



**JOHN T. FERREIRA
INSURANCE** 

SINCE 1919

April 21, 2003

Risk Management Coordinator
Nassau County BOCC
220 Nassau Place
Yulee, FL 32097

Re: Address Change Endorsements
BITCO Auto Physical Damage
FACT Multi-Coverage Agreement

Dear Lew:

We are pleased to enclose the endorsements to the above policies that change your mailing address to the new location.

Please take this opportunity to verify the information, and let us know immediately if any corrections are necessary. The endorsements should be attached to your policies, as they become a permanent part thereof.

Our mission is to assist you in achieving your unique business objectives through a properly designed and responsive commercial insurance program. We appreciate your business and hope you will continue to think of John T. Ferreira Ins., Inc. for your business and personal insurance needs.

Sincerely,

Sue Melogy, AAI
Account Executive

Enc.

RECEIVED

APR 22 2003

RISK MGT. OFFICE

Policy Change
End. # 5

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AL-1410
(2-81)

GENERAL CHANGE ENDORSEMENT - AUTOMOBILE

NAMED INSURED:
NASSAU COUNTY BOARD OF COMMISSIONERS

COMPANY:
Bituminous Casualty Corporation

POLICY NUMBER: CAP 3 151 036 B	POLICY CHANGES EFFECTIVE: 02/03/03	POLICY EXPIRATION: 10/01/03	AUDIT TYPE W	FIELD OFFICE HO/ HOME OFFICE
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IN CONSIDERATION OF:

- THE PREMIUM FOR WHICH THIS POLICY IS WRITTEN.
- ADDITIONAL RETURN PREMIUM OF: \$ _____
- A PREMIUM ADJUSTMENT AT AUDIT.

IT IS AGREED THAT THE POLICY DECLARATIONS ARE AMENDED AS FOLLOWS:

ITEM 1. NAMED INSURED _____


- ADDRESS: 220 NASSAU PLACE, YULEE, FL 32097
- CORPORATION INDIVIDUAL PARTNERSHIP OTHER: _____
- POLICY PERIOD: FROM _____ TO: _____

ITEM 2. COVERED AUTO SYMBOL CHANGE OR CHANGES: _____

THIS ENDORSEMENT AMENDS SUCH INSURANCE AS IS AFFORDED BY THE PROVISIONS OF THE POLICY RELATING TO THE FOLLOWING:

- THE FOLLOWING ENDORSEMENT(S) IS (ARE) ADDED:
- THE FOLLOWING ENDORSEMENT(S) IS (ARE) DELETED:
- DESCRIPTION OF AUTO(S) IS (ARE) AMENDED TO READ:
- LIABILITY LIMITS ARE AMENDED TO:
-

AUTHORIZED REPRESENTATIVE:
IL-3-5184
BLISS MCKNIGHT OF ILLINOIS INC
PO BOX 157
BLOOMINGTON IL 61702-0157



AUTHORIZED REPRESENTATIVE SIGNATURE

THIS ENDORSEMENT CHANGES THE COVERAGE AGREEMENT. PLEASE READ IT CAREFULLY.

MANUSCRIPT ENDORSEMENT

This endorsement modifies coverage provided under the

COVERAGE PART

ENDORSEMENT NO. 12 PREMIUM: ADD'L \$ NIL RETURN \$ NIL

If the endorsement Form Number shown below is listed by us in the Declarations to this Coverage Part, this endorsement (1) forms a part of the Coverage Agreement to which it is attached by that listing and (2) is effective from the Effective Date of this Coverage Part.

If the endorsement Form Number shown below is not listed by us in the Declarations to this Coverage Part but this endorsement is signed below by our authorized representative, this endorsement (1) forms a part of the following described Coverage Agreement and (2) is effective from the Effective Date shown below.

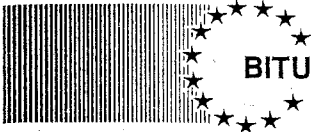
Coverage Agreement		Effective Date of this endorsement
Coverage Agreement Number FAC2245	Date of Issue 4/8/03 NY/KL	FEBRUARY 3, 2003
Member NASSAU COUNTY		Florida Association of Counties Trust by FACT Risk Services Corp. Authorized Representative by: _____ Signature

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE NAMED INSURED DESIGNATED IN THE

DECLARATIONS IS AMENDED TO READ:

**NASSAU COUNTY
RISK MANAGEMENT
220 NASSAU PLACE
YULEE, FL 32097**

BUSINESS AUTO COVERAGE FORM DECLARATIONS



BITUMINOUS
Insurance Companies

ITEM ONE

COMPANY: BITUMINOUS CASUALTY CORPORATION
NEW

POLICY NO. CAP 3 151 036 B

The Insured/Mailing address

NASSAU COUNTY BOARD OF COMMISSIONERS
ATTN: LEW EASON, PO BOX 1010
3163 BAILEY ROAD
FERNANDINA BEACH FL 32034

Individual Partnership

Corporation or MUNICIPALITY

Policy Period: The policy period is from 10-01-02 to 10-01-03 12:01 A.M. Standard Time.
at the insured's mailing address.

PREMIUM ADJUSTMENT PERIOD: ANNUAL

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Forms shows which autos are covered autos)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability			
Personal Injury (P.I.P.) <small>(or equivalent no-fault cov.)</small>		Separately Stated in Each P.I.P. End. Minus Deductible	
Added P.I.P. <small>(or equivalent added No-Fault cov.)</small>		Separately Stated in each Added P.I.P. Endorsement	
Property Protection Ins. <small>(P.P.I.) (Michigan Only)</small>		Separately Stated in the P.P.I. End. Minus Deductible For Each Accident	
Auto Medical Payments			
Uninsured Motorists (UM)			
Underinsured Motorists <small>(When not included in UM Cov.)</small>			
PHYSICAL DAMAGE			
Comprehensive Coverage	7	Actual Cash Value Or	\$ 8,867.00
Specified Causes Of Loss Coverage		Cost Of Repair Whichever Is Less Minus	
Collision Coverage	7		\$ 20,671.00
Towing and Labor		for each disablement of a private passenger auto	
Premium for Endorsements			
State Charges			
Estimated Deposit Premium			\$ 29,538.00

Forms And Endorsements Applying To This Coverage Part And Made A Part Of This Policy At Time Of Issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN ^{^^} See ITEM FOUR for hired or borrowed "autos."

SEE SCHEDULE OF COVERED AUTOS YOU OWN

Countersigned

By Kenneth Moreghan
Authorized Representative

INSURED'S COPY

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)

POLICY NUMBER: CAP 3 151 036

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium
Total Premium				NOT APPLICABLE

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family member(s)). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
Comprehensive	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto for loss caused by mischief or vandalism.			
Collision	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto.			
Total Premium				

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
Total Premium			NOT APPLICABLE

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
	<input type="checkbox"/> Per \$100 of Gross Receipts			
	<input type="checkbox"/> Per Mile			
Total Premiums				
Minimum Premiums				

When used as a premium basis:

For Public Autos

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including fees.

For Rental or Leasing Concerns

Gross Receipts means the total amount to which you are entitled for leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total amount of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

THIS ENDORSEMENT CHANGES THE COVERAGE AGREEMENT. PLEASE READ IT CAREFULLY.

MANUSCRIPT ENDORSEMENT

This endorsement modifies coverage provided under the

COVERAGE PART

ENDORSEMENT NO. 9 PREMIUM: ADD'L \$ NIL RETURN \$ NIL

If the endorsement Form Number shown below is listed by us in the Declarations to this Coverage Part, this endorsement (1) forms a part of the Coverage Agreement to which it is attached by that listing and (2) is effective from the Effective Date of this Coverage Part.

If the endorsement Form Number shown below is not listed by us in the Declarations to this Coverage Part but this endorsement is signed below by our authorized representative, this endorsement (1) forms a part of the following described Coverage Agreement and (2) is effective from the Effective Date shown below.

Coverage Agreement		Effective Date of this endorsement
Coverage Agreement Number FAC2245ML	Date of Issue 2/11/03 NY/KL	FEBRUARY 4, 2003
Member NASSAU COUNTY		Florida Association of Counties Trust by FACT Risk Services Corp. Authorized Representative by: <u>Ken Moneghan</u> Signature <i>my</i>

IT IS HEREBY UNDERSTOOD AND AGREED THAT FORM FACT 17U213(7/97) ADDITIONAL INSURED ENDORSEMENT (PREMISES LEASED TO THE NAMED INSURED) APPLICABLE TO : KENNETH & JUDITH WALTERS, KANSAS STATE BANK AND/OR IT'S ASSIGNS AND J.B. RITZ, INC. ARE DELETED FROM THE POLICY.

THIS ENDORSEMENT CHANGES THE COVERAGE AGREEMENT. PLEASE READ IT CAREFULLY.

FLORIDA ASSOCIATION OF COUNTIES TRUST

EXCLUSION OF SHERIFF AND SHERIFF'S AUTOS ENDORSEMENT

This endorsement modifies coverage provided under the
AUTO COVERAGE PART

ENDORSEMENT NO. _____	PREMIUM: ADD'L \$ _____	RETURN \$ _____
If the endorsement Form Number shown below is listed by us in the Declarations to this Coverage Part, this endorsement (1) forms a part of the Coverage Agreement to which it is attached by that listing and (2) is effective from the Effective Date of this Coverage Part.		
If the endorsement Form Number shown below is not listed by us in the Declarations to this Coverage Part but this endorsement is signed below by our authorized representative, this endorsement (1) forms a part of the following described Coverage Agreement and (2) is effective from the Effective Date shown below.		

Coverage Agreement		Effective Date of this endorsement
Coverage Agreement Number	Date of Issue	
Member		Florida Association of Counties Trust by FACT Risk Services Corp. Authorized Representative by: _____ Signature

In consideration of the reduced premium charged, it is agreed that:

1. The following shall not be an insured under this Coverage Part:
 - a. The Sheriff's department of the Member county;
 - b. The Sheriff of the Member county; and
 - c. Any other official or employee of the Sheriff's Department of the Member county.
2. This Coverage Part shall not apply to "bodily injury" or "property damage" arising out of the ownership, maintenance, use, or entrustment to others of any "auto" owned or operated by or rented or loaned to:
 - a. The Sheriff's department of the Member county;
 - b. The Sheriff of the Member county; and
 - c. Any other official or employee of the Sheriff's Department of the Member county.

Use includes operation and "loading or unloading."

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
1	1977 PIERCE FIRE TRUCK 046093 VFD NV7-YU				040 FERNANDINA BE, FL			
2	1985 FMI FIRE TRUCK 037305 FR ENG3				040 FERNANDINA BE, FL			
3	1986 FEDERAL FIRE TRUCK 037470 FR L2				040 FERNANDINA BE, FL			
4	1987 FORD FIRE TRUCK A80201 STA 30				040 FERNANDINA BE, FL			
5	1991 GMC AMBULANCE 509405 F/R R101				040 FERNANDINA BE, FL			
6	1993 PIERCE SAB A00678 F/R E2				040 FERNANDINA BE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
1	7909	85,000						
2	7909	120,000						
3	7909	315,000						
4	7909	21,625						
5	7919	132,000						
6	7909	150,000						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
1	1000/1000/FACT	635	NONE					
2	1000/1000/FACT	635	NONE					
3	1000/1000/FACT	635	NONE					
4	1000/1000/FACT	635	NONE					
5	1000/1000/FACT	792	NONE					
6	1000/1000/FACT	635	NONE					
Total Premium		3,967						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
1	SEE FORM(S)	8			See Schedule(s)			
2	SEE FORM(S)	8						
3	SEE FORM(S)	8						
4	SEE FORM(S)	8						
5	SEE FORM(S)	10						
6	SEE FORM(S)	8						
Total Premium		50						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
1								643
2								643
3								643
4								643
5								802
6								643
Total Premium								4,017

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			TERRITORY				
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)			Town, State & Zip Where the Covered Auto will be principally garaged				
7	1997 FORD TRUCK A44758 RD 304			040 FERNANDINA BE, FL				
8	1996 SPARTAN FIRE TRUCK 022160 F/R E70			040 FERNANDINA BE, FL				
9	1997 JEEP PRIVATE PASS 593981 EM			040 FERNANDINA BE, FL				
10	1997 FREIGHTLINER 778165 F/R R20			040 FERNANDINA BE, FL				
11	1997 FORD TRUCK A57647 PW-E61			040 FERNANDINA BE, FL				
12	1997 CHEVROLET TRUCK 243283 RD 168			040 FERNANDINA BE, FL				
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
7	33499	36,301						
8	7909	179,000						
9	7398	22,546						
10	7919	102,940						
11	01499	17,900						
12	01499	13,817						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
7	1000/1000/FACT	563	NONE					
8	1000/1000/FACT	635	NONE					
9	1000/1000/FACT	309	NONE					
10	1000/1000/FACT	792	NONE					
11	1000/1000/FACT	445	NONE					
12	1000/1000/FACT	445	NONE					
Total Premium		7,156						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
7	SEE FORM (S)	6			See Schedule(s)			
8	SEE FORM (S)	8						
9	SEE FORM (S)	9						
10	SEE FORM (S)	10						
11	SEE FORM (S)	6						
12	SEE FORM (S)	6						
Total Premium		95						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
7								569
8								643
9								318
10								802
11								451
12								451
Total Premium								7,251

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
13	1997 FORD TRUCK B80371 BM 114		040 FERNANDINA BE, FL					
14	1997 CHEVROLET TRUCK 240714 RD 161		040 FERNANDINA BE, FL					
15	1997 CHEVROLET TRUCK 243040 RD 167		040 FERNANDINA BE, FL					
16	1997 CHEVROLET TRUCK 240702 RD 164		040 FERNANDINA BE, FL					
17	1997 CHEVROLET TRUCK 240915 RD 149		040 FERNANDINA BE, FL					
18	1997 CHEVROLET TRUCK 241596 RD 162		040 FERNANDINA BE, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
13	01499	18,671						
14	01499	13,151						
15	01499	13,151						
16	01499	13,151						
17	01499	13,817						
18	01499	13,151						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
13	1000/1000/FACT	445	NONE					
14	1000/1000/FACT	445	NONE					
15	1000/1000/FACT	445	NONE					
16	1000/1000/FACT	445	NONE					
17	1000/1000/FACT	445	NONE					
18	1000/1000/FACT	445	NONE					
Total Premium		9,826						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
13	SEE FORM(S)	6			See Schedule(s)			
14	SEE FORM(S)	6						
15	SEE FORM(S)	6						
16	SEE FORM(S)	6						
17	SEE FORM(S)	6						
18	SEE FORM(S)	6						
Total Premium		131						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
13								451
14								451
15								451
16								451
17								451
18								451
Total Premium								9,957

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
19	1997 CHEVROLET TRUCK 241907 CODE E129				040 FERNANDINA BE, FL			
20	1997 CHEVROLET TRUCK 242819 RD 166				040 FERNANDINA BE, FL			
21	1998 JEEP FIRE PPT 190488 F/R				040 FERNANDINA BE, FL			
22	1998 FORD PRIVATE PASS 227483 BLDG 20				040 FERNANDINA BE, FL			
23	1998 FORD TRUCK C34192 CODE 126				040 FERNANDINA BE, FL			
24	1998 FORD VAN/BUS H94086 LIB 230				040 FERNANDINA BE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
19	01499	13,151						
20	01499	13,151						
21	7908	16,480						
22	7398	14,590						
23	01499	11,749						
24	5881	21,251						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
19	1000/1000/FACT	445	NONE					
20	1000/1000/FACT	445	NONE					
21	1000/1000/FACT	309	NONE					
22	1000/1000/FACT	309	NONE					
23	1000/1000/FACT	445	NONE					
24	1000/1000/FACT	1,031	NONE					
Total Premium		12,810						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
19	SEE FORM(S)	6			See Schedule(s)			
20	SEE FORM(S)	6						
21	SEE FORM(S)	9						
22	SEE FORM(S)	9						
23	SEE FORM(S)	6						
24	SEE FORM(S)	28						
Total Premium		195						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
19								451
20								451
21								318
22								318
23								451
24								1,059
Total Premium								13,005

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
25	1998	CHEVROLET	332368	PA	040	FERNANDINA BE,	FL	
26	1998	CHEVROLET	832082	PA	040	FERNANDINA BE,	FL	
27	1998	CHEVROLET	182714	PA	040	FERNANDINA BE,	FL	
28	1998	DODGE TRUCK	754736	PW-E64	040	FERNANDINA BE,	FL	
29	1997	FORD	A31975	RD 1513	040	FERNANDINA BE,	FL	
30	1998	FORD FIRE PPT	124541	F/R F3	040	FERNANDINA BE,	FL	
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
25	7398	11,588						
26	7398	11,588						
27	7398	11,588						
28	01499	13,015						
29	23499	72,825						
30	7908	19,054						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
25	1000/1000/FACT	309	NONE					
26	1000/1000/FACT	309	NONE					
27	1000/1000/FACT	309	NONE					
28	1000/1000/FACT	445	NONE					
29	1000/1000/FACT	511	NONE					
30	1000/1000/FACT	309	NONE					
Total Premium		15,002						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
25	SEE FORM(S)	9			See Schedule(s)			
26	SEE FORM(S)	9						
27	SEE FORM(S)	9						
28	SEE FORM(S)	6						
29	SEE FORM(S)	6						
30	SEE FORM(S)	9						
Total Premium		243						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
25								318
26								318
27								318
28								451
29								517
30								318
Total Premium								15,245

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
31	1998	VERMEER	001232	RD 1514	040	FERNANDINA BE,	FL	
32	1998	FORD	FIRE PPT 128349	F/R F1	040	FERNANDINA BE,	FL	
33	1998	CHEVROLET	059780	BM 206	040	FERNANDINA BE,	FL	
34	1999	FORD	AMBULANCE B48377	F/R R70	040	FERNANDINA BE,	FL	
35	1999	FORD	AMBULANCE B48376	F/R R40	040	FERNANDINA BE,	FL	
36	1999	STERLING	TRUCK A76679	RD 601	040	FERNANDINA BE,	FL	
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
31	68499	7,040						
32	7908	18,955						
33	01499	20,629						
34	7919	78,202						
35	7919	78,202						
36	33479	61,718						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
31	1000/1000/FACT	68	NONE					
32	1000/1000/FACT	309	NONE					
33	1000/1000/FACT	445	NONE					
34	1000/1000/FACT	792	NONE					
35	1000/1000/FACT	792	NONE					
36	1000/1000/FACT	516	NONE					
Total Premium		17,924						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
31	SEE FORM(S)	1			See Schedule(s)			
32	SEE FORM(S)	9						
33	SEE FORM(S)	6						
34	SEE FORM(S)	10						
35	SEE FORM(S)	10						
36	SEE FORM(S)	6						
Total Premium		285						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
31								69
32								318
33								451
34								802
35								802
36								522
Total Premium								18,209

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY				
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged				
37	1999 DODGE VAN/BUS 297929 COEX				040 FERNANDINA BE, FL				
38	1999 CHEVROLET 263209 PA				040 FERNANDINA BE, FL				
39	1999 CHEVROLET 266010 PA				040 FERNANDINA BE, FL				
40	1999 CHEVROLET 265973 PA				040 FERNANDINA BE, FL				
41	1999 JEEP PRIVATE PASS 632496 PW-D62				040 FERNANDINA BE, FL				
42	2000 FORD TRUCK B35096 PW E121				040 FERNANDINA BE, FL				
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision			
				Coverage	Limit	Limit			
37	5881	17,539							
38	7398	11,863							
39	7398	11,863							
40	7398	11,863							
41	7398	19,089							
42	01499	16,748							
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED				
	Limit (in thousands)		Premium	Limit	Premium	Limit (in thousands)		Premium	UM
37	1000/1000/FACT		1,031	NONE					
38	1000/1000/FACT		309	NONE					
39	1000/1000/FACT		309	NONE					
40	1000/1000/FACT		309	NONE					
41	1000/1000/FACT		309	NONE					
42	1000/1000/FACT		445	NONE					
Total Premium			20,636						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss				
	Limit stated in each P.I.P. end.		Premium	Limit stated in each P.P.I. end.					
37	SEE FORM(S)		28			See Schedule(s)			
38	SEE FORM(S)		9						
39	SEE FORM(S)		9						
40	SEE FORM(S)		9						
41	SEE FORM(S)		9						
42	SEE FORM(S)		6						
Total Premium			355						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL	
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium	
37								1,059	
38								318	
39								318	
40								318	
41								318	
42								451	
Total Premium								20,991	

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged
43	2000 FORD TRUCK B35095	PW E122	040 FERNANDINA BE, FL
44	2001 DODGE TRUCK 186221	PW 131	040 FERNANDINA BE, FL
45	2001 DODGE TRUCK 745244	PW-T 132	040 FERNANDINA BE, FL
46	2000 FORD VAN/PPT C35050	CLERK	040 FERNANDINA BE, FL
47	2001 FORD TRUCK C41322	PW T350	040 FERNANDINA BE, FL
48	2001 FORD TRUCK C41321	PW T351	040 FERNANDINA BE, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
43	01499	16,748				
44	01499	19,295				
45	01499	12,766				
46	7398	18,448				
47	23499	22,836				
48	23499	22,836				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
43	1000/1000/FACT	445	NONE				
44	1000/1000/FACT	445	NONE				
45	1000/1000/FACT	445	NONE				
46	1000/1000/FACT	309	NONE				
47	1000/1000/FACT	511	NONE				
48	1000/1000/FACT	511	NONE				
Total Premium		23,302					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
43	SEE FORM (S)	6			See Schedule(s)
44	SEE FORM (S)	6			
45	SEE FORM (S)	6			
46	SEE FORM (S)	9			
47	SEE FORM (S)	6			
48	SEE FORM (S)	6			
Total Premium		394			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
43								451
44								451
45								451
46								318
47								517
48								517
Total Premium								23,696

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged
49	2001 FORD TRUCK C60180	PW T1540	040 FERNANDINA BE, FL
50	2002 FORD PRIVATE PASS A15218	CE 71	040 FERNANDINA BE, FL
51	2002 FORD PRIVATE PASS A33161	PW 63	040 FERNANDINA BE, FL
52	1999 FORD AMBULANCE B80391	F/R R50	040 FERNANDINA BE, FL
53	1999 FORD PRIVATE PASS 192703	RMC 11	040 FERNANDINA BE, FL
54	2000 DODGE TRUCK 206785	SW 180	040 FERNANDINA BE, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
49	23499	23,106				
50	7398	22,961				
51	7398	24,940				
52	7919	79,468				
53	7398	14,594				
54	01499	17,211				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
49	1000/1000/FACT	511	NONE				
50	1000/1000/FACT	309	NONE				
51	1000/1000/FACT	309	NONE				
52	1000/1000/FACT	792	NONE				
53	1000/1000/FACT	309	NONE				
54	1000/1000/FACT	445	NONE				
Total Premium		25,977					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
49	SEE FORM(S)	6			See Schedule(s)
50	SEE FORM(S)	9			
51	SEE FORM(S)	9			
52	SEE FORM(S)	10			
53	SEE FORM(S)	9			
54	SEE FORM(S)	6			
Total Premium		443			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
49								517
50								318
51								318
52								802
53								318
54								451
Total Premium								26,420

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY	
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged	
55	1999 DODGE TRUCK 257877 BLDG 127		040 FERNANDINA BE, FL	
56	2001 E-ONE FIRE TRUCK 039007 F/ST 20		040 FERNANDINA BE, FL	
57	2001 FORD UTILITY VAN T10083 SUPV/E		040 FERNANDINA BE, FL	
58	2002 FORD AMBULANCE A34621 F/R		040 FERNANDINA BE, FL	
59	2002 FORD PRIVATE PASS B70506 EMG MGT		040 FERNANDINA BE, FL	
60	2002 DODGE TRUCK 212364 LGT TR 194		040 FERNANDINA BE, FL	

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
55	01499	12,180				
56	7909	177,816				
57	01499	22,547				
58	7919	83,336				
59	7398	22,622				
60	01499	17,192				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
55	1000/1000/FACT	445	NONE				
56	1000/1000/FACT	635	NONE				
57	1000/1000/FACT	445	NONE				
58	1000/1000/FACT	792	NONE				
59	1000/1000/FACT	309	NONE				
60	1000/1000/FACT	445	NONE				
Total Premium		29,048					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
55	SEE FORM (S)	6			See Schedule(s)
56	SEE FORM (S)	8			
57	SEE FORM (S)	6			
58	SEE FORM (S)	10			
59	SEE FORM (S)	9			
60	SEE FORM (S)	6			
Total Premium		488			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
55								451
56								643
57								451
58								802
59								318
60								451
Total Premium								29,536

FLORIDA ASSOC. OF COUNTIES TRUST

**BUSINESS AUTO SCHEDULE
(ALL STATES)**

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			TERRITORY		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)			Town, State & Zip Where the Covered Auto will be principally garaged		
61	2002	GMC TRUCK	294127 HEALTH	040	FERNANDINA BE, FL	
62	2002	GMC TRUCK	294210 HEALTH	040	FERNANDINA BE, FL	
63	1984	CHEVROLET TRUCK	121835 RD 321	040	FERNANDINA BE, FL	
64	1984	FORD UTILITY VAN	D98388 VFD BV6	040	FERNANDINA BE, FL	
65	1969	INTERNATL FIRE TRUCK	327903 VFD NV7	040	FERNANDINA BE, FL	
66	1970	INTERNATL FIRE TRUCK	399221 VFD NV7	040	FERNANDINA BE, FL	

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
61	01499	15,232				
62	01499	15,232				
63	01499	2,500				
64	01499	23,800				
65	7909					
66	7909					

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
61	1000/1000/FACT	445	NONE				
62	1000/1000/FACT	445	NONE				
63	1000/1000/FACT	445	NONE				
64	1000/1000/FACT	445	NONE				
65	1000/1000/FACT	635	NONE				
66	1000/1000/FACT	635	NONE				
Total Premium		32,098					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
61	SEE FORM(S)	6			See Schedule(s)
62	SEE FORM(S)	6			
63	SEE FORM(S)	6			
64	SEE FORM(S)	6			
65	SEE FORM(S)	8			
66	SEE FORM(S)	8			
Total Premium		528			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
61								451
62								451
63								451
64								451
65								643
66								643
Total Premium								32,626

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
67	1989 FORD PRIVATE PASS B83014 PW E60				040 FERNANDINA BE, FL			
68	1990 GMC TRUCK 513764 BM 112				040 FERNANDINA BE, FL			
69	1992 FORD TRUCK A01897 BM 111				040 FERNANDINA BE, FL			
70	1992 FORD TRUCK A34734 RD 303				040 FERNANDINA BE, FL			
71	1979 INTERNATL FIRE TRUCK A13609 VFD VFD 5				040 FERNANDINA BE, FL			
72	1994 FORD DUMP TRUCK A21628 RD 402				040 FERNANDINA BE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
67	7398							
68	01499							
69	01499							
70	33499							
71	7909							
72	33479	56,299						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
67	1000/1000/FACT	309	NONE					
68	1000/1000/FACT	445	NONE					
69	1000/1000/FACT	445	NONE					
70	1000/1000/FACT	563	NONE					
71	1000/1000/FACT	635	NONE					
72	1000/1000/FACT	516	NONE					
Total Premium		35,011						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
67	SEE FORM(S)	9			See Schedule(s)			
68	SEE FORM(S)	6						
69	SEE FORM(S)	6						
70	SEE FORM(S)	6						
71	SEE FORM(S)	8						
72	SEE FORM(S)	6						
Total Premium		569						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
67								318
68								451
69								451
70								569
71								643
72								522
Total Premium								35,580

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY	
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged	
73	1994 FORD DUMP TRUCK A37161	RD 400	040 FERNANDINA BE, FL	
74	1994 FORD DUMP TRUCK A37160	RD 408	040 FERNANDINA BE, FL	
75	1994 FORD DUMP TRUCK A37163	RD 405	040 FERNANDINA BE, FL	
76	1994 FORD TRUCK B62880	RD 142	040 FERNANDINA BE, FL	
77	1994 FORD TRUCK B62879	RD 140	040 FERNANDINA BE, FL	
78	1994 FORD TRUCK B62878	SW 175	040 FERNANDINA BE, FL	

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
73	23479	56,049				
74	23479	56,049				
75	23479	56,049				
76	01499	11,570				
77	01499	11,570				
78	01499	11,627				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
73	1000/1000/FACT	467	NONE				
74	1000/1000/FACT	467	NONE				
75	1000/1000/FACT	467	NONE				
76	1000/1000/FACT	445	NONE				
77	1000/1000/FACT	445	NONE				
78	1000/1000/FACT	445	NONE				
Total Premium		37,747					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
73	SEE FORM(S)	6			See Schedule(s)
74	SEE FORM(S)	6			
75	SEE FORM(S)	6			
76	SEE FORM(S)	6			
77	SEE FORM(S)	6			
78	SEE FORM(S)	6			
Total Premium		605			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
73								473
74								473
75								473
76								451
77								451
78								451
Total Premium								38,352

FLORIDA ASSOC. OF COUNTIES TRUST

**BUSINESS AUTO SCHEDULE
(ALL STATES)**

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
79	1994 FORD TRUCK B68571 F/R PS4		040 FERNANDINA BE, FL					
80	1994 DODGE UTILITY VAN 181524 CUST 201		040 FERNANDINA BE, FL					
81	1978 GMC FIRE TRUCK 593268 VFD NV7		040 FERNANDINA BE, FL					
82	1995 JEEP FIRE PPT 638403 F/R PS3		040 FERNANDINA BE, FL					
83	1968 GMC FIRE TRUCK D2464K F/R		040 FERNANDINA BE, FL					
84	1984 HEIL SEMI TRAILER 3D71088 F/R TRL1		040 FERNANDINA BE, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
79	01499	12,200						
80	01499	9,751						
81	7909							
82	7908	18,454						
83	7909							
84	67499							
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
79	1000/1000/FACT	445	NONE					
80	1000/1000/FACT	445	NONE					
81	1000/1000/FACT	635	NONE					
82	1000/1000/FACT	309	NONE					
83	1000/1000/FACT	635	NONE					
84	1000/1000/FACT	113	NONE					
Total Premium		40,329						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
79	SEE FORM(S)	6			See Schedule(s)			
80	SEE FORM(S)	6						
81	SEE FORM(S)	8						
82	SEE FORM(S)	9						
83	SEE FORM(S)	8						
84	SEE FORM(S)	1						
Total Premium		643						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
79								451
80								451
81								643
82								318
83								643
84								114
Total Premium								40,972

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			TERRITORY				
	Year Model;	Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Town, State & Zip Where the Covered Auto will be principally garaged				
85	1967 KAISER JEEP	10945	F/R	040 FERNANDINA BE, FL				
86	1985 HEIL TRAILER	3D71166	SW 173	040 FERNANDINA BE, FL				
87	1967 KAISER JEEP	411131	F/R	040 FERNANDINA BE, FL				
88	1997 FORD TRUCK	B29790	BLDG 124	040 FERNANDINA BE, FL				
89	1997 FORD TRUCK	B29791	BLDG 125	040 FERNANDINA BE, FL				
90	1977 BARNES TRAILER	C3263	SW	040 FERNANDINA BE, FL				
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
85	7909							
86	68499							
87	7909							
88	01499	14,820						
89	01499	14,820						
90	68499							
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
85	1000/1000/FACT	635	NONE					
86	1000/1000/FACT	68	NONE					
87	1000/1000/FACT	635	NONE					
88	1000/1000/FACT	445	NONE					
89	1000/1000/FACT	445	NONE					
90	1000/1000/FACT	68	NONE					
Total Premium		42,625						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
85	SEE FORM(S)	8			See Schedule(s)			
86	SEE FORM(S)	1						
87	SEE FORM(S)	8						
88	SEE FORM(S)	6						
89	SEE FORM(S)	6						
90	SEE FORM(S)	1						
Total Premium		673						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
85								643
86								69
87								643
88								451
89								451
90								69
Total Premium								43,298

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged					
91	1968 KAISER TRUCK 371329 SW 341				040 FERNANDINA BE, FL					
92	1987 FORD BUCKET TRUCK A28144 RD 1512				040 FERNANDINA BE, FL					
93	1989 FORD TRUCK A09372 RD 323				040 FERNANDINA BE, FL					
94	1986 CHEVROLET FIRE PPT 184767 RESCUE				040 FERNANDINA BE, FL					
95	1967 KAISER JEEP TRUCK 410324 SW				040 FERNANDINA BE, FL					
96	1965 KAISER JEEP 392491 VFD NV7				040 FERNANDINA BE, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision				
				Coverage	Limit	Limit				
91	23499									
92	23499	27,000								
93	01499									
94	7908									
95	23499									
96	7909									
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED					
	Limit (in thousands)		Premium	Limit	Premium	Limit (in thousands)		Premium	UM	UIM
91	1000/1000/FACT		511	NONE						
92	1000/1000/FACT		511	NONE						
93	1000/1000/FACT		445	NONE						
94	1000/1000/FACT		309	NONE						
95	1000/1000/FACT		511	NONE						
96	1000/1000/FACT		635	NONE						
Total Premium			45,547							
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss					
	Limit stated in each P.I.P. end.		Premium	Limit stated in each P.P.I. end.		See Schedule(s)				
91	SEE FORM (S)		6							
92	SEE FORM (S)		6							
93	SEE FORM (S)		6							
94	SEE FORM (S)		9							
95	SEE FORM (S)		6							
96	SEE FORM (S)		8							
Total Premium			714							
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL		
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium		
91								517		
92								517		
93								451		
94								318		
95								517		
96								643		
Total Premium								46,261		

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
97	1969	KAISER JEEP	524005	F/R 005	040	FERNANDINA BE,	FL	
98	1966	KAISER JEEP	717536	F/R 536	040	FERNANDINA BE,	FL	
99	1971	KAISER JEEP	521920	F/R 920	040	FERNANDINA BE,	FL	
100	1991	FORD AMBULANCE	B34863	F/R R8	040	YULEE,	FL	
101	1991	FORD AMBULANCE	B34864	F/R R7	040	YULEE,	FL	
102	1997	FORD PRIVATE PASS	120540	CLERK	040	YULEE,	FL	
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
97	7909							
98	7909							
99	7909	30,631						
100	7919	37,500						
101	7919	37,500						
102	7398	13,500						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
97	1000/1000/FACT	635	NONE					
98	1000/1000/FACT	635	NONE					
99	1000/1000/FACT	635	NONE					
100	1000/1000/FACT	792	NONE					
101	1000/1000/FACT	792	NONE					
102	1000/1000/FACT	309	NONE					
Total Premium		49,345						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
97	SEE FORM(S)	8			See Schedule(s)			
98	SEE FORM(S)	8						
99	SEE FORM(S)	8						
100	SEE FORM(S)	10						
101	SEE FORM(S)	10						
102	SEE FORM(S)	9						
Total Premium		767						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
97								643
98								643
99								643
100								802
101								802
102								318
Total Premium								50,112

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
103	2001 DODGE TRUCK 213185 BM 102				040 YULEE, FL			
104	2001 DODGE UTILITY VAN 517823 CUST 202				040 YULEE, FL			
105	2001 DODGE UTILITY VAN 517822 BM 203				040 YULEE, FL			
106	2001 DODGE UTILITY VAN 517824 BM 204				040 YULEE, FL			
107	2000 DODGE TRUCK 628905 REC 105				040 YULEE, FL			
108	2000 DODGE TRUCK 633274 BEACH 109				040 YULEE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
103	01499	13,983						
104	01499	16,770						
105	01499	16,770						
106	01499	16,770						
107	01499	13,821						
108	01499	16,950						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
103	1000/1000/FACT	445	NONE					
104	1000/1000/FACT	445	NONE					
105	1000/1000/FACT	445	NONE					
106	1000/1000/FACT	445	NONE					
107	1000/1000/FACT	445	NONE					
108	1000/1000/FACT	445	NONE					
Total Premium		52,015						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
103	SEE FORM(S)	6			See Schedule(s)			
104	SEE FORM(S)	6						
105	SEE FORM(S)	6						
106	SEE FORM(S)	6						
107	SEE FORM(S)	6						
108	SEE FORM(S)	6						
Total Premium		803						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
103								451
104								451
105								451
106								451
107								451
108								451
Total Premium								52,818

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
109	1999	DODGE TRUCK	192986	CUST 115	040	YULEE, FL		
110	1999	DODGE TRUCK	192987	BM 119	040	YULEE, FL		
111	2000	DODGE TRUCK	628908	BM 108	040	YULEE, FL		
112	2000	DODGE UTILITY VAN	126753	BM 205	040	YULEE, FL		
113	2000	DODGE TRUCK	628906	BM 106	040	YULEE, FL		
114	2000	DODGE TRUCK	628907	BM 107	040	YULEE, FL		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
109	01499	13,376				
110	01499	13,376				
111	01499	13,821				
112	01499	17,773				
113	01499	13,821				
114	01499	13,821				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
109	1000/1000/FACT	445	NONE					
110	1000/1000/FACT	445	NONE					
111	1000/1000/FACT	445	NONE					
112	1000/1000/FACT	445	NONE					
113	1000/1000/FACT	445	NONE					
114	1000/1000/FACT	445	NONE					
Total Premium		54,685						

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
109	SEE FORM(S)	6			See Schedule(s)
110	SEE FORM(S)	6			
111	SEE FORM(S)	6			
112	SEE FORM(S)	6			
113	SEE FORM(S)	6			
114	SEE FORM(S)	6			
Total Premium		839			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
109								451
110								451
111								451
112								451
113								451
114								451
Total Premium								55,524

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
115	2001 DODGE TRUCK 281080 PW				040 YULEE, FL			
116	2001 DODGE TRUCK 281081 PW				040 YULEE, FL			
117	2001 DODGE TRUCK 564385 REC				040 YULEE, FL			
118	2001 FORD VAN/BUS B48619 CLERK				040 YULEE, FL			
119	2002 GMC TRUCK 251563 BLDG INSP				040 YULEE, FL			
120	2002 DODGE TRUCK 802233 MAINT				040 YULEE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
115	01499	13,983						
116	01499	13,983						
117	01499	23,184						
118	5882	25,361						
119	01499	13,075						
120	01499	15,345						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
115	1000/1000/FACT	445	NONE					
116	1000/1000/FACT	445	NONE					
117	1000/1000/FACT	445	NONE					
118	1000/1000/FACT	1,289	NONE					
119	1000/1000/FACT	445	NONE					
120	1000/1000/FACT	445	NONE					
Total Premium		58,199						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
115	SEE FORM(S)	6			See Schedule(s)			
116	SEE FORM(S)	6						
117	SEE FORM(S)	6						
118	SEE FORM(S)	35						
119	SEE FORM(S)	6						
120	SEE FORM(S)	6						
Total Premium		904						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
115								451
116								451
117								451
118								1,324
119								451
120								451
Total Premium								59,103

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
121	2002 GMC TRUCK 251563 BLDG INSP		040 YULEE, FL					
122	1975 FORD FIRE TRUCK A35372 VFD BV6		040 YULEE, FL					
123	1980 FORD FIRE TRUCK JG6883 VFD YULEE		040 YULEE, FL					
124	1994 UTILITY TRAILER UT16 BM		040 YULEE, FL					
125	1997 CHEVROLET TRUCK 242445 RD 169		040 HILLIARD, FL					
126	1997 CHEVROLET TRUCK 242185 RD 152		040 HILLIARD, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
121	01499	13,639						
122	7909							
123	7909	50,000						
124	69499							
125	01499	13,817						
126	01499	13,151						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
121	1000/1000/FACT	445	NONE					
122	1000/1000/FACT	635	NONE					
123	1000/1000/FACT	635	NONE					
124	1000/1000/FACT	INCL	NONE					
125	1000/1000/FACT	445	NONE					
126	1000/1000/FACT	445	NONE					
Total Premium		60,804						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
121	SEE FORM(S)	6			See Schedule(s)			
122	SEE FORM(S)	8						
123	SEE FORM(S)	8						
124	SEE FORM(S)	INCL						
125	SEE FORM(S)	6						
126	SEE FORM(S)	6						
Total Premium		938						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
121								451
122								643
123								643
124								
125								451
126								451
Total Premium								61,742

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
127	1997 CHEVROLET TRUCK 242664 RD 160		040 HILLIARD, FL					
128	2000 FORD TRUCK A00494 RD 305		040 HILLIARD, FL					
129	2000 DODGE TRUCK 610873 RD 148		040 HILLIARD, FL					
130	2000 DODGE TRUCK 610872 RD 146		040 HILLIARD, FL					
131	2000 DODGE TRUCK 609414 RD 145		040 HILLIARD, FL					
132	2000 FORD TRUCK A48266 RD 307		040 HILLIARD, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
127	01499	13,151						
128	23499	36,984						
129	01499	17,899						
130	01499	17,899						
131	01499	17,899						
132	33499	48,586						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
127	1000/1000/FACT	445	NONE					
128	1000/1000/FACT	511	NONE					
129	1000/1000/FACT	445	NONE					
130	1000/1000/FACT	445	NONE					
131	1000/1000/FACT	445	NONE					
132	1000/1000/FACT	563	NONE					
Total Premium		63,658						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
127	SEE FORM(S)	6			See Schedule(s)			
128	SEE FORM(S)	6						
129	SEE FORM(S)	6						
130	SEE FORM(S)	6						
131	SEE FORM(S)	6						
132	SEE FORM(S)	6						
Total Premium		974						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
127								451
128								517
129								451
130								451
131								451
132								569
Total Premium								64,632

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY						
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged						
133	2001 KENWORTH DUMP TRUCK	871123 RD 410	040 HILLIARD, FL						
134	2001 STERLING	H98552 SW 1550	040 HILLIARD, FL						
135	1999 FORD AMBULANCE	B80392 F/R R30	040 HILLIARD, FL						
136	1998 DODGE TRUCK	013726 RD 1407	040 HILLIARD, FL						
137	1999 CHEVROLET	272073 RD 8	040 HILLIARD, FL						
138	2000 DODGE TRUCK	164610 RD 150	040 HILLIARD, FL						
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision			
				Coverage	Limit	Limit			
133	33479	77,570							
134	33499	76,777							
135	7919	79,468							
136	01499	39,900							
137	7398	14,272							
138	01499	20,326							
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED				
	Limit (in thousands)		Premium	Limit	Premium	Limit (in thousands)		Premium	UM
133	1000/1000/FACT		516	NONE					
134	1000/1000/FACT		563	NONE					
135	1000/1000/FACT		792	NONE					
136	1000/1000/FACT		445	NONE					
137	1000/1000/FACT		309	NONE					
138	1000/1000/FACT		445	NONE					
Total Premium			66,728						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss				
	Limit stated in each P.I.P. end.		Premium	Limit stated in each P.P.I. end.		Premium			
133	SEE FORM(S)		6			See Schedule(s)			
134	SEE FORM(S)		6						
135	SEE FORM(S)		10						
136	SEE FORM(S)		6						
137	SEE FORM(S)		9						
138	SEE FORM(S)		6						
Total Premium			1,017						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL	
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium	
133								522	
134								569	
135								802	
136								451	
137								318	
138								451	
Total Premium								67,745	

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged
139	1999 STERLING TRUCK A76158	RD 306	040 HILLIARD, FL
140	2001 DODGE TRUCK 268670	RD	040 HILLIARD, FL
141	2001 E-ONE FIRE TRUCK 039042	F/ST 40	040 HILLIARD, FL
142	2001 FORD TRUCK A40452	RD 300	040 HILLIARD, FL
143	2001 DODGE TRUCK 294916	RD 144	040 HILLIARD, FL
144	2002 STERLING DUMP TRUCK J53214	RD	040 HILLIARD, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
139	23499	48,918				
140	01499	19,466				
141	7909	177,816				
142	33499	48,440				
143	01499	19,466				
144	33479	75,165				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
139	1000/1000/FACT	511	NONE				
140	1000/1000/FACT	445	NONE				
141	1000/1000/FACT	635	NONE				
142	1000/1000/FACT	563	NONE				
143	1000/1000/FACT	445	NONE				
144	1000/1000/FACT	516	NONE				
Total Premium		69,843					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
139	SEE FORM(S)	6			See Schedule(s)
140	SEE FORM(S)	6			
141	SEE FORM(S)	8			
142	SEE FORM(S)	6			
143	SEE FORM(S)	6			
144	SEE FORM(S)	6			
Total Premium		1,055			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
139								517
140								451
141								643
142								569
143								451
144								522
Total Premium								70,898

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
145	2002 STERLING DUMP TRUCK J53215 RD		040 HILLIARD, FL					
146	1986 LOWBOY TRAILER S86085 RD 1400		040 HILLIARD, FL					
147	1989 FORD DUMP TRUCK A20506 RD 403		040 HILLIARD, FL					
148	1993 FORD TRUCK A72843 RD 147		040 HILLIARD, FL					
149	1994 FORD TRUCK A14593 RD 302		040 HILLIARD, FL					
150	1994 FORD DUMP TRUCK A21629 RD 406		040 HILLIARD, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
145	01499	75,165						
146	68499							
147	33479							
148	01499	11,086						
149	23499	29,267						
150	23479	56,365						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
145	1000/1000/FACT	445	NONE					
146	1000/1000/FACT	68	NONE					
147	1000/1000/FACT	516	NONE					
148	1000/1000/FACT	445	NONE					
149	1000/1000/FACT	511	NONE					
150	1000/1000/FACT	467	NONE					
Total Premium		72,295						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
145	SEE FORM (S)	6			See Schedule(s)			
146	SEE FORM (S)	1						
147	SEE FORM (S)	6						
148	SEE FORM (S)	6						
149	SEE FORM (S)	6						
150	SEE FORM (S)	6						
Total Premium		1,086						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
145								451
146								69
147								522
148								451
149								517
150								473
Total Premium								73,381

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged
151	1994 FORD DUMP TRUCK A37162	RD 408	040 HILLIARD, FL
152	1994 FORD DUMP TRUCK A37165	RD 404	040 HILLIARD, FL
153	1994 FORD DUMP TRUCK A37164	RD 409	040 HILLIARD, FL
154	1994 FORD TRUCK B62881	RD 143	040 HILLIARD, FL
155	1997 FORD TRUCK A44759	RD 301	040 HILLIARD, FL
156	1975 INTERNATL FIRE TRUCK A25054	VFD RR9	040 HILLIARD, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
151	23479	56,049				
152	23479	56,049				
153	23479	56,049				
154	01499	11,570				
155	33499					
156	7909	9,500				

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
151	1000/1000/FACT	467	NONE				
152	1000/1000/FACT	467	NONE				
153	1000/1000/FACT	467	NONE				
154	1000/1000/FACT	445	NONE				
155	1000/1000/FACT	563	NONE				
156	1000/1000/FACT	635	NONE				
Total Premium		75,339					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
151	SEE FORM(S)	6			See Schedule(s)
152	SEE FORM(S)	6			
153	SEE FORM(S)	6			
154	SEE FORM(S)	6			
155	SEE FORM(S)	6			
156	SEE FORM(S)	8			
Total Premium		1,124			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
151								473
152								473
153								473
154								451
155								569
156								643
Total Premium								76,463

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY					
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged					
157	1970 AMERICAN GENERAL	511939 RD 1518	040 HILLIARD, FL					
158	1989 FORD PRIVATE PASS	A07315 MAINT UT40	040 HILLIARD, FL					
159	1983 FORD TRUCK	A27854 RD TRC600	040 HILLIARD, FL					
160	1999 DODGE TRUCK	214121 SW 177	040 CALLAHAN, FL					
161	1999 FORD FIRE PPT	2237789 F/R F2	040 CALLAHAN, FL					
162	2000 DUAL AXLE TRAILER	B07448 SW	040 CALLAHAN, FL					
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
157	23499							
158	7398							
159	33499							
160	01499	13,390						
161	7908	19,194						
162	68499	7,565						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM	
157	1000/1000/FACT	511	NONE					
158	1000/1000/FACT	309	NONE					
159	1000/1000/FACT	563	NONE					
160	1000/1000/FACT	445	NONE					
161	1000/1000/FACT	309	NONE					
162	1000/1000/FACT	68	NONE					
Total Premium		77,544						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
157	SEE FORM(S)	6			See Schedule(s)			
158	SEE FORM(S)	9						
159	SEE FORM(S)	6						
160	SEE FORM(S)	6						
161	SEE FORM(S)	9						
162	SEE FORM(S)	1						
Total Premium		1,161						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
157								517
158								318
159								569
160								451
161								318
162								69
Total Premium								78,705

FLORIDA ASSOC. OF COUNTIES TRUST

**BUSINESS AUTO SCHEDULE
(ALL STATES)**

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
163	2000 JEEP PPT 151337 SW 81				040 CALLAHAN, FL			
164	1999 FORD PRIVATE PASS 245270 COEX 2				040 CALLAHAN, FL			
165	2001 DODGE PRIVATE PASS 656391 COEX 196				040 CALLAHAN, FL			
166	2000 DODGE TRUCK G108837 SW 174				040 CALLAHAN, FL			
167	2001 E-ONE FIRE TRUCK 039014 F/ST 50				040 CALLAHAN, FL			
168	2002 DODGE PRIVATE PASS 209752 COEX				040 CALLAHAN, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
163	7398	19,195						
164	7398	14,783						
165	7398	17,000						
166	01499	19,387						
167	7909	177,816						
168	7398	14,000						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
163	1000/1000/FACT	309	NONE					
164	1000/1000/FACT	309	NONE					
165	1000/1000/FACT	309	NONE					
166	1000/1000/FACT	445	NONE					
167	1000/1000/FACT	635	NONE					
168	1000/1000/FACT	309	NONE					
Total Premium		79,860						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
163	SEE FORM(S)	9			See Schedule(s)			
164	SEE FORM(S)	9						
165	SEE FORM(S)	9						
166	SEE FORM(S)	6						
167	SEE FORM(S)	8						
168	SEE FORM(S)	9						
Total Premium		1,211						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
163								318
164								318
165								318
166								451
167								643
168								318
Total Premium								81,071

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
169	2002	DODGE TRUCK	249370	MAINT	040	CALLAHAN, FL		
170	2002	DODGE TRUCK	249369	MAINT	040	CALLAHAN, FL		
171	1992	JEEP PRIVATE PASS	211709	SW 80	040	CALLAHAN, FL		
172	1994	FORD AMBULANCE	A02658	F/R SQ6	040	CALLAHAN, FL		
173	1994	FORD TRUCK	B62906	SW 176	040	CALLAHAN, FL		
174	1994	FORD TRUCK	B62907	SW 179	040	CALLAHAN, FL		
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
169	01499	14,805						
170	01499	15,813						
171	7398							
172	7919	89,000						
173	01499	12,010						
174	01499	12,010						
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
169	1000/1000/FACT	445	NONE					
170	1000/1000/FACT	445	NONE					
171	1000/1000/FACT	309	NONE					
172	1000/1000/FACT	792	NONE					
173	1000/1000/FACT	445	NONE					
174	1000/1000/FACT	445	NONE					
Total Premium		82,741						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
169	SEE FORM(S)	6			See Schedule(s)			
170	SEE FORM(S)	6						
171	SEE FORM(S)	9						
172	SEE FORM(S)	10						
173	SEE FORM(S)	6						
174	SEE FORM(S)	6						
Total Premium		1,254						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
169								451
170								451
171								318
172								802
173								451
174								451
Total Premium								83,995

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY	
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town, State & Zip Where the Covered Auto will be principally garaged	
175	1985 HEIL SEMI TRAILER 3D71163	F/R TRL3	040	CALLAHAN, FL
176	1967 KAISER JEEP TRUCK 10826	SW	040	CALLAHAN, FL
177	1981 MACK GARBAGE TRUCK 050447	SW 1520	040	CALLAHAN, FL
178	1988 CHEVROLET TRUCK 134734	SW 195	040	CALLAHAN, FL
179	1975 FORD FIRE TRUCK V72987	VFD GG8	040	CALLAHAN, FL
180	1955 INTERNATL TRUCK 1853	SW 651	040	CALLAHAN, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
175	67499					
176	01499					
177	33453	28,900				
178	01499					
179	7909					
180	33499					

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED		
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM UIM
175	1000/1000/FACT	113	NONE				
176	1000/1000/FACT	445	NONE				
177	1000/1000/FACT	798	NONE				
178	1000/1000/FACT	445	NONE				
179	1000/1000/FACT	635	NONE				
180	1000/1000/FACT	563	NONE				
Total Premium		85,740					

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
175	SEE FORM(S)	1			See Schedule(s)
176	SEE FORM(S)	6			
177	SEE FORM(S)	6			
178	SEE FORM(S)	6			
179	SEE FORM(S)	8			
180	SEE FORM(S)	6			
Total Premium		1,287			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
175								114
176								451
177								804
178								451
179								643
180								569
Total Premium								87,027

FLORIDA ASSOC. OF COUNTIES TRUST

**BUSINESS AUTO SCHEDULE
(ALL STATES)**

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Town, State & Zip Where the Covered Auto will be principally garaged			
181	1967 KAISER JEEP TRUCK 413344 SW 1440				040 CALLAHAN, FL			
182	1986 DODGE TRUCK 120804 SW 171				040 CALLAHAN, FL			
183	1967 FORD/SEAGR B01065 RIVER RV				040 CALLAHAN, FL			
184	1999 FORD AMBULANCE E32788 F/R R60				040 BRYCEVILLE, FL			
185	1969 KAISER JEEP 517210 VFD NV7				040 NASSAUVILLE, FL			
Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision		
				Coverage	Limit	Limit		
181	23499							
182	01499							
183	7909							
184	7919	79,468						
185	7909							
Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
181	1000/1000/FACT	511	NONE					
182	1000/1000/FACT	445	NONE					
183	1000/1000/FACT	635	NONE					
184	1000/1000/FACT	792	NONE					
185	1000/1000/FACT	635	NONE					
Total Premium		88,758						
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss			
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium				
181	SEE FORM(S)	6			See Schedule(s)			
182	SEE FORM(S)	6						
183	SEE FORM(S)	8						
184	SEE FORM(S)	10						
185	SEE FORM(S)	8						
Total Premium		1,325						
Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
181								517
182								451
183								643
184								802
185								643
Total Premium								90,083

FLORIDA ASSOC. OF COUNTIES TRUST

PREMIUM RECAP

POLICY

THIS WORKSHEET IS PART OF POLICY #FAC2245AU

283 EFFECTIVE 10/01/2002
EXPIRATION 10/01/2003

NASSAU COUNTY

AGENT:

AUTOMOBILE
AUTO COMMON COVS

90,083.00
471.00

TOTAL

90,554.00

DATE - 11/11/2002 NEW BUSINESS LHG



RECEIVED
NOV 27 2002
RISK MGT. OFFICE

COMMERCIAL AUTOMOBILE POLICY

Member of the Old Republic Insurance Group

CAPITAL STOCK INSURANCE COMPANIES - 320 18TH STREET - ROCK ISLAND, ILLINOIS 61201

IMPORTANT INFORMATION TO POLICYHOLDERS

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact the insurance company issuing this policy at the following address and telephone number:

Bituminous Insurance Companies
2310 Parklake Dr., N.E., Ste. 550
Atlanta, Georgia 30345

Telephone: 770-934-9010
800-822-2905
Fax: 770-934-3734

Bituminous Insurance Companies
600 Vestavia Parkway, Ste. 121
P.O. Box 360865
Birmingham, AL 35236-0865

Telephone: 205-988-9890
800-356-8720
Fax: 205-822-8772

Bituminous Insurance Companies
P.O. Box 2031
Montgomery, AL 36102

Telephone: 334-263-0288
800-239-7400
Fax: 334-265-0818

GO 2285 (1-93)



Bituminous Casualty Corporation
Bituminous Fire and Marine Insurance Company

NOTICE PRIVACY STATEMENT

Bituminous Insurance Companies is strongly committed to protecting the confidentiality of our customers' non-public personal information. We collect information about our customers on a routine basis. The collection of this information is necessary to effect, administer, or enforce a transaction that you, our customer, have authorized. Even after our business relationship ends, your personal information remains confidential. This notice describes our privacy policy and explains how we treat the information we receive about you.

Information about you is collected through your application for insurance or submission of a claim. This information may include but is not limited to:

Identification Information - such as name, address, Social Security Number, employer identification number, date of birth, age and gender.

Personal Financial Information - such as credit history, bank account information, employment history, wage history and bankruptcy information.

Medical Information - such as a physician's diagnosis and injury information.

Other Information - such as motor vehicle reports, courthouse records, police/fire reports and reports from government agencies (i.e., Department of Transportation/Environmental Protection Agency).

How We Use Your Information:

We use the information about you to conduct normal business activities as requested by you, our customer. Normal business includes servicing or processing an insurance product or service requested by you. Underwriting of your insurance coverage and processing claims on your coverage are normal business activities in which we engage.

How We Disclose Your Information:

We may disclose information necessary to conduct normal business activity or activities required by law or regulation. Information may be disclosed to others to enable them to provide a business service to us. Examples of this situation would be outside medical payment review, independent adjusters servicing claims, and data gathering organizations needing information for establishing rates. Information may also be sent to regulatory agencies, state insurance departments, or law enforcement agencies for the prevention of fraud. We may make other disclosures of information as permitted or required by law within the scope of normal business activities.

We do not make disclosures of information for the purpose of cross-selling or marketing nonaffiliated third parties' products or services. For example, we do not and will not sell your name to a mail order catalog company or other marketing ventures.

How We Protect and Secure Information:

Access to your non-public personal information is restricted to those who need to know your information to provide products or services to you. Our employees are required to protect and maintain the confidentiality of your information. Employees must follow and comply with established policies and procedures regarding customer privacy. We maintain physical, electronic and procedural safeguards to secure your nonpublic personal information.

Former Customers:

The above privacy statement remains in force when a customer relationship no longer exists with you. Bituminous Insurance Companies will always keep your nonpublic personal information confidential.

Questions:

If you have any questions regarding this privacy statement, please contact our privacy coordinator at 1-800-475-4477.

**POLICY FORMS
AND
ENDORSEMENTS**

BUSINESS AUTO COVERAGE FORM DECLARATIONS



ITEM ONE

POLICY NO. CAP 3 151 036 B

COMPANY: BITUMINOUS CASUALTY CORPORATION

NEW

The Insured/Mailing address

NASSAU COUNTY BOARD OF COMMISSIONERS
 ATTN: LEW EASON, PO BOX 1010
 3163 BAILEY ROAD
 FERNANDINA BEACH FL 32034

Individual Partnership

Corporation or MUNICIPALITY

Policy Period: The policy period is from 10-01-02 to 10-01-03 12:01 A.M. Standard Time.
 at the insured's mailing address.

PREMIUM ADJUSTMENT PERIOD: ANNUAL

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Forms shows which autos are covered autos)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability			
Personal Injury (P.I.P.) <small>(or equivalent no-fault cov.)</small>		Separately Stated in Each P.I.P. End. Minus Deductible	
Added P.I.P. <small>(or equivalent added No-Fault cov.)</small>		Separately Stated in each Added P.I.P. Endorsement	
Property Protection Ins. <small>(P.P.I.) (Michigan Only)</small>		Separately Stated in the P.P.I. End. Minus Deductible For Each Accident	
Auto Medical Payments			
Uninsured Motorists (UM)			
Underinsured Motorists <small>(when not included in UM Cov.)</small>			
PHYSICAL DAMAGE			
Comprehensive Coverage	7	Actual Cash Value Or	\$ 8,867.00
Specified Causes Of Loss Coverage		Cost Of Repair Whichever Is Less Minus	
Collision Coverage	7		\$ 20,671.00
Towing and Labor		for each disablement of a private passenger auto	
Premium for Endorsements			
State Charges			
Estimated Deposit Premium			\$ 29,538.00

Forms And Endorsements Applying To This Coverage Part And Made A Part Of This Policy At Time Of Issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN ^^ See ITEM FOUR for hired or borrowed "autos."

SEE SCHEDULE OF COVERED AUTOS YOU OWN

Countersigned

By Kenneth Moneghan
 Authorized Representative

INSURED'S COPY

AA-2705a (10/01) Part 1 Forms and endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THIS POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PARTS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)

Part 2

POLICY NUMBER: CAP 3 151 036

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium
Total Premium				NOT APPLICABLE

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family member(s)). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
Comprehensive	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto for loss caused by mischief or vandalism.			
Collision	Actual cash value or cost of repair, whichever is less, minus Ded. for each covered auto.			
Total Premium				

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
Total Premium			NOT APPLICABLE

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
Total Premiums				
Minimum Premiums				

When used as a premium basis:

For Public Autos

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including fees.

For Rental or Leasing Concerns

Gross Receipts means the total amount to which you are entitled for leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total amount of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
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Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
001	77	PIERCE/FOR FIRE TRUCK VFD NV7-YU	F75FV046093	FERNANDINA BEACH	FL
002	85	FMI HURRICANE FR ENG3	1F9ABAA89F1037305	FERNANDINA BEACH	FL
003	86	FEDERAL MT 110 LDR/PU FR L2	1F9DBBA8761037470	FERNANDINA BEACH	FL
004	87	FORD F350 TRUCK FIRE	1FDKF37L8HNA80201	FERNANDINA BEACH	FL
005	91	GMC AMBULANCE MAV RESCUE F/R R101	1GDG6H1J7MJ509405	FERNANDINA BEACH	FL
006	93	PIERCE SAB E7959 F/R E2	4PCT0U4PA00678	FERNANDINA BEACH	FL
007	91	FORD AMBULANCE F350 F/R R8	1FDKE30M9MHB34863	YULEE	FL
008	91	FORD AMBULANCE F/R R7	1FDKE30M9MHB34864	FERNANDINA BEACH	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
001	790900	85000	26000		COMMERC				
002	790900	120000	45000		COMMERC				
003	790900	315000	45000		COMMERC				
004	790900	21625	45000		COMMERC				
005	791900	132000	45000		COMMERC				
006	790900	150000	45000		COMMERC				
007	791900	37500	45000		COMMERC				
008	791900	37500	45000		COMMERC				

Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U/M Prem
001										
002										
003										
004										
005										
006										
007										
008										

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
001	COMPREH	\$ 1,000	YES	85,000	73	\$ 1,000	YES	85,000	200
002	COMPREH	\$ 1,000	YES	120,000	107	\$ 1,000	YES	120,000	188
003	COMPREH	\$ 1,000	YES	315,000	299	\$ 1,000	YES	315,000	529
004	COMPREH	\$ 500	YES	21,625	47	\$ 500	YES	21,625	85
005	COMPREH	\$ 1,000	YES	132,000	136	\$ 1,000	YES	132,000	358
006	COMPREH	\$ 1,000	YES	150,000	137	\$ 1,000	YES	150,000	240
007	COMPREH	\$ 500	YES	37,500	77	\$ 500	YES	37,500	209
008	COMPREH	\$ 500	YES	37,500	77	\$ 500	YES	37,500	209

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
001				\$ 273.00
002				\$ 295.00
003				\$ 828.00
004				\$ 132.00
005				\$ 494.00
006				\$ 377.00
007				\$ 286.00
008				\$ 286.00

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
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Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
009	97	FORD F700 CREWCAB RD 304	1FDXF70J7VVA44758	FERNANDINA BEACH	FL
010	96	FIRE ENGINE SPARTAN F/R E70	4S7JT9K00TC022160	FERNANDINA BEACH	FL
011	97	JEEP CHEROKEE SPORT EM	1J4FJ68SXL593981	FERNANDINA BEACH	FL
012	97	FRGHTLNER AMBUL RESCUE UNIT F/R R20	1FV3GFBC7VH778165	FERNANDINA BEACH	FL
013	97	FORD 4X4 RANGER EXT PW-E61	1FTCR15UXVPA57647	FERNANDINA BEACH	FL
014	97	CHEVROLET 1/2 T PICKUP RD 169	1GCEC14W1VZ242445	HILLIARD	FL
015	97	CHEVROLET C1500 1/2 T RD152	1GCEC14W1VZ242185	HILLIARD	FL
016	97	CHEVROLET C1500 1/2 T RD 160	1GCEC14W2VZ242664	FERNANDINA BEACH	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
009	334990	36301	45000	LOCAL	COMMERC				
010	790900	179000	45000		COMMERC				
011	739800	22546			COMMERC				
012	791900	102940	45000		COMMERC				
013	014990	17900	10000	LOCAL	SERVICE				
014	014990	13817	10000	LOCAL	SERVICE				
015	014990	13151	10000	LOCAL	SERVICE				
016	014990	13151	10000	LOCAL	SERVICE				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
009											
010											
011											
012											
013											
014											
015											
016											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
009	COMPREH	\$ 500	NO	ACV	59	\$ 500	NO	ACV	136
010	COMPREH	\$ 1,000	YES	179,000	165	\$ 1,000	YES	179,000	291
011	COMPREH	\$ 500	NO	ACV	62	\$ 500	NO	ACV	131
012	COMPREH	\$ 1,000	YES	102,940	103	\$ 1,000	YES	102,940	270
013	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	130
014	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
015	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
016	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
009				\$ 195.00
010				\$ 456.00
011				\$ 193.00
012				\$ 373.00
013				\$ 191.00
014				\$ 163.00
015				\$ 163.00
016				\$ 163.00

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
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Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
017	97	CHEVROLET C1500 1/2 T RD 168	1GCEC14W6VZ243283	FERNANDINA BEACH	FL
018	97	FORD F250 3/4 T RCAB BM 114	1FDHF25H9VEB80371	FERNANDINA BEACH	FL
019	97	CHEVROLET C1500 1/2 T PKUP RD 161	1GCEC14W3VZ240714	FERNANDINA BEACH	FL
020	97	CHEVROLET C1500 1/6 T PKUP RD 167	1GCEC14WZ2VZ243040	FERNANDINA BEACH	FL
021	97	CHEVROLET C1500 1/2 T PKUP RD 164	1GCEC14W7VZ240702	FERNANDINA BEACH	FL
022	97	CHEVROLET C1500 1/2 T PKUP RD 149	1GCEC14W7VZ240912	FERNANDINA BEACH	FL
023	97	CHEVROLET C1500 1/2 T PKUP RD 162	1GCEC14W6VZ241596	FERNANDINA BEACH	FL
024	97	CHEVROLET C1500 1/2 T PKUP CODE E129	1GCEC14W8VZ241907	FERNANDINA BEACH	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
017	014990	13817	10000	LOCAL	SERVICE				
018	014990	18671	10000	LOCAL	SERVICE				
019	014990	13151	10000	LOCAL	SERVICE				
020	014990	13151	10000	LOCAL	SERVICE				
021	014990	13151	10000	LOCAL	SERVICE				
022	014990	13817	10000	LOCAL	SERVICE				
023	014990	13151	10000	LOCAL	SERVICE				
024	014990	13151	10000	LOCAL	SERVICE				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
017											
018											
019											
020											
021											
022											
023											
024											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
017	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
018	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	130
019	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
020	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
021	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
022	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
023	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
024	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110

Auto No.	Limit	Towing & Labor Premium	Other Premium	Annual Premium
017				\$ 163.00
018				\$ 191.00
019				\$ 163.00
020				\$ 163.00
021				\$ 163.00
022				\$ 163.00
023				\$ 163.00
024				\$ 163.00

AUTO SCHEDULE

Insured Name:		Effective Date:		Policy Number:						
NASSAU COUNTY BOARD OF COMMISSIONERS		10-01-02		CAP 3 151 036						
Auto No.	Year	Make and Description		Identification or Serial Number	Garaged	St				
025	97	CHEVROLET C1500 1/2 T PKUP RD 166		1GCEC14W5VZ242819	FERNANDINA BEACH	FL				
026	98	JEEP CHEROKEE 4X4 F/R		1J4FT28SXWL190488	FERNANDINA BEACH	FL				
027	98	FORD TAURUS BLDG 20		1FAFP52U1WA227483	FERNANDINA BEACH	FL				
028	98	FORD PICKUP CODE 126		1FTYR10U4WUC34192	FERNANDINA BEACH	FL				
029	98	FORD F350 VAN LIB 230		1FBSS31LOWH94086	FERNANDINA BEACH	FL				
030	98	CHEVROLET CAVALIER PA		1G1JC5243W7332368	FERNANDINA BEACH	FL				
031	98	CHEVROLET CAVALIER 4 PA		3G1JC5247WS832082	FERNANDINA BEACH	FL				
032	98	CHEVROLET CAVALIER 4 PA		1G1JC5241W7182714	FERNANDINA BEACH	FL				
Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium	
025	014990	13151	10000	LOCAL	SERVICE					
026	790800	16480			COMMERC					
027	739800	14590			COMMERC					
028	014990	11749	10000	LOCAL	SERVICE					
029	588100	21251	1-8	LOCAL	COMMERC					
030	739800	11588			COMMERC					
031	739800	11588			COMMERC					
032	739800	11588			COMMERC					
Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U/M Prem
025										
026										
027										
028										
029										
030										
031										
032										
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium	
025	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110	
026	COMPREH	\$ 500	NO	ACV	21	\$ 500	NO	ACV	46	
027	COMPREH	\$ 500	NO	ACV	44	\$ 500	NO	ACV	90	
028	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110	
029	COMPREH	\$ 500	NO	ACV	49	\$ 500	NO	ACV	99	
030	COMPREH	\$ 500	NO	ACV	44	\$ 500	NO	ACV	90	
031	COMPREH	\$ 500	NO	ACV	44	\$ 500	NO	ACV	90	
032	COMPREH	\$ 500	NO	ACV	44	\$ 500	NO	ACV	90	
Auto No.	Limit	Towing & Labor Premium	Other Premium	Annual Premium						
025				\$ 163.00						
026				\$ 67.00						
027				\$ 134.00						
028				\$ 163.00						
029				\$ 148.00						
030				\$ 134.00						
031				\$ 134.00						
032				\$ 134.00						

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
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Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
033	98	DODGE 1/2 T PICKUP PW-E64	1B7FL26XSW54736	FERNANDINA BEACH	FL
034	97	FORD ETNYR TRUCK W/AS RD 1513	1FDXF80C4WVA31975	FERNANDINA BEACH	FL
035	98	FORD CROWN VIC F/R F3	2FAFP73W7WX124541	FERNANDINA BEACH	FL
036	98	VERMEER CHIPPER TRAILER RD 1514	1VRN13123W1001232	FERNANDINA BEACH	FL
037	98	FORD CROWN VIC F/R F1	2FAFP73W2WX128349	FERNANDINA BEACH	FL
038	98	CHEVROLET G20 VAN BM 206	1GCGG25R4W1059780	FERNANDINA BEACH	FL
039	99	FORD F350 RESCUE UNIT F/R R70	1FDWF36F8XEB48377	FERNANDINA BEACH	FL
040	99	FORD F350 RESCUE UNIT F/R R40	1FDWF36F6XEB48376	FERNANDINA BEACH	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
033	014990	13015	10000	LOCAL	SERVICE				
034	234990	72825	20000	LOCAL	COMMERC				
035	790800	19054			COMMERC				
036	684990	7040		LOCAL	COMMERC				
037	790800	18955			COMMERC				
038	014990	20629	10000	LOCAL	SERVICE				
039	791900	78202	45000		COMMERC				
040	791900	78202	45000		COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
033											
034											
035											
036											
037											
038											
039											
040											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
033	COMPREH	\$ 500	NO	ACV	53	\$ 500	NO	ACV	110
034	COMPREH	\$ 1,000	NO	ACV	80	\$ 1,000	NO	ACV	239
035	COMPREH	\$ 500	NO	ACV	21	\$ 500	NO	ACV	46
036	COMPREH	\$ 500	NO	ACV	19	\$ 500	NO	ACV	41
037	COMPREH	\$ 500	NO	ACV	21	\$ 500	NO	ACV	46
038	COMPREH	\$ 500	NO	ACV	68	\$ 500	NO	ACV	138
039	COMPREH	\$ 1,000	YES	78,202	75	\$ 1,000	YES	78,202	313
040	COMPREH	\$ 1,000	YES	78,202	75	\$ 1,000	YES	78,202	313

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
033				\$ 163.00
034				\$ 319.00
035				\$ 67.00
036				\$ 60.00
037				\$ 67.00
038				\$ 206.00
039				\$ 388.00
040				\$ 388.00

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
--	------------------------------------	--

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
041	99	STERLING LN8000/TRA RD 601	2FWYKEB7XAA76679	FERNANDINA BEACH	FL
042	99	DODGE CARAVAN COEX	2B4GP25G6XR297929	FERNANDINA BEACH	FL
043	99	CHEVROLET CAVALIER PA	1G1JC5248X7263209	FERNANDINA BEACH	FL
044	99	CHEVROLET CAVALIER PA	1G1JC5240X7266010	FERNANDINA BEACH	FL
045	99	CHEVROLET CAVALIER PA	1G1JC5240X7265973	FERNANDINA BEACH	FL
046	99	JEEP CHEROKEE PW-D62	1J4FF28S6XL632496	FERNANDINA BEACH	FL
047	99	DODGE PICKUP SW177	1B7HC16X2XS214121	CALLAHAN	FL
048	99	FORD CROWN VIC F/R F2	2FAFP73W3XX237789	CALLAHAN	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
041	334790	61718	45000	LOCAL	COMMERC				
042	588100	17539	1-8	LOCAL	COMMERC				
043	739800	11863			COMMERC				
044	739800	11863			COMMERC				
045	739800	11863			COMMERC				
046	739800	19089			COMMERC				
047	014990	13390	10000	LOCAL	SERVICE				
048	790800	19194			COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
041											
042											
043											
044											
045											
046											
047											
048											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
041	COMPREH	\$ 1,000	NO	ACV	57	\$ 1,000	NO	ACV	198
042	COMPREH	\$ 500	NO	ACV	54	\$ 500	NO	ACV	106
043	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120
044	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120
045	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120
046	COMPREH	\$ 500	NO	ACV	73	\$ 500	NO	ACV	136
047	COMPREH	\$ 500	NO	ACV	64	\$ 500	NO	ACV	127
048	COMPREH	\$ 500	NO	ACV	29	\$ 500	NO	ACV	61

Auto No.	Limit	Towing & Labor Premium	Other Premium	Annual Premium
041				\$ 255.00
042				\$ 160.00
043				\$ 181.00
044				\$ 181.00
045				\$ 181.00
046				\$ 209.00
047				\$ 191.00
048				\$ 90.00

AUTO SCHEDULE

Insured Name:			Effective Date:			Policy Number:					
NASSAU COUNTY BOARD OF COMMISSIONERS			10-01-02			CAP 3 151 036					
Auto No.	Year	Make and Description	Identification or Serial Number			Garaged	St				
049	00	FORD F651 TRUCK RD 305	3FENF65A4YMA00494			HILLIARD	FL				
050	00	DODGE 1/2 TON PICKUP RD 148	1B7HF16Y0YS610873			HILLIARD	FL				
051	00	DODGE 1/2 TON PICKUP RD 146	1B7HF16YYS610872			HILLIARD	FL				
052	00	DODGE 1/2 TON PICKUP RD 145	1B7HF16Y7YS609414			HILLIARD	FL				
053	00	FORD F150 PW - E121	1FTZX1721YNB35096			FERNANDINA	FL				
054	00	FORD F150 PICKUP PW-E122	1FTZX172XYNB35095			FERNANDINA	FL				
055	01	DODGE PKUP 4X4 SWB CC PW - E 131	3B7HF12Y11G186221			FERNANDINA	FL				
056	97	FORD SEDAN CLERK	2FALP71WVX120540			YULEE	FL				
Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium		
049	234990	36984	20000	LOCAL	COMMERC						
050	014990	17899	10000	LOCAL	SERVICE						
051	014990	17899	10000	LOCAL	SERVICE						
052	014990	17899	10000	LOCAL	SERVICE						
053	014990	16748	10000	LOCAL	SERVICE						
054	014990	16748	10000	LOCAL	SERVICE						
055	014990	19295	10000	LOCAL	SERVICE						
056	739800	13500			COMMERC						
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded PPI Prem		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
049											
050											
051											
052											
053											
054											
055											
056											
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium		
049	COMPREH	\$ 500	NO	ACV	81	\$ 500	NO	ACV	189		
050	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
051	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
052	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
053	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
054	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
055	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
056	COMPREH	\$ 500	NO	ACV	44	\$ 500	NO	ACV	90		
Auto No.	Limit	Towing & Labor Premium		Other Premium		Annual Premium					
049						\$	270.00				
050						\$	247.00				
051						\$	247.00				
052						\$	247.00				
053						\$	247.00				
054						\$	247.00				
055						\$	286.00				
056						\$	134.00				

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS	Effective Date: 10-01-02	Policy Number: CAP 3 151 036
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Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
057	01	DODGE C1500 PICKUP PW-T 132	1B7HC16X01S745244	FERNANDINA BEACH	FL
058	00	DUAL AXLE TRAILER 12 SW	1A920029113B07448	CALLAHAN	FL
059	00	FORD FLATBED F750 RD 307	3FDXW7580YMA48266	HILLIARD	FL
060	01	KENWORTH DUMP RD 410	1NKDLU0X81J871123	HILLIARD	FL
061	00	FORD WINDSTAR VAN CLERK	2FMZA5041YBC35050	FERNANDINA BEACH	FL
062	01	STERLING ROLL OFF C SW1550	2FZHZAS1AH98552	HILLIARD	FL
063	01	DODGE RAM PICKUP BM 102	1B7HC16X21S213185	YULEE	FL
064	01	DODGE RAM VAN CUST 202	2B7JB21YX1K517823	YULEE	FL

Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
057	014990	12766	10000	LOCAL	SERVICE				
058	684990	7565		LOCAL	COMMERC				
059	334990	48586	45000	LOCAL	COMMERC				
060	334790	77570	45000	LOCAL	COMMERC				
061	739800	18448			COMMERC				
062	334990	76777	45000	LOCAL	COMMERC				
063	014990	13983	10000	LOCAL	SERVICE				
064	014990	16770	10000	LOCAL	SERVICE				

Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U/M Prem
057										
058										
059										
060										
061										
062										
063										
064										

Auto No.	Other Than Collision				Collision					
	Type	Ded	St Amt	Limit	Premium	Ded	St Amt	Limit	Premium	
057	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168	
058	COMPREH	\$ 500	NO	ACV	24	\$ 500	NO	ACV	54	
059	COMPREH	\$ 500	NO	ACV	87	\$ 500	NO	ACV	262	
060	COMPREH	\$ 1,000	NO	ACV	81	\$ 1,000	NO	ACV	324	
061	COMPREH	\$ 500	NO	ACV	73	\$ 500	NO	ACV	136	
062	COMPREH	\$ 1,000	NO	ACV	108	\$ 1,000	NO	ACV	346	
063	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168	
064	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200	

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
057				\$ 245.00
058				\$ 78.00
059				\$ 349.00
060				\$ 405.00
061				\$ 209.00
062				\$ 454.00
063				\$ 245.00
064				\$ 286.00



AUTO SCHEDULE

Insured Name:			Effective Date:			Policy Number:					
NASSAU COUNTY BOARD OF COMMISSIONERS			10-01-02			CAP 3 151 036					
Auto No.	Year	Make and Description			Identification or Serial Number		Garaged	St			
057	01	DODGE C1500 PICKUP PW-T 132			1B7HC16X01S745244		FERNANDINA BEACH	FL			
058	00	DUAL AXLE TRAILER 12 SW			1A920029113B07448		CALLAHAN	FL			
059	00	FORD FLATBED F750 RD 307			3FDXW7580YMA48266		HILLIARD	FL			
060	01	KENWORTH DUMP RD 410			1NKDLUOX81J871123		HILLIARD	FL			
061	00	FORD WINDSTAR VAN CLERK			2FMZA5041YBC35050		FERNANDINA BEACH	FL			
062	01	STERLING ROLL OFF C SW1550			2FZHZA1AH98552		HILLIARD	FL			
063	01	DODGE RAM PICKUP BM 102			1B7HC16X21S213185		YULEE	FL			
064	01	DODGE RAM VAN CUST 202			2B7JB21YX1K517823		YULEE	FL			
Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium		
057	014990	12766	10000	LOCAL	SERVICE						
058	684990	7565		LOCAL	COMMERC						
059	334990	48586	45000	LOCAL	COMMERC						
060	334790	77570	45000	LOCAL	COMMERC						
061	739800	18448			COMMERC						
062	334990	76777	45000	LOCAL	COMMERC						
063	014990	13983	10000	LOCAL	SERVICE						
064	014990	16770	10000	LOCAL	SERVICE						
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded PPI Prem		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
057											
058											
059											
060											
061											
062											
063											
064											
Auto No.	Other Than Collision			Collision							
	Type	Ded	St Amt	Limit	Premium	Ded	St Amt	Limit	Premium		
057	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
058	COMPREH	\$ 500	NO	ACV	24	\$ 500	NO	ACV	54		
059	COMPREH	\$ 500	NO	ACV	87	\$ 500	NO	ACV	262		
060	COMPREH	\$ 1,000	NO	ACV	81	\$ 1,000	NO	ACV	324		
061	COMPREH	\$ 500	NO	ACV	73	\$ 500	NO	ACV	136		
062	COMPREH	\$ 1,000	NO	ACV	108	\$ 1,000	NO	ACV	346		
063	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
064	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
Auto No.	Towing & Labor		Other		Annual						
	Limit	Premium	Premium	Premium							
057				\$ 245.00							
058				\$ 78.00							
059				\$ 349.00							
060				\$ 405.00							
061				\$ 209.00							
062				\$ 454.00							
063				\$ 245.00							
064				\$ 286.00							

AUTO SCHEDULE

Insured Name:		Effective Date:		Policy Number:							
NASSAU COUNTY BOARD OF COMMISSIONERS		10-01-02		CAP 3 151 036							
Auto No.	Year	Make and Description		Identification or Serial Number	Garaged	St					
065	01	DODGE RAM VAN BM 203		2B7JB21Y81K517822	YULEE	FL					
066	01	DODGE RAM VAN BM 204		2B7JB21Y11K517824	YULEE	FL					
067	00	JEEP CHEROKEE SW81		J4FF28S0YL151337	CALLAHAN	FL					
068	01	FORD TRUCK REG CHASSI PW-T350		1FDWF36L31EC41322	FERNANDINA	FL					
069	01	FORD TRUCK REG CHASS PW-T351		1FDWF36L11EC41321	FERNANDINA	FL					
070	01	FORD TRUCK REG CHASSI PW-T1540		1FDWF36F21EC60180	FERNANDINA	FL					
071	02	FORD EXPLORER X CE-#71		1FMZU63E52UA15218	FERNANDINA BEACH	FL					
072	02	FORD EXPLORER 4X4 PW63		1FMZU73E72UA33161	FERNANDINA BEACH	FL					
Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium		
065	014990	16770	10000	LOCAL	SERVICE						
066	014990	16770	10000	LOCAL	SERVICE						
067	739800	19195			COMMERC						
068	234990	22836	20000	LOCAL	COMMERC						
069	234990	22836	20000	LOCAL	COMMERC						
070	234990	23106	20000	LOCAL	COMMERC						
071	739800	22961			COMMERC						
072	739800	24940			COMMERC						
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
065				PPI Ded	PPI Prem						
066											
067											
068											
069											
070											
071											
072											
Auto No.	Other Than Collision			Collision							
	Type	Ded	St Amt	Limit	Premium	Ded	St Amt	Limit	Premium		
065	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
066	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
067	COMPREH	\$ 500	NO	ACV	73	\$ 500	NO	ACV	136		
068	COMPREH	\$ 500	NO	ACV	81	\$ 500	NO	ACV	182		
069	COMPREH	\$ 500	NO	ACV	81	\$ 500	NO	ACV	182		
070	COMPREH	\$ 500	NO	ACV	81	\$ 500	NO	ACV	182		
071	COMPREH	\$ 500	NO	ACV	95	\$ 500	NO	ACV	219		
072	COMPREH	\$ 500	NO	ACV	95	\$ 500	NO	ACV	219		
Auto No.	Limit	Towing & Labor Premium		Other Premium		Annual Premium					
065						\$	286.00				
066						\$	286.00				
067						\$	209.00				
068						\$	263.00				
069						\$	263.00				
070						\$	263.00				
071						\$	314.00				
072						\$	314.00				

AUTO SCHEDULE

Insured Name:		Effective Date:		Policy Number:						
NASSAU COUNTY BOARD OF COMMISSIONERS		10-01-02		CAP 3 151 036						
Auto No.	Year	Make and Description		Identification or Serial Number	Garaged	St				
073	99	FORD AMBULANCE F/R R30		1FDWF34FXXEB80392	HILLIARD	FL				
074	99	FORD AMBULANCE F/R R50		1FDWF36F8XEB80391	FERNANDINA BEACH	FL				
075	99	FORD AMBULANCE F/R R60		1FDWF36F3XEE32788	BRYCEVILLE	FL				
076	99	FORD TAURUS RMC 11		1FAFP52U8XA192701	FERNANDINA BEACH	FL				
077	00	DODGE 1500 REC 105		1B7HC16X0YS628905	YULEE	FL				
078	00	DODGE 1500 BEACH109		1B7HF16YS633274	YULEE	FL				
079	99	FORD TAURUS COEX 2		1FAFP52U6XA245270	CALLAHAN	FL				
080	01	DODGE RAM 4X4 COEX 196		1B7HF16Z51S656391	CALLAHAN	FL				
Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium	
073	791900	79468	45000		COMMERC					
074	791900	79468	45000		COMMERC					
075	791900	79468	45000		COMMERC					
076	739800	14594			COMMERC					
077	014990	13821	10000	LOCAL	SERVICE					
078	014990	16950	10000	LOCAL	SERVICE					
079	739800	14783			COMMERC					
080	739800	17000			COMMERC					
Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U/M Prem
073										
074										
075										
076										
077										
078										
079										
080										
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium	
073	COMPREH	\$ 1,000	YES	79,468	77	\$ 1,000	YES	79,468	319	
074	COMPREH	\$ 1,000	NO	ACV	66	\$ 1,000	NO	ACV	216	
075	COMPREH	\$ 1,000	YES	79,468	77	\$ 1,000	YES	79,468	319	
076	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120	
077	COMPREH	\$ 500	NO	ACV	69	\$ 500	NO	ACV	144	
078	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170	
079	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120	
080	COMPREH	\$ 500	NO	ACV	82	\$ 500	NO	ACV	170	
Auto No.	Limit	Towing & Labor Premium	Other Premium	Annual Premium						
073				\$ 396.00						
074				\$ 282.00						
075				\$ 396.00						
076				\$ 181.00						
077				\$ 213.00						
078				\$ 247.00						
079				\$ 181.00						
080				\$ 252.00						

AUTO SCHEDULE

Insured Name:			Effective Date:			Policy Number:				
NASSAU COUNTY BOARD OF COMMISSIONERS			10-01-02			CAP 3 151 036				
Auto No.	Year	Make and Description	Identification or Serial Number			Garaged				
081	99	DODGE PICKUP CUST 115	1B7HC16X7XS192986			YULEE				
082	99	DODGE PICKUP BM119	11B7HC16X7XS192987			YULEE				
083	00	DODGE 1500 PICKUP BM 108	1BHC16X6YS628908			YULEE				
084	00	DODGE UTILTY VAN BM 205	2B7JB21Y7YK126753			YULEE				
085	00	DODGE 1500 BM 106	1B7HC16X2YS628906			YULEE				
086	00	DODGE 1500 BM107	1B7HC16X4YS628907			YULEE				
087	98	DODGE DAKOAT 65T RD1407	1DA73C340WM013726			HILLIARD				
088	00	DODGE 1/2 TON PICKUP SW174	3B7HF12YXYG108837			CALLAHAN				
Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium	
081	014990	13376	10000	LOCAL	SERVICE					
082	014990	13376	10000	LOCAL	SERVICE					
083	014990	13821	10000	LOCAL	SERVICE					
084	014990	17773	10000	LOCAL	SERVICE					
085	014990	13821	10000	LOCAL	SERVICE					
086	014990	13821	10000	LOCAL	SERVICE					
087	014990	39900	10000	LOCAL	SERVICE					
088	014990	19387	10000	LOCAL	SERVICE					
Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U Prem
081										
082										
083										
084										
085										
086										
087										
088										
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium	
081	COMPREH	\$ 500	NO	ACV	64	\$ 500	NO	ACV	127	
082	COMPREH	\$ 500	NO	ACV	64	\$ 500	NO	ACV	127	
083	COMPREH	\$ 500	NO	ACV	69	\$ 500	NO	ACV	144	
084	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170	
085	COMPREH	\$ 500	NO	ACV	69	\$ 500	NO	ACV	144	
086	COMPREH	\$ 500	NO	ACV	69	\$ 500	NO	ACV	144	
087	COMPREH	\$ 500	NO	ACV	74	\$ 500	NO	ACV	170	
088	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170	
Auto No.	Limit	Towing & Labor Premium	Other Premium	Annual Premium						
081				\$ 191.00						
082				\$ 191.00						
083				\$ 213.00						
084				\$ 247.00						
085				\$ 213.00						
086				\$ 213.00						
087				\$ 244.00						
088				\$ 247.00						

AUTO SCHEDULE

Insured Name:		Effective Date:		Policy Number:							
NASSAU COUNTY BOARD OF COMMISSIONERS		10-01-02		CAP 3 151 036							
Auto No.	Year	Make and Description		Identification or Serial Number	Garaged	St					
089	00	DODGE 1 TON PICKUP SW 180		3B7MC3658YM206785	FERNANDINA BEACH	FL					
090	99	DODGE DAKOTA PICKUP BLDG 127		1B7FL26X1XS257877	FERNANDINA BEACH	FL					
091	99	CHEVROLET SEDAN RD 8		2G1WL52M4X9272073	HILLIARD	FL					
092	00	DODGE 1500 4X4 PKUP RD150		3B7HF12Y11G164610	HILLIARD	FL					
093	99	STERLING T FLATBED TR RD 306		2FZNRLLBB6XAA76158	HILLIARD	FL					
094	01	DODGE PICKUP PW		1B7HC16X915281080	YULEE	FL					
095	01	DODGE PICKUP PW		1B7HC16X01281081	YULEE	FL					
096	01	DODGE RAM PICKUP RD		1B7HF16Y91S268670	HILLIARD	FL					
Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium		
089	014990	17211	10000	LOCAL	SERVICE						
090	014990	12180	10000	LOCAL	SERVICE						
091	739800	14272			COMMERC						
092	014990	20326	10000	LOCAL	SERVICE						
093	234990	48918	20000	LOCAL	COMMERC						
094	014990	13983	10000	LOCAL	SERVICE						
095	014990	13983	10000	LOCAL	SERVICE						
096	014990	19466	10000	LOCAL	SERVICE						
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
089											
090											
091											
092											
093											
094											
095											
096											
Auto No.	Other Than Collision			Collision							
	Type	Ded	St Amt	Limit	Premium	Ded	St Amt	Limit	Premium		
089	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	170		
090	COMPREH	\$ 500	NO	ACV	64	\$ 500	NO	ACV	127		
091	COMPREH	\$ 500	NO	ACV	61	\$ 500	NO	ACV	120		
092	COMPREH	\$ 500	NO	ACV	87	\$ 500	NO	ACV	182		
093	COMPREH	\$ 500	NO	ACV	88	\$ 500	NO	ACV	245		
094	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
095	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
096	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
Auto No.	Limit	Towing & Labor		Other		Annual					
		Premium	Premium	Premium	Premium	Premium	Premium				
089						\$	247.00				
090						\$	191.00				
091						\$	181.00				
092						\$	269.00				
093						\$	333.00				
094						\$	245.00				
095						\$	245.00				
096						\$	286.00				

AUTO SCHEDULE

Insured Name:			Effective Date:			Policy Number:				
NASSAU COUNTY BOARD OF COMMISSIONERS			10-01-02			CAP 3 151 036				
Auto No.	Year	Make and Description		Identification or Serial Number		Garaged	St			
097	01	DODGE RAM 4X4 REC		3B6KF26Z91M564385		YULEE	FL			
098	01	FORD 12 PASS VAN CLERK		FBNE31L31HB48619		YULEE	FL			
099	01	E-ONE FIRE ENGINE F/ST50		457HT23981C039014		CALLAHAN	FL			
100	01	E-ONE FIRE ENGINE F/ST20		457HT23901C039007		FERNANDINA BEACH	FL			
101	01	E-ONE FIRE ENGINE F/ST40		457HT23921C039042		HILLIARD	FL			
102	01	FORD F750 RD300		3FXW752X1M40452		HILLIARD	FL			
103	01	DODGE 1500 RD144		1B7HF16Y21S294916		HILLIARD	FL			
104	01	FORD E150 VAN SUPV/E		1FMRE11211HRT10083		FERNANDINA	FL			
Auto No.	Class Code	Cost New	Weight/Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium	
097	014990	23184	10000	LOCAL	SERVICE					
098	588200	25361	9-20	LOCAL	COMMERC					
099	790900	177816	45000		COMMERC					
100	790900	177816	45000		COMMERC					
101	790900	177816	45000		COMMERC					
102	334990	48440	45000	LOCAL	COMMERC					
103	014990	19466	10000	LOCAL	SERVICE					
104	014990	22547	10000	LOCAL	SERVICE					
Auto No.	Medical Limit	Other Prem	Michigan Only PPI Ded PPI Prem		PD Buyback	U/M Limit*	Premium	Und/M Prem	Um/PD Prem	Oth U/M Prem
097										
098										
099										
100										
101										
102										
103										
104										
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded St Amt		Limit	Premium	
097	COMPREH	\$ 500	NO	ACV	96	\$ 500	NO	ACV	214	
098	COMPREH	\$ 500	NO	ACV	77	\$ 500	NO	ACV	185	
099	COMPREH	\$ 1,000	YES	177,816	164	\$ 1,000	YES	177,816	289	
100	COMPREH	\$ 1,000	YES	177,816	164	\$ 1,000	YES	177,816	289	
101	COMPREH	\$ 1,000	YES	177,816	164	\$ 1,000	YES	177,816	289	
102	COMPREH	\$ 500	NO	ACV	98	\$ 500	NO	ACV	308	
103	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV	200	
104	COMPREH	\$ 500	NO	ACV	96	\$ 500	NO	ACV	214	
Auto No.	Limit	Towing & Labor Premium		Other Premium		Annual Premium				
097						\$	310.00			
098						\$	262.00			
099						\$	453.00			
100						\$	453.00			
101						\$	453.00			
102						\$	406.00			
103						\$	286.00			
104						\$	310.00			

AUTO SCHEDULE

Insured Name:			Effective Date:			Policy Number:					
NASSAU COUNTY BOARD OF COMMISSIONERS			10-01-02			CAP 3 151 036					
Auto No.	Year	Make and Description			Identification or Serial Number		Garaged	St			
105	02	FORD F366T AMBULANCE F/R			1FDWF36F32EA34621		FERNANDINA BEACH	FL			
106	02	STERLING LT9500 R & B			2FZHAZAS52AJ53214		HILLIARD	FL			
107	02	STERLING LT9500 R & B			2FZHAZAS72AJ53215		HILLIARD	FL			
108	02	FORD EXPLORER EMG MG			1FMZU72E72UB70506		FERNANDINA BEACH	FL			
109	02	DODGE STRATUS COEX			1B3EL36R02N209752		CALLAHAN	FL			
110	02	DODGE PICKUP LGT TR 194			1A7HA16N62J212364		FERNANDINA	FL			
111	02	GMC 1500 HEALTH			1GTEC14W02Z294127		FERNANDINA BEACH	FL			
112	02	GMC 1500 PICKUP HEALTH			1GTEC14W92Z294210		FERNANDINA BEACH	FL			
Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium		
105	791900	83336	45000		COMMERC						
106	334790	75165	45000	LOCAL	COMMERC						
107	334790	75165	45000	LOCAL	COMMERC						
108	739800	22622			COMMERC						
109	739800	14000			COMMERC						
110	014990	17192	10000	LOCAL	SERVICE						
111	014990	15232	10000	LOCAL	SERVICE						
112	014990	15232	10000	LOCAL	SERVICE						
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
105				PPI Ded	PPI Prem						
106											
107											
108											
109											
110											
111											
112											
Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision		St Amt	Limit	Premium	
105	COMPREH	\$ 1,000	YES	83,336	81	\$ 1,000	YES	83,336		336	
106	COMPREH	\$ 1,000	NO	ACV	81	\$ 1,000	NO	ACV		324	
107	COMPREH	\$ 1,000	NO	ACV	81	\$ 1,000	NO	ACV		324	
108	COMPREH	\$ 500	NO	ACV	95	\$ 500	NO	ACV		219	
109	COMPREH	\$ 500	NO	ACV	68	\$ 500	NO	ACV		150	
110	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV		200	
111	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV		200	
112	COMPREH	\$ 500	NO	ACV	86	\$ 500	NO	ACV		200	
Auto No.	Limit	Towing & Labor		Other		Annual					
		Premium	Premium	Premium	Premium	Premium	Premium				
105						\$	417.00				
106						\$	405.00				
107						\$	405.00				
108						\$	314.00				
109						\$	218.00				
110						\$	286.00				
111						\$	286.00				
112						\$	286.00				

AUTO SCHEDULE

Insured Name: NASSAU COUNTY BOARD OF COMMISSIONERS				Effective Date: 10-01-02		Policy Number: CAP 3 151 036							
Auto No.	Year	Make and Description			Identification or Serial Number	Garaged	St						
113	02	DODGE PICKUP MAINT			1D7HA16K22J249370	CALLAHAN	FL						
114	02	DODGE PICKUP MAINT			1D7HA16N32J249369	CALLAHAN	FL						
115	02	GMC SONOMA PICKUP BLDG INSP			1GTCS14W328251563	YULEE	FL						
116	02	DODGE PICKUP TRUCK BLDG MAINT			1B7GL12X72S802233	YULEE	FL						
117	02	GMC SONOMA PICKUP BLDG INSP			1GTCS14W328251563	YULEE	FL						
Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium				
113	014990	14805	10000	LOCAL	SERVICE								
114	014990	15813	10000	LOCAL	SERVICE								
115	014990	13075	10000	LOCAL	SERVICE								
116	014990	15345	10000	LOCAL	SERVICE								
117	014990	13639	10000	LOCAL	SERVICE								
Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded PPI Prem		PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem		
113													
114													
115													
116													
117													
Auto No.	Other Than Collision Type			Ded	St Amt	Limit	Premium	Collision Ded			St Amt	Limit	Premium
113	COMPREH			\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
114	COMPREH			\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
115	COMPREH			\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
116	COMPREH			\$ 500	NO	ACV	86	\$ 500	NO	ACV	200		
117	COMPREH			\$ 500	NO	ACV	77	\$ 500	NO	ACV	168		
Auto No.	Limit	Towing & Labor Premium		Other Premium			Annual Premium						
113							\$	245.00					
114							\$	286.00					
115							\$	245.00					
116							\$	286.00					
117							\$	245.00					

SCHEDULE OF FORMS AND ENDORSEMENTS

NAMED INSURED		POLICY NUMBER
NASSAU COUNTY BOARD OF COMMISSIONERS		CAP 3 151 036
GO 2285	(01/93)	IMPORTANT INFORMATION TO POLICYHOLDERS
GU-3076	(05/01)	PRIVACY STATEMENT
GOX 2279	(12/92)	SCHEDULE OF FORMS AND ENDORSEMENTS
AA-2705A	(10/01)	COMMERCIAL AUTO COVERAGE FORM DECLARATIONS
AA-2705A-2	(10/01)	COMERCIAL AUTO COVERAGE FORM DECLARATIONS - PART 2
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
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AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
AA-2709A	(10/01)	AUTO SCHEDULE
IL 00 17	(11/98)	COMMON POLICY CONDITIONS
IL 00 21	(07/02)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CA 99 15	(12/93)	GOVERNMENTAL BODIES AMENDATORY ENDORSEMENT
A2006A	(01/93)	UNINSURED MOTORISTS COVERAGE ELECTION - FLORIDA
CA 99 28	(10/01)	STATED AMOUNT INSURANCE
CA 01 28	(10/01)	FLORIDA CHANGES
CA 02 67	(10/94)	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
A 200c	(01/82)	CERTIFICATE OF AUTOMOBILE INSURANCE AND LOSS PAYABLE CLAUSE ENDORSEMENT
A 200c	(01/82)	CERTIFICATE OF AUTOMOBILE INSURANCE AND LOSS PAYABLE CLAUSE ENDORSEMENT

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
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL 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.

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.

**BITUMINOUS CASUALTY CORPORATION
BITUMINOUS FIRE & MARINE INSURANCE COMPANY**

UNINSURED MOTORISTS COVERAGE ELECTION - FLORIDA

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.

Uninsured Motorists 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 as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limits in your policy or \$1,000,000, whichever is less, unless you select a lower limit offered by the company, or reject Uninsured Motorists entirely.

Please indicate whether you desire to entirely reject Uninsured Motorists coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- a. I hereby reject Uninsured Motorists coverage.
- b. I hereby select Uninsured Motorists limits of _____ which are lower than my Bodily Injury Liability limits.

ELECTION OF NON-STACKED COVERAGE

[Do not complete if you have rejected Uninsured Motorists]

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form 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 Motorists 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 the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorists coverage.

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. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Policy Number _____ Signed: _____
(Name Insured)

Date: _____

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.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance	Premium
See Schedule		\$ Less \$ Deductible	
		\$ Less \$ Deductible	
		\$ Less \$ Deductible	
		\$ Less \$ 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 Provision which follows.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
See Schedule		

(If no entry appears above, information 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 vehicles shown as covered "autos".
- B. For a covered "auto" described in the Schedule, the Physical Damage Coverage **Limit Of Insurance** is replaced by the following:

Limit Of Insurance And Deductible

- 1. The most we will pay for "loss" in any one "accident" is the least of the following amounts minus any applicable deductible shown in the Schedule:
 - 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 amount 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

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 or Schedule. Any Comprehensive Coverage Deductible shown in the Declarations or Schedule does not apply to "loss" caused by fire or lightning.

**CERTIFICATE OF AUTOMOBILE INSURANCE
AND LOSS PAYABLE CLAUSE ENDORSEMENT**

This certificate and endorsement, effective 10-01-02 forms a part of Policy No. CAP 3 151 036
(12:01 a.m. Standard Time)

expiring 10-01-03

issued to NASSAU COUNTY BOARD OF COMMISSIONERS

of ATTN: LEW EASON, PO BOX 1010
3163 BAILEY ROAD
FERNANDINA BEACH FL 32034

by: BITUMINOUS CASUALTY CORPORATION

(Name of Loss Payee)

To:
LASALLE BANK OF LISLE
4733 MAIN ST.
LISLE, IL 60532

The insurance afforded by the policy described above applies with respect to such and so many of the following coverages as are indicated by limits of liability and the word "covered" opposite thereto, as stated below, and applies to the following automobile(s), subject to all the insuring agreements, exclusions, conditions and other terms of said policy.

Year of	Unit	Model	Trade Name--Body Type--Truck Size (Truck Load, Gallonage, Bus Seating Capacity)	Serial or Motor Number
	FL 006	93	PIERCE SAB E7959 F/R E2	4PICTOU4PA00678

Loss or damage under this policy shall be paid as interest may appear to you and the loss payee shown in the declarations or in this endorsement. This insurance covering the interest of the loss payee shall become invalid only because of your fraudulent acts or omissions. However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

Authorized Representative

**CERTIFICATE OF AUTOMOBILE INSURANCE
AND LOSS PAYABLE CLAUSE ENDORSEMENT**

This certificate and endorsement, effective 10-01-02 forms a part of Policy No. CAP 3 151 036
(12:01 a.m. Standard Time)

expiring 10-01-03

issued to NASSAU COUNTY BOARD OF COMMISSIONERS

of ATTN: LEW EASON, PO BOX 1010
3163 BAILEY ROAD
FERNANDINA BEACH FL 32034

by: BITUMINOUS CASUALTY CORPORATION

(Name of Loss Payee)

To:
EMERGENCY ONE, INC.
1415 W. 22ND ST., STE. 1100
OAK BROOK, IL 60523

The insurance afforded by the policy described above applies with respect to such and so many of the following coverages as are indicated by limits of liability and the word "covered" opposite thereto, as stated below, and applies to the following automobile(s), subject to all the insuring agreements, exclusions, conditions and other terms of said policy.

Year of	Unit	Model	Trade Name--Body Type--Truck Size (Truck Load, Gallonage, Bus Seating Capacity)	Serial or Motor Number
	FL 099	01 E-ONE	FIRE ENGINE F/ST50	457HT23981C039014
	FL 100	01 E-ONE	FIRE ENGINE F/ST20	4S7HT23901C039007
	FL 101	01 E-ONE	FIRE ENGINE F/ST40	4S7HT23921C039042

Loss or damage under this policy shall be paid as interest may appear to you and the loss payee shown in the declarations or in this endorsement. This insurance covering the interest of the loss payee shall become invalid only because of your fraudulent acts or omissions. However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

Authorized Representative

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. 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. The "Diminution In Value" exclusion does not apply.
3. All other **Physical Damage Coverage** provisions will apply.
4. 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.

B. The following condition is added to the General Conditions:

B. 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 Insurance on an approved form, which may be obtained from the Florida Department of Insurance.
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 Insurance 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
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

- A.** Paragraph **A.2.b.** of the Common Policy Conditions, **CANCELLATION**, is changed to read as follows:
- b.** 45 days before the effective date of cancellation if we cancel for any other reason. The notice of cancellation will state the reason(s) for the cancellation.
- B.** The following is added to paragraph **A.** of the Common Policy Conditions, **CANCELLATION**:
- 7.** If this policy provides Personal Injury Protection and Liability Coverage in accordance with Section 627.7275 of the Florida Insurance Law, and:
- a.** It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days following the date of issuance 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 for nonpayment of premium during the first 60 days following the date of policy issuance unless a check used to pay us is dishonored for any reason.
- C.** 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.

THE POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,
IF ANY, ISSUED TO FORM A PART THEREOF COMPLETE THIS POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Janine Hays, Secretary

J. Otto, President