

Commercial Auto Policy

Epecially Designed For:

STATE OF FLORIDA
4050 ESPLANDE WAY
SUITE 360
TALLAHASSEE FL 32399



Underwritten by
American Alternative Insurance Corporation

RISK CONTROL POLICYHOLDER NOTICE

Dear Glatfelter Public Practice Client,

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

Risk Control Guidelines Provided by Glatfelter Public Practice

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

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

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

Risk Control Publications

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

Inquire About Our Risk Control Services

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

American Alternative Insurance Corporation

(a stock insurance company)

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

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

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

Glatfelter
Public
PracticeSM

A Division of Glatfelter Insurance Group

AUTO POLICY DECLARATIONS

Named Insured and Mailing Address:

STATE OF FLORIDA
4050 ESPLANDE WAY
SUITE 360
TALLAHASSEE FL 32399

Policy Number: GPPA-AU-4050065-02/000

Renewal of: GPPA-AU-4050065-01

Policy Period: From 10-20-2019

To 10-20-2020

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

Type of Entity: MUNICIPALITY

Business Description: MUNICIPALITY

Estimated Coverage Part Premium:	\$	303,246.00
Taxes, Fees and Surcharges:	\$	
Total Premium:	\$	303,246.00

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

See Installment Schedule

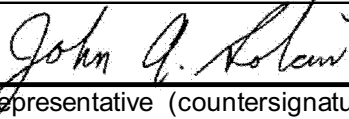
Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Common Forms

See Schedule of Forms and Endorsements.

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

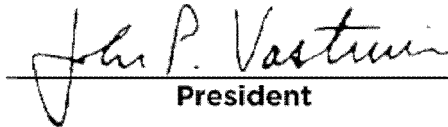


Authorized representative (countersignature, where required)

10-22-2019

Date

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



President



Secretary

Policy Number
GPPA-AU-4050065-02/000

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

COMMON POLICY FORMS AND ENDORSEMENTS

GCO300	01-09	COMMON POLICY CONDITIONS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT

AUTOMOBILE FORMS AND ENDORSEMENTS

AU1001	04-14	AUTO PHYSICAL DAMAGE EXTENSION ENDO
AU1003	04-14	AUTO LIABILITY EXTENSION ENDORSEMENT
AU1007	10-97	COMMANDEERED AUTO DEFINITION END
AU1017	10-13	AUTO PHY DMG EXT END-PUB ENT AND ESO
AU1029	06-17	MAXIMUM DEDUCTIBLE COMPREHENSIVE COVERAG
CA 00 01	03-10	BUSINESS AUTO COVERAGE FORM
CA 20 01	03-06	ADDL INSD-LESSOR
CA 01 28	02-16	FLORIDA CHANGES
CA 02 67	06-16	FL CHANGES - CANCELLATION AND NONRENEWAL
CA 22 10	02-18	FL PERSONAL INJURY PROTECTION
CA 20 02	03-10	SOUND RECEIVING EQUIP COVG -FIRE, POLICE
CA 20 18	12-93	PROFESSIONAL SERVICES NOT COVERED
CA 24 02	12-93	PUBLIC TRANSPORTATION AUTOS
CA 99 03	03-06	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 14	12-93	FIRE, FIRE/THEFT, FIRE/THEFT/WIND STORM
CA 99 15	12-93	GOVERNMENTAL BODIES AMENDATORY ENDT
CA 99 28	03-10	STATED AMOUNT INSURANCE
CA 99 44	12-93	LOSS PAYABLE CLAUSE
CA 99 48	03-06	POLLUTION LIAB BROAD COV FOR COV AUTO
CA 99 54	07-97	COVERED AUTO DESIGNATION SYMBOL
GCO400	01-09	AUTO - COMMON POLICY CHANGE ENDORSEMENT

POLICYHOLDER NOTICES

Policy Number
GPPA-AU-4050065-02/000

INSTALLMENT SCHEDULE

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

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

	DUE	PREMIUM	SURCHARGE	REVISED INSTALLMENT TOTAL
DEPOSIT	10/20/2019	\$303,246.00		\$303,246.00

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

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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

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-4050065-02/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/000

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMON POLICY CONDITIONS

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

A. Cancellation

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

B. Changes

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

C. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections and Surveys

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

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

E. Liberalization

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

F. Premiums

The first Named Insured shown in the Declarations:

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

G. Titles

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

H. Transfer of Your Rights and Duties Under This Policy

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

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

COMMON POLICY CONDITIONS

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

A. Cancellation

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

B. Changes

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

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

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

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

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

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

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

E. Premiums

The first Named Insured shown in the Declarations:

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

F. Transfer Of Your Rights And Duties Under This Policy

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

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

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

"Hazardous properties" includes radioactive, toxic or explosive properties.

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

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

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

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

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

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

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

"Property damage" includes all forms of radioactive contamination of property.

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

AUTO COVERAGE PART DECLARATIONS

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

ITEM TWO: Coverage and Covered Autos

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

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Liability (combined single limit)	7	\$1,000,000 each accident	\$ 253,367
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	5	Refer to ITEM THREE and each PIP or added PIP endorsement	\$ 10,637
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	7	\$ 5,000 each person	\$ 3,445
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	N/A	Refer to ITEM THREE and the Uninsured Motorists endorsement	
Underinsured Motorists (UIM) (when not included in UM coverage)	N/A	Refer to ITEM THREE and the Underinsured Motorists endorsement	
Physical Damage – Comprehensive	7	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$ 8,870
Physical Damage – Specified Causes of Loss	7		\$ 106
Physical Damage – Collision	7		\$ 26,821
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			
Estimated Coverage Part Premium:			\$ 303,246.00
Taxes, Fees and Surcharges:			
Total Premium:			\$ 303,246.00

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
1	2015	PETERBILT	DUMP TRUCK	OTH	3BPZLJ0X6FF269695	ACV
2	2017	CHEVROLET MALIBU LS		OTH	1G1ZC5ST5HF263203	ACV
3	2017	CHEVROLET MALIBU LS		OTH	1G1ZC5ST6HF264439	ACV
4	2016	TOYOTA CAMRY		OTH	4T1BF1FK3GU609863	ACV
5	2003	PREVOST HIGHWAY COAC		OTH	2PCH3349431014741	ACV
6	2013	TOYOTA SIENNA VAN		OTH	5TDZK3DC6DS350890	ACV
7	2013	TOYOTA SIENNA VAN		OTH	5TDZK3DC2CS273708	ACV
8	2013	NISSAN ALTIMA		OTH	1N4AL3AP2DC284797	ACV
9	2015	INTERNATIONAL 4300	SERVICE	OTH	3HAMMML9FL036813	ACV
10	2015	FORD TRANSIT T-350	SERVICE	OTH	1FBZX2ZM2FKA24998	ACV
11	2014	LINCOLN NAVIGATOR		OTH	5LMJJ2H57EEL08363	ACV
12	2015	FORD E-450	SERVICE	OTH	1FDDE4FS2FDA16094	ACV
13	2015	FORD E-450	SERVICE	OTH	1FDDE4FSXGDC3441	ACV
14	2016	DODGE 5500	SERVICE	OTH	3C7WRNAL1GG342734	ACV
15	2015	GOSHEN COACH	SERVICE	OTH	1FDEE3FS3FDA35047	ACV
16	2015	THOMAS 141YS BUS		OTH	1T7YU4E24F1284036	ACV
17	2015	THOMAS 141YS BUS		OTH	1T7YU4E26F1284037	ACV
18	2015	THOMAS WHITE BUS		OTH	1T7YU4E27F1284127	ACV
19	2015	THOMAS WHITE BUS		OTH	1I7YU4E29F1284128	ACV
20	2016	DODGE CARAVAN SE		OTH	2C4RDGBG3GR365853	ACV
21	2016	DODGE CARAVAN SE		OTH	2C4RDGBG8GR364116	ACV
22	2016	DODGE CARAVAN SE		OTH	2C4RDGBG6GR364115	ACV
23	2017	BLUE BIRD BUS		OTH	1BABNBCA5HF331038	ACV
24	2017	BLUE BIRD BUS		OTH	1BABNBCA7HF331039	ACV
25	2018	BLUE BIRD BUS		OTH	1BAKFCPAXJF337419	ACV
26	2018	BLUE BIRD BUS		OTH	1BABNBCA9JF337415	ACV
27	2002	CHEVY MALIBU		OTH	1G1ND52J62M669570	ACV
28	2011	TOYOTA TACOMA	SERVICE	OTH	5TFMU4FN1BX002012	ACV
29	2011	GMC SIERRA	SERVICE	OTH	1GT12ZC84BF142324	ACV
30	2006	CHEVY EXPRESS	SERVICE	OTH	1GAHG39U361115869	ACV
31	2012	CHEVY SILVERADO	SERVICE	OTH	1GC4KZC86CF144915	ACV
32	2012	TOYOTA TACOMA	SERVICE	OTH	3TMMU4FNXCM046873	ACV
33	2012	TOYOTA PRIUS		OTH	JTDKDTB38C1505773	ACV
34	2013	DODGE CARAVAN		OTH	2C4RDGCG7DR693853	ACV
35	2015	FORD TRANSIT WAGON X		OTH	1FMZK1YM8FKA12680	ACV
36	2016	FORD TRANSIT CONNECT		OTH	NM0GE9F76G1241748	ACV
37	2016	FORD TRANSIT CONNECT		OTH	NM0GE9F78G1259457	ACV
38	2014	TOYOTA PRIUS		OTH	JTDKDTB36E1079875	ACV
39	2014	TOYOTA PRIUS		OTH	JTDKDTB3XE1081385	ACV
40	2016	NISSAN FRONTIER	SERVICE	OTH	1N6BD0CT8GN750498	ACV
41	2016	NISSAN FRONTIER	SERVICE	OTH	1N6BD0CT5GN750331	ACV
42	2006	CHEVY CHAMPION BUS		OTH	1GBG5V1246F421713	ACV
43	2014	FORD WINNEBAGO		OTH	1F645DY2E0A04347	ACV
44	2014	FORD WINNEBAGO		OTH	1F645DY9E0A03339	ACV
45	2006	CHEVY CHAMPION BUS		OTH	1GBG5V1246F421825	ACV
46	2006	CHEVY CHAMPION BUS		OTH	1GBG5V1206F421322	ACV
47	2005	CHEVY CHAMPION BUS		OTH	1GBE5V1285F509766	ACV
48	2005	CHEVY CHAMPION BUS		OTH	1GBE5V1275F509466	ACV
49	2006	FORD E150 ECONOLINE	SERVICE	OTH	1FMRE11W76HA80310	ACV
50	2005	HONDA CIVIC LX		OTH	JHMES16575S007207	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
51	2004	FORD	TAURUS	OTH	1FAFP53U94A173054	ACV
52	2006	FORD	ECONOLINE E250 SERVICE	OTH	1FTNS24W76DA85155	ACV
53	2012	FORD	FOCUS	OTH	1FAHP3F27CL106365	ACV
54	2011	FORD	138 ECONOLINE E SERVICE	OTH	1FMNE1BW8BDB31473	ACV
55	2003	FORD	FREIGHTLINER MT SERVICE	OTH	4UZAARBW43CL84659	ACV
56	2012	FORD	FUSION	OTH	3FAHP0GA6CR418893	ACV
57	2012	FORD	FUSION	OTH	3FAHP0GA0CR418890	ACV
58	2009	FORD	CROWN VIC POLIC	OTH	2FAHP71V39X142655	ACV
59	2011	FORD	TAURUS SE	OTH	1FAHP2DW2BG183250	ACV
60	2013	FORD	FUSION	OTH	3FA6P0G71DR138537	ACV
61	2013	TOYOTA	COROLLA	OTH	JTDBU4EEXDJ119957	ACV
62	2005	HONDA	CIVIC LX	OTH	2HGES16595H607849	ACV
63	2014	FORD	EXPORER	OTH	1FM5K8B85EGA92010	ACV
64	2014	FORD	EXPORER	OTH	1FM5K8B87EGA92011	ACV
65	2014	FORD	FUSION	OTH	1FA6POH72E5406434	ACV
66	2012	FORD	EDGE	OTH	2FMDK3JC1CBA34470	ACV
67	2015	CHEVORLET	TRAVERSE L	OTH	1GNKRFED5FJ192720	ACV
68	2015	CHEVORLET	SILVERADO	OTH	3GCPCPEC7FG145431	ACV
69	2016	FORD	TAURUS SE	OTH	1FAHP2D86GG100413	ACV
70	2016	FORD	EXPLORER	OTH	1FM5K8B85GGB97570	ACV
71	2016	CHEVY	IMPALA LIMITED	OTH	2G1WA5E33G1154877	ACV
72	2016	FORD	FUSION S	OTH	3FA6P0G76GR398002	ACV
73	2017	FORD	FUSION	OTH	3FA6P0G70HR108175	ACV
74	2016	FORD	F-150 SERVICE	OTH	1FTEW1EG2GKD82434	ACV
75	2016	FORD	F-350 SERVICE	OTH	1FT8W3CVT8GED29096	ACV
76	2006	CHEVROLET	EXPRESS SERVICE	OTH	1GBFG15T061196964	ACV
77	2011	MERCEDES BENZ	SPRINT	OTH	WD4PE8CC2B5566158	ACV
78	2012	FORD	ESCAPE	OTH	1FMCUODG7CKA30223	ACV
79	2012	FORD	ESCAPE	OTH	1FMCU0DG9CKA30224	ACV
80	2006	DODGE	CARAVAN	OTH	1D4GP24E76B612661	ACV
81	2016	FORD	ESCAPE	OTH	1FMCU0F7XGUA85966	ACV
82	2017	FARBER	S753 SERVICE	OTH	1512E9569HE533278	ACV
83	2016	DODGE	GRAND CARAVAN	OTH	2C4RDGBG1GR285094	ACV
84	2016	DODGE	GRAND CARAVAN	OTH	2C4RDGBG9GR372161	ACV
85	2016	FORD	TRANSIT T-350	OTH	1FBZX2YM2GKA60483	ACV
86	2000	FLEETWOOD	DISCOVERY	OTH	4UZ6XF8ASYCH31191	ACV
87	2000	FLEETWOOD	DISCOVERY	OTH	4UZ6XBAX4CG90833	ACV
88	2016	FORD	TRANSIT T-350 SERVICE	OTH	1FBZX2CM1GKB57343	ACV
89	2017	DODGEN	32' GOOSENECK TRAILER	OTH	1J9GN3227GH030709	ACV
90	2015	HD	FLHP MOTORCYCLE	OTH	1HD1FHM1XFB622928	ACV
91	2005	KENT	TRAILER	OTH	1KKVE53385L216541	ACV
92	2017	FORD	SUPER DUTY E450	OTH	1FDFF4FS9HDC31975	ACV
93	2017	TOYOTA	RAV 4 HV	OTH	JTMRJREV6HD077456	ACV
94	2017	TOYOTA	RAV 4	OTH	JTMRJREV1HD077753	ACV
95	2016	VOLVO	VNL64T	OTH	4V4NC9EJ8GN948571	ACV
96	2015	FORD	EDGE SEL AWD	OTH	2FMTK4J96FBC18054	ACV
97	2016	FORD	TAURUS SE	OTH	1FAHP2D87GG123179	ACV
98	2017	NISSAN	ALTIMA	OTH	1N4AL3AP4HC297542	ACV
99	2017	FORD	EXPLORER	OTH	1FM5K8B80HGC78705	ACV
100	2016	FVXL	KITCHEN TRAILER	OTH	4U3J04827GL015336	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000

Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
101	2017	FREEDOM	TRAILER	OTH	5WKBE1014H1045810	ACV
102	2017	FORD EXPLORER		OTH	1FM5K7B88HGB33941	ACV
103	2017	FORD TRANSIT		OTH	1FMZK1YM0HKA34983	ACV
104	2017	FORD EXPLORER 2		OTH	1FM5K7B87HGB33932	ACV
105	2017	FORD FUSION 1		OTH	3FA6P0G72HR236174	ACV
106	2017	FORD FUSION 2 (HYBRI		OTH	3FA6P0UU3HR236176	ACV
107	2017	FORD FUSION 3 (HYBRI		OTH	3FA6P0UU1HR236175	ACV
108	2017	FORD FUSION 4		OTH	3FA6P0G70HR236173	ACV
109	2018	MAZDA M3S GT A		OTH	3MZBN1W35JMI87409	ACV
110	2018	MAZDA M3S GT A		OTH	3MZBN1W36JMI87581	ACV
111	2018	TOYOTA CAMRY		OTH	4T1B31HKXJU501463	ACV
112	2018	NISSAN ALTIMA 2.5		OTH	1N4AL3APX1JC138823	ACV
113	2018	NISSAN ALTIMA 2.5		OTH	1N4AL3AP0JC139964	ACV
114	2018	FORD EXPLORER		OTH	1FM5KB89JGA71381	ACV
115	2018	DODGE	CARAVAN	OTH	2C4RDGBGJR176438	ACV
116	2017	GOSHEN COACH		OTH	1FDFFE4FS0HDC31976	ACV
117	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF3J1235738	ACV
118	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF6J1278197	ACV
119	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF6J1281791	ACV
120	2018	HYUNDAI	SONATA	OTH	5NPE24AA5JH707274	ACV
121	2018	FORD TAURUS		OTH	1FAHP2D88JG123909	ACV
122	2017	CHEVROLET	BOLT	OTH	1G1FX6S06H4183309	ACV
123	2018	FORD TRANSIT		OTH	1FBZX2ZG6JKA62723	ACV
124	2018	NISSAN ALTIMA		OTH	1N4AL3AP0JC251034	ACV
125	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC249208	ACV
126	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC248857	ACV
127	2018	NISSAN ALTIMA		OTH	1N4AL3AP2JC247163	ACV
128	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248690	ACV
129	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250920	ACV
130	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC250800	ACV
131	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC247136	ACV
132	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC249226	ACV
133	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC250499	ACV
134	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC249100	ACV
135	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC249855	ACV
136	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC248722	ACV
137	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248849	ACV
138	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC247286	ACV
139	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248902	ACV
140	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC247198	ACV
141	2018	NISSAN ALTIMA		OTH	1N4AL3AP4JC250646	ACV
142	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC248753	ACV
143	2018	NISSAN ALTIMA		OTH	1N4AL3AP1JC247459	ACV
144	2018	NISSAN ALTIMA		OTH	1N4AL3AP1JC251091	ACV
145	2018	NISSAN ALTIMA		OTH	1N4AL3AP5JC251062	ACV
146	2018	NISSAN ALTIMA		OTH	1N4AL3AP0JC247291	ACV
147	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250867	ACV
148	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC247272	ACV
149	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250450	ACV
150	2018	NISSAN ALTIMA		OTH	1N4AL3AP5JC249229	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
151	2018	NISSAN	ALTIMA	OTH	1N4AL3AP6JC248669	ACV
152	2018	NISSAN	SENTRA	OTH	3N1AB7AP5JY302929	ACV
153	2018	NISSAN	SENTRA	OTH	3N1AB7AP2JY304105	ACV
154	2018	NISSAN	SENTRA	OTH	3N1AB7AP1JY305472	ACV
155	2018	NISSAN	SENTRA	OTH	3N1AB7AP2JY304959	ACV
156	2018	NISSAN	SENTRA	OTH	3N1AB7AP4JY300136	ACV
157	2018	NISSAN	SENTRA	OTH	3N1AB7AP8JY302911	ACV
158	2018	NISSAN	SENTRA	OTH	3N1AB7AP0JY303552	ACV
159	2016	CHEVROLET	MALIBU	OTH	1G1ZC5ST2GF260385	ACV
160	2018	DODGE	GRAND CARAVAN	OTH	2C4RDGBG3JR310343	ACV
161	2018	DODGE	GRAND CARAVAN	OTH	2C4RDGBG1JR310342	ACV
162	2018	DODGE	GRAND CARAVAN	OTH	2C4RDGBG8JR311908	ACV
163	2016	JEEP	CHEROKEE	OTH	1C4PJMABXGW301868	ACV
164	2017	FORD	F150	OTH	1FTMF1EF5HKD56835	ACV
165	2012	FORD	F150	OTH	1FTEX1EM8CFC22581	ACV
166	2014	FORD	EXPLORER	OTH	1FM5K8B89EGC60389	ACV
167	2017	TOYOTA	TUNDRA	OTH	5TFUM5F10HX072306	ACV
168	2017	JEEP	CHEROKEE	OTH	1C4PJMAB1HW513723	ACV
169	2018	WINNEBAGO/RV		OTH	1F66F5DY210A10975	ACV
170	2018	FORD	F150	OTH	1FTEW1E50JFA65122	ACV
171	2018	FORD	F150	OTH	1FTEW1E54JFA65124	ACV
172	2018	FORD	F150	OTH	1FTEW1E56JFA65125	ACV
173	2018	FORD	F150	OTH	1FTEW1E59JFA65121	ACV
174	2018	FORD	F150	OTH	1FTEW1E50JFA65119	ACV
175	2018	FORD	F150	OTH	1FTEW1EFXJKE95666	ACV
176	2018	FORD	F150	OTH	1FTEW1E58JKE95665	ACV
177	2018	GOSHEN COACH		OTH	1FD4E4FS4JDC01465	ACV
178	2017	FORD	F250	OTH	1FT7W2B69HEE58256	ACV
179	2011	FORD	F250 FWC	OTH	1FT7W2B68BEB76147	ACV
180	2018	EXPLORER		OTH	1FM5K7D89JGC76030	ACV
181	2008	FORD	F250	OTH	1FTSW21Y18EC82672	ACV
182	2018	HYUNDAI	SONATA	OTH	5NPE24AA0JH673941	ACV
183	2019	FORD	TRANSIT	OTH	1FTYR1YM0KKA16194	ACV
184	2019	FORD	TRANSIT WAGON	OTH	1FBVU4XM3KKA11595	ACV
185	2019	CHEVY	CRUZ	OTH	1G1BC5SM6K7100328	ACV
186	2018	TOYOTA	RAV 4	OTH	JTMRJREV6JD242430	ACV
187	2019	FORD	TRANSIT	OTH	1FTBW1DM1KA70799	ACV
188	2019	DODGE	CARAVAN SE	OTH	2C4RDGB2KR654747	ACV
189	2019	FORD	EXPLORER	OTH	1FM5K7B87KGA37483	ACV
190	2019	HYUNDAI	GENESIS	OTH	KMHG54JH0KU050528	ACV
191	2019	CHEVY	IMPALA	OTH	2G11X5S30K9143651	ACV
192	2019	CHEVY	IMPALA	OTH	2G11X56S31K9144503	ACV
193	2019	CHEVY	IMPALA	OTH	2G11X5S3XK9143818	ACV
194	2019	CHEVROLET	MALIBU	OTH	1G1ZC5ST6KF208198	ACV
195	2019	CHEVROLET	MALIBU	OTH	1G1ZC5ST4KF209687	ACV
196	2018	FORD	F150	OTH	1FTEW1EG5JFA33686	ACV
197	2016	GMC	YUKON DENALI	OTH	1GKS1CKJGR337755	ACV
198	2019	TOYOTA	SIENNA	OTH	5TDZZ3DC5KS006900	ACV
199	2019	FORD	ESCAPE	OTH	1FMCU0F77KUC07157	ACV
200	2012	HONDA	CIVIC	OTH	19XFB5F53CE000140	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
201	2019	DODGE	CARAVAN	OTH	2C4RDGBG3KR665000	ACV
202	2019	DODGE	CARAVAN	OTH	2C4RDGBG9KR664997	ACV
203	2019	DODGE	CARAVAN	OTH	2CYRDGBG2KR668999	ACV
204	2019	DODGE	CARAVAN	OTH	2C4RDGBG5KR665001	ACV
205	2019	DODGE	CARAVAN	OTH	2C4RDGBG0KR664998	ACV
206	2019	DODGE	CARAVAN	OTH	2C4RDGBG9KR502917	ACV
207	2019	FORD	ESCAPE	OTH	1FMCU0F74KUC35210	ACV
208	2019	TOYOTA RAV4		OTH	2T3H1RFV4KW038921	ACV
209	2019	TOYOTA RAV4		OTH	2T3H1RFV7KC017806	ACV
210	2020	TOYOTA SIENNA	8 PASSENGER VAN	OTH	5TDKZ3DC2LS028419	ACV
211	2012	CHEVROLET	VAN	OTH	1GAZGYFG7C1181899	ACV
212	2016	FORD	E-SERIES BUS	OTH	1FDEEFL5GDC23496	ACV
213	2014	GEM	6 PASS	OTH	52CG6SGA2E0010750	ACV
214	2014	GEM	6 PASS	OTH	52CG6SGA2E0010747	ACV
215	2006	FORD	F150	OTH	1FTPW14V06KC79424	ACV
216	2006	FORD	E-250	OTH	1FTNS2EL2ADA34059	ACV
217	2005	CHEVROLET	IMPALA 4 DOOR SEDAN	OTH	2G1WF55EX59263094	ACV
218	2011	CHRYSLER	TOWN-N-COUNTRY	OTH	2A4RR5DG4BR607538	ACV
219	1997	FORD	SUPERCAB F-250 4X4	OTH	1FTHX26G1VEB84356	ACV
220	2005	FORD	EXPLORER XLS 4X4 4D	OTH	1FMZU72K45ZA48845	ACV
221	2011	FORD	ESCAPE	OTH	1FMCU9DG2BKC12284	ACV
222	2015	STARTRANS BUS	FRRV-BUS	OTH	1FDPE4FSXFDA09801	ACV
223	2019	FORD	WINNEBAGO	OTH	1F66F6DY2K0A00772	ACV
224	2019	FORD	WINNEBAGO	OTH	1F66F5DY2K0A1176	ACV
225	2019	FORD	156 TRANSIT 350 HD	OTH	1FDES8PM2KKA38355	ACV
226	2019	FORD	TRANSIT VAN	OTH	1FBZX2CM7KKB39437	ACV
227	2018	INTERNATIONAL	4300	OTH	1HTMMML2JH674920	ACV
228	2019	FORD	F-250 CREW DIESEL 4X	OTH	1FT7W2BT4KEF87499	ACV
229	2019	FORD	TRANSIT VAN	OTH	1FMZK1YM3KKB42893	ACV
230	2017	ACURA	RLX TECH	OTH	JH4KC1F50HC000341	ACV
231	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK8HU363894	ACV
232	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK9HU362477	ACV
233	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK6HU796372	ACV
234	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK4HU807515	ACV
235	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK4HU376786	ACV
236	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK6HU441573	ACV
237	2017	TOYOTA	CAMERY LE/XLE/SE/XSE	OTH	4T1BF1FK6HU799143	ACV
238	2017	TOYOTA	CAMERY LE/XLE/SE/XSE	OTH	4T1BF1FK8HU802835	ACV
239	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK7HU442263	ACV
240	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK5HU806759	ACV
241	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK8HU797622	ACV
242	2018	TOYOTA	SEQUOIA SPT UTILITY	OTH	5TDKY5G17JS070185	ACV
243	2018	MERCEDES	E 300	OTH	WDDZF4JB7JA482934	ACV
244	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK1HU436023	ACV
245	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK7HU766605	ACV
246	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK7HU806830	ACV
247	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK8HU450193	ACV
248	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1BF1FK6HU376045	ACV
249	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1B11HK6JU061991	ACV
250	2019	FORD	TRANSIT CV350 MED RO	OTH	1FTBW1DM1KKA70799	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
251	2009	FORD	ECONOLINE E250	OTH	1FDXE45S19DA06490	ACV
252	2020	GMC	TERRAIN	OTH	3GKALMEV6LL122171	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 1

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,186
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 10
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 92
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 567
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,879

Vehicle # 2

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 3

Insured's #:

Insured Entity:

Year: 2017

Make: CHEVROLET MALIBU LS

Model:

V.I.N.: 1G1ZC5ST6HF264439

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 4

Insured's #:

Insured Entity:

Year: 2016

Make: TOYOTA CAMRY

Model:

V.I.N.: 4T1BF1FK3GU609863

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 101
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,183

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 5

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,470
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 151
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 455
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 3,174

Vehicle # 6

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 79
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,159

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 7

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 79
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,159

Vehicle # 8

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 21
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 75
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,153

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 9

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 549
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 93
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 688

Vehicle # 10

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 609

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 11

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,194

Vehicle # 12

Insured's #:

Insured Entity:

Year: 2015
Make: FORD E-450
Model: SERVICE
V.I.N.: 1FD4E4FS2FDA16094
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 603

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 13

Insured's #:

Insured Entity:

Year: 2015
Make: FORD E-450
Model: SERVICE
V.I.N.: 1FDDE4FSXGDC3441
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 603

Vehicle # 14

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 650

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 15

Insured's #:

Insured Entity:

Year: 2015
Make: GOSHEN COACH
Model: SERVICE
V.I.N.: 1FDEE3FS3FDA35047
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 603

Vehicle # 16

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,975

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 17

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,975

Vehicle # 18

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,975

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 19

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,975

Vehicle # 20

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,407

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 21

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,407

Vehicle # 22

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,407

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 23

Insured's #:

Insured Entity:

Year: 2017

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA5HF331038

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,978

Vehicle # 24

Insured's #:

Insured Entity:

Year: 2017

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA7HF331039

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,701
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,978

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 25

Insured's #:

Insured Entity:

Year: 2018

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BAKFCPAXJF337419

Valuation: Actual Cash Value

Use:

Class Code: 628300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,385
Personal Injury Protection (PIP)	See Endorsement		\$ 59
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 15
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 93
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,582

Vehicle # 26

Insured's #:

Insured Entity:

Year: 2018

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA9JF337415

Valuation: Actual Cash Value

Use:

Class Code: 628300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,385
Personal Injury Protection (PIP)	See Endorsement		\$ 59
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 15
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 130
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,624

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 27

Insured's #:

Insured Entity:

Year: 2002

Make: CHEVY MALIBU

Model:

V.I.N.: 1G1ND52J62M669570

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 11
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 42
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,110

Vehicle # 28

Insured's #:

Insured Entity:

Year: 2011

Make: TOYOTA TACOMA

Model: SERVICE

V.I.N.: 5TFMU4FN1BX002012

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 61
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 578

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 29

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 85
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 608

Vehicle # 30

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 21
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 44
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 552

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 31

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 24
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 49
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 584

Vehicle # 32

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 585

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 33

Insured's #:

Insured Entity:

Year: 2012

Make: TOYOTA PRIUS

Model:

V.I.N.: JTDKDTB38C1505773

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 16
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,139

Vehicle # 34

Insured's #:

Insured Entity:

Year: 2013

Make: DODGE CARAVAN

Model:

V.I.N.: 2C4RDGCG7DR693853

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 79
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,159

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 35

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,347
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 84
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,568

Vehicle # 36

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,179
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 74
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,375

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 37

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,179
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 74
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,375

Vehicle # 38

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 20
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 84
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,161

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 39

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 20
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 84
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,161

Vehicle # 40

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 589

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 41

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 589

Vehicle # 42

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,347
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 78
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,580

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 43

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 549
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 178
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 783

Vehicle # 44

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 549
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 178
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 783

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 45

Insured's #:

Insured Entity:

Year: 2006

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBG5V1246F421825

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,347
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 78
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,580

Vehicle # 46

Insured's #:

Insured Entity:

Year: 2006

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBG5V1206F421322

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,347
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 78
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,580

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 47

Insured's #:

Insured Entity:

Year: 2005

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBE5V1285F509766

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,347
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 78
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,580

Vehicle # 48

Insured's #:

Insured Entity:

Year: 2005

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBE5V1275F509466

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,347
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 78
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,580

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 49

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 21
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 42
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 904

Vehicle # 50

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 12
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 38
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 922

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 51

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 819
Personal Injury Protection (PIP)	See Endorsement		\$ 50
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 11
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 34
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 928

Vehicle # 52

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 920
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 24
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 41
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,017

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 53

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 16
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,139

Vehicle # 54

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 920
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 72
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,066

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 55

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 774
Personal Injury Protection (PIP)	See Endorsement		\$ 22
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 42
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 876

Vehicle # 56

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 953
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 59
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,119

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 57

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,162
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 62
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,325

Vehicle # 58

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 956
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 14
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 38
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,080

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 59

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 956
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 17
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 51
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,096

Vehicle # 60

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 956
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 21
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 62
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,111

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 61

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 610
Personal Injury Protection (PIP)	See Endorsement		\$ 37
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 18
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 745

Vehicle # 62

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 601
Personal Injury Protection (PIP)	See Endorsement		\$ 37
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 10
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 33
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 695

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 63

Insured's #:

Insured Entity:

Year: 2014

Make: FORD EXPORER

Model:

V.I.N.: 1FM5K8B85EGA92010

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 92
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,174

Vehicle # 64

Insured's #:

Insured Entity:

Year: 2014

Make: FORD EXPORER

Model:

V.I.N.: 1FM5K8B87EGA92011

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 92
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,174

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 65

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 22
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,167

Vehicle # 66

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,162
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 68
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,336

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 67

Insured's #:

Insured Entity:

Year: 2015

Make: CHEVORLET TRAVERSE LS

Model:

V.I.N.: 1GNKRFED5FJ192720

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 99
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,182

Vehicle # 68

Insured's #:

Insured Entity:

Year: 2015

Make: CHEVORLET SILVERADO 1500

Model:

V.I.N.: 3GCPCPEC7FG145431

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 609

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 69

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 70

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 71

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 72

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 101
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,183

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 73

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 74

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 381
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 91
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 529

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 75

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 381
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 91
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 529

Vehicle # 76

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 584
Personal Injury Protection (PIP)	See Endorsement		\$ 11
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 20
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 35
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 658

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 77

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,666
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,913

Vehicle # 78

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 74
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 79

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 74
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 80

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 18
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 47
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,421

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 81

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,500

Vehicle # 82

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		INCL
Personal Injury Protection (PIP)	See Endorsement		INCL
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		INCL
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 60
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 321
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 381

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 83

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE GRAND CARAVAN

Model:

V.I.N.: 2C4RDGBG1GR285094

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,500

Vehicle # 84

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE GRAND CARAVAN

Model:

V.I.N.: 2C4RDGBG9GR372161

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,500

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 85

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,125
Personal Injury Protection (PIP)	See Endorsement		\$ 159
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 57
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 104
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,463

Vehicle # 86

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,470
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 81
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,800

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 87

Insured's #:

Insured Entity:

Year: 2000

Make: FLEETWOOD DISCOVERY

Model:

V.I.N.: 4UZ6XBAX4CG90833

Valuation: Actual Cash Value

Use:

Class Code: 560900

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,470
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 81
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,800

Vehicle # 88

Insured's #:

Insured Entity:

Year: 2016

Make: FORD TRANSIT T-350

Model: SERVICE

V.I.N.: 1FBZX2CM1GKB57343

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 99
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 624

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 89

Insured's #:

Insured Entity:

Year: 2017

Make: DODGEN 32' GOOSENECK

Model: TRAILER

V.I.N.: 1J9GN3227GH030709

Valuation: Actual Cash Value

Use:

Class Code: 684990

State: FL

Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 79
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 164
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 284

Vehicle # 90

Insured's #:

Insured Entity:

Year: 2015

Make: HD FLHP

Model: MOTORCYCLE

V.I.N.: 1HD1FHM1XFB622928

Valuation: Actual Cash Value

Use:

Class Code: 798500

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,088
Personal Injury Protection (PIP)	See Endorsement		\$ 62
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	\$ 19,000	FULL	\$ 106
Physical Damage – Collision	ACV	\$ 500	\$ 80
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,336

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 91

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 97
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 11
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 22
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 133

Vehicle # 92

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 496
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 110
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 657

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 93

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4 HV

Model:

V.I.N.: JTMRJREV6HD077456

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,198

Vehicle # 94

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4

Model:

V.I.N.: JTMRJREV1HD077753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,198

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 95

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,462
Personal Injury Protection (PIP)	See Endorsement		\$ 21
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 10
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 71
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 332
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,896

Vehicle # 96

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 99
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,182

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 97

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 98

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 99

Insured's #:

Insured Entity:

Year: 2017

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5K8B80HGC78705

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 43
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,520

Vehicle # 100

Insured's #:

Insured Entity:

Year: 2016

Make: FVXL

Model: KITCHEN TRAILER

V.I.N.: 4U3J04827GL015336

Valuation: N/A

Use:

Class Code: 674990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 97
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 100

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 101

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 176
Personal Injury Protection (PIP)	See Endorsement		\$ 4
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 2
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 10
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 15
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 207

Vehicle # 102

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 103

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,347
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 45
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 100
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,591

Vehicle # 104

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,198

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 105

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 1

Model:

V.I.N.: 3FA6P0G72HR236174

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Vehicle # 106

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 2 (HYBRID)

Model:

V.I.N.: 3FA6P0UU3HR236176

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,198

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 107

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 3 (HYBRID)

Model:

V.I.N.: 3FA6P0UU1HR236175

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 112
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,198

Vehicle # 108

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 4

Model:

V.I.N.: 3FA6P0G70HR236173

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 107
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,190

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 109

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 814
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 109
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,008

Vehicle # 110

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 814
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 109
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,008

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 111

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,213

Vehicle # 112

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 27
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 103
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,002

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 113

Insured's #:

Insured Entity:

Year: 2018
Make: NISSAN ALTIMA 2.5
Model:
V.I.N.: 1N4AL3AP0JC139964
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 27
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 103
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,002

Vehicle # 114

Insured's #:

Insured Entity:

Year: 2018
Make: FORD EXPLORER
Model:
V.I.N.: 1FM5KB89JGA71381
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 113
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,018

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 115

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Vehicle # 116

Insured's #:

Insured Entity:

Year: 2017
Make: GOSHEN COACH
Model:
V.I.N.: 1FDFF4FS0HDC31976
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,189
Personal Injury Protection (PIP)	See Endorsement		\$ 142
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 20
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 185
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,592

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 117

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF3J1235738

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,732
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 53
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,013

Vehicle # 118

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF3J1278197

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,732
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 53
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,013

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 119

Insured's #:

Insured Entity:

Year: 2018
Make: CHEVROLET G3500
Model: 15 PASSENGER VAN
V.I.N.: 1GAZGPF6G6J1281791
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,732
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 53
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,013

Vehicle # 120

Insured's #:

Insured Entity:

Year: 2018
Make: HYUNDAI
Model: SONATA
V.I.N.: 5NPE24AA5JH707274
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 119
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,204

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 121

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 793
Personal Injury Protection (PIP)	See Endorsement		\$ 47
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 102
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 982

Vehicle # 122

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 680
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 96
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 869

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 123

Insured's #:

Insured Entity:

Year: 2018

Make: FORD TRANSIT

Model:

V.I.N.: 1FBZX2ZG6JKA62723

Valuation: Actual Cash Value

Use:

Class Code: 588100

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,125
Personal Injury Protection (PIP)	See Endorsement		\$ 159
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 63
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 115
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,480

Vehicle # 124

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP0JC251034

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 125

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC249208

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 126

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC248857

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 127

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP2JC247163

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 128

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248690

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 129

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250920

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 130

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC250800

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 131

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC247136

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 132

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC249226

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 133

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC250499

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 134

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC249100

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 135

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC249855

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 136

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248722

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 137

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248849

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 138

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC247286

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 139

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248902

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 140

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC247198

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 141

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP4JC250646

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 142

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 143

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC247459

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 144

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC251091

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 145

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC251062

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 146

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP0JC247291

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 147

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250867

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 148

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC247272

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 149

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250450

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 150

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC249229

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 151

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248669

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 152

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP5JY302929

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 153

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP2JY304105

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 154

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP1JY305472

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 155

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP2JY304959

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 156

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP4JY300136

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 157

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP8JY302911

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 158

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP0JY303552

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 159

Insured's #:

Insured Entity:

Year: 2016

Make: CHEVROLET MALIBU

Model:

V.I.N.: 1G1ZC5ST2GF260385

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 101
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,183

Vehicle # 160

Insured's #:

Insured Entity:

Year: 2018

Make: DODGE GRAND CARAVAN SE

Model:

V.I.N.: 2C4RDGBG3JR310343

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,060
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,254

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 161

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,060
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,254

Vehicle # 162

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,060
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,254

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 163

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 680
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 76
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 833

Vehicle # 164

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 381
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 96
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 536

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 165

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 381
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 61
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 492

Vehicle # 166

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 680
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 64
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 815

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 167

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 381
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 96
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 536

Vehicle # 168

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 680
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 840

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 169

Insured's #:

Insured Entity:

Year: 2018

Make: WINNEBAGO/RV

Model:

V.I.N.: 1F66F5DY210A10975

Valuation: Actual Cash Value

Use: Service

Class Code: 314990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 549
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 287
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 907

Vehicle # 170

Insured's #:

Insured Entity:

Year: 2018

Make: FORD

Model: F150

V.I.N.: 1FTEW1E50JFA65122

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 584
Personal Injury Protection (PIP)	See Endorsement		\$ 11
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 709

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 171

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 68
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 938

Vehicle # 172

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 417
Personal Injury Protection (PIP)	See Endorsement		\$ 14
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 63
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 537

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 173

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 528
Personal Injury Protection (PIP)	See Endorsement		\$ 14
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 62
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 648

Vehicle # 174

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 413
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 57
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 517

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 175

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 472
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 72
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 588

Vehicle # 176

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 376
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 67
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 502

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 177

Insured's #:

Insured Entity:

Year: 2018

Make: GOSHEN COACH

Model:

V.I.N.: 1FDFF4FS4JDC01465

Valuation: Actual Cash Value

Use:

Class Code: 658300

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,189
Personal Injury Protection (PIP)	See Endorsement		\$ 142
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 20
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 59
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 194
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,604

Vehicle # 178

Insured's #:

Insured Entity:

Year: 2017

Make: FORD

Model: F250

V.I.N.: 1FT7W2B69HEE58256

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 132

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 413
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 555

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 179

Insured's #:

Insured Entity:

Year: 2011
Make: FORD
Model: F250 FWC
V.I.N.: 1FT7W2B68BEB76147
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 413
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 48
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 508

Vehicle # 180

Insured's #:

Insured Entity:

Year: 2018
Make: EXPLORER
Model:
V.I.N.: 1FM5K7D89JGC76030
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 167

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 39
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,040

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 181

Insured's #:

Insured Entity:

Year: 2008
Make: FORD
Model: F250
V.I.N.: 1FTSW21Y18EC82672
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 133

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 704
Personal Injury Protection (PIP)	See Endorsement		\$ 23
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 24
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 39
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 801

Vehicle # 182

Insured's #:

Insured Entity:

Year: 2018
Make: HYUNDAI
Model: SONATA
V.I.N.: 5NPE24AA0JH673941
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 134

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,224
Personal Injury Protection (PIP)	See Endorsement		\$ 82
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,508

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 183

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT
V.I.N.: 1FTYR1YM0KKA16194
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 82
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 958

Vehicle # 184

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT WAGON
V.I.N.: 1FBVU4XM3KKA11595
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 167

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,046
Personal Injury Protection (PIP)	See Endorsement		\$ 80
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 98
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,299

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 185

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVY
Model: CRUZ
V.I.N.: 1G1BC5SM6K7100328
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 122
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,514

Vehicle # 186

Insured's #:

Insured Entity:

Year: 2018
Make: TOYOTA
Model: RAV 4
V.I.N.: JTMRJREV6JD242430
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 128
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,524

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 187

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT
V.I.N.: 1FTBW1DM1KA70799
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 45
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,536

Vehicle # 188

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN SE
V.I.N.: 2C4RDGB2KR654747
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		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,010

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 189

Insured's #:

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		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 128
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,524

Vehicle # 190

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		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 80
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 208
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,644

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 191

Insured's #:

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		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,010

Vehicle # 192

Insured's #:

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		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,010

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 193

Insured's #:

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		\$ 810
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 108
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,010

Vehicle # 194

Insured's #:

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		\$ 793
Personal Injury Protection (PIP)	See Endorsement		\$ 47
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 97
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 974

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 195

Insured's #:

Insured Entity:

Year: 2019

Make: CHEVROLET

Model: MALIBU

V.I.N.: 1G1ZC5ST4KF209687

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 114
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,196

Vehicle # 196

Insured's #:

Insured Entity:

Year: 2018

Make: FORD

Model: F150

V.I.N.: 1FTEW1EG5JFA33686

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 166

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 537
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 61
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 113
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 728

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 197

Insured's #:

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		\$ 814
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 109
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,019

Vehicle # 198

Insured's #:

Insured Entity:

Year: 2019
Make: TOYOTA
Model: SIENNA
V.I.N.: 5TDZZ3DC5KS006900
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,060
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,254

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 199

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: ESCAPE
V.I.N.: 1FMCU0F77KUC07157
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 680
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 86
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 843

Vehicle # 200

Insured's #:

Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 13
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 59
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,129

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 201

Insured's #:

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		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Vehicle # 202

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG9KR664997
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		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 203

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2CYRDGBG2KR668999
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		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Vehicle # 204

Insured's #:

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		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 205

Insured's #:

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		\$ 776
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 955

Vehicle # 206

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG9KR502917
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,331
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 45
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,587

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 207

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: ESCAPE
V.I.N.: 1FMCU0F74KUC35210
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,280
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 122
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,514

Vehicle # 208

Insured's #:

Insured Entity:

Year: 2019
Make: TOYOTA RAV4
Model:
V.I.N.: 2T3H1RFV4KW038921
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 126
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,028

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 209

Insured's #:

Insured Entity:

Year: 2019

Make: TOYOTA RAV4

Model:

V.I.N.: 2T3H1RFV7KC017806

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 126
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,028

Vehicle # 210

Insured's #:

Insured Entity:

Year: 2020

Make: TOYOTA SIENNA

Model: 8 PASSENGER VAN

V.I.N.: 5TDKZ3DC2LS028419

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 815
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 132
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,034

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 211

Insured's #:

Insured Entity:

Year: 2012
Make: CHEVROLET
Model: VAN
V.I.N.: 1GAZGYFG7C1181899
Valuation: Actual Cash Value

Use:
Class Code: 589200
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,684
Personal Injury Protection (PIP) Added Personal Injury Protection Property Protection Insurance (MI only)			
Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$ 5,000		\$ 158
Uninsured Motorists (UM) Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 52
Physical Damage – Specified Causes of Loss Physical Damage – Collision	ACV	\$ 500	\$ 66
Physical Damage – Towing and Labor Other Auto Coverages			
Total:			\$ 2,960

Vehicle # 212

Insured's #:

Insured Entity:

Year: 2016
Make: FORD
Model: E-SERIES BUS
V.I.N.: 1FDEEFL5GDC23496
Valuation: Actual Cash Value

Use:
Class Code: 589200
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,684
Personal Injury Protection (PIP) Added Personal Injury Protection Property Protection Insurance (MI only)			
Auto Medical Payments Medical Exp. And Income Loss Benefits (VA only)	\$ 5,000		\$ 158
Uninsured Motorists (UM) Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 62
Physical Damage – Specified Causes of Loss Physical Damage – Collision	ACV	\$ 500	\$ 99
Physical Damage – Towing and Labor Other Auto Coverages			
Total:			\$ 3,003

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 213

Insured's #:

Insured Entity:

Year: 2014
Make: GEM
Model: 6 PASS
V.I.N.: 52CG6SGA2E0010750
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,296
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 46
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,462

Vehicle # 214

Insured's #:

Insured Entity:

Year: 2014
Make: GEM
Model: 6 PASS
V.I.N.: 52CG6SGA2E0010747
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,296
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 46
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,462

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 215

Insured's #:

Insured Entity:

Year: 2006
Make: FORD
Model: F150
V.I.N.: 1FTPW14V06KC79424
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 520
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 27
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 40
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 602

Vehicle # 216

Insured's #:

Insured Entity:

Year: 2006
Make: FORD
Model: E-250
V.I.N.: 1FTNS2EL2ADA34059
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 520
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 22
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 31
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 588

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 217

Insured's #:

Insured Entity:

Year: 2005
Make: CHEVROLET
Model: IMPALA 4 DOOR SEDAN
V.I.N.: 2G1WF55EX59263094
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		\$ 1,038
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 14
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 40
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,138

Vehicle # 218

Insured's #:

Insured Entity:

Year: 2011
Make: CHRYSLER
Model: TOWN-N-COUNTRY
V.I.N.: 2A4RR5DG4BR607538
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 520
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 55
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 628

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 219

Insured's #:

Insured Entity:

Year: 1997
Make: FORD
Model: SUPERCAB F-250 4X4 8 CYLINDER
V.I.N.: 1FTHX26G1VEB84356
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 520
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 27
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 40
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 602

Vehicle # 220

Insured's #:

Insured Entity:

Year: 2005
Make: FORD
Model: EXPLORER XLS 4X4 4DR 6 CYLINDER
V.I.N.: 1FMZU72K45ZA48845
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 520
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 22
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 31
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 588

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 221

Insured's #:

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		\$ 1,038
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 15
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 51
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,150

Vehicle # 222

Insured's #:

Insured Entity:

Year: 2015
Make: STARTRANS BUS
Model: FRRV-BUS
V.I.N.: 1FD4E4FSXFDA09801
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		\$ 1,540
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 76
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,763

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 223

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: WINNEBAGO
V.I.N.: 1F66F6DY2K0A00772
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 990
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 74
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 306
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,398

Vehicle # 224

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: WINNEBAGO
V.I.N.: 1F66F5DY2K0A1176
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 149

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 531
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 66
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 236
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 850

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 225

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: 156 TRANSIT 350 HD
V.I.N.: 1FDES8PM2KKA38355
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,401
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 148
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,704

Vehicle # 226

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT VAN
V.I.N.: 1FBZX2CM7KKB39437
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,019
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,213

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 227

Insured's #:

Insured Entity:

Year: 2018
Make: INTERNATIONAL
Model: 4300
V.I.N.: 1HTMMML2JH674920
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 516
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 685

Vehicle # 228

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: F-250 CREW DIESEL 4X4
V.I.N.: 1FT7W2BT4KEF87499
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 182

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 414
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 61
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 153
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 645

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 229

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT VAN
V.I.N.: 1FMZK1YM3KKB42893
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,387
Personal Injury Protection (PIP)	See Endorsement		\$ 121
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 86
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,649

Vehicle # 230

Insured's #: FAU

Insured Entity:

Year: 2017
Make: ACURA
Model: RLX TECH
V.I.N.: JH4KC1F50HC000341
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,483

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 231

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK8HU363894
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 232

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK9HU362477
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 233

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK6HU796372
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 234

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK4HU807515
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 135

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,206
Personal Injury Protection (PIP)	See Endorsement		\$ 135
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,516

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 235

Insured's #: FAU

Insured Entity:

Year: 2017

Make: TOYOTA

Model: CAMRY LE/XLE/SE/XSE

V.I.N.: 4T1BF1FK4HU376786

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 236

Insured's #: FAU

Insured Entity:

Year: 2017

Make: TOYOTA

Model: CAMRY LE/XLE/SE/XSE

V.I.N.: 4T1BF1FK6HU441573

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 135

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,206
Personal Injury Protection (PIP)	See Endorsement		\$ 135
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,516

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 237

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMERY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK6HU799143
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,238
Personal Injury Protection (PIP)	See Endorsement		\$ 74
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,501

Vehicle # 238

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMERY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK8HU802835
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,426

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 239

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK7HU442263
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 240

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK5HU806759
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 241

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK8HU797622
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 242

Insured's #: FAU

Insured Entity:

Year: 2018
Make: TOYOTA
Model: SEQUOIA SPT UTILITY LTD
V.I.N.: 5TDKY5G17JS070185
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 159
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,502

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 243

Insured's #: FAU

Insured Entity:

Year: 2018
Make: MERCEDES
Model: E 300
V.I.N.: WDDZF4JB7JA482934
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 159
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,502

Vehicle # 244

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK1HU436023
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 245

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK7HU766605
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 135

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,206
Personal Injury Protection (PIP)	See Endorsement		\$ 135
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,516

Vehicle # 246

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK7HU806830
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 135

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,206
Personal Injury Protection (PIP)	See Endorsement		\$ 135
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,516

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 247

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK8HU450193
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 248

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1BF1FK6HU376045
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 249

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1B11HK6JU061991
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,456

Vehicle # 250

Insured's #: USF

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT CV350 MED ROOF
V.I.N.: 1FTBW1DM1KKA70799
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 852
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 57
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 120
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,057

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

Vehicle # 251

Insured's #: FAU

Insured Entity:

Year: 2009
Make: FORD
Model: ECONOLINE E250
V.I.N.: 1FDXE45S19DA06490
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,195
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 17
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 51
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,362

Vehicle # 252

Insured's #: FAU

Insured Entity:

Year: 2020
Make: GMC
Model: TERRAIN
V.I.N.: 3GKALMEV6LL122171
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		\$ 814
Personal Injury Protection (PIP)	See Endorsement		\$ 51
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	\$ 120
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,041

Named Insured:
STATE OF FLORIDA

Policy Number:GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

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

Liability Coverage

Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Coverage is Primary)	Premium

TOTAL PREMIUM: NOT APPLICABLE

Liability Coverage

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

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium

TOTAL PREMIUM:

State:

Physical Damage

Coverage	Valuation and Deductible	Estimated Cost of Hire	Premium
Comprehensive	Actual cash value or the cost of repair, whichever is less, minus a deductible for each covered auto		
Collision	Actual cash value or the cost of repair, whichever is less, minus a deductible for each covered auto		

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

Named Insured:
STATE OF FLORIDA

Policy Number:GPPA-AU-4050065-02/000
Policy Period: From 10-20-2019
To 10-20-2020

ITEM FIVE: Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
MUNICIPALITY	Number of volunteers/employees		
Extended coverage			

Auto Forms

See Schedule of Forms and Endorsements

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT

BUSINESS AUTO COVERAGE FORM

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

TOWING

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

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

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

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

GLASS BREAKAGE

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

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

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

DEDUCTIBLE WAIVER

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AUTO LIABILITY EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

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

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

OWNER OF TEMPORARY SUBSTITUTE AUTO AS AN INSURED - PRIMARY BASIS

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

OWNER OF COMMANDEERED AUTO AS AN INSURED - PRIMARY BASIS

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

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

ADDITIONAL INSURED - AUTOMATIC STATUS

- a. **Coverage A.1., Who Is An Insured**, is modified by the addition of paragraph **i.**, as follows:
 - i. Any person or organization for whom you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional “insured” on your policy, but only to the extent that person or organization qualifies as an “insured” under **Coverage A.1., Who Is An Insured**.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional “insured” whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be primary in which case any other insurance available to the additional “insured” shall be considered excess and non-contributing.

ADDITIONAL EXPENSES YOU INCUR AT OUR REQUEST

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

EXPECTED OR INTENDED INJURY

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

BODILY INJURY TO VOLUNTEER EMERGENCY SERVICE PROVIDERS

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

BODILY INJURY TO FELLOW VOLUNTEERS OR EMPLOYEES

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

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

KNOWLEDGE OF ACCIDENT

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

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

COMMANDEERED AUTO DEFINITION ENDORSEMENT

Named Insured STATE OF FLORIDA	Endorsement Number
Policy Number GPPA-AU-4050065-02/000	Endorsement Effective 10-20-19
Countersigned by <div style="text-align: center;">(Authorized Representative)</div>	

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION V - DEFINITIONS

The following definition is added:

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

PHYSICAL DAMAGE TO VOLUNTEERS' OR EMPLOYEES PERSONAL AUTOS

5. Physical Damage to Personal Autos

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

RENTAL REIMBURSEMENT COVERAGE FOR FIREFIGHTING/RESCUE VEHICLES

6. Rental Reimbursement Coverage for Firefighting/Rescue Vehicles

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

TEMPORARY SUBSTITUTE FIREFIGHTING OR RESCUE AUTO

7. Temporary Substitute Firefighting or Rescue Autos

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

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

FORESTRY VEHICLES AND FORESTRY EQUIPMENT

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

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

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

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

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

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

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

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

AIRBAG COVERAGE

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

FREEZING COVERAGE ON EMERGENCY VEHICLES

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

CUSTOMIZED VEHICLE EXTENSION

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

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

DEDUCTIBLE WAIVER

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

MAXIMUM DEDUCTIBLE COMPREHENSIVE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Maximum Deductible: \$5,000

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

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

BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

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

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

SECTION I – COVERED AUTOS

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

A. Description Of Covered Auto Designation Symbols

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

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

B. Owned Autos You Acquire After The Policy Begins

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

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

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

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – LIABILITY COVERAGE

A. Coverage

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

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

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:

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

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

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

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

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

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

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

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

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

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

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

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

3. Workers' Compensation

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

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

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

This exclusion applies:

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

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

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

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

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

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

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

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

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

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

In this exclusion, your work means:

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

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

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

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

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

11. Pollution

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

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

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

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

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

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

12. War

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

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

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

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

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

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

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

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

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. **Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**

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

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and

- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

- a. **Transportation Expenses**

We will pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

- a. **Nuclear Hazard**

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

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

- 2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
- 3. We will not pay for "loss" due and confined to:
 - a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

- 4. We will not pay for "loss" to any of the following:
 - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
 - b. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed-measurement equipment.
 - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
 - d. Any accessories used with the electronic equipment described in Paragraph c. above.
- 5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto";

- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
 - c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
 - d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.
- 6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limit Of Insurance

- 1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- 2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
 - c. An integral part of such equipment.
- 3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- 4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

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

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

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

2. Duties In The Event Of Accident, Claim, Suit Or Loss

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

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
 - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
 - (4) Authorize us to obtain medical records or other pertinent information.

- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

- c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

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

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this coverage form.

2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

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

3. Liberalization

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

4. No Benefit To Bailee – Physical Damage Coverages

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

5. Other Insurance

- a. For any covered "auto" you own, this coverage form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this coverage form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this coverage form provides for the "trailer" is:
 - (1) Excess while it is connected to a motor vehicle you do not own.
 - (2) Primary while it is connected to a covered "auto" you own.
- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
- c. Regardless of the provisions of Paragraph a. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:
 - (a) A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
 - (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

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

8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION V – DEFINITIONS

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

B. "Auto" means:

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

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

C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.

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

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

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

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

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

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

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

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

- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
 - 1. A lease of premises;
 - 2. A sidetrack agreement;
 - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
 - 6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

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

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
 - J. "Loss" means direct and accidental loss or damage.
 - K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
 - 1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - 3. Vehicles that travel on crawler treads;
 - 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
 - 5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or

6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

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

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

L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

M. "Property damage" means damage to or loss of use of tangible property.

N. "Suit" means a civil proceeding in which:

- 1. Damages because of "bodily injury" or "property damage"; or
- 2. A "covered pollution cost or expense"; to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.

O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

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

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

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

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 117 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF3J1235738	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 118 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF1J1278197	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 119 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF6J1281791	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 124 2018 NISSAN ALTIMA 1N4AL3AP0JC251034 FL 125 2018 NISSAN ALTIMA 1N4AL3AP8JC249208

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 126 2018 NISSAN ALTIMA 1N4AL3AP7JC248857 FL 127 2018 NISSAN ALTIMA 1N4AL3AP2JC247163

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 128 2018 NISSAN ALTIMA 1N4AL3AP8JC248690 FL 129 2018 NISSAN ALTIMA 1N4AL3AP9JC250920

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 130 2018 NISSAN ALTIMA 1N4AL3APXJC250800 FL 131 2018 NISSAN ALTIMA 1N4AL3APXJC247136

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 132 2018 NISSAN ALTIMA 1N4AL3APXJC249226 FL 133 2018 NISSAN ALTIMA 1N4AL3AP6JC250499

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 134 2018 NISSAN ALTIMA 1N4AL3APXJC249100 FL 135 2018 NISSAN ALTIMA 1N4AL3AP8JC249855

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 136 2018 NISSAN ALTIMA 1N4AL3AP6JC248722 FL 137 2018 NISSAN ALTIMA 1N4AL3AP8JC248849

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 138 2018 NISSAN ALTIMA 1N4AL3AP7JC247286 FL 139 2018 NISSAN ALTIMA 1N4AL3AP8JC248902

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 140 2018 NISSAN ALTIMA 1N4AL3APXJC247198 FL 141 2018 NISSAN ALTIMA 1N4AL3AP4JC250646

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 142 2018 NISSAN ALTIMA 1N4AL3AP6JC248753 FL 143 2018 NISSAN ALTIMA 1N4AL3AP1JC247459

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 144 2018 NISSAN ALTIMA 1N4AL3AP1JC251091 FL 145 2018 NISSAN ALTIMA 1N4AL3AP5JC251062

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 146 2018 NISSAN ALTIMA 1N4AL3AP0JC247291 FL 147 2018 NISSAN ALTIMA 1N4AL3AP9JC250867

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 148 2018 NISSAN ALTIMA 1N4AL3AP7JC247272 FL 149 2018 NISSAN ALTIMA 1N4AL3AP9JC250450

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 150 2018 NISSAN ALTIMA 1N4AL3AP5JC249229 FL 151 2018 NISSAN ALTIMA 1N4AL3AP6JC248669

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 152 2018 NISSAN SENTRA 3N1AB7AP5JY302929 FL 153 2018 NISSAN SENTRA 3N1AB7AP2JY304105

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 154 2018 NISSAN SENTRA 3N1AB7AP1JY305472 FL 155 2018 NISSAN SENTRA 3N1AB7AP2JY304959

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 156 2018 NISSAN SENTRA 3N1AB7AP4JY300136 FL 157 2018 NISSAN SENTRA 3N1AB7AP8JY302911

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 158 2018 NISSAN SENTRA 3N1AB7AP0JY303552	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 160 2018 DODGE GRAND CARAVAN SE 2C4RDGBG3JR310343

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 161 2018 DODGE GRAND CARAVAN SE 2C4RDGBG1JR310342	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 162 2018 DODGE GRAND CARAVAN SE 2C4RDGBG8JR311908	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 198 2019 TOYOTA SIENNA 5TDZZ3DC5KS006900	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): VT INC Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609	
Designation Or Description Of "Leased Autos":	FL 208 2019 TOYOTA RAV4 2T3H1RFV4KW038921 FL 209 2019 TOYOTA RAV4 2T3H1RFV7KC017806

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): VT INC Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609	
Designation Or Description Of "Leased Autos": FL 210 2020 TOYOTA SIENNA 8 PASSENGER VAN 5TDKZ3DC2LS028419	

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

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.

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

SCHEDULE

Insurance Company: AMERICAN ALTERNATIVE INSURANCE CORPORATION	
Policy Number: GPPA-AU-4050065-02/00	Effective Date: 10-20-2019
Expiration Date: 10-20-2020	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): WARD INTERNATIONAL TRUCKS, INC Address: WARD IDEALEASE LLC AND THE OWNER(S) 2200 MICHIGAN AVE MOBILE, AL 36615	
Designation Or Description Of "Leased Autos": FL 227 2018 INTERNATIONAL 4300 1HTMMML2JH674920	

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

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.

FLORIDA CHANGES

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

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

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

A. Liability Coverage is changed as follows:

Paragraph (5) of **a. Supplementary Payments** under **Coverage Extensions** in the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms is replaced by the following:

We will pay for the "insured":

- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

B. Physical Damage Coverage is changed as follows:

1. No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.
2. All other **Physical Damage Coverage** provisions will apply.

C. Paragraph 1. of Loss Conditions, Appraisal For Physical Damage Loss, is replaced by the following:

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". Upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute in accordance with the Mediation provision contained in this endorsement. The mediation must be completed before a demand for appraisal can be made. In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and

- b. Bear the other expenses of the appraisal and umpire equally.

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

D. The General Conditions are amended as follows:

1. The following is added to the **Other Insurance** Condition in the Business Auto and Garage Coverage Forms, and **Other Insurance – Primary And Excess Provisions** Condition in the Truckers and Motor Carrier Coverage Forms:

- a. When this Coverage Form and any other Coverage Form or policy providing liability coverage applies to an "auto" and:

- (1) One provides coverage to a lessor of "autos" for rent or lease; and
- (2) The other provides coverage to a person not described in Paragraph **D.1.a.(1)**;

then the Coverage Form or policy issued to the lessor described in Paragraph **D.1.a.(1)** is excess over any insurance available to a person described in **D.1.a.(2)** if the face of the lease or rental agreement contains, in at least 10 point type, the following language:

The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by FLA. STAT. SECTION 324.021(7) and FLA. STAT. SECTION 627.736.

2. The following condition is added to the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms:

Mediation

1. In any claim filed by an "insured" with us for:
 - a. "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";

- b. "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or

- c. "Loss" to a covered "auto" or its equipment, in any amount;

either party may make a written demand for mediation of the claim prior to the institution of litigation.

2. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
3. The request must state:
 - a. Why mediation is being requested.
 - b. The issues in dispute, which are to be mediated.
4. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
5. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.
6. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

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

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

A. Paragraphs **A.2.** and **A.3.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

2. We may cancel this policy by mailing or delivering to the Named Insured written notice of cancellation, stating the reason(s) for cancellation, at least:

- a.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b.** 45 days before the effective date of cancellation if we cancel for any other reason.

3. We will mail or deliver our notice to the Named Insured's last mailing address known to us.

B. Paragraphs **A.4.** and **A.5.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

4. Notice of cancellation will state the effective date of, and reason(s) for, the cancellation. The policy period will end on that date.

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

C. The following is added to Paragraph **A.** of the Common Policy Conditions, **Cancellation**:

7. If this policy provides Personal Injury Protection, Property Damage Liability Coverage or both and:

a. It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days immediately following the effective date of the policy or renewal, except for one of the following reasons:

- (1)** The covered "auto" is completely destroyed such that it is no longer operable;
- (2)** Ownership of the covered "auto" is transferred; or
- (3)** The Named Insured has purchased another policy covering the motor vehicle insured under this policy.

b. It is a new policy, we may not cancel it during the first 60 days immediately following the effective date of the policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.

D. The following condition is added:

Nonrenewal

1. If we decide not to renew or continue this policy, we will mail you notice at least 45 days before the end of the policy period. If we offer to renew or continue and you do not accept, this policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

2. If we fail to mail proper notice of nonrenewal and you obtain other insurance, this policy will end on the effective date of that insurance.

3. Notice of nonrenewal will state the reason(s) for the nonrenewal and the effective date of nonrenewal. The policy period will end on that date.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA PERSONAL INJURY PROTECTION

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

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

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

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

Named Insured: STATE OF FLORIDA
Endorsement Effective Date: 10/20/2019

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

SCHEDULE

Any Personal Injury Protection deductible shown in the Declarations of is applicable to <input type="checkbox"/> the following "named insured" only: <div style="margin-left: 40px;"><input type="checkbox"/> each "named insured" and each dependent "family member".</div> <input type="checkbox"/> Work loss for "named insured" does not apply. <input type="checkbox"/> Work loss for "named insured" and dependent "family member" does not apply.	
Benefits	Limit Per Person
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000
Death Benefits	\$5,000
Medical Expenses	80% of medical expenses subject to the total aggregate limit and the provisions of Paragraphs D.2.a. and b. under Limit Of Insurance.
Work Loss	60% of work loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

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

1. Medical Expenses

a. All reasonable "medically necessary" expenses for medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services, including prosthetic devices. However, we will pay for these benefits only if the "insured" receives initial services and care within 14 days after the "motor vehicle" "accident" that are:

- (1) Lawfully provided, supervised, ordered or prescribed by a licensed physician, dentist or chiropractic physician;
- (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
- (3) Provided by a person or entity licensed to provide emergency transportation and treatment;

as authorized by the Florida Motor Vehicle No-fault Law.

b. Upon referral by a licensed health care provider described in Paragraph **A.1.a.(1)**, **(2)** or **(3)**, follow-up services and care consistent with the underlying medical diagnosis rendered pursuant to Paragraph **A.1.a.**, if provided, supervised, ordered or prescribed only by a licensed:

- (1) Physician, osteopathic physician, chiropractic physician or dentist; or
- (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician chiropractic physician or dentist;

as authorized by the Florida Motor Vehicle No-fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;

(4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;

(5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;

(6) A licensed physical therapist, based upon referral by a provider described in Paragraph **A.1.b.**; or

(7) A health care clinic licensed under the Florida Health Care Clinic Act:

(a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities or the Accreditation Association for Ambulatory Health Care, Inc.; or

(b) Which:

(i) Has a licensed medical director;

(ii) Has been continuously licensed for more than three years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(iii) Provides at least four of the following medical specialties:

i. General medicine;

ii. Radiography;

iii. Orthopedic medicine;

iv. Physical medicine;

v. Physical therapy;

vi. Physical rehabilitation;

vii. Prescribing or dispensing outpatient prescription medication; or

viii. Laboratory services;

as authorized by the Florida Motor Vehicle No-fault Law.

However, with respect to Paragraph **A.1.**, medical expenses do not include massage or acupuncture, regardless of the person, entity or licensee providing the massage or acupuncture;

2. Replacement Services Expenses

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

3. Work Loss

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

4. Death Benefits

B. Who Is An Insured

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

C. Exclusions

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

1. Sustained by the "named insured" or any "family member" while "occupying" any "motor vehicle" owned by the "named insured" that is not a covered "motor vehicle";
2. Sustained by any person while operating the covered "motor vehicle" without the "named insured's" expressed or implied consent;
3. Sustained by any person, if such person's conduct contributed to his or her "bodily injury" under any of the following circumstances:
 - a. Causing "bodily injury" to himself or herself intentionally; or
 - b. While committing a felony;
4. To the "named insured" or any "family member" for work loss if an entry in the Schedule or Declarations indicates that coverage for work loss does not apply;
5. To any "pedestrian", other than the "named insured" or any "family member", not a legal resident of the state of Florida;

6. To any person, other than the "named insured", if that person is the "owner" of a "motor vehicle" for which security is required under the Florida Motor Vehicle No-fault Law;

7. To any person, other than the "named insured", or any "family member", who is entitled to personal injury protection benefits from the owner of a "motor vehicle" that is not a covered "motor vehicle" under this insurance or from the "owner's" insurer; or

8. To any person who sustains "bodily injury" while "occupying" a "motor vehicle" located for use as a residence or premises.

D. Limit Of Insurance

1. Regardless of the number of persons insured, policies or bonds applicable, premiums paid, vehicles involved or claims made, the total aggregate limit of personal injury protection benefits, available under the Florida Motor Vehicle No-fault Law from all sources combined, including this Policy, for or on behalf of any one person who sustains "bodily injury" as the result of any one "accident", shall be:
 - a. \$10,000 for medical expenses, work loss and replacement services; and
 - b. \$5,000 for death benefits.
2. Subject to Paragraph **D.1.a.**, we will pay:
 - a. Up to \$10,000 for medical expenses, if a licensed physician, dentist, physician assistant or an advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-fault Law has determined that the "insured" had an "emergency medical condition"; or
 - b. Up to \$2,500 for medical expenses, if any health care provider described in Paragraph **A.1.a.** or **A.1.b.** has determined that the "insured" did not have an "emergency medical condition".
3. Any amount paid under this coverage will be reduced by the amount of benefits an injured person has been paid or is entitled to be paid for the same elements of "loss" under any workers' compensation law.

4. If personal injury protection benefits, under the Florida Motor Vehicle No-fault Law, have been received from any insurer for the same elements of loss and expense benefits available under this Policy, we will not make duplicate payments to or for the benefit of the injured person. The insurer paying the benefits shall be entitled to recover from us its pro rata share of the benefits paid and expenses incurred in handling the claim.
5. The deductible amount shown in the Schedule will be deducted from the total amount of expenses and losses listed in Paragraphs **A.1.**, **A.2.** and **A.3.** of this endorsement before the application of any percentage limitation for each "insured" to whom the deductible applies. The deductible does not apply to the death benefit.
6. Any amount paid under this coverage for medical expenses shall be limited by the medical fee schedule prescribed by the Florida Motor Vehicle No-fault Law.

E. Changes In Conditions

The **Conditions** are changed for **Personal Injury Protection** as follows:

1. Duties In The Event Of Accident, Claim, Suit Or Loss is replaced by the following:

Compliance with the following duties is a condition precedent to receiving benefits:

In the event of an "accident", the "named insured" must give us or our authorized representative prompt written notice of the "accident".

If any injured person or his or her legal representative institutes a legal action to recover damages for "bodily injury" against a third party, a copy of the summons, complaint or other process served in connection with that legal action must be forwarded to us as soon as possible by the injured person or his or her legal representative.

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

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

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

Legal Action Against Us

- a. No legal action may be brought against us until there has been full compliance with all terms of this Policy. In addition, no legal action may be brought against us:
 - (1) Until the claim for benefits is overdue in accordance with Paragraph **F.2.** of this endorsement; and
 - (2) Until we are provided with a demand letter in accordance with the Florida Motor Vehicle No-fault Law sent to us via U.S. certified or registered mail; and
 - (3) With respect to the overdue claim specified in the demand letter, if, within 30 days of receipt of the demand letter, we:
 - (a) Pay the overdue claim; or
 - (b) Agree to pay for future treatment not yet rendered;

in accordance with the requirements of the Florida Motor Vehicle No-fault Law.
- b. If legal action is brought against us, all claims related to the same health care provider or facility shall be brought in a single action, unless good cause can be shown why such claims should be brought separately.

3. Transfer Of Rights Of Recovery Against Others To Us is replaced by the following:

Transfer Of Rights Of Recovery Against Others To Us

Unless prohibited by the Florida Motor Vehicle No-fault Law, in the event of payment to or for the benefit of any injured person under this coverage:

- a. We will be reimbursed for those payments, not including reasonable attorneys' fees and other reasonable expenses, from the proceeds of any settlement or judgment resulting from any right of recovery of the injured person against any person or organization legally responsible for the "bodily injury" from which the payment arises. We will also have a lien on those proceeds.
- b. If any person to or for whom we pay benefits has rights to recover benefits from another, those rights are transferred to us. That person must do everything necessary to secure our rights and must do nothing after loss to impair them.
- c. The insurer providing personal injury protection benefits on a private passenger "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, shall be entitled to reimbursement to the extent of the payment of personal injury protection benefits from the "owner" or the insurer of the "owner" of a commercial "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, if such injured person sustained the injury while "occupying", or while a "pedestrian" through being struck by, such commercial "motor vehicle". However, such insurer's right of reimbursement under this Paragraph c. does not apply to an "owner" or registrant of a "motor vehicle" used as a taxicab.

4. Concealment, Misrepresentation Or Fraud is replaced by the following:

Concealment, Misrepresentation Or Fraud

We do not provide coverage under this endorsement for an "insured" if that "insured" has committed, by a material act or omission, insurance fraud relating to personal injury protection coverage under this form, if fraud is admitted to in a sworn statement by the "insured" or if the fraud is established in a court of competent jurisdiction. Any insurance fraud voids all personal injury protection coverage arising from the claim with respect to the "insured" who committed the fraud. Any benefits paid prior to the discovery of the fraud are recoverable from that "insured".

5. Policy Period, Coverage Territory is replaced by the following:

Policy Period, Coverage Territory

The insurance under this section applies only to "accidents" which occur during the policy period:

- a. In the state of Florida;
- b. As respects the "named insured" or any "family member", while "occupying" the covered "motor vehicle" outside the state of Florida but within the United States of America, its territories or possessions or Canada; and
- c. As respects the "named insured", while "occupying" a "motor vehicle" of which a "family member" is the "owner" and for which security is maintained under the Florida Motor Vehicle No-fault Law outside the state of Florida but within the United States of America, its territories or possessions or Canada.

F. Additional Conditions

The following conditions are added:

1. Mediation

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

- f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

2. Payment Of Benefits

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

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

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

3. Modification Of Policy Coverages

Any Automobile Medical Payments Coverage and any Uninsured Motorists Coverage afforded by the Policy shall be excess over any personal injury protection benefits paid or payable.

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

**4. Medical Reports And Examinations;
Payment Of Claim Withheld**

As soon as practicable, the person making the claim shall submit to mental and physical examinations at our expense when and as often as we may reasonably require and a copy of the medical report shall be forwarded to such person if requested. If the person unreasonably refuses to submit to, or fails to appear at, an examination, we will not be liable for subsequent personal injury protection benefits. Such person's refusal to submit to, or failure to appear at, two examinations, raises a rebuttable presumption that such person's refusal or failure was unreasonable.

Whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony, we shall withhold benefits until, at the trial level, the prosecution makes a formal entry on the record that it will not prosecute the case against the person, the charge is dismissed or the person is acquitted.

5. Provisional Premium

In the event of any change in the rules, rates, rating plan, premiums or minimum premiums applicable to the insurance afforded, because of an adverse judicial finding as to the constitutionality of any provisions of the Florida Motor Vehicle No-fault Law providing for the exemption of persons from tort liability, the premium stated in the Declarations for any Liability, Medical Payments and Uninsured Motorists insurance shall be deemed provisional and subject to recomputation. If this Policy is a renewal policy, such recomputation shall also include a determination of the amount of any return premium previously credited or refunded to the "named insured" pursuant to the Florida Motor Vehicle No-fault Law with respect to insurance afforded under a previous policy.

If the final premium thus recomputed exceeds the premium shown in the Declarations, the "named insured" shall pay to us the excess as well as the amount of any return premium previously credited or refunded.

6. Special Provisions For Rented Or Leased Vehicles

Notwithstanding any provision of this coverage to the contrary, if a person is injured while "occupying", or through being struck by, a "motor vehicle" rented or leased under a rental or lease agreement which does not specify otherwise in language required by FLA. STAT. SECTION 627.7263(2) in at least 10-point type on the face of the agreement, the personal injury protection benefits available under the Florida Motor Vehicle No-fault Law and afforded under the lessor's policy shall be primary.

7. Insured's Right To Personal Injury Protection Information

- a. In a dispute between us and an "insured", or between us and an assignee of the "insured's" personal injury protection benefits, we will, upon request, notify such "insured" or assignee that the limits for Personal Injury Protection have been reached. We will provide such information within 15 days after the limits for Personal Injury Protection have been reached.
- b. If legal action is commenced, we will, upon request, provide an "insured" with a copy of a log of personal injury protection benefits paid by us on behalf of the "insured". We will provide such information within 30 days of receipt of the request for the log from the "insured".

G. Additional Definitions

As used in this endorsement:

- 1. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - a. Serious jeopardy to "insured's" health;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ part.

2. "Motor vehicle" means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of Florida and any trailer or semitrailer designed for use with such vehicle.

However, "motor vehicle" does not include:

- a. A mobile home;
 - b. Any "motor vehicle" which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.
3. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the same household as the "named insured".
4. "Named insured" means the person or organization named in the Declarations of the Policy and, if an individual, shall include the spouse if a resident of the same household.
5. "Occupying" means in or upon or entering into or alighting from.
6. "Owner" means a person or organization who holds the legal title to a "motor vehicle" and also includes:
- a. A debtor having the right to possession, in the event a "motor vehicle" is the subject of a security agreement;

- b. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease with option to purchase and such lease agreement is for a period of six months or more; and

- c. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease without option to purchase, and such lease is for a period of six months or more, and the lease agreement provides that the lessee shall be responsible for securing insurance.

7. "Pedestrian" means a person while not an occupant of any self-propelled vehicle.

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

- a. In accordance with generally accepted standards of medical practice;
- b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
- c. Not primarily for the convenience of the patient, physician or other health care provider.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE – FIRE, POLICE AND EMERGENCY VEHICLES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

Physical Damage Coverage is changed as follows:

- A.** The exclusion relating to Audio, Visual and Data Electronic Equipment in Paragraphs **B.4.c.** and **B.4.d.** of the Business Auto and **B.2.c.** and **B.2.d.** of the Business Auto Physical Damage Coverage Forms does not apply to any equipment that is installed in or upon a covered "auto" which is:
1. Owned by a police or fire department;
 2. Equipped as an emergency vehicle and owned by a political body or any of its agencies; or
 3. Equipped as an emergency vehicle and owned by a volunteer fire department, volunteer rescue squad or volunteer ambulance corps.
- B.** For covered "autos" described above, the **Limit Of Insurance** provision in Paragraph **C.2.** does not apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROFESSIONAL SERVICES NOT COVERED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

LIABILITY COVERAGE is changed by adding the following exclusions:

This insurance does not apply to:

1. "Bodily injury" resulting from the providing or the failure to provide any medical or other professional services.
2. "Bodily injury" resulting from food or drink furnished with these services.
3. "Bodily injury" or "property damage" resulting from the handling of corpses.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUBLIC TRANSPORTATION AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

LIABILITY COVERAGE for a covered "auto" licensed or used to transport the public is changed as follows:

The CARE, CUSTODY OR CONTROL exclusion does not apply to "property damage" to or "covered pollution cost or expense" involving property of the "insured's" passengers while such property is carried by the covered "auto".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

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

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

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.
3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

E. Changes In Conditions

The Conditions are changed for Auto Medical Payments Coverage as follows:

1. The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply.
2. The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance – Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FIRE, FIRE AND THEFT, FIRE, THEFT AND
WINDSTORM AND LIMITED SPECIFIED CAUSES
OF LOSS COVERAGES**

This endorsement modifies insurance provided under the following:

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

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

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

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Coverages	Designation or Description of Covered "Autos" to which this coverage applies	Limit of Insurance	Premium
Fire		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Fire and Theft		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Fire, Theft and Windstorm		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Limited Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the "autos" shown as covered "autos".
- B. We will pay for "loss" to a covered "auto" or its equipment under:
 - 1. Fire Coverage. Caused by:
 - a. Fire, lightning or explosion; or
 - b. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".



2. Fire and Theft Coverage. Caused by:

- a. Fire, lightning or explosion;
- b. Theft; or
- c. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

3. Fire, Theft and Windstorm Coverage. Caused by:

- a. Fire, lightning or explosion;
- b. Theft;
- c. Windstorm, hail or earthquake; or
- d. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

4. Limited Specified Causes of Loss Coverage. Caused by:

- a. Fire, lightning or explosion; or
- b. Theft; or
- c. Windstorm, hail or earthquake; or
- d. Flood; or
- e. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

C. The policy's PHYSICAL DAMAGE COVERAGE provisions apply to the coverage indicated in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GOVERNMENTAL BODIES AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

Any land motor vehicle or "trailer" you own or lease that is designed for travel on public roads is an "auto" and not "mobile equipment" if the sole reason for considering it "mobile equipment" is such vehicle is used solely on roads you own.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STATED AMOUNT INSURANCE

This endorsement modifies insurance provided under the following:

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

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

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

Named Insured:
Endorsement Effective Date:

SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
SEE SCHEDULE		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
Total Premium			\$

NOTE:

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
SEE SCHEDULE		

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".
- B.** For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

Limit Of Insurance

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
 - c. The Limit of Insurance shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

C. Deductible

1. For each covered "auto", our obligation to pay:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule;
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule; or
 - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

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

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

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
 - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
 - C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.
 - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO, MOTOR CARRIER AND TRUCKERS COVERAGE FORMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

A. Liability Coverage is changed as follows:

1. Paragraph **a.** of the **Pollution** Exclusion applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

B. Changes In Definitions

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

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

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

- a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

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

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

Symbol		Description Of Covered Auto Designation Symbols
For use with the Business Auto Physical Damage Coverage Form		
7	=	
For use with the Motor Carrier Coverage Form		
72	=	
73	=	

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

COMMON POLICY CHANGE ENDORSEMENT

Named Insured: STATE OF FLORIDA

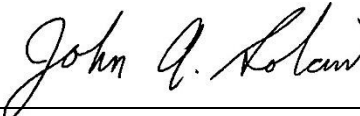
Effective Date: 10-20-2019
12:01 A.M., Standard Time

Agency Name: Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverage, increase rates or deductible or alter any terms or conditions of coverage unless at the sole request of the insured.	
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by <input checked="" type="checkbox"/> below.	
	Property
	Crime
	Inland Marine
X	Auto
	General Liability
	Public Officials and Management Liability

The following item(s):			
	Insured's Name		Insured's Mailing Address
	Policy Number		Company
	Effective/Expiration Date		Insured's Legal Status/Business of Insured
	Payment Plan		Premium Determination
	Additional Interested Parties		Coverage Forms and Endorsements
	Limits/Exposures		Deductibles
	Covered Property/Location Description		Classification/Class Codes
	Rates		Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:
SEE NEXT PAGE

The above amendments result in a change in the premium as follows:			
This premium does not include taxes and surcharges.			
X NO CHANGES	<input type="checkbox"/>	ADDITIONAL	RETURN
Tax and Surcharge Changes (not applicable in NY or CA)			
Additional		Return	
Countersigned By:  (Authorized Agent) 			

POLICY CHANGES ENDORSEMENT DESCRIPTION

ANY AUTO EXCEPT AUTOS OWNED, NON-OWNED OR HIRED BY THE STATE OF FLORIDA'S OWNED ENTITIES, DEPARTMENTS, OPERATIONS AND/OR SUBSIDIARIES, NOT SHOWN ON THE SCHEDULE OF NAMED INSUREDS. THE STATE OF FLORIDA IS AN INSURED ONLY WITH RESPECT TO THEIR INTEREST IN THE AUTOS OWNED, NON-OWNED OR HIRED BY THE OWNED ENTITIES SHOWN ON THE SCHEDULE OF NAMED INSUREDS.

REMOVAL PERMIT

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

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

**FLORIDA NOTICE TO
POLICYHOLDERS**

CUSTOMER ASSISTANCE

Attach This Notice To Your Policy

This notice is for information only and does not alter the terms or conditions of the policy to which it is attached.

To obtain information or make a complaint:

You may call the following American Alternative Insurance Corporation toll-free number to present inquiries, obtain information or make a complaint:

1-800-305-4954

CLAIM REPORTING

Successful claim handling begins with prompt notification. Incidents that will or might give rise to a claim should be immediately reported to your agent. The agent will relay pertinent information to Glatfelter Claims Management, Inc. (GCM). Minimum information needed is:

- Name and telephone number of insured contact person.
- Date, time and location of the accident or incident.
- Description of how the incident occurred.
- Description of the vehicle or property involved.
- Description of the damage and/or injuries.
- Description of any other automobiles, property, persons and witnesses involved, including addresses and telephone numbers, if available.
- If known, the name and incident report number of the responding police department or other authority.

Do not delay reporting an incident to your agent waiting on information such as a police report, repair estimate, or other claim details. When additional information is obtained, it should be promptly reported to your agent or the claim handler assigned by GCM.

Should a claim arise, some important points to remember are:

- Provide assistance to injured persons.
- Protect property from further damage.
- Do not divulge information to anyone other than the assigned claim handler or GCM's authorized representative.
- If a lawsuit is filed, contact your agent immediately who will transmit copies to GCM.

If an after-hours emergency should arise, please contact our office for assistance.

Glatfelter Claims Management, Inc.
P.O. Box 5126
York, PA 17405
Telephone: (800) 233-1957
Claims Fax: (717) 747-7051
E-Mail: claims@glatfelters.com

License Number: 2D89880 (California only)

Glatfelter Claims Management, Inc., a division of Glatfelter Insurance Group, is a wholly owned, third-party claims administrator charged with the handling of claims for Glatfelter Public Practice, on behalf of American Alternative Insurance Corporation.

Glatfelter
Public
PracticeSM

A Division of Glatfelter Insurance Group

(800) 233-1957

www.GlatfelterPublicPractice.com

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.

- UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

SECTION A

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select lower limits offered by the company, or reject Uninsured Motorist coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy:

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL/EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I reject Uninsured Motorist coverage entirely.
- I select Uninsured Motorist limits equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- I select the following Uninsured Motorist coverage limit(s) listed below which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits below.

SPLIT LIMITS

- \$10,000 per person/\$20,000 per accident
- \$25,000 per person/\$50,000 per accident
- \$50,000 per person/\$100,000 per accident
- \$100,000 per person/\$300,000 per accident
- \$250,000 per person/\$500,000 per accident
- \$500,000 per person/\$1,000,000 per accident

COMBINED SINGLE LIMIT

- \$20,000 per accident
- \$50,000 per accident
- \$100,000 per accident
- \$250,000 per accident
- \$300,000 per accident
- \$500,000 per accident
- \$1,000,000 per accident

I understand and agree the selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the Insurance Company or my agent know in writing.

Applicant's Signature
Date
Effective Date

SECTION B

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.
 - Combined Single Limit \$
 - Combined Single Limit \$ each Person
 - \$ each Accident
- I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage

Applicant's Signature
Date
Effective Date

SECTION C

ELECTION OF NON-STACKED OR STACKED* UNINSURED MOTORIST COVERAGE

(Do not complete if you have rejected Uninsured Motorist Coverage)

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATIONS PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- I hereby elect the non-stacked form of Uninsured Motorist coverage.
- I hereby elect the **stacked*** form of Uninsured Motorist coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorists limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form)

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the Insurance Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date

If you have any questions, please contact your independent insurance advisor.

***If you are not an individual, stacking of Uninsured Motorist coverage is not available.**

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/001

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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 \$ -4,004.00
- 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	Return \$ -4,004.00
-------------------------------------	--	------------	---------------------

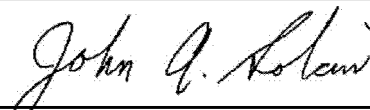
Tax and Surcharge Changes

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-4050065-02/001

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDITIONAL INSURED LESSOR) HAS BEEN DELETED FROM VEHICLE # 130:

ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS MO USA 63105

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 13 HAS BEEN CHANGED FROM 1FDFF4FSXGDC3441 TO 1FDFF4FSXGDC34415.

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0130 - FL 2018 NISSAN ALTIMA VIN# 1N4AL3APXJC250800

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0187 - FL 2019 FORD VIN# 1FTBW1DM1KA70799

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0248 - FL 2017 TOYOTA VIN# 4T1BF1FK6HU376045

THE FOLLOWING FORM(S) HAS BEEN DELETED:

CA 99 54 07-97 COVERED AUTO DESIGNATION SYMBOL
GCO400 01-09 AUTO - COMMON POLICY CHANGE ENDORSEMENT

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-4050065-02/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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

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, #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-4050065-02/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/001

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/001
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 13

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2015

Use: Service

Make: FORD E-450

Class Code: 214990

Model: SERVICE

State: FL

V.I.N.: 1FDFF4FSXGDC34415 [Correct VIN updated](#)

Territory: 123

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

ACV

\$ 500

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

ACV

\$ 500

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

Vehicle # 130

Insured's #:

Vehicle Is: DELETED:

Insured Entity: **DCF**

Year: 2018

Use:

Make: **NISSAN ALTIMA**

Class Code: 739800

Model:

State: FL

V.I.N.: **1N4AL3APXJC250800**

Territory: 181

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

-818.00 R/P

Personal Injury Protection (PIP)

See Endorsement

-33.00 R/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

-14.00 R/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage — Comprehensive

ACV

\$ 500

-31.00 R/P

Physical Damage — Specified Causes of Loss

Physical Damage — Collision

ACV

\$ 500

-116 R/P

Physical Damage — Towing and Labor

Other Auto Coverages

Total:

-1012.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/001
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 187

Insured's #:

Vehicle Is: DELETED:

Insured Entity: **USF**

Year: 2019

Use:

Make: FORD

Class Code: 739800

Model: TRANSIT

State: FL

V.I.N.: 1FTBW1DM1KA70799

Territory: 107

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		-1280.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-62.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-14.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage — Comprehensive	ACV	\$ 500	-45.00 R/P
Physical Damage — Specified Causes of Loss			
Physical Damage — Collision	ACV	\$ 500	-135 R/P
Physical Damage — Towing and Labor			
Other Auto Coverages			
Total:			-1536.00 R/P

Vehicle # 248

Insured's #: FAU

Vehicle Is: DELETED:

Insured Entity: **FAU**

Year: 2017

Use:

Make: TOYOTA

Class Code: 739800

Model: CAMRY LE/XLE/SE/XSE

State: FL

V.I.N.: 4T1BF1FK6HU376045

Territory: 120

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		-1195.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-85.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-14.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage — Comprehensive	ACV	\$ 500	-37.00 R/P
Physical Damage — Specified Causes of Loss			
Physical Damage — Collision	ACV	\$ 500	-125 R/P
Physical Damage — Towing and Labor			
Other Auto Coverages			
Total:			-1456.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/002

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-05-19
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 \$ -3,318.00
- 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	Return \$ -3,318.00
-------------------------------------	--	------------	---------------------

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-4050065-02/002

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-05-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0006 - FL 2013 TOYOTA SIENNA VAN VIN#
5TDZK3DC6DS350890 LOCATED AT FAMU

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0007 - FL 2013 TOYOTA SIENNA VAN VIN#
5TDZK3DC2CS273708 LOCATED AT FAMU

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0008 - FL 2013 NISSAN ALTIMA VIN# 1N4AL3AP2DC284797
LOCATED AT FAMU

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: 11-05-19
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

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, #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-4050065-02/002

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-05-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/002

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-05-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/002

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-05-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/002
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 6 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-974.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-22.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-76 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1108.00 R/P

Vehicle # 7 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-974.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-22.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-76 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1108.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/002
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 8 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-974.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 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	-72 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1102.00 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-4050065-02/003

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
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 \$ -657.00
- 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:
0009 - FL 2015 INTERNATIONAL 4300 VIN#
3HAMMMML9FL036813 LOCATED AT FAMU

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 \$	-657.00
-------------------------------------	--	------------	-----------	---------

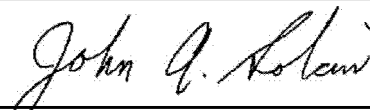
Tax and Surcharge Changes

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: 11-06-19
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

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, #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-4050065-02/003

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/003

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/003

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/003
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 9 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-523.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-10.00 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	-30.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-89 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-657.00 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-4050065-02/004**

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-03-19
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 \$ 1,370.00
- 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:
0253 - FL 2019 TOYOTA VIN# 5TFDM5F1KX083840 LOCATED AT ST
LUCIE COUNTY UNIVERSITY OF FLORIDA

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0254 - FL 2019 TOYOTA VIN# 5TFDM5F13KX083856 LOCATED AT ST
LUCIE COUNTY UNIVERSITY OF FLORIDA

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

This premium does not include taxes and surcharges.

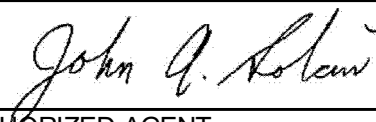
No Changes To be Adjusted at Audit Additional \$ 1,370.00 Return

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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/004

COMMON POLICY CHANGE ENDORSEMENT

Policy Period: From 10-20-2019
To 10-20-2020

Named Insured STATE OF FLORIDA

Effective Date: 12-03-19

Agency Name Glatfelter Underwriting Services, Inc.

12:01 A.M., Standard Time

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

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: 12-03-19
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 #9863

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, #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-4050065-02/004

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-03-19

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

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/004

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-03-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/004

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-03-19
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

FLORIDA POLYTECHNIC UNIVERSTIY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/004
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 253

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use: Service

Make: TOYOTA

Class Code: 014990

Model: TUNDRA

State: FL

V.I.N.: 5TFDM5F1XKX083840

Territory: 158

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		563.00 A/P
Personal Injury Protection (PIP)	See Endorsement		14.00 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	39.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	65 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			685.00 A/P

Vehicle # 254

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use: Service

Make: TOYOTA

Class Code: 014990

Model: TUNDRA

State: FL

V.I.N.: 5TFDM5F13KX083856

Territory: 158

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		563.00 A/P
Personal Injury Protection (PIP)	See Endorsement		14.00 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	39.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	65 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			685.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/005

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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 \$ -154.00
- 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 GARAGING LOCATION OF VEHICLE #194 HAS BEEN CHANGED FROM SARASOTA, FL TO BRADENTON, FL.

THE GARAGING LOCATION OF VEHICLE #195 HAS BEEN CHANGED FROM TALLAHASSEE, FL TO SARASOTA, FL.

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 \$	-154.00
-------------------------------------	--	------------	-----------	---------

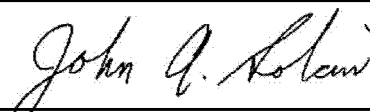
Tax and Surcharge Changes

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: 10-20-19

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

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, #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-4050065-02/005

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/005

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/005

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/005
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 194 Insured's #:
Vehicle Is: CHANGED: Insured Entity:

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

Use:
Class Code: 739800
State: FL
Territory: 143

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		68.00 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		
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-6 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			68.00 A/P

Vehicle # 195 Insured's #:
Vehicle Is: CHANGED: Insured Entity:

Year: 2019
Make: CHEVROLET
Model: MALIBU
V.I.N.: 1G1ZC5ST4KF209687
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		-226.00 R/P
Personal Injury Protection (PIP)	See Endorsement		23.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-2.00 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:			-222.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/006

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
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 \$ -1,057.00
- 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:
0027 - FL 2002 CHEVY MALIBU VIN# 1G1ND52J62M669570
LOCATED AT 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 \$ -1,057.00
-------------------------------------	--	------------	---------------------

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: 11-06-19
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

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, #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-4050065-02/006

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/006

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/006

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-06-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/006
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 27 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-971.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-10.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-40 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1057.00 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-4050065-02/007

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-26-19
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 \$ -3,102.00
- 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	Return \$ -3,102.00
-------------------------------------	--	------------	---------------------

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-4050065-02/007

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-26-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0049 - FL 2006 FORD E150 ECONOLINE VAN VIN#
1FMRE11W76HA80310 LOCATED AT JAC

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0050 - FL 2005 HONDA CIVIC LX VIN# JHMES16575S007207
LOCATED AT JAC

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0051 - FL 2004 FORD TAURUS VIN# 1FAFP53U94A173054
LOCATED AT JAC

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0062 - FL 2005 HONDA CIVIC LX VIN# 2HGES16595H607849
LOCATED AT JAC

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: 11-26-19
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

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, #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-4050065-02/007

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-26-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/007

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-26-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/007

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-26-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/007
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 49
Vehicle Is: DELETED:
Insured's #:
Insured Entity:
Year: 2006
Make: FORD E150 ECONOLINE VAN
Model: SERVICE
V.I.N.: 1FMRE11W76HA80310
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-733.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-18.00 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	-19.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-38 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-813.00 R/P

Vehicle # 50
Vehicle Is: DELETED:
Insured's #:
Insured Entity:
Year: 2005
Make: HONDA CIVIC LX
Model:
V.I.N.: JHMES16575S007207
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-728.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-43.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-11.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-34 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-829.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/007
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 51 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-736.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-45.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-10.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-31 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-835.00 R/P

Vehicle # 62 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-540.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-33.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-9.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-30 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-625.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/008

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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 \$ 4,627.00
- 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 \$ 4,627.00	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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/008

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VEHICLE # 255:
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN CT USA 06473

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0255 - FL 2020 CHEVY VIN# 1GNSKAKC9LR206828 LOCATED AT THE
FL DEPT OF HEALTH

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0256 - FL 2020 TOYOTA VIN# JTDDPRAE0L1079630 LOCATED AT
FLORIDA ATLANTIC UNIVERSITY

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0257 - FL 2020 TOYOTA VIN# JTDDPRAE0L1080938 LOCATED AT
FLORIDA ATLANTIC UNIVERSITY

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0258 - FL 2020 TOYOTA VIN# JTDDPRAE0L1081690 LOCATED AT
FLORIDA ATLANTIC UNIVERSITY

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-4050065-02/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

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, #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-4050065-02/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/008

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/008
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 255 Insured's #: DOH
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:
Make: CHEVY Class Code: 739800
Model: TAHOE State: FL
V.I.N.: 1GNSKAKC9LR206828 Territory: 123
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		852.00 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		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	33.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	125 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1042.00 A/P

Vehicle # 256 Insured's #: FAU
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:
Make: TOYOTA Class Code: 739800
Model: COROLLA State: FL
V.I.N.: JTDDPRAE0L1079630 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		999.00 A/P
Personal Injury Protection (PIP)	See Endorsement		46.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	26.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	112 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1195.00 A/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/008
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 257 Insured's #: FAU
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:
Make: TOYOTA Class Code: 739800
Model: COROLLA State: FL
V.I.N.: JTDDPRAE0L1080938 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		999.00 A/P
Personal Injury Protection (PIP)	See Endorsement		46.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	26.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	112 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1195.00 A/P

Vehicle # 258 Insured's #: FAU
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:
Make: TOYOTA Class Code: 739800
Model: COROLLA State: FL
V.I.N.: JTDDPRAE0L1081690 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		999.00 A/P
Personal Injury Protection (PIP)	See Endorsement		46.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	26.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	112 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1195.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/009

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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 \$ 1,260.00
- 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:
0259 - FL 2020 CHEVROLET VIN# 1GNERFKW3L181729 LOCATED AT JAC

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 \$ 1,260.00	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: 12-23-19
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

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, #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-4050065-02/009

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/009

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/009

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/009
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 259 Insured's #: JAC

Vehicle Is: ADDED: Insured Entity:

Year: 2020

Make: CHEVROLET

Model: TRAVERSE LS FWD

V.I.N.: 1GNERFKW3L181729

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		1021.00 A/P
Personal Injury Protection (PIP)	See Endorsement		61.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	37.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	129 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1260.00 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-4050065-02/010

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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 \$ -1,260.00
- 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)}**

ENDORSEMENT # 9, EFFECTIVE 12/23/2019, IS HEREBY DECLARED NULL AND VOID.

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 \$ -1,260.00
-------------------------------------	--	------------	---------------------

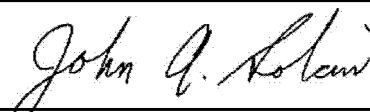
Tax and Surcharge Changes

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: 12-23-19
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

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, #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-4050065-02/010

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/010

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/010

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/010
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 259 Insured's #: JAC

Vehicle Is: DELETED: Insured Entity:

Year: 2020

Make: CHEVROLET

Model: TRAVERSE LS FWD

V.I.N.: 1GNERFKW3L181729

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1021.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-61.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-12.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-37.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-129 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1260.00 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-4050065-02/011

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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 \$ -4,627.00
- 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)}**

ENDORSEMENT # 8, EFFECTIVE 12/19/2019, IS HEREBY DECLARED NULL AND VOID.

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 \$ -4,627.00
-------------------------------------	--	------------	---------------------

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-4050065-02/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

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, #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-4050065-02/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Policy Number
GPPA-AU-4050065-02/011

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/011
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 255 Insured's #: DOH
Vehicle Is: DELETED: Insured Entity:

Year: 2020 Use:
Make: CHEVY Class Code: 739800
Model: TAHOE State: FL
V.I.N.: 1GNSKAKC9LR206828 Territory: 123
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-852.00 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		-12.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-33.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-125 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1042.00 R/P

Vehicle # 256 Insured's #: FAU
Vehicle Is: DELETED: Insured Entity:

Year: 2020 Use:
Make: TOYOTA Class Code: 739800
Model: COROLLA State: FL
V.I.N.: JTDDPRAE0L1079630 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-999.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-46.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-12.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-26.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-112 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1195.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/011
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 257 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2020

Make: TOYOTA

Model: COROLLA

V.I.N.: JTDDPRAE0L1080938

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-999.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-46.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-12.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-26.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-112 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1195.00 R/P

Vehicle # 258 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2020

Make: TOYOTA

Model: COROLLA

V.I.N.: JTDDPRAE0L1081690

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-999.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-46.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-12.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-26.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-112 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1195.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/012

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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 \$ 1,042.00
- 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 \$ 1,042.00	Return
-------------------------------------	--	------------------------	--------

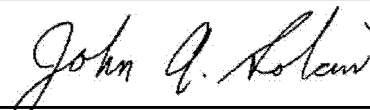
Tax and Surcharge Changes

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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/012

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VEHICLE # 255:

ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN CT USA 06473

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0255 - FL 2020 CHEVY VIN# 2GNSKAKC9LR206828 LOCATED AT FL
DEPT OF HEALTH

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: 12-19-19
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

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, #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-4050065-02/012

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/012

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/012

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/012
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 255 Insured's #: FAU

Vehicle Is: ADDED: Insured Entity:

Year: 2020

Make: CHEVY

Model: TAHOE

V.I.N.: 2GNSKAKC9LR206828

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		852.00 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		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	33.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	125 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1042.00 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-4050065-02/013

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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 \$ 3,585.00
- 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 \$ 3,585.00	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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/013

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0256 - FL 2020 TOYOTA VIN# JTDDPRAE0LJ079630 LOCATED AT FAU

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0257 - FL 2020 TOYOTA VIN# JTDDPRAE0L1080938 LOCATED AT FAU

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0258 - FL 2020 TOYOTA VIN# JTDDPRAE0L1081690 LOCATED AT FAU

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: 12-19-19
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

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, #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-4050065-02/013

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/013

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/013

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-19-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/013
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 255

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2020

Use:

Make: CHEVY

Class Code: 739800

Model: TAHOE

State: FL

V.I.N.: 2GNSKAKC9LR206828

Territory: 123

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 256

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: TOYOTA

Class Code: 739800

Model: COROLLA

State: FL

V.I.N.: JTDDPRAE0LJ079630

Territory: 120

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

999.00 A/P

Personal Injury Protection (PIP)

See Endorsement

46.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

12.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

26.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

112 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

1195.00 A/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/013
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 257 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: TOYOTA
Model: COROLLA
V.I.N.: JTDDPRAE0L1080938
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		999.00 A/P
Personal Injury Protection (PIP)	See Endorsement		46.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	26.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	112 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1195.00 A/P

Vehicle # 258 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: TOYOTA
Model: COROLLA
V.I.N.: JTDDPRAE0L1081690
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		999.00 A/P
Personal Injury Protection (PIP)	See Endorsement		46.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	26.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	112 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1195.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/014

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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 \$ 1,260.00
- 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:
0259 - FL 2020 CHEVROLET VIN# 1GNERFKW3LJ181729 LOCATED AT JAC

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.

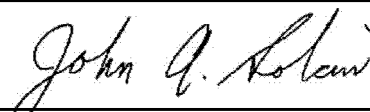
<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 1,260.00	Return
-------------------------------------	--	------------------------	--------

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: 12-23-19
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

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, #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-4050065-02/014

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/014

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/014

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-23-19
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

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/014
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 259

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: CHEVROLET

Class Code: 739800

Model: TRAVERSE LS FWD

State: FL

V.I.N.: 1GNERFKW3LJ181729

Territory: 119

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

1021.00 A/P

Personal Injury Protection (PIP)

See Endorsement

61.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

12.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

37.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

129 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

1260.00 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-4050065-02/015

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20
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 \$ 248.00
- 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 \$ 248.00	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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/015

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20

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 CHANGED FROM:

FLORIDA POLYTECHNIC UNIVERSTIY

TO:

FLORIDA POLYTECHNIC UNIVERSITY

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0003 - FL 2017 CHEVROLET MALIBU LS VIN#
1G1ZC5ST6HF264439 LOCATED AT DFS

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0260 - FL 2016 CHEVROLET VIN# 2G1WA5E38G1101849 LOCATED AT
DFS

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-4050065-02/015

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20
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

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, #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-4050065-02/015

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/015

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/015

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/015
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 3 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2017
Make: CHEVROLET MALIBU LS
Model:
V.I.N.: 1G1ZC5ST6HF264439
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-790.00 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		-11.00 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	-83 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-923.00 R/P

Vehicle # 260 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2016
Make: CHEVROLET
Model: IMPALA
V.I.N.: 2G1WA5E38G1101849
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		992.00 A/P
Personal Injury Protection (PIP)	See Endorsement		48.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		11.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	32.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	88 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1171.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/016

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20
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 \$ 2,684.00
- 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 \$ 2,684.00	Return
-------------------------------------	--	------------------------	--------

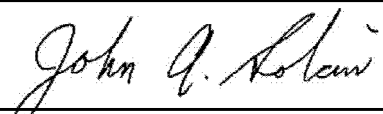
Tax and Surcharge Changes

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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/016

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0261 - FL 2020 FORD VIN# 3FA6P0G73LR104047 LOCATED AT JAC

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0262 - FL 2020 FORD VIN# 3FA6P0G76LR104236 LOCATED AT JAC

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0263 - FL 2019 FORD VIN# 2FMGK5B88KBA17893 LOCATED AT JAC

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: 01-10-20
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

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, #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-4050065-02/016

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/016

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

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

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/016

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-10-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/016
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 261 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: FUSION
V.I.N.: 3FA6P0G73LR104047
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		741.00 A/P
Personal Injury Protection (PIP)	See Endorsement		45.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		11.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	19.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	76 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			892.00 A/P

Vehicle # 262 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: FUSION
V.I.N.: 3FA6P0G76LR104236
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		741.00 A/P
Personal Injury Protection (PIP)	See Endorsement		45.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		11.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	19.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	76 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			892.00 A/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/016
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 263

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use:

Make: FORD

Class Code: 739800

Model: FLEX

State: FL

V.I.N.: 2FMGK5B88KBA17893

Territory: 158

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

741.00 A/P

Personal Injury Protection (PIP)

See Endorsement

45.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

11.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

24.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

79 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

900.00 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-4050065-02/017

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-16-20
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 \$ -1,958.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

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

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

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0042 - FL 2006 CHEVY CHAMPION BUS VIN#
1GBG5V1246F421713 LOCATED AT THE HSMV

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 \$ -1,958.00
-------------------------------------	--	------------	---------------------

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: 01-16-20
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

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, #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-4050065-02/017

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-16-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/017

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-16-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/017

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-16-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/017
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 42 Insured's #:
Vehicle Is: DELETED: Insured Entity:

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

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1781.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-52.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-19.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-47.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-59 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1958.00 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-4050065-02/018

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20
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 WAIVED
- 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.

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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/018

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20

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 DELETED FROM
VEHICLE # 230:

HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201
HUNT VALLEY MD USA 21065

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0230 - FL 2017 ACURA VIN# JH4KC1F50HC000341

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0264 - FL 2020 ACURA RLX VIN# JH4KC2F96LC000278 LOCATED AT
FAU BOCA RATON FL

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-4050065-02/018

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20

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

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, #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-4050065-02/018

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/018

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/018

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-23-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/018
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 230 Insured's #: FAU
Vehicle Is: DELETED: Insured Entity:

Year: 2017 Use:
Make: ACURA Class Code: 739800
Model: RLX TECH State: FL
V.I.N.: JH4KC1F50HC000341 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-884.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-63.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-10.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-35.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-105 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1097.00 R/P

Vehicle # 264 Insured's #: FAU
Vehicle Is: ADDED: Insured Entity:

Year: 2020 Use:
Make: ACURA RLX Class Code: 739800
Model: State: FL
V.I.N.: JH4KC2F96LC000278 Territory: 120
Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		884.00 A/P
Personal Injury Protection (PIP)	See Endorsement		41.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		10.00 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	124 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1095.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/019

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-27-20
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
-

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:
0229 - FL 2019 FORD VIN# 1FMZK1YM3KKB42893

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0265 - FL 2020 FORD TRANSIT 350 WAGON VIN#
1FBAX2Y82LKA04974 LOCATED AT SARASOTA COUNTY 34243

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.

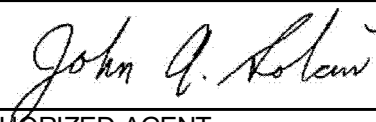
No Changes To be Adjusted at Audit Additional Return

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: 01-27-20
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

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, #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-4050065-02/019

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-27-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/019

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-27-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/019

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-27-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/019
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

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

Year: 2019
Make: FORD
Model: TRANSIT VAN
V.I.N.: 1FMZK1YM3KKB42893
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1011.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-88.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-9.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-31.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-63 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1202.00 R/P

Vehicle # 265 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: TRANSIT 350 WAGON
V.I.N.: 1FBAX2Y82LKA04974
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		1011.00 A/P
Personal Injury Protection (PIP)	See Endorsement		88.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		9.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	31.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	63 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1202.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/020

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-28-20
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 \$ 736.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

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

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

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0266 - FL 2020 GMC VIN# 3GKALMEV2LL205340 LOCATED AT
UNIVERSITY OF NORTH FLORIDA ZIP 32250

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 \$	736.00	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: 01-28-20

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

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, #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-4050065-02/020

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-28-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/020

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-28-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/020

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-28-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/020
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 266
Vehicle Is: ADDED:

Insured's #:
Insured Entity:

Year: 2020
Make: GMC
Model: TERRAIN
V.I.N.: 3GKALMEV2LL205340
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		591.00 A/P
Personal Injury Protection (PIP)	See Endorsement		24.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		10.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	28.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	83 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			736.00 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-4050065-02/021

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-30-20
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 \$ 841.00
- 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:
0267 - FL 2020 FORD VIN# 1FMSK7BH1LGB61205 LOCATED AT JAC
ZIP 34950

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 \$	841.00	Return
-------------------------------------	--	---------------	--------	--------

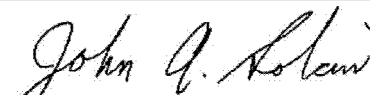
Tax and Surcharge Changes

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: 01-30-20
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

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, #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-4050065-02/021

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-30-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/021

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-30-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/021

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-30-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/021
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 267 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: EXPLORER
V.I.N.: 1FMSK7BH1LGB61205
Valuation: Actual Cash Value

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

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		689.00 A/P
Personal Injury Protection (PIP)	See Endorsement		42.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		10.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	22.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	78 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			841.00 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-4050065-02/022

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-12-20
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 \$ 842.00
- 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:
0268 - FL 2018 FORD VIN# 1FDYR2CM5JKB40808 LOCATED AT USF
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 \$ 842.00	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: 02-12-20
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

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, #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-4050065-02/022

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-12-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/022

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-12-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/022

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-12-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/022
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 268

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2018

Use:

Make: FORD

Class Code: 791900

Model: TRANSIT 250 AMBULANCE

State: FL

V.I.N.: 1FDYR2CM5JKB40808

Territory: 107

Valuation: Agreed Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

692.00 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

4.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

\$ 75,000

\$ 500

27.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

\$ 75,000

\$ 500

101 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

842.00 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-4050065-02/023

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-03-20
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 \$ -1,430.00
- General Liability
- Public Officials and Management Liability
-
-

The following item(s):

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

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

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0109 - FL 2018 MAZDA M3S GT A VIN# 3MZBN1W35JM187409
LOCATED AT UNF

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0110 - FL 2018 MAZDA M3S GT A VIN# 3MZBN1W36JM187581
LOCATED AT UNF

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 \$ -1,430.00
-------------------------------------	--	------------	---------------------

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-4050065-02/023

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-03-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

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: 02-03-20

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

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, #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-4050065-02/023

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-03-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/023

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-03-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/023

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-03-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/023
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 109

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2018

Use:

Make: MAZDA M3S GT A

Class Code: 739800

Model:

State: FL

V.I.N.: 3MZBN1W35JM187409

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		-578.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-10.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-27.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-77 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-715.00 R/P

Vehicle # 110

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2018

Use:

Make: MAZDA M3S GT A

Class Code: 739800

Model:

State: FL

V.I.N.: 3MZBN1W36JM187581

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		-578.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-23.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-10.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-27.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-77 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-715.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/024

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-19-20
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 \$ 970.00
- 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:
0269 - FL 2019 ASPT VIN# FLA108390 LOCATED AT FAU ZIP 33431
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 \$ 970.00 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: 02-19-20
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

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, #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-4050065-02/024

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-19-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/024

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-19-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/024

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-19-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/024
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 269

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use:

Make: ASPT

Class Code: 739800

Model: GT4

State: FL

V.I.N.: FLA108390

Territory: 120

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

796.00 A/P

Personal Injury Protection (PIP)

See Endorsement

37.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

9.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 1,000

31.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 1,000

97 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

970.00 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-4050065-02/025

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
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 \$ 414.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

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

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

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0270 - FL 2019 CHEVROLET VIN# 1GC1KREG9KF1795521 LOCATED
AT UWF ZIP 32514

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 \$	414.00	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: 02-07-20

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

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, #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-4050065-02/025

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/025

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/025

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/025
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 270

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use: Service

Make: CHEVROLET

Class Code: 014990

Model: SILVERADO 4X4

State: FL

V.I.N.: 1GC1KREG9KF1795521

Territory: 167

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

293.00 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

4.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

39.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

71 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

414.00 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-4050065-02/026

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 03-06-20
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 \$ 5,300.00
- 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)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0271 - FL 2020 ELDORADO BUS VIN# 1FDAF5GYXKEG59491
LOCATED AT FAU ZIP 33431

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0272 - FL 2020 ELDORADO BUS VIN# FDUF5GT6LDA01398 LOCATED
AT FAU ZIP 33431

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 \$ 5,300.00 Return


Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/026

COMMON POLICY CHANGE ENDORSEMENT

Policy Period: From 10-20-2019
To 10-20-2020

Named Insured STATE OF FLORIDA

Effective Date: 03-06-20

Agency Name Glatfelter Underwriting Services, Inc.

12:01 A.M., Standard Time

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

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: 03-06-20
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

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, #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-4050065-02/026

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-06-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/026

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-06-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/026

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-06-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/026
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 271 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: ELDORADO
Model: 24 PASSENGER
V.I.N.: 1FDAF5GYXKEG59491
Valuation: Actual Cash Value

Use:
Class Code: 658300
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		2293.00 A/P
Personal Injury Protection (PIP)	See Endorsement		188.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		16.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	33.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	120 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			2650.00 A/P

Vehicle # 272 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: ELDORADO
Model: 24 PASSENGER
V.I.N.: FDUF5GT6LDA01398
Valuation: Actual Cash Value

Use:
Class Code: 658300
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		2293.00 A/P
Personal Injury Protection (PIP)	See Endorsement		188.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		16.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	33.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	120 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			2650.00 A/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/027

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
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
-

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 VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 270 2019 CHEVROLET SILVERADO HAS BEEN CHANGED FROM 1GC1KREG9KF1795521 TO 1GC1KREG9KF179521 LOCATED AT UWF
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

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: 02-07-20

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

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, #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-4050065-02/027

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/027

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/027

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-07-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/027
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 270

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2019

Use: Service

Make: CHEVROLET

Class Code: 014990

Model: SILVERADO 4X4

State: FL

V.I.N.: 1GC1KREG9KF179521

Territory: 167

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

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-4050065-02/028

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-18-20
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 \$ 348.00
- 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 \$ 348.00	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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/028

Policy Period: From 10-20-2019
To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-18-20

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:

THE BANCORP
3755 PARK LAKE STREET
ORLANDO FL 32803
APPLIES TO 2020 CHEVROLET SILVERADO #9613

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0273 - FL 2020 CHEVROLET VIN# 3GCUYAEFXLG289613 LOCATED AT
UF/IFAS
INDIAN RIVER RESEARCH AND EDUCATION CENTER 34945

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: 05-18-20
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

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, #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-4050065-02/028

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-18-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/028

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-18-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Policy Number
GPPA-AU-4050065-02/028

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-18-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/028
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 273

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use: Service

Make: CHEVROLET

Class Code: 014990

Model: SILVERADO

State: FL

V.I.N.: 3GCUYAEFXLG289613

Territory: 158

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		272.00 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		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	43 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			348.00 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-4050065-02/029

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 04-11-20
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 DELETED:
0219 - FL 1997 FORD VIN# 1FTHX26G1VEB84356 LOCATED AT
FPU
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 \$	-317.00
-------------------------------------	--	------------	-----------	---------

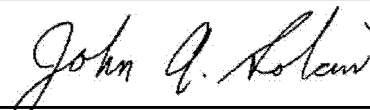
Tax and Surcharge Changes

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: 04-11-20
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

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, #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-4050065-02/029

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-11-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/029

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-11-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/029

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-11-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/029
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 219

Insured's #:

Vehicle Is: DELETED:

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

-274.00 R/P

Personal Injury Protection (PIP)

See Endorsement

-5.00 R/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

-3.00 R/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

-14.00 R/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

-21 R/P

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

-317.00 R/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-4050065-02/030

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 04-16-20
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 \$ -581.00
- 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:
0217 - FL 2005 CHEVROLET VIN# 2G1WF55EX59263094
LOCATED AT POLYTECHNIC UNIVERSITY 33805
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 \$	-581.00
-------------------------------------	--	------------	-----------	---------

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-4050065-02/030

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-16-20

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

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, #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-4050065-02/030

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-16-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/030

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-16-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/030

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-16-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/030
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 217 Insured's #:
Vehicle Is: DELETED: 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:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-531.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-16.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-7.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-7.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-20 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-581.00 R/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-4050065-02/031

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20
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 \$ -1,261.00
- 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:
0235 - FL 2017 TOYOTA VIN# 4T1BF1FK4HU376786 LOCATED
AT FAU

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0238 - FL 2017 TOYOTA VIN# 4T1BF1FK8HU802835 LOCATED
AT FAU

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 \$ -1,261.00
-------------------------------------	--	------------	---------------------

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-4050065-02/031

COMMON POLICY CHANGE ENDORSEMENT

Policy Period: From 10-20-2019
To 10-20-2020

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20

Agency Name Glatfelter Underwriting Services, Inc.

12:01 A.M., Standard Time

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

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-4050065-02/031

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20

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

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, #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-4050065-02/031

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/031

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Policy Number
GPPA-AU-4050065-02/031

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-13-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/031
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 235 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2017

Make: TOYOTA

Model: CAMRY LE/XLE/SE/XSE

V.I.N.: 4T1BF1FK4HU376786

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-523.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-37.00 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	-16.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-55 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-637.00 R/P

Vehicle # 238 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2017

Make: TOYOTA

Model: CAMERY LE/XLE/SE/XSE

V.I.N.: 4T1BF1FK8HU802835

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-523.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-24.00 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	-16.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-55 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-624.00 R/P

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/032

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 06-01-20
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 \$ 266.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

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

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

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0274 - FL 2020 FORD VIN# 1FTFW1E53LKD06248 LOCATED AT
FLORIDA POLYTECHNIC UNIVERSITY ZIP 33830

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 \$ 266.00	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

Policy Number
GPPA-AU-4050065-02/032

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-01-20

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

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, #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-4050065-02/032

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-01-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/032

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-01-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Policy Number
GPPA-AU-4050065-02/032

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-01-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/032
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 274

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use: Service

Make: FORD

Class Code: 014990

Model: SUPER CREW

State: FL

V.I.N.: 1FTFW1E53LKD06248

Territory: 110

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		201.00 A/P
Personal Injury Protection (PIP)	See Endorsement		4.00 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	21.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	38 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			266.00 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-4050065-02/033

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2019
PLEASE READ IT CAREFULLY. To 10-20-2020
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 06-30-20
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 WAIVED
- 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:
0252 - FL 2020 GMC VIN# 3GKALMEV6LL122171 LOCATED AT UNF ZIP 32250

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0275 - FL 2019 GMC VIN# 1GKKNML58KZ207737 LOCATED AT UNF ZIP 32250

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

This premium does not include taxes and surcharges.

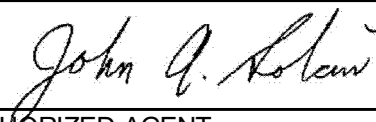
No Changes To be Adjusted at Audit Additional Return WAIVED

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

American Alternative Insurance Corporation

Policy Number
GPPA-AU-4050065-02/033

COMMON POLICY CHANGE ENDORSEMENT

Policy Period: From 10-20-2019
To 10-20-2020

Named Insured STATE OF FLORIDA

Effective Date: 06-30-20

Agency Name Glatfelter Underwriting Services, Inc.

12:01 A.M., Standard Time

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

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: 06-30-20

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

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, #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-4050065-02/033

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-30-20

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
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPPA-AU-4050065-02/033

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-30-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Policy Number
GPPA-AU-4050065-02/033

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-30-20
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 UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPPA-AU-4050065-02/033
Policy Period: From: 10-20-2019
To: 10-20-2020

SCHEDULE OF AUTO CHANGES

Vehicle # 252 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2020

Make: GMC

Model: TERRAIN

V.I.N.: 3GKALMEV6LL122171

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		-250.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-16.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-13.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-37 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-320.00 R/P

Vehicle # 275 Insured's #:

Vehicle Is: ADDED: Insured Entity:

Year: 2019

Make: GMC

Model: ACADIA SLT

V.I.N.: 1GKKNML58KZ207737

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		250.00 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		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	35 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			312.00 A/P