

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-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 CHANGE ENDORSEMENT**

Named Insured STATE OF FLORIDA

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

- Property
- Crime
- Inland Marine
- Auto \$ 723.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0212 - FL 2019 FORD VIN# 1FM5K7B87KGA37483 LOCATED AT THE  
STATE ATTORNEY'S OFFICE IN THE 19TH CIRCUIT

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**


<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	723.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED AGENT

**Policy Number**  
**GPPA-AU-4050065-01/021**

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

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

**Policy Number**  
**GPPA-AU-4050065-01/021**

**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.

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

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

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

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

**Policy Number**  
**GPPA-AU-4050065-01/021**

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/021  
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  
Make: FORD  
Model: EXPLORER  
V.I.N.: 1FM5K7B87KGA37483  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		609.00 A/P
Personal Injury Protection (PIP)	See Endorsement		28.00 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	19.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	61 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			723.00 A/P

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

Year:  
Make:  
Model:  
V.I.N.:  
Valuation:

Use:  
Class Code:  
State:  
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/022**

**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: 05-10-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 772.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0213 - FL 2019 HYUNDAI VIN# KMHG54JH0KU050528 LOCATED AND  
UNIVERSITY OF 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 include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	772.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED 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  
ENTERPRISE FM TRUST  
PO BOX 16805  
SAINT LOUIS, MO 63105  
DESCRIPTION APPLIES TO #6145, #9863, #7526

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

**Policy Number**  
**GPPA-AU-4050065-01/022**

**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.

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

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

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

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



**Policy Number**  
**GPPA-AU-4050065-01/022**

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/022  
Policy Period: From: 10-20-2018  
To: 10-20-2019

**SCHEDULE OF AUTO CHANGES**

Vehicle # 213  
Vehicle Is: ADDED:

Insured's #:  
Insured Entity:

Year: 2019  
Make: HYUNDAI  
Model: GENESIS  
V.I.N.: KMHG54JH0KU050528  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		603.00 A/P
Personal Injury Protection (PIP)	See Endorsement		28.00 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	36.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	99 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			772.00 A/P

Vehicle #  
Vehicle Is:

Insured's #:  
Insured Entity:

Year:  
Make:  
Model:  
V.I.N.:  
Valuation:

Use:  
Class Code:  
State:  
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-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 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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ -1,795.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN DELETED:  
0046 - FL 2015 CAIO G3600 MOTORCOACH VIN#  
4UZFDGDV4ECFR5176 LOCATED AT THE FSU

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$ -1,795.00
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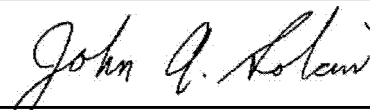
**Tax and Surcharge Changes**

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:



\_\_\_\_\_  
AUTHORIZED AGENT

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

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

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

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

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

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PO BOX 16805  
ST LOUIS, MO 63105  
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

**Policy Number**  
**GPPA-AU-4050065-01/023**

**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.

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

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

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

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

**Policy Number**  
**GPPA-AU-4050065-01/023**

**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  
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NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/023  
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  
Make: CAIO G3600 MOTORCOACH  
Model:  
V.I.N.: 4UZFDGDV4ECFR5176  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1111.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-31.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
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			
Physical Damage – Collision	ACV	\$ 500	-512 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1795.00 R/P

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

Year:  
Make:  
Model:  
V.I.N.:  
Valuation:

Use:  
Class Code:  
State:  
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

**American Alternative Insurance Corporation**

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

**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: 05-21-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 204.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 204.00	Return
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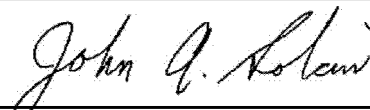
**Tax and Surcharge Changes**

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:



\_\_\_\_\_  
AUTHORIZED AGENT



**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

Named Insured STATE OF FLORIDA

Effective Date: 05-21-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

THE FOLLOWING VEHICLE HAS BEEN DELETED:  
0059 - FL 2006 CHEVROLET IMPALA VIN# 2G1WB55K969407009

THE FOLLOWING VEHICLE HAS BEEN DELETED:  
0060 - FL 2007 CHEVROLET IMPALA LS VIN#  
2G1WB55KX79173836

THE FOLLOWING VEHICLE HAS BEEN DELETED:  
0061 - FL 2007 CHEVROLET IMPALA LS VIN#  
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:  
0215 - FL 2019 CHEVY VIN# 2G11X56S31K9144503 LOCATED AT  
JUSTICE ADMINISTRATIVE COMMISSION LEE COUNTY ZIP 39901

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0216 - FL 2019 CHEVY VIN# 2G11X5S3XK9143818 LOCATED AT  
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  
ENTERPRISE FM TRUST  
PO BOX 16805  
SAINT LOUIS, MO 63105  
DESCRIPTION APPLIES TO #6145, #9863, #7526

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

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

**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.

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

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

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

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

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

**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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/024  
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  
Make: CHEVROLET IMPALA  
Model:  
V.I.N.: 2G1WB55K969407009  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-267.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-15.00 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:			-310.00 R/P

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

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-355.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-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/P

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/024  
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  
Make: CHEVROLET IMPALA LS  
Model:  
V.I.N.: 2G1WB55K179170369  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-355.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-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/P

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

Year: 2019  
Make: CHEVY  
Model: IMPALA  
V.I.N.: 2G11X5S30K9143651  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		355.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/024  
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  
Make: CHEVY  
Model: IMPALA  
V.I.N.: 2G11X56S31K9144503  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		355.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

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

Year: 2019  
Make: CHEVY  
Model: IMPALA  
V.I.N.: 2G11X5S3XK9143818  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		355.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

**American Alternative Insurance Corporation**

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

**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: 05-24-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 545.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	545.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED AGENT



**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

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

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

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

**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.

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

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

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

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

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

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/025  
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  
Make: FORD TAURUS  
Model:  
V.I.N.: 1FALP52U2VA278637  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-341.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-19.00 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	-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			
Total:			-385.00 R/P

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

Year: 2019  
Make: CHEVROLET  
Model: MALIBU  
V.I.N.: 1G1ZC5ST6KF208198  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		341.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/025  
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:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		438.00 A/P
Personal Injury Protection (PIP)	See Endorsement		10.00 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	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:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

**American Alternative Insurance Corporation**

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

**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: 05-29-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 300.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	300.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED AGENT

**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

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

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

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

**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.

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

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

**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:  
STATE OF FLORIDA

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

State: FL

V.I.N.: 1FTEW1EG5JFA33686

Territory: 166

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

224.00 A/P

Personal Injury Protection (PIP)

See Endorsement

5.00 A/P

Added 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

Total:

300.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss  
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/027**

**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: 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  below.**

- Property
- Crime
- Inland Marine
- Auto
- General Liability
- Public Officials and Management Liability
- 

WAIVED

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN DELETED:  
0206 - FL 2019 GMC VIN# 1GKS1CKJ0KR141473

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0220 - FL 2016 GMC VIN# 1GKS1CKJGR337755 LOCATED AT  
UNIVERSITY OF NORTH FLORIDA

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

No Changes     To be Adjusted at Audit    Additional    Return WAIVED

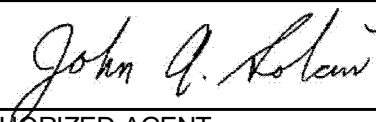
**Tax and Surcharge Changes**

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:



\_\_\_\_\_  
AUTHORIZED AGENT

**Policy Number**  
**GPPA-AU-4050065-01/027**

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

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

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

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

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

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

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

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

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

Addl Insured Lessor  
ENTERPRISE FM TRUST

**Policy Number**  
**GPPA-AU-4050065-01/027**

**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.

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

**Policy Number**  
**GPPA-AU-4050065-01/027**

**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



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/027  
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  
Make: GMC  
Model: DENALI  
V.I.N.: 1GKS1CKJ0KR141473  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-327.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-13.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-5.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-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  
Make: GMC  
Model: YUKON DENALI  
V.I.N.: 1GKS1CKJGR337755  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		327.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/029**

**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: 06-11-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 317.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0222 - FL 2019 FORD VIN# 1FMCU0F77KUC07157 LOCATED AT JAC  
THE PUBLIC DEFENDER'S OFFICE IN THE 8TH CIRCUIT  
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	317.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED 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  
ENTERPRISE 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

**Policy Number**  
**GPPA-AU-4050065-01/029**

**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.

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

**Policy Number**  
**GPPA-AU-4050065-01/029**

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/029  
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: ESCAPE

State: FL

V.I.N.: 1FMCU0F77KUC07157

Territory: 145

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

257.00 A/P

Personal Injury Protection (PIP)

See Endorsement

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:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss  
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/030**

**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: 06-14-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 418.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0223 - FL 2012 HONDA VIN# 19XFB5F53CE000140 LOCATED AT FSU  
ZIP CODE 32306

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	418.00	Return
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**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
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Countersigned By:



\_\_\_\_\_  
AUTHORIZED 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  
ENTERPRISE 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



**Policy Number**  
**GPPA-AU-4050065-01/030**

**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.

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

**Policy Number**  
**GPPA-AU-4050065-01/030**

**SCHEDULE OF NAMED INSURED(S)**

**Named Insured**     STATE OF FLORIDA

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/030  
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:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

377.00 A/P

Personal Injury Protection (PIP)

See Endorsement

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:

V.I.N.:

Territory:

Valuation:

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss  
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

**American Alternative Insurance Corporation**

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

**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: 07-01-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 1,269.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 1,269.00	Return
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**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:



\_\_\_\_\_  
AUTHORIZED AGENT

**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

Named Insured STATE OF FLORIDA

Effective Date: 07-01-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

THE FOLLOWING VEHICLE HAS BEEN DELETED:

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.

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

**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  
ENTERPRISE 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

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

**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.

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

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

**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



Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/031  
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  
Make: PETERSON  
Model: TL3  
V.I.N.: 1FVACXFC1JHJZ1862  
Valuation: Actual Cash Value

Use: Service  
Class Code: 314990  
State: FL  
Territory: 172

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-141.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-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)			
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  
Make: DODGE  
Model: CARAVAN  
V.I.N.: 2C4RDGBG3KR665000  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		248.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

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

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

248.00 A/P

Personal Injury Protection (PIP)

See Endorsement

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:

Make: DODGE

Class Code: 739800

Model: CARAVAN

State: FL

V.I.N.: 2CYRDGBG2KR668999

Territory: 138

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

248.00 A/P

Personal Injury Protection (PIP)

See Endorsement

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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/031  
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  
Make: DODGE  
Model: CARAVAN  
V.I.N.: 2C4RDGBG5KR665001  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		248.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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  
Make: DODGE  
Model: CARAVAN  
V.I.N.: 2C4RDGBG0KR664998  
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		248.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/033**

**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: 07-10-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 465.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0229 - FL 2019 DODGE VIN# 2C4RDGBG9KR502917 LOCATED AT  
UNIVERSITY OF SOUTH FLORIDA 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 include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	465.00	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:



\_\_\_\_\_  
AUTHORIZED AGENT

**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  
ENTERPRISE 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

**Policy Number**  
**GPPA-AU-4050065-01/033**

**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.

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 Payee  
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

**Policy Number**  
**GPPA-AU-4050065-01/033**

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/033  
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: CARAVAN

State: FL

V.I.N.: 2C4RDGBG9KR502917

Territory: 107

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

391.00 A/P

Personal Injury Protection (PIP)

See Endorsement

17.00 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

13.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

40 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

465.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss  
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:



**American Alternative Insurance Corporation**

**Policy Number**  
**GPPA-AU-4050065-01/034**

**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: 07-11-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 440.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:  
0230 - FL 2019 FORD VIN# 1FMCU0F74KUC35210 LOCATED AT  
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 include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 440.00	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:



\_\_\_\_\_  
AUTHORIZED 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  
ENTERPRISE 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

**Policy Number**  
**GPPA-AU-4050065-01/034**

**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.

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 Payee  
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

**Policy Number**  
**GPPA-AU-4050065-01/034**

**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:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/034  
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: ESCAPE

State: FL

V.I.N.: 1FMCU0F74KUC35210

Territory: 107

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

373.00 A/P

Personal Injury Protection (PIP)

See Endorsement

17.00 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

10.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

36 A/P

Physical Damage – Towing and Labor

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:

**American Alternative Insurance Corporation**

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

**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: 07-30-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 726.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	726.00	Return
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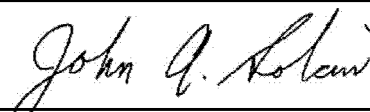
**Tax and Surcharge Changes**

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:



\_\_\_\_\_  
AUTHORIZED AGENT

**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

Named Insured STATE OF FLORIDA

Effective Date: 07-30-19

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# 2T3H1RFV4KW038921 LOCATED  
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 32446

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  
ENTERPRISE 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



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

**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.

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 Payee  
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  
MOBILE, AL 36609  
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

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

**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:  
STATE OF FLORIDA

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

**Coverages:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		193.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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 # 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:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		193.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/035  
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 VAN

State: FL

V.I.N.: 5TDKZ3DC2LS028419

Territory: 174

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

193.00 A/P

Personal Injury Protection (PIP)

See Endorsement

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:**

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:

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> GT LEASING <b>Address:</b> PO BOX 10196 JACKSONSVILLE, FL 32247	
<b>Designation Or Description Of 'Leased Autos':</b> FL 135 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF3J1235738	

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>



## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> GT LEASING <b>Address:</b> PO BOX 10196 JACKSONSVILLE, FL 32247	
<b>Designation Or Description Of 'Leased Autos':</b> FL 136 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF1J1278197	

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> GT LEASING <b>Address:</b> PO BOX 10196 JACKSONSVILLE, FL 32247	
<b>Designation Or Description Of 'Leased Autos':</b> FL 137 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF6J1281791	

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

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**E. Additional Definition**

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of "Leased Autos":</b>	FL 142 2018 NISSAN ALTIMA 1N4AL3AP0JC251034 FL 143 2018 NISSAN ALTIMA 1N4AL3AP8JC249208

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

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- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

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3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of "Leased Autos":</b>	FL 144 2018 NISSAN ALTIMA 1N4AL3AP7JC248857 FL 145 2018 NISSAN ALTIMA 1N4AL3AP2JC247163

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

**American Alternative Insurance Corporation**

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

**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: 08-07-19  
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  below.**

- Property
- Crime
- Inland Marine
- Auto \$ 3,396.00
- General Liability
- Public Officials and Management Liability
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> 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:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 3,396.00	Return
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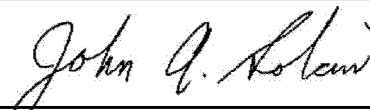
**Tax and Surcharge Changes**

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:



\_\_\_\_\_  
AUTHORIZED AGENT

**American Alternative Insurance Corporation**

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

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

**COMMON POLICY CHANGE ENDORSEMENT**

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  
To 10-20-2019

**COMMON POLICY CHANGE ENDORSEMENT**

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# 1FDFF4FSXFDA09801  
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  
ENTERPRISE 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

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

**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.

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 Payee  
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  
MOBILE, AL 36609  
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419



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

**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:  
STATE OF FLORIDA

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

Model: VAN

State: FL

V.I.N.: 1GAZGYFG7C1181899

Territory: 110

Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
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	\$ 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

State: FL

V.I.N.: 1FDEEFL5GDC23496

Territory: 110

Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
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	\$ 500	13.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	21 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			640.00 A/P

Named Insured:  
STATE OF FLORIDA

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

Make: GEM

Class Code: 588100

Model: 6 PASS

State: FL

V.I.N.: 52CG6SGA2E0010750

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

277.00 A/P

Personal Injury Protection (PIP)

See Endorsement

15.00 A/P

Added 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

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

Vehicle # 237

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2014

Use:

Make: GEM

Class Code: 588100

Model: 6 PASS

State: FL

V.I.N.: 52CG6SGA2E0010747

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

277.00 A/P

Personal Injury Protection (PIP)

See Endorsement

15.00 A/P

Added 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

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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/036  
Policy Period: From: 10-20-2018  
To: 10-20-2019

**SCHEDULE OF AUTO CHANGES**

Vehicle # 238

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2006

Use: Service

Make: FORD

Class Code: 014990

Model: F150

State: FL

V.I.N.: 1FTPW14V06KC79424

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		111.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Model: E-250

State: FL

V.I.N.: 1FTNS2EL2ADA34059

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		111.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

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

Make: CHEVROLET

Class Code: 739800

Model: IMPALA 4 DOOR SEDAN

State: FL

V.I.N.: 2G1WF55EX59263094

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		222.00 A/P
Personal Injury Protection (PIP)	See Endorsement		6.00 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	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

Make: CHRYSLER

Class Code: 014990

Model: TOWN-N-COUNTRY

State: FL

V.I.N.: 2A4RR5DG4BR607538

Territory: 110

Valuation: Actual Cash Value

**Coverages:**

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		111.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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	8.00 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:			134.00 A/P

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/036  
Policy Period: From: 10-20-2018  
To: 10-20-2019

**SCHEDULE OF AUTO CHANGES**

Vehicle # 242

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 1997

Use: Service

Make: FORD

Class Code: 014990

Model: SUPERCAB F-250 4X4 8 CYLINDER

State: FL

V.I.N.: 1FTHX26G1VEB84356

Territory: 110

Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		111.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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 # 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 Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		111.00 A/P
Personal Injury Protection (PIP)	See Endorsement		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

Named Insured:  
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-01/036  
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  
Make: FORD  
Model: ESCAPE  
V.I.N.: 1FMCU9DG2BKC12284  
Valuation: Actual Cash Value

Use:  
Class Code: 739800  
State: FL  
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		222.00 A/P
Personal Injury Protection (PIP)	See Endorsement		6.00 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	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  
Model: FRRV-BUS  
V.I.N.: 1FDFF4FSXFDA09801  
Valuation: Actual Cash Value

Use:  
Class Code: 588200  
State: FL  
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		329.00 A/P
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

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>



## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 146 2018 NISSAN ALTIMA 1N4AL3AP8JC248690 FL 147 2018 NISSAN ALTIMA 1N4AL3AP9JC250920

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 148 2018 NISSAN ALTIMA 1N4AL3APXJC250800 FL 149 2018 NISSAN ALTIMA 1N4AL3APXJC247136

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 150 2018 NISSAN ALTIMA 1N4AL3APXJC249226 FL 151 2018 NISSAN ALTIMA 1N4AL3AP6JC250499

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 152 2018 NISSAN ALTIMA 1N4AL3APXJC249100 FL 153 2018 NISSAN ALTIMA 1N4AL3AP8JC249855

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of "Leased Autos":</b>	FL 154 2018 NISSAN ALTIMA 1N4AL3AP6JC248722 FL 155 2018 NISSAN ALTIMA 1N4AL3AP8JC248849

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 156 2018 NISSAN ALTIMA 1N4AL3AP7JC247286 FL 157 2018 NISSAN ALTIMA 1N4AL3AP8JC248902

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.



3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 158 2018 NISSAN ALTIMA 1N4AL3APXJC247198 FL 159 2018 NISSAN ALTIMA 1N4AL3AP4JC250646

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 160 2018 NISSAN ALTIMA 1N4AL3AP6JC248753 FL 161 2018 NISSAN ALTIMA 1N4AL3AP1JC247459

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>



## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 162 2018 NISSAN ALTIMA 1N4AL3AP1JC251091 FL 163 2018 NISSAN ALTIMA 1N4AL3AP5JC251062

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 164 2018 NISSAN ALTIMA 1N4AL3AP0JC247291 FL 165 2018 NISSAN ALTIMA 1N4AL3AP9JC250867

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 166 2018 NISSAN ALTIMA 1N4AL3AP7JC247272 FL 167 2018 NISSAN ALTIMA 1N4AL3AP9JC250450

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 168 2018 NISSAN ALTIMA 1N4AL3AP5JC249229 FL 169 2018 NISSAN ALTIMA 1N4AL3AP6JC248669

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 170 2018 NISSAN SENTRA 3N1AB7AP5JY302929 FL 171 2018 NISSAN SENTRA 3N1AB7AP2JY304105

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 172 2018 NISSAN SENTRA 3N1AB7AP1JY305472 FL 173 2018 NISSAN SENTRA 3N1AB7AP2JY304959

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.



3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
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**E. Additional Definition**

As used in this endorsement:

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

### SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 174 2018 NISSAN SENTRA 3N1AB7AP4JY300136 FL 175 2018 NISSAN SENTRA 3N1AB7AP8JY302911

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

**A. Coverage**

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
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- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of "Leased Autos":</b> FL 176 2018 NISSAN SENTRA 3N1AB7AP0JY303552	

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>



## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b> FL 178 2018 DODGE GRAND CARAVAN SE 2C4RDGBG3JR310343	

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 179 2018 DODGE GRAND CARAVAN SE 2C4RDGBG1JR310342

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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

## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 180 2018 DODGE GRAND CARAVAN SE 2C4RDGBG8JR311908

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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## **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.

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<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> ENTERPRISE FM TRUST <b>Address:</b> PO BOX 16805 ST LOUIS, MO 63105	
<b>Designation Or Description Of 'Leased Autos':</b> FL 221 2019 TOYOTA SIENNA 5TDZZ3DC5KS006900	

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

### A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

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- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

**B. Loss Payable Clause**

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2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

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2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

**E. Additional Definition**

As used in this endorsement:

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## **LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

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BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> WORLD OMNI FINANCIAL CORPORATION <b>Address:</b> 6150 OMNI PARK DRIVE MOBILE, AL 36609	
<b>Designation Or Description Of 'Leased Autos':</b>	FL 231 2019 TOYOTA RAV4 2T3H1RFV4KW038921 FL 232 2019 TOYOTA RAV4 2T3H1RFV7KC017806

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

### 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.

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2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

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3. Cancellation ends this agreement.

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As used in this endorsement:

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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.

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<b>Named Insured:</b>
<b>Endorsement Effective Date:</b>
<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SCHEDULE

<b>Insurance Company:</b> AMERICAN ALTERNATIVE INSURANCE CORPORATION	
<b>Policy Number:</b> GPPA-AU-4050065-01/03	<b>Effective Date:</b> 10-20-2018
<b>Expiration Date:</b> 10-20-2019	
<b>Named Insured:</b> STATE OF FLORIDA	
<b>Address:</b> 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
<b>Additional Insured (Lessor):</b> WORLD OMNI FINANCIAL CORPORATION <b>Address:</b> 6150 OMNI PARK DRIVE MOBILE, AL 36609	
<b>Designation Or Description Of 'Leased Autos':</b> FL 233 2020 TOYOTA SIENNA 8 PASSENGER VAN 5TDKZ3DC2LS028419	

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

### 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.

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1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

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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.