American Alternative Insurance Corporation GPPĀ-AU-4050065-01/021
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

	COMMON POLICY CHANG	SE ENDORSEMENT
Named Insured STATE	OF FLORIDA	Effective Date: 05-08-19 12:01 A.M., Standard Time
Agency Name Glatf	elter Underwriting	Services, Inc.
of coverage unless at the sole	e request of the insured.	increase rates or deductibles or alter any terms or conditions
COVERAGE PART INFORMA	TION – Coverage parts affecte	d by this change as indicated by x below.
Property		
Crime		
Inland Marine		
X Auto		\$ 723.00
General Liability		
Public Officials ar	nd Management Liability	
Ħ		
The following item(s):		
Insured's Name		Insured's Mailing Address
Policy Number		Company
Effective/Expirati	on Date	Insured's Legal Status/Business of Insured
Payment Plan		Premium Determination
Additional Interes	sted Parties	Coverage Forms and Endorsements
Limits/Exposures		Deductibles
<del>     </del>	//Location Description	Classification/Class Codes
Rates	, ,	Underlying Exposure/Insurance
is (are) changed to read <b>{See</b>	Additional Page(s)}	
, ,	CLE HAS BEEN ADDED:	
0212 - FL	2019 FORD VIN# 1 FFICE IN THE 19TH C	FM5K7B87KGA37483 LOCATED AT THE
ALL OTHER TERMS AN	D CONDITIONS REMAIN	I THE SAME
The above amendments resul	t in a change in the premium as	s follows:
The above amonamente recar	· ·	clude taxes and surcharges.
☐ No Changes ☐ To be	Adjusted at Audit Additional	\$ 723.00 <b>Return</b>
	For New York, Tax and Surcharges d	harge Changes lo not apply. Law Enforcement Fee and/or NY Fire Fee may be included.
Additional	. Or New Tork, the NT Motor Verlicle I	Return
Countersigned By:		John Q. Lolaw
000 400 (04 00)		AUTHORIZED AGENT

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-08-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 05-08-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

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

Addl Insured Lessor

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

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

**Effective Date**: 05-08-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/021

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

To: 10-20-2019

#### SCHEDULE OF AUTO CHANGES

Vehicle # 212 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: FORD Class Code: 739800

Model: EXPLORER
V.I.N.: 1FM5K7B87KGA37483
State: FL
Territory: 107

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	\$ 1,0	<u>nsurance</u> 000,000 ndorsement	 <u>luctible</u>	<u>Premium</u> 609.00 A/P 28.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000		6.00 A/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)				
Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		\$ 500	19.00 A/P
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$ 500	61 A/P INCL
Total:				723 NN A/P

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

Year: Use: Make: Class Code:

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

Valuation:

Coverages: Limit of Insurance Deductible Premium

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

Added Personal Injury Protection

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09) Page: 1

American Alternative Insurance Corporation GPPĀ-AU-4050065-01/022
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

PLEASE READ IT CA COMMON POLICY CHANGE						
Named Insured STATE OF FLORIDA	Effective Date: 05-10-19 12:01 A.M., Standard Time					
Agency Name Glatfelter Underwriting S	·					
This endorsement will not be used to decrease coverages, in of coverage unless at the sole request of the insured.	crease rates or deductibles or alter any terms or conditions					
COVERAGE PART INFORMATION — Coverage parts affected	by this change as indicated by x below.					
Property						
Crime						
Inland Marine						
X Auto	\$ 772.00					
General Liability						
Public Officials and Management Liability						
The following item(s):						
Insured's Name	Insured's Mailing Address					
Policy Number	Company					
Effective/Expiration Date	Insured's Legal Status/Business of Insured					
Payment Plan	Premium Determination					
Additional Interested Parties	Coverage Forms and Endorsements					
Limits/Exposures	Deductibles					
Covered Property/Location Description	Classification/Class Codes					
Rates	Underlying Exposure/Insurance					
is (are) changed to read {See Additional Page(s)}						
UNIVERSITY OF SOUTH FLORIDA ZIP 33620	KMHG54JH0KU050528 LOCATED AND THE SAME					
The above amendments result in a change in the premium as f						
This premium does not inclu  No Changes ☐ To be Adjusted at Audit Additional \$	772.00 Return					
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.						
For New York, the NY Motor Vehicle Lav Additional	r Enforcement Fee and/or NY Fire Fee may be included. Return					
Countersigned By:	John G. Loleur AUTHORIZED AGENT					
000 400 (04 00)	AUTITORIZED AGENT					

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-10-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

Effective Date: Named Insured STATE OF FLORIDA 05-10-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

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

Addl Insured Lessor

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

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-10-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/022

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

To: 10-20-2019

#### SCHEDULE OF AUTO CHANGES

Vehicle # 213 Insured's #:
Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

Make: HYUNDAI Class Code: 739800

Model: GENESISState: FLV.I.N.: KMHG54JH0KU050528Territory: 107

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	\$ 1,	Insurance 000,000 ndorsement	<u>uctible</u>	<u>Premium</u> 603.00 A/P 28.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss	\$	5,000		6.00 A/P
Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM)				
Physical Damage — Comprehensive	ACV		\$ 500	36.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$ 500	99 A/P INCL
Total:				772.00 A/P

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

Year: Use: Make: Class Code:

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

Valuation:

Coverages: Limit of Insurance Deductible Premium

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

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1
05-31-2019

**Policy Number** 

American Alternative Insurance Corporation GPPĀ-AU-4050065-01/023
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

COMMON POLICY CHANGE ENDORSEMENT

Named Insured	STATE OF FLORIDA	Effective Date: 05-17-19 12:01 A.M., Standard Time						
Agency Name	Glatfelter Underwriting							
This endorsement of coverage unless	will not be used to decrease coverages, is at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions						
		by this change as indicated by x below.						
Proper	rty							
Crime								
Inland	Marine							
X Auto		\$ -1,795.00						
Genera	al Liability							
Public	Officials and Management Liability							
The following item(	(s):							
Insure	d's Name	Insured's Mailing Address						
Policy	Number	Company						
Effecti	ve/Expiration Date	Insured's Legal Status/Business of Insured						
Payme	ent Plan	Premium Determination						
Additio	onal Interested Parties	Coverage Forms and Endorsements						
Limits	Exposures	Deductibles						
Covere	ed Property/Location Description	Classification/Class Codes						
Rates		Underlying Exposure/Insurance						
is (are) changed to	read {See Additional Page(s)}							
	NG VEHICLE HAS BEEN DELETE							
	046 - FL 2015 CAIO G360 FR5176 LOCATED AT THE FSU	0 MOTORCOACH VIN#						
ALL OTHER TH	ERMS AND CONDITIONS REMAIN	THE SAME						
The above amendn	nents result in a change in the premium as	follows:						
	This premium does not inc							
☐ No Changes	To be Adjusted at Audit Additional	<b>Return</b> \$ -1,795.00						
	Tax and Surch For New York, Tax and Surcharges do	narge Changes						
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.								
Additional		Return						
Countersigned By:		John G. Lolew						
CCC 400 (04 00)		AUTHORIZED AGENT						
GCO400 (01-09)								

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-17-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 05-17-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-17-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/023

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 46 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2015 Use:

Make: CAIO G3600 MOTORCOACH Class Code: 560900

Model: State: FL V.I.N.: 4UZFDGDV4ECFR5176 Territory: 123

Valuation: Actual Cash Value

Auto Medical Payments \$ 5,000 -11.00 R/P  Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage — Comprehensive ACV \$ 500 -130.00 R/P Physical Damage — Specified Causes of Loss	Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	•	surance 00,000 dorsement	<u>Dedu</u>	<u>ictible</u>	Premiun -1111.00 -31.00	R/P
Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage — Comprehensive ACV \$ 500 -130.00 R/P Physical Damage — Specified Causes of Loss	Medical Exp. And Income Loss	\$	5,000			-11.00	R/P
Physical Damage — Comprehensive ACV \$ 500 -130.00 R/P Physical Damage — Specified Causes of Loss	Uninsured Motorists (UM)						
	` ,	ACV		\$	500	-130.00	R/P
, ·	Physical Damage — Collision	ACV		\$	500	-512	R/P
Physical Damage — Towing and Labor Other Auto Coverages  —1795_00_R/P	Other Auto Coverages					1705 00	D /D

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

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

V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

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

Added Personal Injury Protection

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

Policy Number

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/024
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

To 10-20-2019

PLEASE READ IT CAREFULLY. COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA	Effective Date: 05-21-19 12:01 A.M., Standard Time						
Agency Name Glatfelter Underwriting	· · · · · · · · · · · · · · · · · · ·						
This endorsement will not be used to decrease coverages, of coverage unless at the sole request of the insured.	increase rates or deductibles or alter any terms or conditions						
COVERAGE PART INFORMATION — Coverage parts affected	d by this change as indicated by x below.						
Property							
Crime							
Inland Marine							
X Auto	\$ 204.00						
General Liability							
Public Officials and Management Liability							
The following item(s):							
Insured's Name	Insured's Mailing Address						
Policy Number	Company						
Effective/Expiration Date	Insured's Legal Status/Business of Insured						
Payment Plan	Premium Determination						
Additional Interested Parties	Coverage Forms and Endorsements						
Limits/Exposures	Deductibles						
Covered Property/Location Description	Covered Property/Location Description Classification/Class Codes						
Rates	Underlying Exposure/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:						
•	clude taxes and surcharges.						
No Changes To be Adjusted at Audit Additional							
	harge Changes						
For New York, Tax and Surcharges d	o not apply. aw Enforcement Fee and/or NY Fire Fee may be included.						
Additional	Return						
Countersigned By:	John J. Lolew						
	AUTHORIZED AGENT						

# **American Alternative Insurance Corporation**

# **Policy Number** GPPA-AU-4050065-01/024

Policy Period: From 10-20-2018

COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insured Effective Date: 05-21-19STATE OF FLORIDA

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

#### POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0059 -2006 CHEVROLET IMPALA VIN# 2G1WB55K969407009 FL

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0060 - FL 2007 CHEVROLET IMPALA LS VIN#

2G1WB55KX79173836

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0061 -2007 CHEVROLET IMPALA LS VIN# FL

2G1WB55K179170369

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0214 - FL 2019 CHEVY VIN# 2G11X5S30K9143651 LOCATED AT

JUSTICE ADMINISTRATIVE COMMISSION LEE COUNTY ZIP 39901

THE FOLLOWING VEHICLE HAS BEEN ADDED:

CHEVY VIN# 2G11X56S31K9144503 LOCATED AT 0215 - FL 2019

JUSTICE ADMINISTRATIVE COMMISSION LEE COUNTY ZIP 39901

THE FOLLOWING VEHICLE HAS BEEN ADDED:

2019 CHEVY VIN# 2G11X5S3XK9143818 LOCATED AT 0216 - FL

JUSTICE ADMINISTRATIVE COMMISSION LEE COUNTY ZIP 39901

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-21-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Effective Date: Named Insured 05-21-19 STATE OF FLORIDA

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

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

Addl Insured Lessor

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

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

**Effective Date:** 05-21-19

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

DEPARTMENT OF TRANSPORTATION

Policy Number: GPPA-AU-4050065-01/024 Named Insured:

Policy Period: From: 10-20-2018

To: 10-20-2019

# SCHEDULE OF AUTO CHANGES

Vehicle # 59 Insured's #: Vehicle Is: DELETED: Insured Entity:

**Year**: 2006 Use:

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

Model: State: FL V.I.N.: 2G1WB55K969407009 Territory: 163

Valuation: Actual Cash Value

STATE OF FLORIDA

Coverages: Liability (combined single limit) Personal Injury Protection (PIP)	•	surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	Premium -267.00 F -15.00 F	
Added Personal Injury Protection	see En	JOISEMEILC			13.00 1	X/ E
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			-6.00 H	R/P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-5.00 H	R/P
Physical Damage — Specified Causes of Loss						
Physical Damage - Collision	ACV		\$	500	-17 I	R/P
Physical Damage - Towing and Labor						
Other Auto Coverages						
Total:					-310.00	R/P

Vehicle # 60 Insured's #: Vehicle Is: DELETED: Insured Entity:

**Year**: 2007 Use:

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

Model: State: FL V.I.N.: 2G1WB55KX79173836 Territory: 142 Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	<u>Limit of In</u> \$ 1,0	surance	Ded	<u>uctible</u>	<u>Premium</u> -355.00 R/	
Personal Injury Protection (PIP)	See En	dorsement			-20.00 R/	/P
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			-6.00 R/	/ P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-5.00 R/	/ P
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	-17 R/	/P
Physical Damage — Towing and Labor						
Other Auto Coverages						
Total:					$-403.00 R_{i}$	/P

Page: 1 GCO400 (01/09)

Policy Number: GPPA-AU-4050065-01/024 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

# SCHEDULE OF AUTO CHANGES

Vehicle # 61 Insured's #: Vehicle Is: DELETED: Insured Entity:

**Year:** 2007 Use:

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

Model: State: FL V.I.N.: 2G1WB55K179170369 Territory: 142

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)		00,000	<u>Dedu</u>	<u>ıctible</u>	<u>Premium</u> -355.00 F	
Personal Injury Protection (PIP) Added Personal Injury Protection	See En	dorsement			-20.00 F	R/P
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			-6.00 F	R/P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-5.00 F	R/P
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	-17 F	R/P
Physical Damage — Towing and Labor						
Other Auto Coverages						
Total:					-403.00 H	R/P

Vehicle # 214 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

**Class Code**: 739800 Make: CHEVY

Model: IMPALA State: FL V.I.N.: 2G11X5S30K9143651 Territory: 142 Valuation: Actual Cash Value

Coverages:	Limit of Ins	surance	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			355.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			20.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			6.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	12.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	47 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					440.00 A/P

Page: 2 GCO400 (01/09)

Named Insured: Policy Number: GPPA-AU-4050065-01/024

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 215 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: CHEVY Class Code: 739800

 Model:
 IMPALA
 State:
 FL

 V.I.N.:
 2G11X56S31K9144503
 Territory:
 142

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection		surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u> 355.00 A/P 20.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			6.00 A/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	12.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision	ACV		\$	500	47 A/P
Physical Damage — Towing and Labor			·		INCL
Other Auto Coverages Total:					440.00 A/P

Vehicle # 216 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: CHEVY Class Code: 739800

Model: IMPALA

V.I.N.: 2G11X5S3XK9143818

Valuation: Actual Cash Value

State: FL

Territory: 142

Coverages:	Limit of Ins	surance	<u>Dedu</u>	ctible_	<u>Premiu</u>	<u>ım</u>
Liability (combined single limit)	\$ 1,00	00,000			355.00	A/P
Personal Injury Protection (PIP)	See End	dorsement			20.00	A/P
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			6.00	A/P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	12.00	A/P
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	47	A/P
Physical Damage — Towing and Labor						INCL
Other Auto Coverages						
Total:					440.00	A/P

GCO400 (01/09)

Page: 3
06-06-2019

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/025
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

# PLEASE READ IT CAREFULLY.

To 10-20-2019

					ICY CHANG	∍E ENI	JOKSEM				
Named In	sured	STATE	OF F	LORIDA					Effective		05-24-19
		Q1 : C	7.	TT 1				<b>-</b>		12:01	A.M., Standard Time
Agency N					vriting						
This endors of coverage	sement w <u>e un</u> less a	ıll not be ı at the sole	used to request	decrease of the insu	coverages, ured.	ıncrea	se rates o	or deductik	oles or a	alter any	terms or conditions
COVERAGE						d by th	nis chang	e as indica	ted by	x belo	w.
	Property	y									
	Crime										
	Inland N	/larine									
X	Auto								(	\$	545.00
	General	Liability									
	Public C	Officials and	d Manag	gement Lia	bility						
The following	ng item(s	):									
	Insured	's Name					Insured'	s Mailing A	Address		
	Policy N	lumber					Compar	ny			
	Effective	e/Expiratio	n Date				Insured'	s Legal Sta	atus/Bu	isiness (	of Insured
	Paymen	t Plan					Premiun	n Determin	ation		
	Addition	al Interest	ed Parti	es			Coveraç	ge Forms a	nd End	orsemer	nts
	Limits/E	Exposures					Deducti	bles			
	Covered	d Property	Locatic	on Descrip	tion		Classific	cation / Clas	s Code	s	
	Rates						Underly	ing Exposi	ure/Insu	urance	
is (are) cha			Addition	nal Page(s)	}						_
SEE NEX	T PAGI	$\equiv$									
The above a	amendme	ents result	in a cha	ange in the	premium a	s follov	 vs:				
				<u> </u>	does not in			surcharge	s.		
☐ No Chan	nges	To be A	djusted	l at Audit	Additiona	\$		545.00	Retur	n	
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.											
					Motor Vehicle			and/or NY Fi			ed.
Additional									Returr	<u> </u>	in. I
Countersign	ned By:							9	Joh	in A	. Solem
								AUTH	ÓRIZED	AGEN	Γ

# **American Alternative Insurance Corporation**

# Policy Number GPPA-AU-4050065-01/025

Policy Period: From 10-20-2018

**COMMON POLICY CHANGE ENDORSEMENT** 

To 10-20-2019

Named Insured STATE OF FLORIDA Effective Date: 05-24-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

### POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0056 - FL 1997 FORD TAURUS VIN# 1FALP52U2VA278637

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0217 - FL 2019 CHEVROLET VIN# 1G1ZC5ST6KF208198 LOCATED AT

THE JUSTICE ADMINISTRATIVE COMMISSION

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0218 - FL 2019 CHEVROLET VIN# 1G1ZC5ST4KF209687 LOCATED AT

THE JUSTICE ADMINISTRATIVE COMMISSION

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-24-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Effective Date: Named Insured STATE OF FLORIDA 05-24-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805

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

Addl Insured Lessor ENTERPRISE FM TRUST

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

Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805

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

Addl Insured Lessor

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

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-24-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/025

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 56 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 1997 Use:

Make: FORD TAURUS Class Code: 739800

 Model:
 State: FL

 V.I.N.: 1FALP52U2VA278637
 Territory: 144

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection		<u>surance</u> 00,000 dorsement	<u>Ded</u>	<u>uctible</u>	<u>Premiur</u> -341.00 -19.00	R/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			-6.00	R/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-4.00	R/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision	ACV		\$	500	-15	R/P
Physical Damage — Towing and Labor Other Auto Coverages					205 00	D / D
Total:					-385 00	R/P

Vehicle # 217 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: CHEVROLET Class Code: 739800

Model: MALIBU

V.I.N.: 1G1ZC5ST6KF208198

Valuation: Actual Cash Value

State: FL

Territory: 144

Coverages:	Limit of Ins	surance	<u>D</u> edu	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000				341.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			19.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			6.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	9.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	42 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					417.00 A/P

GCO400 (01/09) Page: 1

Named Insured: Policy Number: GPPA-AU-4050065-01/025

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

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 218 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: CHEVROLET Class Code: 739800

 Model: MALIBU
 State: FL

 V.I.N.: 1G1ZC5ST4KF209687
 Territory: 123

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	<u>Limit of Ins</u>	surance	<u>Dedu</u>	<u>ıctible</u>	<u>Premium</u> 438.00 A/P
Personal Injury Protection (PIP)	See En	dorsement			10.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5 <b>,</b> 000			6.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	10.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	49 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					513.00 A/P

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

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

Valuation:

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

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

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 2

Policy Number

American Alternative Insurance Corporation
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018 To 10-20-2019

PLEASE READ IT CAREFULLY. COMMON POLICY CHANGE ENDORSEMENT

Effective Date: 05-29-19

Named Insured STATE OF FLORIDA

named insured	STATE OF FLORIDA	Ellective Date: US=29=19			
		12:01 A.M., Standard Time			
Agency Name		writing Services, Inc.			
This endorsement v	will not be used to decrease at the sole request of the ins	coverages, increase rates or deductibles or alter any terms or conditions ured			
		parts affected by this change as indicated by x below.			
Proper	ty				
Crime					
Inland	Marine				
X Auto		\$ 300.00			
Genera	al Liability	¥ 300.00			
<del>  </del>	Officials and Management Lia	ability			
	omerane and management in	,			
The following item(s	e).				
· ·	d's Name	Insured's Mailing Address			
<u> </u>	Number	Company			
<b>=</b>		<b>;                                    </b>			
<b>==</b>	ve/Expiration Date	Insured's Legal Status/Business of Insured			
Paymei		Premium Determination			
<u> </u>	onal Interested Parties	Coverage Forms and Endorsements			
Limits/	Exposures	Deductibles			
Covere	ed Property/Location Descrip	tion Classification/Class Codes			
Rates		Underlying Exposure/Insurance			
	read <b>{See Additional Page(s)</b>	}			
SEE NEXT PAG	<u>;Ľ</u>				
The above amendm	nents result in a change in the	premium as follows:			
	This premium	does not include taxes and surcharges.			
☐No Changes	To be Adjusted at Audit	Additional \$ 300.00 Return			
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.  For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.					
Additional		Return			
Countersigned By:		John G. Lolew			
000 400 (04 00)		AUTHÓRIZED AGENT			

# **American Alternative Insurance Corporation**

# Policy Number GPPA-AU-4050065-01/026

Policy Period: From 10-20-2018

To

COMMON POLICY CHANGE ENDORSEMENT

10-20-2019

Named Insured STATE OF FLORIDA

Effective Date: 05-29-19
12:01 A.M., Standard Time

Agency Name

Glatfelter Underwriting Services, Inc.

#### POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (LOSS PAYEE) HAS BEEN ADDED TO THE POLICY:

BARTOW FORD

2800 US HWY 98 N

BARTOW FL 33830

APPLIES TO 2018 FORD F150 #3686

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0219 - FL 2018 FORD VIN# 1FTEW1EG5JFA33686 LOCATED AT

FLORIDA FISH AND WILDLIFE COMMISSION

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 05-29-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

#### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 05-29-19

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

Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830

DESCRIPTION APPLIES TO 2018 FORD F150 #3686

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

**Effective Date**: 05-29-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/026

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

To: 10-20-2019

#### SCHEDULE OF AUTO CHANGES

Vehicle # 219 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2018 Use: Service
Make: FORD Class Code: 014990

Model: F150

V.I.N.: 1FTEW1EG5JFA33686

Valuation: Actual Cash Value

State: FL

Territory: 166

Coverages: Limit of Insurance **Deductible** <u>Premium</u> Liability (combined single limit) 1,000,000 224.00 A/P Personal Injury Protection (PIP) See Endorsement 5.00 A/PAdded Personal Injury Protection Property Protection Insurance (MI only) Auto Medical Payments \$ 5,000 2.00 A/P Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage - Comprehensive ACV 500 24.00 A/P Physical Damage — Specified Causes of Loss Physical Damage - Collision ACV \$ 500 45 A/P Physical Damage - Towing and Labor INCL Other Auto Coverages

300.00 A/P

Territory:

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

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

V.I.N.: Valuation:

Total:

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

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

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

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

PLEASE READ IT CAREFULLY. To 10-20-2019

COMMON POLICY CHANG	E ENDORSEMENT							
Named Insured STATE OF FLORIDA	Effective Date: $06-03-19$ 12:01 A.M., Standard Time							
Agency Name Glatfelter Underwriting	Services, Inc.							
This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.								
COVERAGE PART INFORMATION — Coverage parts affected	by this change as indicated by x below.							
Property								
Crime								
Inland Marine								
X Auto	WAIVED							
General Liability								
Public Officials and Management Liability								
The following item(s):								
Insured's Name	Insured's Mailing Address							
Policy Number	Company							
<del>     </del>	<b>;=</b>							
Effective/Expiration Date	Insured's Legal Status/Business of Insured							
Payment Plan	Premium Determination							
Additional Interested Parties	Coverage Forms and Endorsements							
Limits/Exposures	Deductibles							
Covered Property/Location Description	Classification/Class Codes							
Rates	Underlying Exposure/Insurance							
is (are) changed to read {See Additional Page(s)}								
THE FOLLOWING VEHICLE HAS BEEN DELETE 0206 - FL 2019 GMC VIN#	D: 1GKS1CKJ0KR141473							
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0220 - FL 2016 GMC VIN# 1GUNIVERSITY OF NORTH FLORIDA	KS1CKJGR337755 LOCATED AT							
ALL OTHER TERMS AND CONDITIONS REMAIN	THE SAME							
The above amendments result in a change in the premium as	follows:							
This premium does not inc  No Changes To be Adjusted at Audit Additional								
	Return WAIVED							
For New York, Tax and Surcharges do								
Additional	Return							
Countersigned By:	John J. Lolew							
	AUTHÓRIZED AGENT							

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 06-03-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: STATE OF FLORIDA 06-03-19

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

Loss Payee

BARTOW FORD

2800 US HWY 98 N

BARTOW, FL 33830

DESCRIPTION APPLIES TO 2018 FORD F150 #3686

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-03-19

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

DEPARTMENT OF TRANSPORTATION

Policy Number: GPPA-AU-4050065-01/027 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

## SCHEDULE OF AUTO CHANGES

Vehicle # 206 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2019 Use:

**Class Code**: 739800 Make: GMC

Model: DENALI State: FL V.I.N.: 1GKS1CKJ0KR141473 Territory: 136

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	Limit of Ir	nsurance	<u>Dedu</u>	<u>uctible</u>	<u>Premium</u> -327.00 R/	/ p
Personal Injury Protection (PIP)		dorsement			-13.00 R/	
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5 <b>,</b> 000			-5.00 R/	/ P
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	-29.00 R/	/ P
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	-71 R/	/ P
Physical Damage — Towing and Labor						
Other Auto Coverages						
Total:					-445.00 R	/P

Vehicle # 220 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2016 Use:

**Class Code**: 739800 Make: GMC

Model: YUKON DENALI State: FL V.I.N.: 1GKS1CKJGR337755 Territory: 136 Valuation: Actual Cash Value

Coverages:	Limit of Ins	surance	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			327.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			13.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			5.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	20.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	45 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					410.00 A/P

Page: 1 GCO400 (01/09)

To 10-20-2019

American Alternative Insurance Corporation GPPĀ-AU-4050065-01/029
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

COMMON POLICY CHANG	E ENDORSEMENT								
Named Insured STATE OF FLORIDA	Effective Date: 06-11-19								
	12:01 A.M., Standard Time								
Agency Name Glatfelter Underwriting									
This endorsement will not be used to decrease coverages, i of coverage unless at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions								
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by x below.									
Property									
Crime									
Inland Marine									
X Auto	\$ 317.00								
General Liability									
Public Officials and Management Liability									
The following item(s):									
Insured's Name	Insured's Mailing Address								
Policy Number	Company								
Effective/Expiration Date	Insured's Legal Status/Business of Insured								
Payment Plan	Premium Determination								
Additional Interested Parties	Coverage Forms and Endorsements								
Limits/Exposures	Deductibles								
Covered Property/Location Description	Classification / Class Codes								
Rates	Underlying Exposure/Insurance								
is (are) changed to read {See Additional Page(s)}									
THE FOLLOWING VEHICLE HAS BEEN ADDED:									
	FMCU0F77KUC07157 LOCATED AT JAC TH CIRCUIT								
ALL OTHER TERMS AND CONDITIONS REMAIN									
ALL CITIES THE AME COMPTITIONS REMAIN	THE CLAME								
The above amendments result in a change in the premium as									
This premium does not inc  No Changes To be Adjusted at Audit Additional									
No Changes To be Adjusted at Audit Additional  Tax and Surch	<u>.</u>								
For New York, Tax and Surcharges do									
Additional	Return								
Countersigned By:	John G. Lolem								
000400 (04.00)	AUTHÓRIZED AGENT								

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 06-11-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 06-11-19 STATE OF FLORIDA

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

Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830 DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-11-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/029

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 222 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: FORD Class Code: 739800

Model: ESCAPEState: FLV.I.N.: 1FMCU0F77KUC07157Territory: 145

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)		Insurance	Ded	<u>luctible</u>	<u>Premium</u> 257.00 A/P	
Personal Injury Protection (PIP)	,	ndorsement			11.00 A/P	
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			5.00 A/P	
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P	
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	33 A/P	
Physical Damage — Towing and Labor					INCL	
Other Auto Coverages						
Total:					317.00 A/P	

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

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

Valuation:

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

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

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

**Policy Number** 

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/030
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

To 10-20-2019

Named Ir	nsured STATE OF FLORIDA	HANGE EN		Effective Date:	06-14-19		
				12:01	A.M., Standard Time		
Agency N							
This endors	sement will not be used to decrease coverage unless at the sole request of the insured.	ages, increa	se rates or deductibl	es or alter any	terms or conditions		
	E PART INFORMATION – Coverage parts a	affected by t	his change as indicat	ed by x belov	v		
	Property						
	Crime						
	Inland Marine						
X	Auto			\$	418.00		
	General Liability						
	Public Officials and Management Liability						
The following	ng item(s):				_		
	Insured's Name		Insured's Mailing Ad	ddress			
	Policy Number		Company				
	Effective/Expiration Date Insured's Legal Status/Business of Insured						
	Payment Plan		Premium Determina	tion			
	Additional Interested Parties		Coverage Forms an	d Endorsemen	ts		
	Limits/Exposures		Deductibles				
	Covered Property/Location Description		Classification/Class	Codes			
	Rates		Underlying Exposu	re/Insurance			
is (are) cha	nged to read {See Additional Page(s)}						
02	LOWING VEHICLE HAS BEEN AD 23 - FL 2012 HONDA V E 32306		FB5F53CE00014	0 LOCATED	AT FSU		
ALL OTH	ER TERMS AND CONDITIONS REI	MAIN THI	E SAME				
The above	amendments result in a change in the premi	ium as follo	ws.				
1110 00000	•		axes and surcharges				
☐ No Char	nges To be Adjusted at Audit Addi	itional \$	418.00	Return			
	Tax and For New York, Tax and Surch For New York, the NY Motor N		pply.	Fee may be include	ed.		
Additional				Return			
Countersig	ned By:		//	John G.	Solem		
			AUTHO	RIZED AGENT	· —————		

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 06-14-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 06-14-19 STATE OF FLORIDA

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

Loss Payee

BARTOW FORD

2800 US HWY 98 N

BARTOW, FL 33830

DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Pavee

ENTERPRISE FM TRUST

PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA E

Effective Date: 06-14-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/030

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 223 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2012 Use:

Make: HONDA Class Code: 739800

 Model: CIVIC
 State: FL

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

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)		nsurance	<u>Ded</u>	<u>uctible</u>	<u>Premium</u> 377.00 A/P
Personal Injury Protection (PIP)	•	ndorsement			8.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			5.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	5.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	23 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					418.00 A/P

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

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

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

Valuation:

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

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

Added Personal Injury Protection

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage - Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/031

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

PLEASE READ IT CAREFULLY.

To 10-20-2019

			COMM	ION POLICY CH	IANGE E	NDORSE	ME	NT			
Named In:	sured	STATE	OF FL	ORIDA					Effectiv		07-01-19
_		C1 c + C	.1 4	TImed a server delice	C		-	Too		12:01	A.M., Standard Time
Agency N				Underwriti			-		-1	_14	
inis endors of coverage	sement w <u>e unless</u> a	not be at the sole	used to d request (	decrease covera of the insured.	ges, incr	ease rates	s or	deductib	oles or	alter any	y terms or conditions
COVERAGE	E PART I	NFORMAT	ION – C	overage parts af	fected by	this char	nge a	as indica	ted by	x belo	ow.
	Property	y									
	Crime										
	Inland N	/larine									
X	Auto									\$	1,269.00
	General	Liability									
	Public C	Officials an	d Manag	ement Liability							
 The followin	ng item(s	):									
	Insured	,			<u> </u>	Insure	ed's	Mailing A	Address	5	
	Policy N	lumber			=	Comp	any	,			
一片	-	e/Expiratio	n Date		<del>                                     </del>	≓ `	•		atus/Bu	usiness	of Insured
	Paymen	•			<del>  -</del>	=		Determin:			
-	•	nal Interest	ed Partie	s	=	Cover	age	Forms a	nd End	lorseme	nts
		Exposures			<u> </u>	Deduc	•				
		·	Location	n Description	-	=		tion/Clas	ss Code	es	
	Rates					Under	lying	g Exposi	ure/Ins	urance	
is (are) char	nged to r	ead {See	Additiona	al Page(s)}	<u> </u>						
SEE NEX				<u> </u>							
The above o	amendma	ents result	in a char	nge in the premi	ım as fol	lowe.					
THE ADOVE A		onto result		premium does n			nd sı	urcharge	 S.		
No Chan	nges	To be A	djusted		ional \$			69.00	Retur	'n	
				Tax and	Surcharg	ge Change					
			For New	York, Tax and Surcha York, the NY Motor Ve	rges do not hicle Law E	apply. inforcement F	ee an	nd/or NY Fi	re Fee ma	y be includ	ded.
Additional									Retur	'n	- <i>E</i>
Countersigr	ned By:							و	Jos	in 4	. Solem
					_			AUTH	ÓRIZEI	) AGEN	Т
CCOA00 (0	11 (10)										

# **American Alternative Insurance Corporation**

Named Insured

# **Policy Number** GPPA-AU-4050065-01/031

Policy Period: From 10-20-2018

To

Effective Date: 0.7 - 0.1 - 1.9

COMMON POLICY CHANGE ENDORSEMENT

12:01 A.M., Standard Time

10-20-2019

Agency Name Glatfelter Underwriting Services, Inc.

## POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:

STATE OF FLORIDA

0211 - FL 2018 PETERSON VIN# 1FVACXFC1JHJZ1862 LOCATED AT FDOT

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0224 - FL 2019 DODGE VIN# 2C4RDGBG3KR665000 LOCATED AT THE FLORIDA SCHOOL FOR THE DEAF AND FOR THE BLIND

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0225 - FL 2019 DODGE VIN# 2C4RDGBG9KR664997 LOCATED AT THE FLORIDA SCHOOL FOR THE DEAF AND FOR THE BLIND

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0226 - FL 2019 DODGE VIN# 2CYRDGBG2KR668999 LOCATED AT THE FLORIDA SCHOOL FOR THE DEAF AND FOR THE BLIND

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0227 - FL 2019 DODGE VIN# 2C4RDGBG5KR665001 LOCATED AT THE FLORIDA SCHOOL FOR THE DEAF AND FOR THE BLIND

THE FOLLOWING VEHICLE HAS BEEN ADDED: 0228 - FL 2019 DODGE VIN# 2C4RDGBG0KR664998 LOCATED AT THE FLORIDA SCHOOL FOR THE DEAF AND FOR THE BLIND

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 07-01-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 07 - 01 - 19STATE OF FLORIDA

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

Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830 DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA Effective Date: 07-01-19

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

DEPARTMENT OF TRANSPORTATION

Policy Number: GPPA-AU-4050065-01/031 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

## SCHEDULE OF AUTO CHANGES

Vehicle # 211 Insured's #: Vehicle Is: DELETED: Insured Entity:

Year: 2018 Use: Service Make: PETERSON **Class Code**: 314990

Model: TL3 State: FL V.I.N.: 1FVACXFC1JHJZ1862 Territory: 172

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP)		surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u> -141.00 R/P -4.00 R/P
Added Personal Injury Protection					
Property Protection Insurance (MI only) Auto Medical Payments	\$	5,000			-2.00 R/P
Medical Exp. And Income Loss Benefits (VA only)	Υ	3 <b>,</b> 000			2.00 11,1
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	-20.00 R/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	-84 R/P
Physical Damage — Towing and Labor					
Other Auto Coverages					
Total:					-251.00 R/P

Vehicle # 224 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

**Class Code**: 739800 Make: DODGE Model: CARAVAN State: FL

V.I.N.: 2C4RDGBG3KR665000 Territory: 138 Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	•	surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u> 248.00 A/P 11.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM)	\$	5,000			4.00 A/P
Underinsured Motorists (UIM) Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		\$	500	11.00 A/P
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$	500	30 A/P INCL
Total:					304.00 A/P

Page: 1 07-08-2019 GCO400 (01/09)

Policy Number: GPPA-AU-4050065-01/031 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

## SCHEDULE OF AUTO CHANGES

Vehicle # 225 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

Make: DODGE **Class Code**: 739800

Model: CARAVAN State: FL V.I.N.: 2C4RDGBG9KR664997 Territory: 138

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	Limit of Insurance \$ 1,000,000			<u>ictible</u>	<u>Premium</u> 248.00 A/P
Personal Injury Protection (PIP)		dorsement			11.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	30 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					304.00 A/P

Vehicle # 226 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

**Class Code**: 739800 Make: DODGE

Model: CARAVAN State: FL V.I.N.: 2CYRDGBG2KR668999 Territory: 138 Valuation: Actual Cash Value

Coverages:	Limit of Ins	surance	<u>D</u> edu	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			248.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			11.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	30 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					304.00 A/P

Page: 2 07-08-2019 GCO400 (01/09)

Policy Number: GPPA-AU-4050065-01/031 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

## SCHEDULE OF AUTO CHANGES

Vehicle # 227 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

Make: DODGE **Class Code**: 739800

Model: CARAVAN State: FL V.I.N.: 2C4RDGBG5KR665001 Territory: 138

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)	Limit of Ins	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u> 248.00 A/P		
Personal Injury Protection (PIP)		dorsement			11.00 A/P	
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			4.00 A/P	
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P	
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	30 A/P	
Physical Damage — Towing and Labor					INCL	
Other Auto Coverages						
Total:					304.00 A/P	

Vehicle # 228 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

**Class Code**: 739800 Make: DODGE

Model: CARAVAN State: FL V.I.N.: 2C4RDGBG0KR664998 Territory: 138 Valuation: Actual Cash Value

Coverages:	Limit of Insurance		<u>Dedu</u>	<u>ctible</u>	<u>Premium</u>	
Liability (combined single limit)	\$ 1,00	00,000			248.00 A/P	
Personal Injury Protection (PIP)	See End	dorsement			11.00 A/P	
Added Personal Injury Protection						
Property Protection Insurance (MI only)						
Auto Medical Payments	\$	5,000			4.00 A/P	
Medical Exp. And Income Loss Benefits (VA only)						
Uninsured Motorists (UM)						
Underinsured Motorists (UIM)						
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P	
Physical Damage — Specified Causes of Loss						
Physical Damage — Collision	ACV		\$	500	30 A/P	
Physical Damage — Towing and Labor					INCL	
Other Auto Coverages						
Total:					304.00 A/P	

**Page:** 3 07-08-2019 GCO400 (01/09)

**Policy Number** 

American Alternative Insurance Corporation GPPĀ-AU-4050065-01/033
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY. COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insured	STATE OF FLORIDA	Effective Date: 07-10-19 12:01 A.M., Standard Time					
Agency Name	Glatfelter Underwriting						
This endorsement	will not be used to decrease coverages, i at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions					
		by this change as indicated by x below.					
Proper	ty						
Crime							
Inland	Marine						
X Auto		\$ 465.00					
Genera	al Liability						
Public	Officials and Management Liability						
The following item(	s):						
Insured	d's Name	Insured's Mailing Address					
Policy	Number	Company					
Effectiv	Effective/Expiration Date Insured's Legal Status/Business of Insured						
Payme	Payment Plan Premium Determination						
Additio	Additional Interested Parties Coverage Forms and Endorsements						
Limits/	Limits/Exposures Deductibles						
Covere	Covered Property/Location Description Classification/Class Codes						
Rates		Underlying Exposure/Insurance					
is (are) changed to	read {See Additional Page(s)}						
THE FOLLOWIN 0229 - UNIVERSITY C		2C4RDGBG9KR502917 LOCATED AT					
ALL OTHER TE	ERMS AND CONDITIONS REMAIN	THE SAME					
The above amendm	nents result in a change in the premium as	follows:					
This premium does not include taxes and surcharges.							
No Changes	To be Adjusted at Audit Additional						
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.							
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.  Additional  Return							
Countersigned By:	$\alpha \wedge \alpha \wedge$						
GCO400 (01-09)		AUTHÓRIZED AGENT					
000+00 (U1-03)							

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 07-10-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 07 - 10 - 19STATE OF FLORIDA

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

Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830

DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

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

DESCRIPTION APPLIES TO 2019 TOYOTA #6900

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-10-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/033

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

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 229 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: DODGE Class Code: 739800

Model: CARAVANState: FLV.I.N.: 2C4RDGBG9KR502917Territory: 107

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	Limit of I \$ 1,0 See Er	<u>uctible</u>	<u>Premium</u> 391.00 A/P 17.00 A/P	
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000		4.00 A/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)				
Physical Damage — Comprehensive	ACV		\$ 500	13.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$ 500	40 A/P INCL
Total:				465 00 A/P

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

Year:

Make:

Model:

V.I.N.:

Use:

Class Code:

State:

Territory:

V.I.N.: Valuation:

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

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

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

To 10-20-2019

American Alternative Insurance Corporation GPPÁ-AU-4050065-01/034
THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2018

PLEASE READ IT CAREFULLY.

COMMON POLICY CHANGE ENDORSEMENT							
Named Insured STATE OF FLORIDA	Effective Date: 07-11-19 12:01 A.M., Standard Time						
Agency Name Glatfelter Underwriting							
This endorsement will not be used to decrease coverages, is of coverage unless at the sole request of the insured.	ncrease rates or deductibles or alter any terms or conditions						
COVERAGE PART INFORMATION — Coverage parts affected	I by this change as indicated by x below.						
Property							
Crime							
Inland Marine							
X Auto	\$ 440.00						
General Liability							
Public Officials and Management Liability							
The following item(s):							
Insured's Name	Insured's Mailing Address						
Policy Number	Company						
Effective/Expiration Date	Insured's Legal Status/Business of Insured						
Payment Plan Premium Determination							
Additional Interested Parties	Coverage Forms and Endorsements						
Limits/Exposures	Deductibles						
Covered Property/Location Description	Classification/Class Codes						
Rates	Underlying Exposure/Insurance						
is (are) changed to read {See Additional Page(s)}							
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0230 - FL 2019 FORD VIN# 1: UNIVERSITY SOUTH FLORIDA ZIP 33620							
ALL OTHER TERMS AND CONDITIONS REMAIN	THE SAME						
The above amendments result in a change in the premium as	follows:						
This premium does not inc							
No Changes To be Adjusted at Audit Additional	\$ 440.00 <b>Return</b>						
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.  For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.							
Additional	Return						
Countersigned By:	John J. Lolem						
000400 (04.00)	AUTI∯ÓRIZED AGENT						

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 07-11-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 07-11-19 STATE OF FLORIDA

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

Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830

DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105

DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

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

DESCRIPTION APPLIES TO 2019 TOYOTA #6900

## SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

**Effective Date:** 07-11-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/034

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

To: 10-20-2019

## SCHEDULE OF AUTO CHANGES

Vehicle # 230 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2019 Use:

Make: FORD Class Code: 739800

Model: ESCAPEState: FLV.I.N.: 1FMCU0F74KUC35210Territory: 107

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	\$ 1,0	Limit of Insurance \$ 1,000,000 See Endorsement			<u>Premium</u> 373.00 A/P 17.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			4.00 A/P
Uninsured Motorists (UM) Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	10.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision Physical Damage — Towing and Labor	ACV		\$	500	36 A/P INCL
Other Auto Coverages Total:					440 00 A/P

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

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

V.I.N.: Territory:

Valuation:

Coverages: Limit of Insurance Deductible Premium

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

Added Personal Injury Protection

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 1

Policy Number

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

PLEASE READ IT CAREFULLY. COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insure	d STATE OF FI	LORIDA	Effective Date: 07-30-19					-30-19
						1	2:01 A.M.	, Standard Time
Agency Name	Glatfelter	Underwriting	Serv	ices,	Inc.			
This endorseme	nt will not be used to ess at the sole request	decrease coverages,	increas	e rates o	r deductib	les or alter	r any term	ns or conditions
	RT INFORMATION - C		d by thi	s change	e as indicat	ted by x	below.	
	perty	<u> </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·		_
Crin	•							
<del>  </del>								
X Auto	nd Marine					<u> </u>		706.00
						\$		726.00
<del>     </del>	eral Liability							
Pub	lic Officials and Manag	ement Liability						
The following ite	em(s):							
Insu	ıred's Name			Insured's	s Mailing A	ddress		
Poli	cy Number			Compan	У			
Effe	ctive/Expiration Date			Insured's	s Legal Sta	tus/Busin	ess of Ins	sured
Pay	ment Plan			Premium	n Determina	ation		
Add	itional Interested Partie	es	Coverage Forms and Endorsements					
Limi	its/Exposures			Deductib	oles			
Cov	ered Property/Location	n Description		Classific	ation/Class	s Codes		
Rate	es			Underlyi	ng Exposu	re/Insurar	nce	
	to read {See Additiona	al Page(s)}						
SEE NEXT P	AGE							
The above amon	ndments result in a cha	nge in the premium a	s follow	<u>.                                    </u>				
THE above affici		premium does not in			surcharges	 S.		
No Changes	To be Adjusted	•			726.00	Return		_
		Tax and Surc	harge C	hanges				_
		<ul> <li>York, Tax and Surcharges of York, the NY Motor Vehicle</li> </ul>			and/or NY Fire	e Fee may be i	included.	
Additional						Return		
Countersigned E	Зу:				Ý	John	Q. N	Clem
					AUTHC	RIZED AC	GENT	

# **American Alternative Insurance Corporation**

# **Policy Number** GPPA-AU-4050065-01/035

Policy Period: From 10-20-2018

COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insured Effective Date: 0.7 - 3.0 - 1.9STATE OF FLORIDA

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

## POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

WORLD OMNI FINANCIAL CORPORATION 6150 OMNI PARK DRIVE MOBILE AL 36609

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0231 - FL 2019 TOYOTA RAV4 VIN# 2T3H1RFV4KW038921LOCATED AT 4979 HEALTHYWAY, MARIANNA FL 32446

THE FOLLOWING VEHICLE HAS BEEN ADDED: 0232 - FL 2019 TOYOTA RAV4 VIN# 2T3H1RFV7KC017806 LOCATED AT 4979 HEALTHYWAY, MARIANNA FL 32446

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0233 - FL 2020 TOYOTA SIENNA VIN# 5TDKZ3DC2LS028419 LOCATED AT 4979 HEALTHYWAY, MARIANNA FL

THE FOLLOWING FORM(S) HAS BEEN AMENDED: CA 20 01 03-06 ADDL INSD-LESSOR

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

## SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 07-30-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 07 - 30 - 19STATE OF FLORIDA

12:01 A.M., Standard Time

Agency Name

MOBILE, AL 36609

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 Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830 DESCRIPTION APPLIES TO 2018 FORD F150 #3686 Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA #6900 Addl Insured Lessor WORLD OMNI FINANCIAL CORPORATION 6150 OMNI PARK DRIVE

DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-30-19

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

DEPARTMENT OF TRANSPORTATION

Named Insured: Policy Number: GPPA-AU-4050065-01/035

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

10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 231 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

Make: TOYOTA RAV4 **Class Code**: 739800

Model: State: FL V.I.N.: 2T3H1RFV4KW038921 Territory: 174

Valuation: Actual Cash Value

STATE OF FLORIDA

Coverages: Liability (combined single limit)	<u>Limit of Ir</u> \$ 1,0	nsurance	Ded	<u>uctible</u>	<u>Premium</u> 193.00 A/P
Personal Injury Protection (PIP)	See En	dorsement			7.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5 <b>,</b> 000			3.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	9.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	30 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					242.00 A/P

Vehicle # 232 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2019 Use:

Make: TOYOTA RAV4 **Class Code**: 739800

Model: State: FL V.I.N.: 2T3H1RFV7KC017806 Territory: 174 Valuation: Actual Cash Value

Coverages:	Limit of Ins	surance	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			193.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			7.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			3.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	9.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	30 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					242.00 A/P

Page: 1 08-13-2019 GCO400 (01/09)

Named Insured: Policy Number: GPPA-AU-4050065-01/035

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

To: 10-20-2019

SCHEDULE OF AUTO CHANGES

Vehicle # 233 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:

Make: TOYOTA SIENNA Class Code: 739800

Model: 8 PASSENGER VANState: FLV.I.N.: 5TDKZ3DC2LS028419Territory: 174

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)		Insurance	Ded	<u>luctible</u>	<u>Premium</u> 193.00 A/P
Personal Injury Protection (PIP)	See E	ndorsement			7.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			3.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	9.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	30 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					242.00 A/P

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

Year: Use: Make: Class Code:

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

Valuation:

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

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

Added Personal Injury Protection

Property Protection Insurance (MI only)

**Auto Medical Payments** 

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage - Comprehensive

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

Physical Damage - Towing and Labor

Other Auto Coverages

Total:

GCO400 (01/09)

Page: 2
08-13-2019

### 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): GT LEASING PO BOX 10196

JACKSONSVILLE, FL 32247

**Designation Or Description** FL 135 2018 CHEVROLET G3500 15 PASSENGER VAN

Of 'Leased Autos': 1GAZGPFG3J1235738

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

### A. Coverage

- 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

- 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### **SCHEDULE**

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): GT LEASING PO BOX 10196

JACKSONSVILLE, FL 32247

Designation Or Description FL 136 2018 CHEVROLET G3500 15 PASSENGER VAN

Of 'Leased Autos': 1GAZGPFG1J1278197

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

### A. Coverage

- 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

- 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): GT LEASING PO BOX 10196

JACKSONSVILLE, FL 32247

Designation Or Description FL 137 2018 CHEVROLET G3500 15 PASSENGER VAN

Of 'Leased Autos': 1GAZGPFG6J1281791

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

#### A. Coverage

- 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

- 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 142 2018 NISSAN ALTIMA 1N4AL3AP0JC251034 **Of 'Leased Autos':** FL 143 2018 NISSAN ALTIMA 1N4AL3AP8JC249208

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

### 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

- 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 144 2018 NISSAN ALTIMA 1N4AL3AP7JC248857 **Of 'Leased Autos':** FL 145 2018 NISSAN ALTIMA 1N4AL3AP2JC247163

Coverages	Limit Of Insurance								
Liability	Each "Accident"								
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus								
Comprehensive	Deductible For Each Covered "Leased Auto"								
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"								
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"								

#### 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

- 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.

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

PLEASE READ IT CAREFULLY.

To 10-20-2019

Named Ins	sured S	TATE O	F FLO	DRIDA			I			08-07-19 <b>A.M., Standard Time</b>
Agency Na	ame G	latfel	ter [	Jnderwriti:	ng Ser	vices,	Inc.			
This endorse	ement will unless at t	not be us he sole re	ed to de	ecrease coverage f the insured.	es, incre	ase rates o	or deductib	les or alte	er any	terms or conditions
				verage parts aff	ected by	this chang	e as indica	ted by x	belov	v.
	Property							<u> </u>		-
	Crime									
י 🔲 י	Inland Mar	rine								
X	Auto							\$		3,396.00
	General Lia	ability								
	Public Offi	cials and I	Manage	ment Liability						
The following	• • • •					7				
<u> </u>	Insured's I	Name				Insured'	s Mailing A	Address		
<u></u> ''	Policy Nun	nber				Compan	ıy			
<u> </u>	Effective/E	Expiration	Date			Insured'	s Legal Sta	atus/Busir	ness o	of Insured
	Payment P	lan				Premiun	n Determina	ation		
	Additional	Interested	Parties	;		Coverag	je Forms ai	nd Endors	semen	ts
	Limits/Exp	osures				Deductil	bles			
	Covered P	roperty/L	ocation	Description		Classific	ation/Clas	s Codes		
	Rates					Underlyi	ing Exposu	ıre/Insura	nce	
is (are) chan		d <b>{See Ad</b>	ditional	Page(s)}						
SEE NEXT	r PAGE									
The above amendments result in a change in the premium as follows:										
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				ork, Tax and Surchar ork, the NY Motor Vel	ges do not a	pply.		re Fee may be	include	ed.
Additional								Return		
Countersigne	ed By:						,	John	q.	Solem
000 100 (01							AUTH	ÓRIZED A	GENT	-

## **American Alternative Insurance Corporation**

### Policy Number GPPA-AU-4050065-01/036

Policy Period: From 10-20-2018

COMMON POLICY CHANGE ENDORSEMENT

To 10-20-2019

Named Insured STATE OF FLORIDA Effective Date: 08-07-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

### POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL NAMED INSURED) HAS BEEN ADDED TO THE POLICY:

FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0234 - FL 2012 CHEVROLET VIN# 1GAZGYFG7C1181899 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0235 - FL 2016 FORD VIN# 1FDEEFL5GDC23496 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0236 - FL 2014 GEM VIN# 52CG6SGA2E0010750

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0237 - FL 2014 GEM VIN# 52CG6SGA2E0010747 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0238 - FL 2006 FORD VIN# 1FTPW14V06KC79424

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0239 - FL 2006 FORD VIN# 1FTNS2EL2ADA34059

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0240 - FL 2005 CHEVROLET VIN# 2G1WF55EX59263094 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0241 - FL 2011 CHRYSLER VIN# 2A4RR5DG4BR607538 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0242 - FL 1997 FORD VIN# 1FTHX26G1VEB84356 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0243 - FL 2005 FORD VIN# 1FMZU72K45ZA48845 LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

#### REMOVAL PERMIT

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

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

# **American Alternative Insurance Corporation**

### Policy Number GPPA-AU-4050065-01/036

Policy Period: From 10-20-2018

**COMMON POLICY CHANGE ENDORSEMENT** 

To 10-20-2019

Named Insured STATE OF FLORIDA Effective Date: 08-07-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

#### POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0244 - FL 2011 FORD VIN# 1FMCU9DG2BKC12284 LOCATED AT
FLORIDA POLYTECHNIC UNIVERSTIY

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0245 - FL 2015 STARTRANS BUS VIN# 1FDFE4FSXFDA09801
LOCATED AT FLORIDA POLYTECHNIC UNIVERSTIY

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

#### REMOVAL PERMIT

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

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA Effective Date: 08-07-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured Effective Date: 08-07-19 STATE OF FLORIDA

12:01 A.M., Standard Time

Agency Name

MOBILE, AL 36609

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 Loss Payee BARTOW FORD 2800 US HWY 98 N BARTOW, FL 33830 DESCRIPTION APPLIES TO 2018 FORD F150 #3686 Loss Pavee ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900 Addl Insured Lessor ENTERPRISE FM TRUST PO BOX 16805 ST LOUIS, MO 63105 DESCRIPTION APPLIES TO 2019 TOYOTA #6900 Addl Insured Lessor WORLD OMNI FINANCIAL CORPORATION 6150 OMNI PARK DRIVE

DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

#### SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

**Effective Date:** 08-07-19

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

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSTIY

Named Insured: Policy Number: GPPA-AU-4050065-01/036

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

To: 10-20-2019

#### SCHEDULE OF AUTO CHANGES

Vehicle # 234 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2012 Use:

Make: CHEVROLET Class Code: 589200

Valuation: Actual Cash Value

Coverages: Liability (combined single limit)		Insurance	<u>Ded</u>	<u>uctible</u>	<u>Premium</u> 574.00 A/P
Personal Injury Protection (PIP)	ν ⊥,	000,000			J/4.00 A/F
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			32.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	11.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	15 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					632.00 A/P

Vehicle # 235 Insured's #:
Vehicle Is: ADDED: Insured Entity:

**Year:** 2016 Use:

Make: FORD Class Code: 589200

Model: E-SERIES BUS

V.I.N.: 1FDEEFL5GDC23496

Valuation: Actual Cash Value

State: FL

Territory: 110

Coverages:	<u>Limi</u>	t of Insurance	<u>Dedu</u>	ctible	<u>Premium</u>		
Liability (combined single limit)	\$	1,000,000			574.00 A/P		
Personal Injury Protection (PIP)							
Added Personal Injury Protection							
Property Protection Insurance (MI only)							
Auto Medical Payments	\$	5,000			32.00 A/P		
Medical Exp. And Income Loss Benefits (VA only)							
Uninsured Motorists (UM)							
Underinsured Motorists (UIM)							
Physical Damage — Comprehensive	ACV	7	\$	500	13.00 A/P		
Physical Damage — Specified Causes of Loss							
Physical Damage — Collision	ACV	7	\$	500	21 A/P		
Physical Damage — Towing and Labor					INCL		
Other Auto Coverages							
Total:					640.00 A/P		

GCO400 (01/09) Page: 1 08-14-2019

Policy Number: GPPA-AU-4050065-01/036 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 236 Insured's #: Vehicle Is: ADDED: Insured Entity:

Year: 2014 Use:

**Class Code**: 588100 Make: GEM

Model: 6 PASS State: FL V.I.N.: 52CG6SGA2E0010750 Territory: 110

Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection		surance 00,000 dorsement	<u>Dedu</u>	<u>uctible</u>	<u>Premium</u> 277.00 A/P 15.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$	5,000			2.00 A/P
Uninsured Motorists (UM)					
Underinsured Motorists (UIM) Physical Damage — Comprehensive	ACV		\$	500	7.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision	ACV		\$	500	10 A/P
Physical Damage — Towing and Labor Other Auto Coverages					INCL
Total:					311.00 A/P

Vehicle # 237 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2014 Use:

**Class Code**: 588100 Make: GEM

Model: 6 PASS State: FL V.I.N.: 52CG6SGA2E0010747 Territory: 110 Valuation: Actual Cash Value

Coverages:	Limit of Ins	urance	<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			277.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			15.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5 <b>,</b> 000			2.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	7.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	10 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					311.00 A/P

Page: 2 GCO400 (01/09)

Policy Number: GPPA-AU-4050065-01/036 Named Insured: STATE OF FLORIDA

Policy Period: From: 10-20-2018

To: 10-20-2019

Territory: 110

Territory: 110

### SCHEDULE OF AUTO CHANGES

Vehicle # 238 Insured's #: Vehicle Is: ADDED: Insured Entity:

Use: Service **Year**: 2006 **Class Code**: 014990 Make: FORD State: FL

Model: F150 V.I.N.: 1FTPW14V06KC79424 Valuation: Actual Cash Value

Coverages:	Limit of In	<u>surance</u>	<u>Ded</u> ı	<u>ıctible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,0			111.00 A/P	
Personal Injury Protection (PIP)	See En	dorsement			2.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			1.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	5.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	8 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					127.00 A/P

Vehicle # 239 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2006 Use: Service Make: FORD **Class Code**: 014990 State: FL

**Model**: E−250 V.I.N.: 1FTNS2EL2ADA34059 Valuation: Actual Cash Value

Coverages:	Limit of Ins		<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			111.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			2.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			1.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	4.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	6 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					124.00 A/P

Page: 3 GCO400 (01/09)

Policy Number: GPPA-AU-4050065-01/036 Named Insured:

Policy Period: From: 10-20-2018

To: 10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 240 Insured's #: Vehicle Is: ADDED: Insured Entity:

Year: 2005 Use:

**Class Code**: 739800 Make: CHEVROLET

Model: IMPALA 4 DOOR SEDAN State: FL V.I.N.: 2G1WF55EX59263094 Territory: 110

Valuation: Actual Cash Value

STATE OF FLORIDA

Coverages: Liability (combined single limit) Personal Injury Protection (PIP)		surance 00,000 dorsement	<u>Dedu</u>	<u>ctible</u>	<u>Premium</u> 222.00 A/P 6.00 A/P
Added Personal Injury Protection Property Protection Insurance (MI only)					
Auto Medical Payments  Medical Exp. And Income Loss  Benefits (VA only)	\$	5,000			3.00 A/P
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	3.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	8 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					242.00 A/P

Vehicle # 241 Insured's #: Vehicle Is: ADDED: Insured Entity:

Year: 2011 Use: Service **Class Code**: 014990 Make: CHRYSLER

Model: TOWN-N-COUNTRY State: FL V.I.N.: 2A4RR5DG4BR607538 Territory: 110 Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	Limit of Insurance \$ 1,000,000 See Endorsement			<u>ictible</u>	Premium 111.00 A/P 2.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM)	\$	5,000			1.00 A/P
Underinsured Motorists (UIM) Physical Damage — Comprehensive Physical Damage — Specified Causes of Loss	ACV		\$	500	8.00 A/P
Physical Damage — Collision Physical Damage — Towing and Labor Other Auto Coverages	ACV		\$	500	12 A/P INCL
Total:					134.00 A/P

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Policy Number: GPPA-AU-4050065-01/036 Named Insured: STATE OF FLORIDA

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

10-20-2019

### SCHEDULE OF AUTO CHANGES

Vehicle # 242 Insured's #: Vehicle Is: ADDED: Insured Entity:

Use: Service Year: 1997 **Class Code**: 014990 Make: FORD

Model: SUPERCAB F-250 4 X 4 8 CYLINDER State: FL V.I.N.: 1FTHX26G1VEB84356 Territory: 110 Valuation: Actual Cash Value

Coverages: Liability (combined single limit) Personal Injury Protection (PIP) Added Personal Injury Protection	•	surance 00,000 dorsement	<u>Dedu</u>	<u>uctible</u>	<u>Premium</u> 111.00 A/P 2.00 A/P
Property Protection Insurance (MI only) Auto Medical Payments	\$	5,000			1.00 A/P
Medical Exp. And Income Loss Benefits (VA only)		·			
Uninsured Motorists (UM) Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	5.00 A/P
Physical Damage — Specified Causes of Loss Physical Damage — Collision	ACV		\$	500	8 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					127.00 A/P

Vehicle # 243 Insured's #: Vehicle Is: ADDED: Insured Entity:

**Year**: 2005 Use: Service Make: FORD **Class Code**: 014990

Model: EXPLORER XLS 4X4 4DR 6 CYLINDER State: FL V.I.N.: 1FMZU72K45ZA48845 Territory: 110 Valuation: Actual Cash Value

Coverages:	Limit of Ins		<u>Dedu</u>	<u>ictible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,00	00,000			111.00 A/P
Personal Injury Protection (PIP)	See End	dorsement			2.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5,000			1.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	4.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	6 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					124.00 A/P

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Named Insured: Policy Number: GPPA-AU-4050065-01/036

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

To: 10-20-2019

#### SCHEDULE OF AUTO CHANGES

Vehicle # 244 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2011 Use:

Make: FORD Class Code: 739800

Model: ESCAPE
V.I.N.: 1FMCU9DG2BKC12284
Territory: 110

Valuation: Actual Cash Value

Coverages:	Limit of In	surance	<u>Ded</u> ı	<u>ıctible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,0	00,000			222.00 A/P
Personal Injury Protection (PIP)	See En	dorsement			6.00 A/P
Added Personal Injury Protection					
Property Protection Insurance (MI only)					
Auto Medical Payments	\$	5 <b>,</b> 000			3.00 A/P
Medical Exp. And Income Loss Benefits (VA only)					
Uninsured Motorists (UM)					
Underinsured Motorists (UIM)					
Physical Damage — Comprehensive	ACV		\$	500	3.00 A/P
Physical Damage — Specified Causes of Loss					
Physical Damage — Collision	ACV		\$	500	12 A/P
Physical Damage — Towing and Labor					INCL
Other Auto Coverages					
Total:					246.00 A/P

Vehicle # 245 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2015

Make: STARTRANS BUS Class Code: 588200

Model: FRRV-BUS

V.I.N.: 1FDFE4FSXFDA09801

Valuation: Actual Cash Value

State: FL

Territory: 110

Coverages: Limit of Insurance Deductible Premium 1,000,000 329.00 A/P Liability (combined single limit) Personal Injury Protection (PIP) See Endorsement 18.00 A/P Added Personal Injury Protection Property Protection Insurance (MI only) **Auto Medical Payments** 5,000 3.00 A/P Medical Exp. And Income Loss Benefits (VA only) Uninsured Motorists (UM) Underinsured Motorists (UIM) Physical Damage - Comprehensive ACV 500 11.00 A/P Physical Damage — Specified Causes of Loss Physical Damage - Collision ACV \$ 500 17 A/P Physical Damage - Towing and Labor INCL Other Auto Coverages Total: 378.00 A/P

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08-14-2019

### 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 146 2018 NISSAN ALTIMA 1N4AL3AP8JC248690 **Of 'Leased Autos':** FL 147 2018 NISSAN ALTIMA 1N4AL3AP9JC250920

Coverages	Limit Of Insurance	
Liability	Each "Accident"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Comprehensive	Deductible For Each Covered "Leased Auto"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Collision	Deductible For Each Covered "Leased Auto"	
0 !	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	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

- 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

#### SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 148 2018 NISSAN ALTIMA 1N4AL3APXJC250800 **Of 'Leased Autos':** FL 149 2018 NISSAN ALTIMA 1N4AL3APXJC247136

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

### A. Coverage

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 150 2018 NISSAN ALTIMA 1N4AL3APXJC249226 **Of 'Leased Autos':** FL 151 2018 NISSAN ALTIMA 1N4AL3AP6JC250499

Coverages	Limit Of Insurance	
Liability	Each "Accident"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Comprehensive	Deductible For Each Covered "Leased Auto"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Collision	Deductible For Each Covered "Leased Auto"	
0 !5 !	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"	
Information required to con	nformation required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 152 2018 NISSAN ALTIMA 1N4AL3APXJC249100 **Of 'Leased Autos':** FL 153 2018 NISSAN ALTIMA 1N4AL3AP8JC249855

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

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 154 2018 NISSAN ALTIMA 1N4AL3AP6JC248722 **Of 'Leased Autos':** FL 155 2018 NISSAN ALTIMA 1N4AL3AP8JC248849

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 156 2018 NISSAN ALTIMA 1N4AL3AP7JC247286 **Of 'Leased Autos':** FL 157 2018 NISSAN ALTIMA 1N4AL3AP8JC248902

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Collision	Deductible For Each Covered "Leased Auto"
Curaifiad	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 158 2018 NISSAN ALTIMA 1N4AL3APXJC247198 **Of 'Leased Autos':** FL 159 2018 NISSAN ALTIMA 1N4AL3AP4JC250646

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 160 2018 NISSAN ALTIMA 1N4AL3AP6JC248753 **Of 'Leased Autos':** FL 161 2018 NISSAN ALTIMA 1N4AL3AP1JC247459

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

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 162 2018 NISSAN ALTIMA 1N4AL3AP1JC251091 **Of 'Leased Autos':** FL 163 2018 NISSAN ALTIMA 1N4AL3AP5JC251062

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 164 2018 NISSAN ALTIMA 1N4AL3AP0JC247291 **Of 'Leased Autos':** FL 165 2018 NISSAN ALTIMA 1N4AL3AP9JC250867

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Collision	Deductible For Each Covered "Leased Auto"
0 !5 !	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 166 2018 NISSAN ALTIMA 1N4AL3AP7JC247272 **Of 'Leased Autos':** FL 167 2018 NISSAN ALTIMA 1N4AL3AP9JC250450

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

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 168 2018 NISSAN ALTIMA 1N4AL3AP5JC249229 **Of 'Leased Autos':** FL 169 2018 NISSAN ALTIMA 1N4AL3AP6JC248669

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Collision	Deductible For Each Covered "Leased Auto"
0 !5 !	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 170 2018 NISSAN SENTRA 3N1AB7AP5JY302929 **Of 'Leased Autos':** FL 171 2018 NISSAN SENTRA 3N1AB7AP2JY304105

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Collision	Deductible For Each Covered "Leased Auto"
Specified	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Causes Of Loss	Deductible For Each Covered Leased Auto

- 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.

## B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 172 2018 NISSAN SENTRA 3N1AB7AP1JY305472 **Of 'Leased Autos':** FL 173 2018 NISSAN SENTRA 3N1AB7AP2JY304959

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

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 174 2018 NISSAN SENTRA 3N1AB7AP4JY300136 **Of 'Leased Autos':** FL 175 2018 NISSAN SENTRA 3N1AB7AP8JY302911

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

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 176 2018 NISSAN SENTRA 3N1AB7AP0JY303552

Of 'Leased Autos':

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

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 178 2018 DODGE GRAND CARAVAN SE

Of 'Leased Autos': 2C4RDGBG3JR310343

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 179 2018 DODGE GRAND CARAVAN SE

Of 'Leased Autos': 2C4RDGBG1JR310342

Limit Of Insurance
Each "Accident"
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Deductible For Each Covered "Leased Auto"
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

**Designation Or Description** FL 180 2018 DODGE GRAND CARAVAN SE

Of 'Leased Autos': 2C4RDGBG8JR311908

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Collision	Deductible For Each Covered "Leased Auto"
Curaifiad	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): ENTERPRISE FM TRUST

Address: PO BOX 16805

ST LOUIS, MO 63105

Designation Or Description

FL 221 2019 TOYOTA SIENNA 5TDZZ3DC5KS006900

Of 'Leased Autos':

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

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): WORLD OMNI FINANCIAL CORPORATION

Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609

**Designation Or Description** FL 231 2019 TOYOTA RAV4 2T3H1RFV4KW038921 **Of 'Leased Autos':** FL 232 2019 TOYOTA RAV4 2T3H1RFV7KC017806

Coverages	Limit Of Insurance
Liability	Each "Accident"
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus
Comprehensive	Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus  Deductible For Each Covered "Leased Auto"

- 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.

# B. Loss Payable Clause

- 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.

# 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.

Named Insured:	
Endorsement Effective Date:	
	Countersignature Of Authorized Representative
Name:	
Title:	
Signature:	
Date:	

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION

**Policy Number:** GPPA-AU-4050065-01/03 **Effective Date:** 10-20-2018

**Expiration Date:** 10-20-2019

Named Insured: STATE OF FLORIDA

Address: 4050 ESPLANDE WAY

TALLAHASSEE FL 32399-0000

Additional Insured (Lessor): WORLD OMNI FINANCIAL CORPORATION

Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609

**Designation Or Description** FL 233 2020 TOYOTA SIENNA 8 PASSENGER VAN

Of 'Leased Autos': 5TDKZ3DC2LS028419

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

- 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.

# B. Loss Payable Clause

- 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.