPLORER               | OTH     | 1FM5K7B88HGB33941  | ACV   |
| 119       | 2017 | FORD      | TRANSIT                | OTH     | 1FMZK1YM0HKA34983  | ACV   |
| 120       | 2017 | FORD      | EXPLORER 2             | OTH     | 1FM5K7B87HGB33932  | ACV   |
| 121       | 2017 | FORD      | FUSION 1               | OTH     | 3FA6P0G72HR236174  | ACV   |
| 122       | 2017 | FORD      | FUSION 2 (HYBRI        | OTH     | 3FA6P0UU3HR236176  | ACV   |
| 123       | 2017 | FORD      | FUSION 2 (HYBRI        | OTH     | 3FA6P0UU1HR236175  | ACV   |
| 124       | 2017 | FORD      | FUSION 4               | OTH     | 3FA6P0G70HR236173  | ACV   |
| 125       | 2018 | MAZDA     | M3S GT A               | OTH     | 3MZBN1W35JM187409  | ACV   |
| 126       | 2018 | MAZDA     | M3S GT A               | OTH     | 3MZBN1W36JM187581  | ACV   |
| 127       | 2018 | TOYOTA    | CAMRY                  | OTH     | 4T1B31HKXJU501463  | ACV   |
| 128       | 2018 | NISSAN    | ALTIMA 2.5             | OTH     | 1N4AL3APX1JC138823 | ACV   |
| 129       | 2018 | NISSAN    | ALTIMA 2.5             | OTH     | 1N4AL3AP0JC139964  | ACV   |
| 130       | 2018 | FORD      | EXPLORER               | OTH     | 1FM5KB89JGA71381   | ACV   |
| 131       | 2018 | GMC       | TERRAIN                | OTH     | GKALMEV1JL208582   | ACV   |
| 132       | 2018 | DODGE     | CARAVAN                | OTH     | 2C4RDGBGJR176438   | ACV   |
| 133       | 2016 | GMC       | YUKON DENALI           | OTH     | 1GKS1CKJGR337755   | ACV   |
| 134       | 2017 | GOSHEN    | COACH                  | OTH     | 1FDFE4FS0HDC31976  | ACV   |
| 135       | 2018 | CHEVROLET | G3500 15 PASSENGER VAN | OTH     | 1GAZGPF6G3J1235738 | ACV   |
| 136       | 2018 | CHEVROLET | G3500 15 PASSENGER VAN | OTH     | 1GAZGPF6G1J1278197 | ACV   |
| 137       | 2018 | CHEVROLET | G3500 15 PASSENGER VAN | OTH     | 1GAZGPF6G6J1281791 | ACV   |
| 138       | 2018 | HYUNDAI   | SONATA                 | OTH     | 5NPE24AA5JH707274  | ACV   |
| 139       | 2018 | FORD      | TAURUS                 | OTH     | 1FAHP2D88JG123909  | ACV   |
| 140       | 2017 | CHEVROLET | BOLT                   | OTH     | 1G1FX6S06H4183309  | ACV   |
| 141       | 2018 | FORD      | TRANSIT                | OTH     | 1FBZX2ZG6JKA62723  | ACV   |
| 142       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP0JC251034  | ACV   |
| 143       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP8JC249208  | ACV   |
| 144       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP7JC248857  | ACV   |
| 145       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP2JC247163  | ACV   |
| 146       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP8JC248690  | ACV   |
| 147       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3AP9JC250920  | ACV   |
| 148       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3APXJC250800  | ACV   |
| 149       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3APXJC247136  | ACV   |
| 150       | 2018 | NISSAN    | ALTIMA                 | OTH     | 1N4AL3APXJC249226  | ACV   |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000

Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM THREE: Schedule of Your Auto Coverage**

**Auto Schedule Summary**

| Veh. Num. | Year | Make         | Model         | PE Code | V.I.N.            | Value |
|-----------|------|--------------|---------------|---------|-------------------|-------|
| 151       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP6JC250499 | ACV   |
| 152       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3APXJC249100 | ACV   |
| 153       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP8JC249855 | ACV   |
| 154       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP6JC248722 | ACV   |
| 155       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP8JC248849 | ACV   |
| 156       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP7JC247286 | ACV   |
| 157       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP8JC248902 | ACV   |
| 158       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3APXJC247198 | ACV   |
| 159       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP4JC250646 | ACV   |
| 160       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP6JC248753 | ACV   |
| 161       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP1JC247459 | ACV   |
| 162       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP1JC251091 | ACV   |
| 163       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP5JC251062 | ACV   |
| 164       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP0JC247291 | ACV   |
| 165       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP9JC250867 | ACV   |
| 166       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP7JC247272 | ACV   |
| 167       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP9JC250450 | ACV   |
| 168       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP5JC249229 | ACV   |
| 169       | 2018 | NISSAN       | ALTIMA        | OTH     | 1N4AL3AP6JC248669 | ACV   |
| 170       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP5JY302929 | ACV   |
| 171       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP2JY304105 | ACV   |
| 172       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP1JY305472 | ACV   |
| 173       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP2JY304959 | ACV   |
| 174       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP4JY300136 | ACV   |
| 175       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP8JY302911 | ACV   |
| 176       | 2018 | NISSAN       | SENTRA        | OTH     | 3N1AB7AP0JY303552 | ACV   |
| 177       | 2016 | CHEVROLET    | MALIBU        | OTH     | 1G1ZC5ST2GF260385 | ACV   |
| 178       | 2018 | DODGE        | GRAND CARAVAN | OTH     | 2C4RDGBG3JR310343 | ACV   |
| 179       | 2018 | DODGE        | GRAND CARAVAN | OTH     | 2C4RDGBG1JR310342 | ACV   |
| 180       | 2018 | DODGE        | GRAND CARAVAN | OTH     | 2C4RDGBG8JR311908 | ACV   |
| 181       | 2016 | JEEP         | CHEROKEE      | OTH     | 1C4PJMABXGW301868 | ACV   |
| 182       | 2017 | FORD         | F150          | OTH     | 1FTMF1EFSHKD56835 | ACV   |
| 183       | 2012 | FORD         | F150          | OTH     | 1FTEX1EM8CFC22581 | ACV   |
| 184       | 2014 | FORD         | EXPLORER      | OTH     | 1FM5K8B89EGC60389 | ACV   |
| 185       | 2017 | TOYOTA       | TUNDRA        | OTH     | 5TFUM5F10HX072306 | ACV   |
| 186       | 2017 | JEEP         | CHEROKEE      | OTH     | 1C4PJMAB1HW513723 | ACV   |
| 187       | 2018 | WINNEBAGO/RV |               | OTH     | 1F66F5DY210A10975 | ACV   |
| 188       | 2018 | FORD         | F150          | OTH     | 1FTEW1E50JFA65122 | ACV   |
| 189       | 2018 | FORD         | F150          | OTH     | 1FTEW1E54JFA65124 | ACV   |
| 190       | 2018 | FORD         | F150          | OTH     | 1FTEW1E56JFA65125 | ACV   |
| 191       | 2018 | FORD         | F150          | OTH     | 1FTEW1E59JFA65121 | ACV   |
| 192       | 2018 | FORD         | F150          | OTH     | 1FTEW1E50JFA65119 | ACV   |
| 193       | 2018 | FORD         | F150          | OTH     | 1FTEW1EFXJKE95666 | ACV   |
| 194       | 2018 | FORD         | F150          | OTH     | 1FTEW1E58JKE95665 | ACV   |
| 195       | 2018 | BUICK        | REGAL         | OTH     | W04GU8SX7J1074713 | ACV   |
| 196       | 2018 | GOSHEN COACH |               | OTH     | 1FDFE4FS4JDC01465 | ACV   |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 1

Insured's #:

Insured Entity:

Year: 2015  
Make: PETERBILT  
Model: DUMP TRUCK  
V.I.N.: 3BPZLJ0X6FF269695  
Valuation: Actual Cash Value

Use:  
Class Code: 404990  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,302 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 10    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 104   |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 643   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 3,083 |

Vehicle # 2

Insured's #:

Insured Entity:

Year: 2017  
Make: CHEVROLET MALIBU LS  
Model:  
V.I.N.: 1G1ZC5ST5HF263203  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,259 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 3

Insured's #:

Insured Entity:

Year: 2017

Make: CHEVROLET MALIBU LS

Model:

V.I.N.: 1G1ZC5ST6HF264439

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,259 |

Vehicle # 4

Insured's #:

Insured Entity:

Year: 2013

Make: TOYOTA SIENNA

Model:

V.I.N.: 5TDZK3DC7DS326145

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 25    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 93    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,229 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 5

Insured's #:

Insured Entity:

Year: 2016  
Make: TOYOTA CAMRY  
Model:  
V.I.N.: 4T1BF1FK3GU609863  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,246 |

Vehicle # 6

Insured's #:

Insured Entity:

Year: 2016  
Make: TOYOTA RAV4  
Model:  
V.I.N.: 2T3ZFREV1GW297526  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,246 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 7

Insured's #:

Insured Entity:

Year: 2016  
Make: TOYOTA RAV4  
Model:  
V.I.N.: 2T3ZFREV5GW293284  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,246 |

Vehicle # 8

Insured's #:

Insured Entity:

Year: 2003  
Make: PREVOST HIGHWAY COACH  
Model:  
V.I.N.: 2PCH3349431014741  
Valuation: Actual Cash Value

Use:  
Class Code: 560900  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,601 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 26    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 152   |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 459   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 3,310 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 9

Insured's #:

Insured Entity:

Year: 2013  
Make: TOYOTA SIENNA VAN  
Model:  
V.I.N.: 5TDZK3DC6DS350890  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 25    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 93    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,229 |

Vehicle # 10

Insured's #:

Insured Entity:

Year: 2013  
Make: TOYOTA SIENNA VAN  
Model:  
V.I.N.: 5TDZK3DC2CS273708  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 25    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 93    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,229 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 11

Insured's #:

Insured Entity:

Year: 2013  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP2DC284797  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 22    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 89    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,222 |

Vehicle # 12

Insured's #:

Insured Entity:

Year: 2015  
Make: INTERNATIONAL 4300  
Model: SERVICE  
V.I.N.: 3HAMMMML9FL036813  
Valuation: Actual Cash Value

Use: Service  
Class Code: 314990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 578  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 35   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 106  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 734  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 13

Insured's #:

Insured Entity:

Year: 2015  
Make: FORD TRANSIT T-350  
Model: SERVICE  
V.I.N.: 1FBZX2ZM2FKA24998  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 39   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 100  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 651  |

Vehicle # 14

Insured's #:

Insured Entity:

Year: 2014  
Make: LINCOLN NAVIGATOR  
Model:  
V.I.N.: 5LMJJ2H57EEL08363  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 34    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 113   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,258 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 15

Insured's #:

Insured Entity:

Year: 2015  
Make: FORD E-450  
Model: SERVICE  
V.I.N.: 1FDFF4FS2FDA16094  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 29   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 75   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 641  |

Vehicle # 16

Insured's #:

Insured Entity:

Year: 2015  
Make: FORD E-450  
Model: SERVICE  
V.I.N.: 1FDFF4FSXGDC3441  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 29   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 75   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 641  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 17

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE 5500  
Model: SERVICE  
V.I.N.: 3C7WRNAL1GG342734  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 37   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 111  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 685  |

Vehicle # 18

Insured's #:

Insured Entity:

Year: 2015  
Make: GOSHEN COACH  
Model: SERVICE  
V.I.N.: 1FDDE3FS3FDA35047  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 29   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 75   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 641  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 19

Insured's #:

Insured Entity:

Year: 2015  
Make: THOMAS 141YS BUS  
Model:  
V.I.N.: 1T7YU4E24F1284036  
Valuation: Actual Cash Value

Use:  
Class Code: 620300  
State: FL  
Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 167   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,091 |

Vehicle # 20

Insured's #:

Insured Entity:

Year: 2015  
Make: THOMAS 141YS BUS  
Model:  
V.I.N.: 1T7YU4E26F1284037  
Valuation: Actual Cash Value

Use:  
Class Code: 620300  
State: FL  
Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 167   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,091 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 21

Insured's #:

Insured Entity:

Year: 2015  
Make: THOMAS WHITE BUS  
Model:  
V.I.N.: 1T7YU4E27F1284127  
Valuation: Actual Cash Value

Use:  
Class Code: 620300  
State: FL  
Territory: 138

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 167   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,091 |

Vehicle # 22

Insured's #:

Insured Entity:

Year: 2015  
Make: THOMAS WHITE BUS  
Model:  
V.I.N.: 1I7YU4E29F1284128  
Valuation: Actual Cash Value

Use:  
Class Code: 620300  
State: FL  
Territory: 138

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 167   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,091 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 23

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG3GR365853  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 120

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,259 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 55    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 33    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,481 |

Vehicle # 24

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG8GR364116  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 120

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,259 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 55    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 33    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,481 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 25

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG6GR364115  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 120

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,259 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 55    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 33    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,481 |

Vehicle # 26

Insured's #:

Insured Entity:

Year: 2017  
Make: BLUE BIRD BUS  
Model:  
V.I.N.: 1BABNBCA5HF331038  
Valuation: Actual Cash Value

Use:  
Class Code: 620300  
State: FL  
Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 156   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,080 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 27

Insured's #:

Insured Entity:

Year: 2017

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA7HF331039

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,792 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 156   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,080 |

Vehicle # 28

Insured's #:

Insured Entity:

Year: 2018

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BAKFCPAXJF337419

Valuation: Actual Cash Value

Use:

Class Code: 628300

State: FL

Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,458 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 59    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 15    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 30    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 94    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,656 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 29

Insured's #:

Insured Entity:

Year: 2018  
Make: BLUE BIRD BUS  
Model:  
V.I.N.: 1BABNBCA9JF337415  
Valuation: Actual Cash Value

Use:  
Class Code: 628300  
State: FL  
Territory: 138

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,458 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 59    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 15    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 35    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 131   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,698 |

Vehicle # 30

Insured's #:

Insured Entity:

Year: 2002  
Make: CHEVY MALIBU  
Model:  
V.I.N.: 1G1ND52J62M669570  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 11    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,164 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 31

Insured's #:

Insured Entity:

Year: 2011  
Make: TOYOTA TACOMA  
Model: SERVICE  
V.I.N.: 5TFMU4FN1BX002012  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 67   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 611  |

Vehicle # 32

Insured's #:

Insured Entity:

Year: 2011  
Make: GMC SIERRA  
Model: SERVICE  
V.I.N.: 1GT12ZC84BF142324  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 94   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 645  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 33

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVY EXPRESS  
Model: SERVICE  
V.I.N.: 1GAHG39U361115869  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 21   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 44   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 577  |

Vehicle # 34

Insured's #:

Insured Entity:

Year: 2012  
Make: CHEVY SILVERADO  
Model: SERVICE  
V.I.N.: 1GC4KZC86CF144915  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 24   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 54   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 615  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 35

Insured's #:

Insured Entity:

Year: 2012  
Make: TOYOTA TACOMA  
Model: SERVICE  
V.I.N.: 3TMMU4FNXCM046873  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 72   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 616  |

Vehicle # 36

Insured's #:

Insured Entity:

Year: 2012  
Make: TOYOTA PRIUS  
Model:  
V.I.N.: JTDKDTB38C1505773  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 19    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 73    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,203 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 37

Insured's #:

Insured Entity:

Year: 2012  
Make: HONDA CIVIC  
Model:  
V.I.N.: 19XFB5F53CE000140  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 23    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 80    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,214 |

Vehicle # 38

Insured's #:

Insured Entity:

Year: 2013  
Make: DODGE CARAVAN  
Model:  
V.I.N.: 2C4RDGCG7DR693853  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 25    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 93    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,229 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 39

Insured's #:

Insured Entity:

Year: 2015  
Make: FORD TRANSIT WAGON XL  
Model:  
V.I.N.: 1FMZK1YM8FKA12680  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,419 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 87    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 12    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 43    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 95    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,656 |

Vehicle # 40

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TRANSIT CONNECT XLT  
Model:  
V.I.N.: NMOGE9F76G1241748  
Valuation: Actual Cash Value

Use:  
Class Code: 588100  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,241 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 76    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 11    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 37    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,444 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 41

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TRANSIT CONNECT XLT  
Model:  
V.I.N.: NM0GE9F78G1259457  
Valuation: Actual Cash Value

Use:  
Class Code: 588100  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,241 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 76    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 11    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 37    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,444 |

Vehicle # 42

Insured's #:

Insured Entity:

Year: 2014  
Make: TOYOTA PRIUS  
Model:  
V.I.N.: JTDKDTB36E1079875  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 21    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 91    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,223 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 43

Insured's #:

Insured Entity:

Year: 2014  
Make: TOYOTA PRIUS  
Model:  
V.I.N.: JTDKDTB3XE1081385  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 21    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 91    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,223 |

Vehicle # 44

Insured's #:

Insured Entity:

Year: 2016  
Make: NISSAN FRONTIER  
Model: SERVICE  
V.I.N.: 1N6BD0CT8GN750498  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 31   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 78   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 621  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 45

Insured's #:

Insured Entity:

Year: 2016  
Make: NISSAN FRONTIER  
Model: SERVICE  
V.I.N.: 1N6BD0CT5GN750331  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 31   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 78   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 621  |

Vehicle # 46

Insured's #:

Insured Entity:

Year: 2015  
Make: CAIO G3600 MOTORCOACH  
Model:  
V.I.N.: 4UZFDGDV4ECFR5176  
Valuation: Actual Cash Value

Use:  
Class Code: 560900  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,601 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 26    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 304   |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 1,198 |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 4,201 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 47

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVY CHAMPION BUS  
Model:  
V.I.N.: 1GBG5V1246F421713  
Valuation: Actual Cash Value

Use:  
Class Code: 580900  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,471 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 68    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 25    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 62    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,705 |

Vehicle # 48

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD WINNEBAGO  
Model:  
V.I.N.: 1F645DY2E0A04347  
Valuation: Actual Cash Value

Use: Service  
Class Code: 314990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 578  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 41   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 192  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 826  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 49

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD WINNEBAGO  
Model:  
V.I.N.: 1F645DY9E0A03339  
Valuation: Actual Cash Value

Use: Service  
Class Code: 314990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 578  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 41   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 192  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 826  |

Vehicle # 50

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVY CHAMPION BUS  
Model:  
V.I.N.: 1GBG5V1246F421825  
Valuation: Actual Cash Value

Use:  
Class Code: 580900  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,471 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 68    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 25    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 62    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,705 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 51

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVY CHAMPION BUS  
Model:  
V.I.N.: 1GBG5V1206F421322  
Valuation: Actual Cash Value

Use:  
Class Code: 580900  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 2,471 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 68    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 25    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 62    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,705 |

Vehicle # 52

Insured's #:

Insured Entity:

Year: 2005  
Make: CHEVY CHAMPION BUS  
Model:  
V.I.N.: 1GBE5V1285F509766  
Valuation: Actual Cash Value

Use:  
Class Code: 580900  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 2,471 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 68    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 25    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 62    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,705 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 53

Insured's #:

Insured Entity:

Year: 2005  
Make: CHEVY CHAMPION BUS  
Model:  
V.I.N.: 1GBE5V1275F509466  
Valuation: Actual Cash Value

Use:  
Class Code: 580900  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,471 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 68    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 25    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 62    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 79    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,705 |

Vehicle # 54

Insured's #:

Insured Entity:

Year: 2006  
Make: FORD E150 ECONOLINE VAN  
Model: SERVICE  
V.I.N.: 1FMRE11W76HA80310  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 106

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 858  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 20   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 6    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 21   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 42   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 947  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 55

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVROLET SILVERADO 1500  
Model: SERVICE  
V.I.N.: 2GCEC13T961141705  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 154

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 815  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 22   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 33   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 42   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 917  |

Vehicle # 56

Insured's #:

Insured Entity:

Year: 1997  
Make: FORD TAURUS  
Model:  
V.I.N.: 1FALP52U2VA278637  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 144

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 835  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 47   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 10   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 36   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 942  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 57

Insured's #:

Insured Entity:

Year: 2005  
Make: HONDA CIVIC LX  
Model:  
V.I.N.: JHMES16575S007207  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 142

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 853  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 48   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 12   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 38   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 965  |

Vehicle # 58

Insured's #:

Insured Entity:

Year: 2004  
Make: FORD TAURUS  
Model:  
V.I.N.: 1FAFP53U94A173054  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 141

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 862  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 50   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 11   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 35   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 972  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 59

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVROLET IMPALA  
Model:  
V.I.N.: 2G1WB55K969407009  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 163

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 642  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 37   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 13   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 41   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 747  |

Vehicle # 60

Insured's #:

Insured Entity:

Year: 2007  
Make: CHEVROLET IMPALA LS  
Model:  
V.I.N.: 2G1WB55KX79173836  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 142

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 853  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 48   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 13   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 40   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 968  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 61

Insured's #:

Insured Entity:

Year: 2007

Make: CHEVROLET IMPALA LS

Model:

V.I.N.: 2G1WB55K179170369

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 853  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 48   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 13   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 40   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 968  |

Vehicle # 62

Insured's #:

Insured Entity:

Year: 2007

Make: FORD ECONOLINE E250

Model: SERVICE

V.I.N.: 1FTNE24W27DA11649

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 142

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 556  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 14   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 23   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 30   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 628  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 63

Insured's #:

Insured Entity:

Year: 2006  
Make: FORD ECONOLINE E250  
Model: SERVICE  
V.I.N.: 1FTNS24W76DA85155  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 119

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 968   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 8     |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 25    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,067 |

Vehicle # 64

Insured's #:

Insured Entity:

Year: 2008  
Make: CHEVROLET IMPALA  
Model:  
V.I.N.: 2G1WB58K789198822  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 106

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,224 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 64    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 18    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,362 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 65

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD FOCUS  
Model:  
V.I.N.: 1FAHP3F27CL106365  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 19    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 73    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,203 |

Vehicle # 66

Insured's #:

Insured Entity:

Year: 2011  
Make: FORD 138 ECONOLINE E150  
Model: SERVICE  
V.I.N.: 1FMNE1BW8BDB31473  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 119

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 968   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 8     |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 45    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 80    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,125 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 67

Insured's #:

Insured Entity:

Year: 2003  
Make: FORD FREIGHTLINER MT55  
Model: SERVICE  
V.I.N.: 4UZAARBW43CL84659  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 154

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 815  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 22   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 33   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 42   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 917  |

Vehicle # 68

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD FUSION  
Model:  
V.I.N.: 3FAHP0GA6CR418893  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 154

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,003 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 64    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 34    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 65    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,180 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 69

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD FUSION  
Model:  
V.I.N.: 3FAHP0GA0CR418890  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 106

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,224 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 64    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 26    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 68    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,396 |

Vehicle # 70

Insured's #:

Insured Entity:

Year: 2009  
Make: FORD CROWN VIC POLICE  
Model:  
V.I.N.: 2FAHP71V39X142655  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 158

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,006 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 58    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 18    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 49    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,145 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 71

Insured's #:

Insured Entity:

Year: 2011  
Make: FORD TAURUS SE  
Model:  
V.I.N.: 1FAHP2DW2BG183250  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 158

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,006 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 58    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 19    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 57    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,154 |

Vehicle # 72

Insured's #:

Insured Entity:

Year: 2013  
Make: FORD FUSION  
Model:  
V.I.N.: 3FA6P0G71DR138537  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 158

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,006 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 58    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 23    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 73    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,174 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 73

Insured's #:

Insured Entity:

Year: 2013  
Make: TOYOTA COROLLA  
Model:  
V.I.N.: JTDBU4EEXDJ119957  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 163

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 642  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 37   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 20   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 78   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 791  |

Vehicle # 74

Insured's #:

Insured Entity:

Year: 2005  
Make: HONDA CIVIC LX  
Model:  
V.I.N.: 2HGES16595H607849  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 159

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 633  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 37   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 10   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 33   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 727  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 75

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD EXPORER  
Model:  
V.I.N.: 1FM5K8B85EGA92010  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 100   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,238 |

Vehicle # 76

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD EXPORER  
Model:  
V.I.N.: 1FM5K8B87EGA92011  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 100   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,238 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 77

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD FUSION  
Model:  
V.I.N.: 1FA6POH72E5406434  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 24    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 95    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,230 |

Vehicle # 78

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD EDGE  
Model:  
V.I.N.: 2FMDK3JC1CBA34470  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 106

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,224 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 64    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 33    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 75    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,410 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 79

Insured's #:

Insured Entity:

Year: 2015  
Make: CHEVORLET TRAVERSE LS  
Model:  
V.I.N.: 1GNKRFED5FJ192720  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 106   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,245 |

Vehicle # 80

Insured's #:

Insured Entity:

Year: 2015  
Make: CHEVORLET SILVERADO 1500  
Model:  
V.I.N.: 3GCPCPEC7FG145431  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 100  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 651  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 81

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TAURUS SE  
Model:  
V.I.N.: 1FAHP2D86GG100413  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 30    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 113   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,254 |

Vehicle # 82

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD EXPLORER  
Model:  
V.I.N.: 1FM5K8B85GGB97570  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 30    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 113   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,254 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 83

Insured's #:

Insured Entity:

Year: 2016  
Make: CHEVY IMPALA LIMITED LS  
Model:  
V.I.N.: 2G1WA5E33G1154877  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 30    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 113   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,254 |

Vehicle # 84

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD FUSION S  
Model:  
V.I.N.: 3FA6P0G76GR398002  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,246 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 85

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD FUSION  
Model:  
V.I.N.: 3FA6P0G70HR108175  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,259 |

Vehicle # 86

Insured's #:

Insured Entity:

Year: 2005  
Make: GMC SAVANA  
Model: SERVICE  
V.I.N.: 1GJHG39U451158163  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 144

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 493  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 14   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 19   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 36   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 567  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 87

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD F-150  
Model: SERVICE  
V.I.N.: 1FTEW1EG2GKD82434  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 402  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 44   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 97   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 558  |

Vehicle # 88

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD F-350  
Model: SERVICE  
V.I.N.: 1FT8W3CVT8GED29096  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 402  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 44   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 97   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 558  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 89

Insured's #:

Insured Entity:

Year: 2006  
Make: CHEVROLET EXPRESS  
Model: SERVICE  
V.I.N.: 1GBFG15T061196964  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 615  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 11   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 8    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 20   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 36   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 690  |

Vehicle # 90

Insured's #:

Insured Entity:

Year: 2011  
Make: MERCEDES BENZ SPRINTER  
Model:  
V.I.N.: WD4PE8CC2B5566158  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,754 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 98    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 22    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 48    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 91    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,013 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 91

Insured's #:

Insured Entity:

Year: 2004  
Make: FORD CROWN VIC  
Model:  
V.I.N.: 2FAF[73W14X137105  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 136

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 858  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 17   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 40   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 962  |

Vehicle # 92

Insured's #:

Insured Entity:

Year: 2012  
Make: DODGE GRAND CARAVAN  
Model:  
V.I.N.: 2C4RDGBGXCR167927  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 82    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,537 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 93

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD ESCAPE  
Model:  
V.I.N.: 1FMCUODG7CKA30223  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 82    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,537 |

Vehicle # 94

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD ESCAPE  
Model:  
V.I.N.: 1FMCU0DG9CKA30224  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 82    |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,537 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 95

Insured's #:

Insured Entity:

Year: 2006  
Make: DODGE CARAVAN  
Model:  
V.I.N.: 1D4GP24E76B612661  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 18    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 48    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,490 |

Vehicle # 96

Insured's #:

Insured Entity:

Year: 2010  
Make: FORD F150  
Model:  
V.I.N.: 1FTFW1CV5AFC37183  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 897   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 20    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 8     |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 40    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 67    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,032 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 97

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD ESCAPE  
Model:  
V.I.N.: 1FMCU0F7XGUA85966  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 39    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 116   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,579 |

Vehicle # 98

Insured's #:

Insured Entity:

Year: 2017  
Make: FARBER S753 SERVICE  
Model:  
V.I.N.: 1512E9569HE533278  
Valuation: Actual Cash Value

Use:  
Class Code: 694990  
State: FL  
Territory: 107

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | INCL    |
| Personal Injury Protection (PIP)                | See Endorsement    |            | INCL    |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | INCL    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 63   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 340  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 403  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 99

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE GRAND CARAVAN  
Model:  
V.I.N.: 2C4RDGBG1GR285094  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 116   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,579 |

Vehicle # 100

Insured's #:

Insured Entity:

Year: 2016  
Make: DODGE GRAND CARAVAN  
Model:  
V.I.N.: 2C4RDGBG9GR372161  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 116   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,579 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 101

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TRANSIT T-350  
Model:  
V.I.N.: 1FBZX2YM2GKA60483  
Valuation: Actual Cash Value

Use:  
Class Code: 588100  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,237 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 159   |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 61    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 111   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,586 |

Vehicle # 102

Insured's #:

Insured Entity:

Year: 2000  
Make: FLEETWOOD DISCOVERY  
Model:  
V.I.N.: 4UZ6XFBASYCH31191  
Valuation: Actual Cash Value

Use:  
Class Code: 560900  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,601 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 26    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 82    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 152   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,933 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 103

Insured's #:

Insured Entity:

Year: 2000  
Make: FLEETWOOD DISCOVERY  
Model:  
V.I.N.: 4UZ6XBAX4CG90833  
Valuation: Actual Cash Value

Use:  
Class Code: 560900  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,601 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 72    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 26    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 82    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 152   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,933 |

Vehicle # 104

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TRANSIT T-350  
Model: SERVICE  
V.I.N.: 1FBZX2CM1GKB57343  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 41   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 106  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 659  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 105

Insured's #:

Insured Entity:

Year: 2017

Make: DODGEN 32' GOOSENECK

Model: TRAILER

V.I.N.: 1J9GN3227GH030709

Valuation: Actual Cash Value

Use:

Class Code: 684990

State: FL

Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 83   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 2    |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 1    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 41   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 174  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 301  |

Vehicle # 106

Insured's #:

Insured Entity:

Year: 2015

Make: HD FLHP

Model: MOTORCYCLE

V.I.N.: 1HD1FHM1XFB622928

Valuation: Actual Cash Value

Use:

Class Code: 798500

State: FL

Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,146 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              |                    |            |          |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   |                    |            |          |
| Physical Damage -- Specified Causes of Loss        | \$ 19,000          | FULL       | \$ 107   |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 86    |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,401 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 107

Insured's #:

Insured Entity:

Year: 2005  
Make: KENT  
Model: TRAILER  
V.I.N.: 1KKVE53385L216541  
Valuation: Actual Cash Value

Use:  
Class Code: 684990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 103  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 2    |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 1    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 11   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 22   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 139  |

Vehicle # 108

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD SUPER DUTY E450  
Model:  
V.I.N.: 1FDDE4FS9HDC31975  
Valuation: Actual Cash Value

Use: Service  
Class Code: 214990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 522  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 693  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 109

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4 HV

Model:

V.I.N.: JTMRJREV6HD077456

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,268 |

Vehicle # 110

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4

Model:

V.I.N.: JTMRJREV1HD077753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,268 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 111

Insured's #:

Insured Entity:

Year: 2016  
Make: VOLVO VNL64T  
Model:  
V.I.N.: 4V4NC9EJ8GN948571  
Valuation: Actual Cash Value

Use:  
Class Code: 404990  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 2,592 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 21    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 10    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 76    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 353   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 3,052 |

Vehicle # 112

Insured's #:

Insured Entity:

Year: 2015  
Make: FORD EDGE SEL AWD  
Model:  
V.I.N.: 2FMTK4J96FBC18054  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 106   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,245 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 113

Insured's #:

Insured Entity:

Year: 2016  
Make: FORD TAURUS SE  
Model:  
V.I.N.: 1FAHP2D87GG123179  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 30    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 113   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,254 |

Vehicle # 114

Insured's #:

Insured Entity:

Year: 2017  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP4HC297542  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,259 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 115

Insured's #:

Insured Entity:

Year: 2017

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5K8B80HGC78705

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,348 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 62    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 45    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 136   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,605 |

Vehicle # 116

Insured's #:

Insured Entity:

Year: 2016

Make: FVXL

Model: KITCHEN TRAILER

V.I.N.: 4U3J04827GL015336

Valuation: N/A

Use:

Class Code: 674990

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 103  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 2    |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 1    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                |                    |            |         |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    |                    |            |         |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 106  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 117

Insured's #:

Insured Entity:

Year: 2017  
Make: FREEDOM  
Model: TRAILER  
V.I.N.: 5WKBE1014H1045810  
Valuation: Actual Cash Value

Use:  
Class Code: 684990  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 185  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 4    |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 2    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 11   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 16   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 218  |

Vehicle # 118

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD EXPLORER  
Model:  
V.I.N.: 1FM5K7B88HGB33941  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,259 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 119

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD TRANSIT  
Model:  
V.I.N.: 1FMZK1YM0HKA34983  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,419 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 87    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 12    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 48    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 106   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,672 |

Vehicle # 120

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD EXPLORER 2  
Model:  
V.I.N.: 1FM5K7B87HGB33932  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,268 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 121

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD FUSION 1  
Model:  
V.I.N.: 3FA6P0G72HR236174  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,259 |

Vehicle # 122

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD FUSION 2 (HYBRID)  
Model:  
V.I.N.: 3FA6P0UU3HR236176  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,268 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 123

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD FUSION 2 (HYBRID)  
Model:  
V.I.N.: 3FA6P0UU1HR236175  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,268 |

Vehicle # 124

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD FUSION 4  
Model:  
V.I.N.: 3FA6P0G70HR236173  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,259 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 125

Insured's #:

Insured Entity:

Year: 2018  
Make: MAZDA M3S GT A  
Model:  
V.I.N.: 3MZBN1W35JM187409  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 136

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 858   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 38    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 110   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,053 |

Vehicle # 126

Insured's #:

Insured Entity:

Year: 2018  
Make: MAZDA M3S GT A  
Model:  
V.I.N.: 3MZBN1W36JM187581  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 136

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 858   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 38    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 110   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,053 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 127

Insured's #:

Insured Entity:

Year: 2018  
Make: TOYOTA CAMRY  
Model:  
V.I.N.: 4T1B31HKXJU501463  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,268 |

Vehicle # 128

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA 2.5  
Model:  
V.I.N.: 1N4AL3APX1JC138823  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 142

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 853   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 48    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 104   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,046 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 129

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA 2.5

Model:

V.I.N.: 1N4AL3AP0JC139964

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 853   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 48    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 104   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,046 |

Vehicle # 130

Insured's #:

Insured Entity:

Year: 2018

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5KB89JGA71381

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 853   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 48    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 34    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 114   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,063 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 131

Insured's #:

Insured Entity:

Year: 2018  
Make: GMC  
Model: TERRAIN  
V.I.N.: GKALMEV1JL208582  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 858   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 42    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 115   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,062 |

Vehicle # 132

Insured's #:

Insured Entity:

Year: 2018  
Make: DODGE  
Model: CARAVAN  
V.I.N.: 2C4RDGBGJR176438  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 138

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 817  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 35   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 36   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 95   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 997  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 133

Insured's #:

Insured Entity:

Year: 2016  
Make: GMC YUKON DENALI  
Model:  
V.I.N.: 1GKS1CKJGR337755  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 858   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 52    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,074 |

Vehicle # 134

Insured's #:

Insured Entity:

Year: 2017  
Make: GOSHEN COACH  
Model:  
V.I.N.: 1FD4E4FS0HDC31976  
Valuation: Actual Cash Value

Use:  
Class Code: 658300  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 2,305 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 142   |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 20    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 60    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 196   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,723 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 135

Insured's #:

Insured Entity:

Year: 2018  
Make: CHEVROLET G3500  
Model: 15 PASSENGER VAN  
V.I.N.: 1GAZGPF3J1235738  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 136

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,824 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 98    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 22    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 54    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,106 |

Vehicle # 136

Insured's #:

Insured Entity:

Year: 2018  
Make: CHEVROLET G3500  
Model: 15 PASSENGER VAN  
V.I.N.: 1GAZGPF3J1278197  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 136

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 1,824 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 98    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 22    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 54    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,106 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 137

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF6GJ1281791

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,824 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 98    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 22    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 54    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 2,106 |

Vehicle # 138

Insured's #:

Insured Entity:

Year: 2018

Make: HYUNDAI

Model: SONATA

V.I.N.: 5NPE24AA5JH707274

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 28    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 120   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,259 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 139

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD TAURUS  
Model:  
V.I.N.: 1FAHP2D88JG123909  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 144

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 835   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 47    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 26    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 103   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,025 |

Vehicle # 140

Insured's #:

Insured Entity:

Year: 2017  
Make: CHEVROLET  
Model: BOLT  
V.I.N.: 1G1FX6S06H4183309  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 145

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 716  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 32   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 50   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 109  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 921  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 141

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD TRANSIT  
Model:  
V.I.N.: 1FBZX2ZG6JKA62723  
Valuation: Actual Cash Value

Use:  
Class Code: 588100  
State: FL  
Territory: 107

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,237 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 159   |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 18    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 64    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 116   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,594 |

Vehicle # 142

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP0JC251034  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 143

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP8JC249208  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 144

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP7JC248857  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 145

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP2JC247163  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 146

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP8JC248690  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 147

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250920

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 148

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC250800

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 149

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3APXJC247136  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 150

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3APXJC249226  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 151

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC250499

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 152

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC249100

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 153

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC249855

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 154

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248722

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 155

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP8JC248849  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 156

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP7JC247286  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 157

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP8JC248902  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 158

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3APXJC247198  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 159

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP4JC250646

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 160

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 161

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC247459

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 162

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC251091

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 163

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC251062

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 164

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP0JC247291

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 165

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP9JC250867  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 166

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN ALTIMA  
Model:  
V.I.N.: 1N4AL3AP7JC247272  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 167

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250450

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 168

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC249229

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 169

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248669

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 170

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP5JY302929

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 171

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP2JY304105

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 172

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP1JY305472

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 173

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN SENTRA  
Model:  
V.I.N.: 3N1AB7AP2JY304959  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Vehicle # 174

Insured's #:

Insured Entity:

Year: 2018  
Make: NISSAN SENTRA  
Model:  
V.I.N.: 3N1AB7AP4JY300136  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 181

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 175

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP8JY302911

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Vehicle # 176

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP0JY303552

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 861   |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 33    |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 117   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 1,057 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 177

Insured's #:

Insured Entity:

Year: 2016  
Make: CHEVROLET MALIBU  
Model:  
V.I.N.: 1G1ZC5ST2GF260385  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,073 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 27    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 108   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,246 |

Vehicle # 178

Insured's #:

Insured Entity:

Year: 2018  
Make: DODGE GRAND CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG3JR310343  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,116 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,311 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 179

Insured's #:

Insured Entity:

Year: 2018  
Make: DODGE GRAND CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG1JR310342  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,116 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,311 |

Vehicle # 180

Insured's #:

Insured Entity:

Year: 2018  
Make: DODGE GRAND CARAVAN SE  
Model:  
V.I.N.: 2C4RDGBG8JR311908  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium  |
|---|--------------------|------------|----------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 1,116 |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 24    |
| Added Personal Injury Protection                |                    |            |          |
| Property Protection Insurance (MI only)         |                    |            |          |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                        |                    |            |          |
| Underinsured Motorists (UIM)                    |                    |            |          |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 31    |
| Physical Damage -- Specified Causes of Loss     |                    |            |          |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 126   |
| Physical Damage -- Towing and Labor             |                    |            |          |
| Other Auto Coverages                            |                    |            |          |
| Total:  |                    |            | \$ 1,311 |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 181

Insured's #:

Insured Entity:

Year: 2016  
Make: JEEP  
Model: CHEROKEE  
V.I.N.: 1C4PJMABXGW301868  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 716  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 32   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 33   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 82   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 877  |

Vehicle # 182

Insured's #:

Insured Entity:

Year: 2017  
Make: FORD  
Model: F150  
V.I.N.: 1FTMF1EF5HKD56835  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 402  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 47   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 102  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 566  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 183

Insured's #:

Insured Entity:

Year: 2012  
Make: FORD  
Model: F150  
V.I.N.: 1FTEX1EM8CFC22581  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 402  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 35   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 67   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 519  |

Vehicle # 184

Insured's #:

Insured Entity:

Year: 2014  
Make: FORD  
Model: EXPLORER  
V.I.N.: 1FM5K8B89EGC60389  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 716  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 32   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 27   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 69   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 858  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 185

Insured's #:

Insured Entity:

Year: 2017  
Make: TOYOTA  
Model: TUNDRA  
V.I.N.: 5TFUM5F10HX072306  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 145

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 402  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 47   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 102  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 566  |

Vehicle # 186

Insured's #:

Insured Entity:

Year: 2017  
Make: JEEP  
Model: CHEROKEE  
V.I.N.: 1C4PJMAB1HW513723  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 145

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 716  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 32   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 35   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 91   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 888  |



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 187

Insured's #:

Insured Entity:

Year: 2018

Make: WINNEBAGO/RV

Model:

V.I.N.: 1F66F5DY210A10975

Valuation: Actual Cash Value

Use: Service

Class Code: 314990

State: FL

Territory: 123

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 578  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 57   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 289  |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 939  |

Vehicle # 188

Insured's #:

Insured Entity:

Year: 2018

Make: FORD

Model: F150

V.I.N.: 1FTEW1E50JFA65122

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 136

| Coverages:                                      | Limit of Insurance | Deductible | Premium |
|---|--------------------|------------|---------|
| Liability (combined single limit)               | \$ 1,000,000       |            | \$ 615  |
| Personal Injury Protection (PIP)                | See Endorsement    |            | \$ 11   |
| Added Personal Injury Protection                |                    |            |         |
| Property Protection Insurance (MI only)         |                    |            |         |
| Auto Medical Payments                           | \$ 5,000           |            | \$ 8    |
| Medical Exp. And Income Loss Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                        |                    |            |         |
| Underinsured Motorists (UIM)                    |                    |            |         |
| Physical Damage -- Comprehensive                | ACV                | \$ 500     | \$ 33   |
| Physical Damage -- Specified Causes of Loss     |                    |            |         |
| Physical Damage -- Collision                    | ACV                | \$ 500     | \$ 74   |
| Physical Damage -- Towing and Labor             |                    |            |         |
| Other Auto Coverages                            |                    |            |         |
| Total:  |                    |            | \$ 741  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 189

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1E54JFA65124  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 106

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 858  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 20   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 6    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 30   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 68   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 982  |

Vehicle # 190

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1E56JFA65125  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 153

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 439  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 14   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 38   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 64   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 560  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 191

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1E59JFA65121  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 142

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 556  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 14   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 39   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 63   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 677  |

Vehicle # 192

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1E50JFA65119  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 132

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 435  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 32   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 57   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 539  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 193

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1EFXJKE95666  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 497  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 10   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 30   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 72   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 614  |

Vehicle # 194

Insured's #:

Insured Entity:

Year: 2018  
Make: FORD  
Model: F150  
V.I.N.: 1FTEW1E58JKE95665  
Valuation: Actual Cash Value

Use: Service  
Class Code: 014990  
State: FL  
Territory: 169

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 396  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 12   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 5    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 42   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 68   |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 523  |

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

Vehicle # 195

Insured's #:

Insured Entity:

Year: 2018  
Make: BUICK  
Model: REGAL  
V.I.N.: W04GU8SX7J1074713  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 145

| Coverages:   | Limit of Insurance | Deductible | Premium |
|--|--------------------|------------|---------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 716  |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 32   |
| Added Personal Injury Protection                   |                    |            |         |
| Property Protection Insurance (MI only)            |                    |            |         |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 14   |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |         |
| Uninsured Motorists (UM)                           |                    |            |         |
| Underinsured Motorists (UIM)                       |                    |            |         |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 50   |
| Physical Damage -- Specified Causes of Loss        |                    |            |         |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 109  |
| Physical Damage -- Towing and Labor                |                    |            |         |
| Other Auto Coverages                               |                    |            |         |
| Total:   |                    |            | \$ 921  |

Vehicle # 196

Insured's #:

Insured Entity:

Year: 2018  
Make: GOSHEN COACH  
Model:  
V.I.N.: 1FD4FE4FS4JDC01465  
Valuation: Actual Cash Value

Use:  
Class Code: 658300  
State: FL  
Territory: 123

| Coverages:   | Limit of Insurance | Deductible | Premium  |
|--|--------------------|------------|----------|
| Liability (combined single limit)                  | \$ 1,000,000       |            | \$ 2,305 |
| Personal Injury Protection (PIP)                   | See Endorsement    |            | \$ 142   |
| Added Personal Injury Protection                   |                    |            |          |
| Property Protection Insurance (MI only)            |                    |            |          |
| Auto Medical Payments                              | \$ 5,000           |            | \$ 20    |
| Medical Exp. And Income Loss<br>Benefits (VA only) |                    |            |          |
| Uninsured Motorists (UM)                           |                    |            |          |
| Underinsured Motorists (UIM)                       |                    |            |          |
| Physical Damage -- Comprehensive                   | ACV                | \$ 500     | \$ 60    |
| Physical Damage -- Specified Causes of Loss        |                    |            |          |
| Physical Damage -- Collision                       | ACV                | \$ 500     | \$ 196   |
| Physical Damage -- Towing and Labor                |                    |            |          |
| Other Auto Coverages                               |                    |            |          |
| Total:   |                    |            | \$ 2,723 |

Named Insured:  
STATE OF FLORIDA

Policy Number:GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM FOUR: Hired, Borrowed, and Commandeered Coverage (if applicable)**

**Liability Coverage**

Rating Basis, Cost of Hire

| State          | Estimated Cost of Hire for Each State | Rate Per Each \$100 Cost of Hire | Factor (If Liability Coverage is Primary) | Premium |
|----------------|---------------------------------------|----------------------------------|---|---------|
| FL             | IF ANY                                | \$ 2.000                         |   | \$ 60   |
| TOTAL PREMIUM: |                                       |                                  |   | \$ 60   |

**Liability Coverage**

Rating Basis, Number of Days-  
(For Mobile or Farm Equipment – Rental Period Basis)

| State          | Estimated Number of Days Equipment Will Be Rented | Base Premium | Factor | Premium |
|----------------|---|--------------|--------|---------|
|                |   |              |        |         |
| TOTAL PREMIUM: |   |              |        |         |

State: FL

**Physical Damage**

| Coverage      | Valuation and Deductible  | Estimated Cost of Hire | Premium |
|---------------|---|------------------------|---------|
| Comprehensive | Actual cash value or the cost of repair, whichever is less, minus a \$ 100 deductible for each covered auto | IF ANY                 | \$ 25   |
| Collision     | Actual cash value or the cost of repair, whichever is less, minus a \$ 500 deductible for each covered auto | IF ANY                 | \$ 25   |

Such insurance as is afforded by hired auto physical damage coverage also applies to autos you Commandeer.

Named Insured:  
STATE OF FLORIDA

Policy Number:GPPA-AU-4050065-01/000  
Policy Period: From 10-20-2018  
To 10-20-2019

**ITEM FIVE: Non-Ownership Liability**

| Named Insured's Business | Rating Basis                      | Number | Premium |
|--------------------------|-----------------------------------|--------|---------|
| MUNICIPALITY             | Number of<br>volunteers/employees | 300    | \$ 658  |
| Extended coverage        |                                   |        | INCL    |

**Auto Forms**

See Schedule of Forms and Endorsements

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT**

### **BUSINESS AUTO COVERAGE FORM**

The following revisions are made to **Section III - Physical Damage Coverage:**

#### **TOWING**

**Coverage A.2., Towing**, is replaced by the following:

For any "auto" listed in Item Three of the Auto Coverage Part Declarations for which a premium charge has been made for Comprehensive Coverage:

- a. We will pay reasonable labor costs incurred to make necessary repairs to the "auto" so it can be driven from the scene of disablement. This labor must be performed at a scene of disablement other than your normal garaging location for such "auto"; or
- b. We will pay for all reasonable towing costs incurred for towing the disabled "auto" from the scene of disablement to an appropriate repair facility. This includes the costs to tow the disabled "auto" to multiple facilities as necessary, prior to delivery to the final repair facility.

The most we will pay for each "auto" under this extension is \$2,500.

#### **GLASS BREAKAGE**

**Coverage A.3., Glass Breakage – Hitting a Bird or Animal – Falling Objects or Missiles**, replaced by the following:

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Full window glass breakage, without deductible;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

#### **DEDUCTIBLE WAIVER**

The following is added to paragraph **D. Deductible:**

If a "loss" covered under this policy also involves a "loss" under an Emergency Service Organization Portable Equipment, Inland Marine or Property coverage part issued by us, only one deductible, the largest, will be applied. The deductible under the other coverage parts will be waived.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## AUTO LIABILITY EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

### BUSINESS AUTO COVERAGE FORM

1. The following revisions are made to **Section II - Covered Autos Liability Coverage** and **Section IV - Business Auto Conditions**:

#### **VOLUNTEERS, EMPLOYEES, AND ELECTED OR APPOINTED OFFICIALS AS INSURED - NON-OWNED AUTO LIABILITY COVERAGE**

- a. **Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraphs **d.**, **e.** and **f.**, as follows:
  - d. Any volunteer or "employee" of yours while using a covered "auto" you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".
  - e. Your elected or appointed officials while using a covered "auto" you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".
  - f. Your commissions, authorities, boards or agencies, their commissioners, officers and members while using a covered "auto" you don't own, hire or borrow, but only while acting within the authority granted by you and only while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".

#### **OWNER OF TEMPORARY SUBSTITUTE AUTO AS AN INSURED - PRIMARY BASIS**

- b. **Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraph **g.**, as follows:
  - g. The owner or anyone else from whom you rent, lease or borrow a substitute "auto" is an "insured" but only for that covered "auto". The substitute must be for a similar scheduled "auto" which is out of normal use because of its breakdown, repair, servicing, loss or destruction.
- c. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:
  - e. Notwithstanding condition **5.a.** and **5.d.** above, a substitute "auto" as described under paragraph **g.** of **Section II - Covered Autos Liability Coverage, Coverage A.1., Who Is An Insured**, is deemed a covered "auto" you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such "auto".

## **OWNER OF COMMANDEERED AUTO AS AN INSURED - PRIMARY BASIS**

- d. **Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraph **h.**, as follows:
  - h. The owner of a “commandeered auto” is an “insured” while the “auto” is in your temporary care, custody or control and is being used as part of an “emergency situation”.
- e. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:
  - f. Notwithstanding condition **5.a.** and **5.d.** above, a “commandeered auto” is deemed a covered “auto” you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such “auto”.

## **2. The following revisions are made to **Section II - Covered Autos Liability Coverage**:**

### **ADDITIONAL INSURED - AUTOMATIC STATUS**

- a. **Coverage A.1., Who Is An Insured**, is modified by the addition of paragraph **i.**, as follows:
  - i. Any person or organization for whom you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional “insured” on your policy, but only to the extent that person or organization qualifies as an “insured” under **Coverage A.1., Who Is An Insured**.  
  
Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional “insured” whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be primary in which case any other insurance available to the additional “insured” shall be considered excess and non-contributing.

### **ADDITIONAL EXPENSES YOU INCUR AT OUR REQUEST**

- b. **Coverage A.2.a.(4), Coverage Extensions, Supplementary Payments**, is replaced by the following:
  - (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$300 a day because of time off from work.

### **EXPECTED OR INTENDED INJURY**

- c. **Exclusion B.1., Expected Or Intended Injury**, is replaced by the following:  
“Bodily injury” or “property damage” expected or intended from the standpoint of the “insured”. This exclusion does not apply to expected or intended “bodily injury” or “property damage” resulting from actions taken to protect persons or property and arising out of the use of a covered “auto”.

### **BODILY INJURY TO VOLUNTEER EMERGENCY SERVICE PROVIDERS**

- d. **Exclusion B.4., Employee Indemnification And Employer's Liability**, is amended by the addition of paragraphs **c.** and **d.**, as follows:
  - c. Any volunteer, if you provide or are required to provide any benefits for such volunteer under any Workers' Compensation or disability benefits law or under any similar law.
  - d. The spouse, child, parent, brother or sister of that volunteer as a consequence of paragraph c. above.

### **BODILY INJURY TO FELLOW VOLUNTEERS OR EMPLOYEES**

- e. **Exclusion B.5., Fellow Employee**, is deleted.

3. The following revision is made to **Section IV - Business Auto Conditions:**

**KNOWLEDGE OF ACCIDENT**

The following paragraph is added to Paragraph **A.2. Duties In The Event Of Accident, Claim, Suit Or Loss:**

- d. The failure of any agent, volunteer or "employee" of the "insured", other than an "employee" authorized by you to give or receive notice of an "accident", claim, "suit" or "loss", to notify us of any "accident" of which he or she has knowledge, shall not invalidate insurance afforded by this policy.

## COMMANDEERED AUTO DEFINITION ENDORSEMENT

|   |                                   |
|---|-----------------------------------|
| Named Insured STATE OF FLORIDA                      | Endorsement Number                |
| Policy Number GPPA-AU-4050065-01/000                | Endorsement Effective<br>10-20-18 |
| Countersigned by<br><br>(Authorized Representative) |                                   |

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM

#### SECTION V - DEFINITIONS

The following definition is added:

"Commandeered auto" means an "auto" belonging to someone else that you seize, confiscate or take arbitrarily by force, into your temporary care, custody or control while using it as part of an "emergency situation." "Commandeered auto" does not include an "auto" owned by or available to an employee or volunteer of your organization from whom you have tacit approval to use the "auto".

"Emergency Situation" means an unexpected situation demanding immediate official action.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT - PUBLIC ENTITY AND EMERGENCY SERVICE ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following coverages are added to **Section III - Physical Damage Coverage**, Paragraph **A. Coverage**:

### **PHYSICAL DAMAGE TO VOLUNTEERS' OR EMPLOYEES PERSONAL AUTOS**

#### **5. Physical Damage to Personal Autos**

- a. At your request, we will pay up to the actual cash value for an "auto" not covered for physical damage, or the amount of the deductible under any policy covering an "auto" owned or used by a volunteer or "employee" of your insured law enforcement, firefighting, ambulance and/or rescue organization for "loss" that occurs:
  - (1) While enroute to, during and returning directly from an emergency; or
  - (2) While enroute to, during and returning from activities that are performed at the direction and knowledge of an officer of the insured law enforcement, firefighting, ambulance and/or rescue organization.
- b. At your request, we will pay the lesser of \$1,000, or the amount of the deductible under any policy covering an "auto" owned or used by your elected or appointed official, officer, volunteer or "employee" of your organization, other than your insured law enforcement, firefighting, ambulance and/or rescue organization, for "loss" that occurs while enroute to, during and returning from activities that are performed at the direction and knowledge of your elected or appointed official or officer.
- c. At your request, we will pay the rental reimbursement expenses incurred by your volunteer or "employee" for the rental of an "auto" because of "loss" sustained under Paragraph **a.(1)** to their owned "auto". The most we will pay is \$30 per day for a maximum of 30 days.
- d. Proof of statutory limits of financial responsibility as of the date of "loss" for an "auto" that is covered under this extension must be provided before payment is made for "loss" under this extension.
- e. In no event will we pay for any "loss" under this coverage to any "auto" owned, hired or borrowed by your organization.

## **RENTAL REIMBURSEMENT COVERAGE FOR FIREFIGHTING/RESCUE VEHICLES**

### **6. Rental Reimbursement Coverage for Firefighting/Rescue Vehicles**

- (1) This extension only applies to covered "autos" listed in Item Three of the Auto Coverage Part Declarations that are used for firefighting/rescue purposes, which are designated with a 7909 class code in the Declarations. The coverage provided under this extension does not apply to any other covered "autos" on the schedule.
- (2) We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductible applies to this coverage.
- (3) We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
  - (a) The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.
  - (b) 40 days.
- (4) Our payment is limited to the lesser of the following amounts:
  - (a) Necessary and actual expenses incurred.
  - (b) \$250 for any one day.
- (5) This coverage does not apply while there are spare or reserve "autos" available to you for your operations.

## **TEMPORARY SUBSTITUTE FIREFIGHTING OR RESCUE AUTO**

### **7. Temporary Substitute Firefighting or Rescue Autos**

- a. We will provide coverage for temporary substitute firefighting and rescue "autos" you do not own. The temporary substitute "auto" must replace a covered "auto" for which a premium charge has been made for Comprehensive and/or Collision coverage. The replaced "auto" must be out of service for a period of less than six months because of its:
  - (1) Breakdown;
  - (2) Repair;
  - (3) Servicing;
  - (4) "Loss"; or
  - (5) Destruction.
- b. For temporary substitute firefighting and rescue "autos" you do not own described in paragraph a. above, Paragraph **C. Limit Of Insurance** is replaced by the following:
  - C. Limit Of Insurance**
    1. If the owner has physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the lesser of:
      - a. The amount that would have been paid by the owner's insurance policy insuring the temporary substitute firefighting or rescue "autos"; or
      - b. \$1,000,000.
    2. If the owner does not have physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the least of:
      - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
      - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
      - c. \$1,000,000.

- c. The deductible assigned to the temporary substitute "auto" will be the same as the firefighting or rescue covered "auto" that is being replaced.
- d. For the purpose of this coverage, Paragraph **d.** of **B.5., Other Insurance**, is deleted. The temporary substitute "auto" is deemed to be a covered "auto" you own and with no consideration of or contribution from other valid and collectible insurance for the "auto".

### **FORESTRY VEHICLES AND FORESTRY EQUIPMENT**

- 8. Any "auto" that is a "forestry vehicle" and is not scheduled for physical damage is a covered "auto". Any equipment that is "forestry equipment" and is installed on a covered "auto" is covered equipment. For the purpose of this extension, "forestry vehicle" means an "auto" you don't own, used for firefighting purposes, that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program. "Forestry equipment" means any firefighting equipment you don't own that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program and is installed on an "auto" you own or on a "forestry vehicle".

The following replaces paragraph **C. Limit of Insurance**:

The most we will pay for "loss" to a "forestry vehicle" or "forestry equipment" in any one "accident" is the lesser of:

- a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss". No payment will be made under this extension unless the damaged or stolen property is actually repaired or replaced. Repairs to or replacement of the damaged or stolen property with the same kind of property must be done within a year of the date of "loss". If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

For any Comprehensive "losses" covered by this extension, we will use the smallest Comprehensive deductible applying to any of your scheduled "autos". For any Collision "losses" covered by this extension, we will use the smallest Collision deductible applying to any of your scheduled "autos".

We shall have no salvage rights to any "forestry vehicle" or "forestry equipment".

- 2. The following revisions are made to **Section III - Physical Damage Coverage**:

#### **AIRBAG COVERAGE**

- a. The exclusion for "loss" caused by mechanical breakdown in sub-paragraph **3.a.** of **B. Exclusions** does not apply to the accidental discharge of an airbag.

#### **FREEZING COVERAGE ON EMERGENCY VEHICLES**

- b. The exclusion for "loss" caused by freezing in sub-paragraph **3.a.** of **B. Exclusions** does not apply to permanently attached special equipment common to a firefighting or rescue vehicle caused by freezing, unless the "loss" is caused by your failure to properly maintain such equipment. Such equipment shall include but is not limited to pumps, gauges and tanks. In no event will the "loss" to a vehicle's engine caused by freezing be covered by this policy.

#### **CUSTOMIZED VEHICLE EXTENSION**

- c. For scheduled customized covered "autos" not covered on an agreed value basis that are owned by your law enforcement, firefighting, ambulance and/or rescue organization, the following is added to paragraph **C. Limit Of Insurance**:

5. We will pay the additional repair or replacement costs necessary to customize the damaged "auto" with permanently installed equipment of like kind and quality, without deduction for depreciation. We will also include the cost of installation onto a replacement "auto" if the covered "auto" is not repairable. Permanently installed means equipment that is permanently installed in the covered "auto" at the time of the "loss" or equipment that is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto". This customization will include, but is not limited to, the following:
  - a. custom painting and gold leaf lettering,
  - b. light bars and sirens,
  - c. permanently installed communications equipment, Global Positioning Systems (GPS), traffic signal control systems, electronic license plate readers, and radar equipment, and
  - d. computer or electronic equipment that receives or transmits audio, visual or data signals.In addition, we will pay for property owned by you that is permanently installed in an "auto" not owned by you.

#### **DEDUCTIBLE WAIVER**

- d. The following is added to paragraph **D. Deductible**:

Regardless of the number of covered "autos" suffering a physical damage "loss" while engaged in a single law enforcement, firefighting, ambulance and/or rescue emergency, only one deductible, the largest, shall apply to the entire event.



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

## **MAXIMUM DEDUCTIBLE COMPREHENSIVE COVERAGE**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

### **SCHEDULE**

**Maximum Deductible: \$5,000**

The following is added to paragraph **D. Deductible of Section III – Physical Damage Coverage:**

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage for all "loss" resulting from any one event is the Maximum Deductible amount shown in the above Schedule.

## BUSINESS AUTO COVERAGE FORM

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 the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

### SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

#### A. Description Of Covered Auto Designation Symbols

| Symbol | Description Of Covered Auto Designation Symbols               |   |
|--------|---|---|
| 1      | Any "Auto"  |   |
| 2      | Owned "Autos" Only  | Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.   |
| 3      | Owned Private Passenger "Autos" Only                          | Only the private passenger "autos" 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 of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.  |
| 5      | Owned "Autos" Subject To No-fault                             | Only those "autos" you own that are required to have no-fault benefits in the state where 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 Motorists Law | Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.       |
| 7      | Specifically Described "Autos"                                | Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).  |
| 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) 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) or members of their households but only while used in your business or your personal affairs. |

|           |  |   |
|-----------|--|---|
| <b>19</b> | 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. Owned Autos You Acquire After The Policy Begins**

1. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
  - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
  - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

**C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos**

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. 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:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. "Loss"; or
  - e. Destruction.

**SECTION II – 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".

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 covered "autos". 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 have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance 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" you own, hire or borrow except:

**(1)** The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
  - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
  - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
  - (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

## 2. Coverage Extensions

### a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

### 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 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 pay anyone more than once for the same elements of loss because of these extensions.

## B. Exclusions

This insurance does not apply to any of the following:

### 1. Expected Or Intended Injury

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

### 2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

### 3. 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.

#### 4. 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 **a.** above.

This exclusion applies:

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

But 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". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

#### 5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "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 that fellow "employee" as a consequence of Paragraph **a.** above.

#### 6. 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. But this exclusion does not apply to liability assumed under a sidetrack agreement.

#### 7. 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"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

#### 8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

#### 9. 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"; or
- b. Machinery or equipment that is on, attached to or part of 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.

#### 10. 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 **a.** or **b.** above.

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

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) 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.

#### **11. Pollution**

"Bodily injury" or "property damage" 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 the "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 the "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 the "insured".

Paragraph **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 Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above of this exclusion 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:

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

#### **12. War**

"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. Racing**

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

#### **C. Limit Of Insurance**

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

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".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

### SECTION III – PHYSICAL DAMAGE COVERAGE

#### A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

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

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

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

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. **Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and

- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

#### 4. Coverage Extensions

- a. **Transportation Expenses**

We will pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

#### B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

- a. **Nuclear Hazard**

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

**b. War Or Military Action**

- (1) War, including undeclared or civil war;
- (2) 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
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

- 2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
- 3. We will not pay for "loss" due and confined to:
  - a. Wear and tear, freezing, mechanical or electrical breakdown.
  - b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

- 4. We will not pay for "loss" to any of the following:
  - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
  - b. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed-measurement equipment.
  - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
  - d. Any accessories used with the electronic equipment described in Paragraph c. above.
- 5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
  - a. Permanently installed in or upon the covered "auto";

- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
  - c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
  - d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.
- 6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

**C. Limit Of Insurance**

- 1. The most we will pay for "loss" in any one "accident" is the lesser of:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- 2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
  - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
  - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
  - c. An integral part of such equipment.
- 3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- 4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**D. Deductible**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.



## SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

### A. Loss Conditions

#### 1. 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 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. 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", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
  - (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, you and any other involved "insured" must:
  - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
  - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
  - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
  - (4) Authorize us to obtain medical records or other pertinent information.

- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

- c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your 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.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

#### 3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

#### 4. Loss Payment – Physical Damage Coverages

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the 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 the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

#### 5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

## B. General Conditions

### 1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this coverage form.

### 2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

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

### 3. Liberalization

If we revise this coverage form 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.

### 4. No Benefit To Bailee – Physical Damage Coverages

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 coverage form.

### 5. Other Insurance

- a. For any covered "auto" you own, this coverage form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this coverage form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this coverage form provides for the "trailer" is:
  - (1) Excess while it is connected to a motor vehicle you do not own.
  - (2) Primary while it is connected to a covered "auto" you own.
- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
- c. Regardless of the provisions of Paragraph a. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this coverage form 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 coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

### 6. Premium Audit

- a. The estimated premium for this coverage form 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 or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

### 7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

- a. During the policy period 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) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:
  - (a) A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
  - (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

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

### 8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

### SECTION V – 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, "trailer" or semitrailer designed for travel on public roads; or
    - 2. 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 bodily injury, sickness or disease sustained by a person including death resulting from any of these.
  - D. "Covered pollution cost or expense" means any cost or expense arising out of:
    - 1. Any request, demand, order or statutory or regulatory requirement that any "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
    - 2. 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".

"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 the "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 the "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 the "insured".

Paragraph 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 **b.** and **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:

- (a) 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
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
  - 1. A lease of premises;
  - 2. A sidetrack agreement;
  - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
  - 4. An obligation, as required by ordinance, to indemnify a municipality, 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 for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
  - 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:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
  - b. That 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
  - c. That 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.
- I. "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".
  - J. "Loss" means direct and accidental loss or damage.
  - K. "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".

L. "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.

M. "Property damage" means damage to or loss of use of tangible property.

N. "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:

- a. 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
- b. 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.

O. "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.

P. "Trailer" includes semitrailer.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> GT LEASING<br><b>Address:</b> PO BOX 10196<br>JACKSONSVILLE, FL 32247             |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 135 2018 CHEVROLET G3500 15 PASSENGER VAN<br>1GAZGPF3J1235738 |                                   |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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



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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> GT LEASING<br><b>Address:</b> PO BOX 10196<br>JACKSONSVILLE, FL 32247             |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 136 2018 CHEVROLET G3500 15 PASSENGER VAN<br>1GAZGPF1J1278197 |                                   |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> GT LEASING<br><b>Address:</b> PO BOX 10196<br>JACKSONSVILLE, FL 32247             |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 137 2018 CHEVROLET G3500 15 PASSENGER VAN<br>1GAZGPF6J1281791 |                                   |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 142 2018 NISSAN ALTIMA 1N4AL3AP0JC251034<br>FL 143 2018 NISSAN ALTIMA 1N4AL3AP8JC249208 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.



3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 144 2018 NISSAN ALTIMA 1N4AL3AP7JC248857<br>FL 145 2018 NISSAN ALTIMA 1N4AL3AP2JC247163 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 146 2018 NISSAN ALTIMA 1N4AL3AP8JC248690<br>FL 147 2018 NISSAN ALTIMA 1N4AL3AP9JC250920 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 148 2018 NISSAN ALTIMA 1N4AL3APXJC250800<br>FL 149 2018 NISSAN ALTIMA 1N4AL3APXJC247136 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 150 2018 NISSAN ALTIMA 1N4AL3APXJC249226<br>FL 151 2018 NISSAN ALTIMA 1N4AL3AP6JC250499 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 152 2018 NISSAN ALTIMA 1N4AL3APXJC249100<br>FL 153 2018 NISSAN ALTIMA 1N4AL3AP8JC249855 |

| Coverages  | Limit Of Insurance  |
|--|---|
| <b>Liability</b>   | Each "Accident"   |
| <b>Comprehensive</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Collision</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Specified Causes Of Loss</b>  | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
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### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

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- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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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.

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**E. Additional Definition**

As used in this endorsement:

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 154 2018 NISSAN ALTIMA 1N4AL3AP6JC248722<br>FL 155 2018 NISSAN ALTIMA 1N4AL3AP8JC248849 |

| Coverages  | Limit Of Insurance  |
|--|---|
| <b>Liability</b>   | Each "Accident"   |
| <b>Comprehensive</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Collision</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Specified Causes Of Loss</b>  | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
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### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

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- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
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- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
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- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 156 2018 NISSAN ALTIMA 1N4AL3AP7JC247286<br>FL 157 2018 NISSAN ALTIMA 1N4AL3AP8JC248902 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
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2. If you cancel the policy, we will mail notice to the lessor.
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As used in this endorsement:

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# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
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- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 158 2018 NISSAN ALTIMA 1N4AL3APXJC247198<br>FL 159 2018 NISSAN ALTIMA 1N4AL3AP4JC250646 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.



3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 160 2018 NISSAN ALTIMA 1N4AL3AP6JC248753<br>FL 161 2018 NISSAN ALTIMA 1N4AL3AP1JC247459 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 162 2018 NISSAN ALTIMA 1N4AL3AP1JC251091<br>FL 163 2018 NISSAN ALTIMA 1N4AL3AP5JC251062 |

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

### A. Coverage

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2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 164 2018 NISSAN ALTIMA 1N4AL3AP0JC247291<br>FL 165 2018 NISSAN ALTIMA 1N4AL3AP9JC250867 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

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**E. Additional Definition**

As used in this endorsement:

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 166 2018 NISSAN ALTIMA 1N4AL3AP7JC247272<br>FL 167 2018 NISSAN ALTIMA 1N4AL3AP9JC250450 |

| Coverages  | Limit Of Insurance  |
|--|---|
| <b>Liability</b>   | Each "Accident"   |
| <b>Comprehensive</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Collision</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Specified Causes Of Loss</b>  | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
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### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

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- D. The lessor is not liable for payment of your premiums.

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 168 2018 NISSAN ALTIMA 1N4AL3AP5JC249229<br>FL 169 2018 NISSAN ALTIMA 1N4AL3AP6JC248669 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
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1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
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- GARAGE COVERAGE FORM
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With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE  | FL 32399-0000  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 170 2018 NISSAN SENTRA 3N1AB7AP5JY302929<br>FL 171 2018 NISSAN SENTRA 3N1AB7AP2JY304105 |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 172 2018 NISSAN SENTRA 3N1AB7AP1JY305472<br>FL 173 2018 NISSAN SENTRA 3N1AB7AP2JY304959 |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |  |
|---|--|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |  |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018  |
| <b>Expiration Date:</b> 10-20-2019  |  |
| <b>Named Insured:</b> STATE OF FLORIDA  |  |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |  |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |  |
| <b>Designation Or Description Of 'Leased Autos':</b>  | FL 174 2018 NISSAN SENTRA 3N1AB7AP4JY300136<br>FL 175 2018 NISSAN SENTRA 3N1AB7AP8JY302911 |

| Coverages  | Limit Of Insurance  |
|--|---|
| <b>Liability</b>   | Each "Accident"   |
| <b>Comprehensive</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Collision</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Specified Causes Of Loss</b>  | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
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### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.



3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

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"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.

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

## SCHEDULE

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 176 2018 NISSAN SENTRA 3N1AB7AP0JY303552              |                                   |

| Coverages  | Limit Of Insurance  |
|--|---|
| <b>Liability</b>   | Each "Accident"   |
| <b>Comprehensive</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Collision</b>   | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
| <b>Specified Causes Of Loss</b>  | Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus<br>Deductible For Each Covered "Leased Auto" |
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### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 178 2018 DODGE GRAND CARAVAN SE<br>2C4RDGBG3JR310343  |                                   |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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

# LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

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|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |



## SCHEDULE

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 179 2018 DODGE GRAND CARAVAN SE<br>2C4RDGBG1JR310342  |                                   |

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
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**E. Additional Definition**

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|  |
|--|
| <b>Named Insured:</b>                                |
| <b>Endorsement Effective Date:</b>                   |
| <b>Countersignature Of Authorized Representative</b> |
| <b>Name:</b>   |
| <b>Title:</b>  |
| <b>Signature:</b>                                    |
| <b>Date:</b>   |

**SCHEDULE**

|   |                                   |
|---|-----------------------------------|
| <b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION  |                                   |
| <b>Policy Number:</b> GPPA-AU-4050065-01/00   | <b>Effective Date:</b> 10-20-2018 |
| <b>Expiration Date:</b> 10-20-2019  |                                   |
| <b>Named Insured:</b> STATE OF FLORIDA  |                                   |
| <b>Address:</b> 4050 ESPLANDE WAY<br>TALLAHASSEE FL 32399-0000  |                                   |
| <b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST<br><b>Address:</b> PO BOX 16805<br>ST LOUIS, MO 63105 |                                   |
| <b>Designation Or Description Of 'Leased Autos':</b> FL 180 2018 DODGE GRAND CARAVAN SE<br>2C4RDGBG8JR311908  |                                   |

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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

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

## **FLORIDA CHANGES**

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

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

**A. Liability Coverage** is changed as follows:

Paragraph (5) of **a. Supplementary Payments** under **Coverage Extensions** in the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms is replaced by the following:

We will pay for the "insured":

- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

**B. Physical Damage Coverage** is changed as follows:

1. No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.
2. All other **Physical Damage Coverage** provisions will apply.

**C. Paragraph 1. of Loss Conditions, Appraisal For Physical Damage Loss**, is replaced by the following:

**1. 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.

**D. The General Conditions are amended as follows:**

- 1. The following is added to the **Other Insurance** Condition in the Business Auto and Garage Coverage Forms, and **Other Insurance – Primary And Excess Provisions** Condition in the Truckers and Motor Carrier Coverage Forms:

- a. When this Coverage Form 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 **D.1.a.(1)**;

then the Coverage Form or policy issued to the lessor described in Paragraph **D.1.a.(1)** is excess over any insurance available to a person described in **D.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.

- 2. The following condition is added to the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms:

**Mediation**

- 1. In any claim filed by an "insured" with us for:
  - a. "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";

- b. "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or

- c. "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.

- 2. 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.
- 3. The request must state:
  - a. Why mediation is being requested.
  - b. The issues in dispute, which are to be mediated.
- 4. 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.
- 5. 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.
- 6. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

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

## **FLORIDA CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

**A.** Paragraphs **A.2.** and **A.3.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

**2.** We may cancel this policy by mailing or delivering to the Named Insured written notice of cancellation, stating the reason(s) for cancellation, at least:

- a.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b.** 45 days before the effective date of cancellation if we cancel for any other reason.

**3.** We will mail or deliver our notice to the Named Insured's last mailing address known to us.

**B.** Paragraphs **A.4.** and **A.5.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

**4.** Notice of cancellation will state the effective date of, and reason(s) for, the cancellation. The policy period will end on that date.

**5.** If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

**C.** The following is added to Paragraph **A.** of the Common Policy Conditions, **Cancellation**:

**7.** If this policy provides Personal Injury Protection, Property Damage Liability Coverage or both and:

**a.** It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days immediately following the effective date of the policy or renewal, except for one of the following reasons:

- (1)** The covered "auto" is completely destroyed such that it is no longer operable;
- (2)** Ownership of the covered "auto" is transferred; or
- (3)** The Named Insured has purchased another policy covering the motor vehicle insured under this policy.



b. It is a new policy, we may not cancel it during the first 60 days immediately following the effective date of the policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.

D. The following condition is added:

**Nonrenewal**

1. If we decide not to renew or continue this policy, we will mail you notice at least 45 days before the end of the policy period. If we offer to renew or continue and you do not accept, this policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

2. If we fail to mail proper notice of nonrenewal and you obtain other insurance, this policy will end on the effective date of that insurance.

3. Notice of nonrenewal will state the reason(s) for the nonrenewal and the effective date of nonrenewal. The policy period will end on that date.

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

## FLORIDA PERSONAL INJURY PROTECTION

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

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

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

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

|   |
|---|
| <b>Named Insured:</b> STATE OF FLORIDA        |
| <b>Endorsement Effective Date:</b> 10/20/2018 |

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:

### SCHEDULE

| Any Personal Injury Protection deductible shown in the Declarations of<br>is applicable to <input type="checkbox"/> the following "named insured" only:<br><br><input type="checkbox"/> each "named insured" and each dependent "family member".<br><br><input type="checkbox"/> Work loss for "named insured" does not apply.<br><input type="checkbox"/> Work loss for "named insured" and dependent "family member" does not apply. |   |
|--|---|
| Benefits   | Limit Per Person  |
| Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits   | \$10,000  |
| Death Benefits   | \$5,000   |
| Medical Expenses   | 80% of medical expenses subject to the total aggregate limit and the provisions of Paragraphs <b>D.2.a.</b> and <b>b.</b> under Limit Of Insurance. |
| Work Loss  | 60% of work loss subject to the total aggregate limit   |
| Replacement Services Expenses  | subject to the total aggregate limit  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.   |   |

## 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". Subject to the limits shown in the Schedule, these Personal Injury Protection benefits consist of the following:

### 1. Medical Expenses

a. All reasonable "medically necessary" expenses for medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services, including prosthetic devices. However, we will pay for these benefits only if the "insured" receives initial services and care within 14 days after the "motor vehicle" "accident" that are:

- (1) Lawfully provided, supervised, ordered or prescribed by a licensed physician, dentist or chiropractic physician;
- (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
- (3) Provided by a person or entity licensed to provide emergency transportation and treatment;

as authorized by the Florida Motor Vehicle No-fault Law.

b. Upon referral by a licensed health care provider described in Paragraph **A.1.a.(1)**, **(2)** or **(3)**, follow-up services and care consistent with the underlying medical diagnosis rendered pursuant to Paragraph **A.1.a.**, if provided, supervised, ordered or prescribed only by a licensed:

- (1) Physician, osteopathic physician, chiropractic physician or dentist; or
- (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician chiropractic physician or dentist;

as authorized by the Florida Motor Vehicle No-fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;

(4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;

(5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;

(6) A licensed physical therapist, based upon referral by a provider described in Paragraph **A.1.b.**; or

(7) A health care clinic licensed under the Florida Health Care Clinic Act:

(a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities or the Accreditation Association for Ambulatory Health Care, Inc.; or

(b) Which:

(i) Has a licensed medical director;

(ii) Has been continuously licensed for more than three 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

(iii) 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; or

viii. Laboratory services;

as authorized by the Florida Motor Vehicle No-fault Law.

However, with respect to Paragraph **A.1.**, medical expenses do not include massage or acupuncture, regardless of the person, entity or licensee providing the massage or acupuncture;

## 2. 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;

## 3. Work Loss

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

## 4. Death 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 "accident" involves the 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 the "named insured" or any "family member" for work loss if an entry in the Schedule or Declarations indicates that coverage for work loss does not apply;
5. To any "pedestrian", other than the "named insured" or any "family member", not a legal resident of the state of Florida;

6. 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;

7. 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

8. 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:
  - a. \$10,000 for medical expenses, work loss and replacement services; and
  - b. \$5,000 for death benefits.
2. Subject to Paragraph **D.1.a.**, we will pay:
  - a. Up to \$10,000 for medical expenses, if a licensed physician, dentist, physician assistant or an advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-fault Law has determined that the "insured" had an "emergency medical condition"; or
  - b. Up to \$2,500 for medical expenses, if any health care provider described in Paragraph **A.1.a.** or **A.1.b.** has determined that the "insured" did not have an "emergency medical condition".
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 Schedule 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. The deductible does not apply to the death benefit.
6. Any amount paid under this coverage for medical expenses shall be limited by the medical fee schedule prescribed by the Florida Motor Vehicle No-fault Law.

#### **E. Changes In Conditions**

The **Conditions** are changed for **Personal Injury Protection** as follows:

##### **1. Duties In The Event Of Accident, Claim, Suit Or Loss** is 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 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. Transfer Of Rights Of Recovery Against Others To Us** is replaced by the following:

**Transfer Of Rights Of Recovery Against Others To Us**

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 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 Period, Coverage Territory** is replaced by the following:

**Policy Period, Coverage Territory**

The insurance under this section applies only to "accidents" which occur during the policy period:

- 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

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 Coverage Form, 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 Coverage Form, 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 due to 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 due to 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 Automobile Medical Payments Coverage and any Uninsured Motorists 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 due to 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. 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 stated in the Declarations for any Liability, Medical Payments and Uninsured Motorists 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**

As used in this endorsement:

- 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. "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 semitrailer 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.
3. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the same household as the "named insured".
4. "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.
5. "Occupying" means in or upon or entering into or alighting from.
6. "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.

7. "Pedestrian" means a person while not an occupant of any self-propelled vehicle.

8. "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.

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

## **AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE – FIRE, POLICE AND EMERGENCY VEHICLES**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

Physical Damage Coverage is changed as follows:

- A.** The exclusion relating to Audio, Visual and Data Electronic Equipment in Paragraphs **B.4.c.** and **B.4.d.** of the Business Auto and **B.2.c.** and **B.2.d.** of the Business Auto Physical Damage Coverage Forms does not apply to any equipment that is installed in or upon a covered "auto" which is:
1. Owned by a police or fire department;
  2. Equipped as an emergency vehicle and owned by a political body or any of its agencies; or
  3. Equipped as an emergency vehicle and owned by a volunteer fire department, volunteer rescue squad or volunteer ambulance corps.
- B.** For covered "autos" described above, the **Limit Of Insurance** provision in Paragraph **C.2.** does not apply.

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

## **PROFESSIONAL SERVICES NOT COVERED**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

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

LIABILITY COVERAGE is changed by adding the following exclusions:

This insurance does not apply to:

1. "Bodily injury" resulting from the providing or the failure to provide any medical or other professional services.
2. "Bodily injury" resulting from food or drink furnished with these services.
3. "Bodily injury" or "property damage" resulting from the handling of corpses.

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

## **PUBLIC TRANSPORTATION AUTOS**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

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

LIABILITY COVERAGE for a covered "auto" licensed or used to transport the public is changed as follows:

The CARE, CUSTODY OR CONTROL exclusion does not apply to "property damage" to or "covered pollution cost or expense" involving property of the "insured's" passengers while such property is carried by the covered "auto".

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

## **AUTO MEDICAL PAYMENTS COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

### **A. Coverage**

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

### **B. Who Is An Insured**

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

### **C. Exclusions**

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.
3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
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. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

#### **D. Limit Of Insurance**

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

#### **E. Changes In Conditions**

The Conditions are changed for Auto Medical Payments Coverage as follows:

1. The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply.
2. The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance – Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible auto medical payments insurance.

#### **F. Additional Definitions**

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

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

**FIRE, FIRE AND THEFT, FIRE, THEFT AND  
WINDSTORM AND LIMITED SPECIFIED CAUSES  
OF LOSS COVERAGES**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                       |                  |
|-----------------------|------------------|
| Endorsement effective |                  |
| Named Insured         | Countersigned by |

(Authorized Representative)

**SCHEDULE**

| Coverages                                 | Designation or Description of Covered "Autos" to which this coverage applies | Limit of Insurance                                     | Premium  |
|---|--|--|----------|
| Fire                                      |  | Actual Cash Value or Cost of Repair, whichever is Less | \$<br>\$ |
| Fire and Theft                            |  | Actual Cash Value or Cost of Repair, whichever is Less | \$<br>\$ |
| Fire, Theft and Windstorm                 |  | Actual Cash Value or Cost of Repair, whichever is Less | \$<br>\$ |
| Limited Specified Causes of Loss Coverage |  | Actual Cash Value or Cost of Repair, whichever is Less | \$<br>\$ |

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the "autos" shown as covered "autos".
- B.** We will pay for "loss" to a covered "auto" or its equipment under:
  - 1.** Fire Coverage. Caused by:
    - a.** Fire, lightning or explosion; or
    - b.** The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".



**2. Fire and Theft Coverage. Caused by:**

- a. Fire, lightning or explosion;
- b. Theft; or
- c. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

**3. Fire, Theft and Windstorm Coverage. Caused by:**

- a. Fire, lightning or explosion;
- b. Theft;
- c. Windstorm, hail or earthquake; or
- d. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

**4. Limited Specified Causes of Loss Coverage. Caused by:**

- a. Fire, lightning or explosion; or
- b. Theft; or
- c. Windstorm, hail or earthquake; or
- d. Flood; or
- e. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

**C. The policy's PHYSICAL DAMAGE COVERAGE provisions apply to the coverage indicated in the Schedule.**



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

## **GOVERNMENTAL BODIES AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

Any land motor vehicle or "trailer" you own or lease that is designed for travel on public roads is an "auto" and not "mobile equipment" if the sole reason for considering it "mobile equipment" is such vehicle is used solely on roads you own.

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

## STATED AMOUNT INSURANCE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                                    |
|------------------------------------|
| <b>Named Insured:</b>              |
| <b>Endorsement Effective Date:</b> |

### SCHEDULE

| The insurance provided by this endorsement is reduced by the following deductible(s): |          |                                   |         |
|---|----------|-----------------------------------|---------|
| Vehicle Number  | Coverage | Limit Of Insurance And Deductible | Premium |
| SEE SCHEDULE  |          | \$ <b>Limit Of Insurance</b>      | \$      |
|   |          | \$ <b>Deductible</b>              |         |
|   |          | \$ <b>Limit Of Insurance</b>      | \$      |
|   |          | \$ <b>Deductible</b>              |         |
|   |          | \$ <b>Limit Of Insurance</b>      | \$      |
|   |          | \$ <b>Deductible</b>              |         |
| <b>Total Premium</b>  |          |                                   | \$      |

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

| Designation Or Description Of Covered "Autos" |            |                      |
|---|------------|----------------------|
| Vehicle Number                                | Model Year | Trade Name And Model |
| SEE SCHEDULE                                  |            |                      |
|   |            |                      |
|   |            |                      |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

**B.** For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

**Limit Of Insurance**

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
  - c. The Limit of Insurance shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**C. Deductible**

1. For each covered "auto", our obligation to pay:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule;
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule; or
  - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

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

## **LOSS PAYABLE CLAUSE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
  - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
  - C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.
  - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.

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

## **POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO, MOTOR CARRIER AND TRUCKERS COVERAGE FORMS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

**A. Liability Coverage** is changed as follows:

1. Paragraph **a.** of the **Pollution** Exclusion applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

**B. Changes In Definitions**

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

- D.** "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "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
  2. 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".

"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.** 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
- b.** 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".

Paragraphs **a.** and **b.** 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.



| <b>Symbol</b>  |   | <b>Description Of Covered Auto Designation Symbols</b> |
|--|---|--|
| For use with the Business Auto Physical Damage Coverage Form |   |  |
| <b>7</b>   | = |  |
| For use with the Motor Carrier Coverage Form                 |   |  |
| <b>72</b>  | = |  |
| <b>73</b>  | = |  |

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

# COMMON POLICY CHANGE ENDORSEMENT

Named Insured: STATE OF FLORIDA

Effective Date: 10-20-2018

12:01 A.M., Standard Time

Agency Name: Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverage, increase rates or deductible or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

|   |   |
|---|---|
|   | Property                                  |
|   | Crime                                     |
|   | Inland Marine                             |
| X | Auto                                      |
|   | General Liability                         |
|   | Public Officials and Management Liability |
|   |   |

The following item(s):

|  |                                       |   |  |
|--|---------------------------------------|---|--|
|  | Insured's Name                        |   | Insured's Mailing Address                  |
|  | Policy Number                         |   | Company                                    |
|  | Effective/Expiration Date             |   | Insured's Legal Status/Business of Insured |
|  | Payment Plan                          |   | Premium Determination                      |
|  | Additional Interested Parties         | X | Coverage Forms and Endorsements            |
|  | Limits/Exposures                      |   | Deductibles                                |
|  | Covered Property/Location Description |   | Classification/Class Codes                 |
|  | Rates                                 |   | Underlying Insurance                       |

is (are) changed to read **{See Additional Page(s)}**:

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

|   |            |                          |            |                          |        |
|---|------------|--------------------------|------------|--------------------------|--------|
| X | NO CHANGES | <input type="checkbox"/> | ADDITIONAL | <input type="checkbox"/> | RETURN |
|---|------------|--------------------------|------------|--------------------------|--------|

**Tax and Surcharge Changes (not applicable in NY or CA)**

|            |        |
|------------|--------|
| Additional | Return |
|------------|--------|

Countersigned By:



(Authorized Agent)



**POLICY CHANGES ENDORSEMENT DESCRIPTION**

ANY AUTO EXCEPT AUTOS OWNED, NON-OWNED OR HIRED BY THE STATE OF FLORIDA'S OWNED ENTITIES, DEPARTMENTS, OPERATIONS AND/OR SUBSIDIARIES, NOT SHOWN ON THE SCHEDULE OF NAMED INSUREDS. THE STATE OF FLORIDA IS AN INSURED ONLY WITH RESPECT TO THEIR INTEREST IN THE AUTOS OWNED, NON-OWNED OR HIRED BY THE OWNED ENTITIES SHOWN ON THE SCHEDULE OF NAMED INSUREDS.

**REMOVAL PERMIT**

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

# **FLORIDA NOTICE TO POLICYHOLDERS**

## **CUSTOMER ASSISTANCE**

### **Attach This Notice To Your Policy**

This notice is for information only and does not alter the terms or conditions of the policy to which it is attached.

### **To obtain information or make a complaint:**

You may call the following American Alternative Insurance Corporation toll-free number to present inquiries, obtain information or make a complaint:

**1-800-305-4954**

## **CLAIM REPORTING**

Successful claim handling begins with prompt notification. Incidents that will or might give rise to a claim should be immediately reported to your agent. The agent will relay pertinent information to Glatfelter Claims Management, Inc. (GCM). Minimum information needed is:

- Name and telephone number of insured contact person.
- Date, time and location of the accident or incident.
- Description of how the incident occurred.
- Description of the vehicle or property involved.
- Description of the damage and/or injuries.
- Description of any other automobiles, property, persons and witnesses involved, including addresses and telephone numbers, if available.
- If known, the name and incident report number of the responding police department or other authority.

Do not delay reporting an incident to your agent waiting on information such as a police report, repair estimate, or other claim details. When additional information is obtained, it should be promptly reported to your agent or the claim handler assigned by GCM.

Should a claim arise, some important points to remember are:

- Provide assistance to injured persons.
- Protect property from further damage.
- Do not divulge information to anyone other than the assigned claim handler or GCM's authorized representative.
- If a lawsuit is filed, contact your agent immediately who will transmit copies to GCM.

If an after-hours emergency should arise, please contact our office for assistance.

Glatfelter Claims Management, Inc.  
P.O. Box 5126  
York, PA 17405  
Telephone: (800) 233-1957  
Claims Fax: (717) 747-7051  
E-Mail: [claims@glatfelters.com](mailto:claims@glatfelters.com)

License Number: 2D89880 (California only)

Glatfelter Claims Management, Inc., a division of Glatfelter Insurance Group, is a wholly owned, third-party claims administrator charged with the handling of claims for Glatfelter Public Practice, on behalf of American Alternative Insurance Corporation.

**Glatfelter**  
**Public**  
**Practice<sup>SM</sup>**  
A Division of Glatfelter Insurance Group

**(800) 233-1957**

**[www.GlatfelterPublicPractice.com](http://www.GlatfelterPublicPractice.com)**

## **FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/ REJECTION**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.
  
- UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

### **SECTION A**

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select lower limits offered by the company, or reject Uninsured Motorist coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy:

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

**RENEWAL/EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I reject Uninsured Motorist coverage entirely.
- I select Uninsured Motorist limits equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- I select the following Uninsured Motorist coverage limit(s) listed below which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits below.

**SPLIT LIMITS**

- \$10,000 per person/\$20,000 per accident
- \$25,000 per person/\$50,000 per accident
- \$50,000 per person/\$100,000 per accident
- \$100,000 per person/\$300,000 per accident
- \$250,000 per person/\$500,000 per accident
- \$500,000 per person/\$1,000,000 per accident

**COMBINED SINGLE LIMIT**

- \$20,000 per accident
- \$50,000 per accident
- \$100,000 per accident
- \$250,000 per accident
- \$300,000 per accident
- \$500,000 per accident
- \$1,000,000 per accident

I understand and agree the selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the Insurance Company or my agent know in writing.

\_\_\_\_\_

Applicant's Signature
Date
Effective Date

**SECTION B**

**NEW CUSTOMERS** - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

**RENEWAL / EXISTING CLIENTS** - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.
  - Combined Single Limit \$
  - Combined Single Limit \$ each Person
  - \$ each Accident
- I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage

\_\_\_\_\_

Applicant's Signature
Date
Effective Date

### SECTION C

#### ELECTION OF NON-STACKED OR STACKED\* UNINSURED MOTORIST COVERAGE

**(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are 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 vehicle owned or leased by you or any 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 an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED\* UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK\* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I hereby elect the non-stacked form of Uninsured Motorist coverage.
- I hereby elect the **stacked\*** form of Uninsured Motorist coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorists limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the Insurance Company or my agent know in writing.

---

**Applicant's/ Named Insured's Signature**

---

**Date**

If you have any questions, please contact your independent insurance advisor.

**\*If you are not an individual, stacking of Uninsured Motorist coverage is not available.**