

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 2 2 7093

RISK MGT. OFFICE

Policy Change

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AL-1410 (2-81)

End. # 5

GENERAL CHANGE ENDORSEMENT - AUTOMOBILE

NAMED IN NASSAU		ED: NTY BOARD O	F COMMISSIC	ONERS		COMPAN Bitumino	orporatio	on			
POLICY NUMBER: CAP 3 15		EFFE	CY CHANGES CTIVE: /03			(ATION:)3				FIELD OFFICE HO/ HOME OF	FICE
IN CONSI	DERA	TION OF:									
[[X]	THE PREMIUM	FOR WHICH T	HIS POLIC	CY IS W	RITTEN.					
[]	ADDITIONAL	[] RET	URN PREM	MUIN OI	=: \$					
[]	A PREMIUM AD	JUSTMENT A	T AUDIT.							
IT IS AGRI	EED	THAT THE POLI	ICY DECLARA	TIONS ARI	E AMEN	IDED AS FO	DLLOWS:				
ITEM 1. []	NAMED INSURI	ED								
[X]	ADDRESS: 220	NASSAU PLA	CE, YULE	E, FL 3	32097	·····				
[CORPORATION	1 [] INDI	VIDUAL	[] PARTNE	RSHIP	[]	OTHER	₹:	
[1	POLICY PERIO	D: FROM			TO:			_		
ITEM 2. []	COVERED AUT	O SYMBOL CH	HANGE OF	R CHAN	GES:					
		EMENT AMEND THE FOLLOWIN		RANCE AS	IS AFF	ORDED BY	THE PRO	OVISIO	NS OF TI	HE POLICY	
		THE FOLLOW		EMENT(S)	IS (AR	E) ADDED:					
ſ	. 1	THE FOLLOW!	NG ENDORSE	MENT(S)	IS (AR	E) DELETF	:D:				

[] DESCRIPTION OF AUTO(S) IS (ARE) AMENDED TO READ:

[] LIABILITY LIMITS ARE AMENDED TO:

HORIZED REPRESENTATIVE:

[]

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

AUTHORIZED REPRESENTATIVE SIGNATURE

sc 2/28/03 02280558.DOC/21

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 R	ETURN	\$NIL_
endorsement (1) forms a part of the from the Effective Date of this Co	endorsement Form Number shown below is listed by us in the Declarations to this Coverage sement (1) forms a part of the Coverage Agreement to which it is attached by that listing and (2) the Effective Date of this Coverage Part. endorsement Form Number shown below is not listed by us in the Declarations to this Coverage.	nat listing and (2) is effective		
If the endorsement Form Number this endorsement is signed below following described Coverage Agr	w by our authorized repres	entative, this en	ndorsem	nent (1) forms a part of the
Coverage Agreement			Effective	e Date of this endorsement
Coverage Agreement Number FAC2245	Date of Is 4/8/03 NY/KL	sue		JARY 3, 2003
Member NASSAU COUNTY			by FACT	ssociation of Counties Trust Risk Services Corp. rized 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

** ^ ^ * * BITUMII * * * * Insi	NOUS urance Companies		
ITEM ONE	COMPANY: B3	ITUMINOUS CASUALTY CORPORATION	
POLICY NO. CAP 3 151 03	6 B <u>NEW</u>		
The Insured/Mailing address	, A		
NASSAU COUNTY BOARD OF (COMMISSIONERS	Individual Partnership	
ATTN: LEW EASON, PO BOX	1010		
3163 BAILEY ROAD		Corporation or MUNICIPALITY	
FERNANDINA BEACH FL 3203	34		
Policy Period: The policy period	l is from 10-01-02	to 10-01-03 12:01 A.M. Standard Till insured's mailing address.	me.
PREMIUM ADJUSTMENT PER		modrod o manning address.	
ITEM TWO - SCHEDULE OF C		DED AUTOS	
apply only to those "autos" show	n as covered "autos." "A om the COVERED AUTO	e is shown in the premium column below. Each of thes utos" are shown as covered "autos" for a particular cov S Section of the Business Auto Coverage Form next to	erage by the entry
	COVERED AUTOS (Entry of one or more of the	1 1257	
* .	symbols from the COVERED	LIMIT THE MOST WE WILL PAY FOR ANY	
COVERAGES	AUTOS Section of the Business Auto Coverage Forms shows	ONE ACCIDENT OR LOSS	PREMIUM
COVERAGES	which autos are covered autos)	ONE ACCIDENT ON LOCA	111211110111
Liability			
Personal Injury (P.I.P.)		Separately Stated in Each P.I.P. End. Minus	
(or equivalent no-fault cov.)	· · · · · · · · · · · · · · · · · · ·	Deductible	ļ
Added P.I.P.		Separately Stated in each Added P.I.P.	
(or equivalent added No-Fault cov.)		Endorsement	
Property Protection Ins.		Separately Stated in the P.P.I. End. Minus	•
(P.P.I.) (Michigan Only)		Deductible For Each Accident	
Auto Medical Payments			
Uninsured Motorists (UM)			
Underinsured Motorists	a.		
(when not included in UM Cov.)			L
PHYSICAL DAMAGE			

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

7

Countersigned

Coverage

Comprehensive Coverage

Specified Causes Of Loss

Collision Coverage

Towing and Labor

Authorized Representative

8,867.00

20,671.00

29,538.00

INSURED'S COPY

Actual

Value Or

Cost Of

Repair

ls Less

Minus

Whichever

private passenger auto

Cash

SEE SCHEDULE Ded. For Each Cov.

Ded, For Each

Auto.But No Ded. Applies To Loss

Covered Auto For Loss Caused By

for each disablement of a

Caused By Fire Or Lightning. ^^

Mischief Or Vandalism. ^^
SEE SCHEDULE Deductible For

Premium for Endorsements

Estimated Deposit Premium

Each Covered Auto. ^^

State Charges

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		J	
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	

SCHEDULE FOR MON-OWNERSHIP LIABILITY

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

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

LEASING RENTAL C	ONCERNS			
Estimated Yearly		Rates \$100 of Gross Receipts	Pre	miums
Gross Receipts	Pe	r Mile		•
Mileage	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
I Willougo				
		Total Premiums		
		Minimum Premiums		

When used as a premium basis:

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:

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

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. AA-2705a (10/01) Part 2

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

This endorsement modifies coverage provided under the

ENDORSEMENT NO	9	PREMIUM: ADD'L	\$_NIL	RETURN	\$	NIL	
If the endorsement Form endorsement (1) forms a p from the Effective Date of If the endorsement Form	part of the Cover	Coverage Agreeme age Part.	nt to which it	is attached by t	hat listii	ng and (2) is effect	ive
this endorsement is signed following described Cover	ed below b	y our authorized	representative	e, this endorse	ment (1) forms a part of	the
Coverage Agreement				Effecti	ve Date o	of this endorsement	***************************************
Coverage Agreement Nu FAC2245ML	ımber		te of Issue /03 NY/KL	FEBR	JARY 4	1, 2003	
Member NASSAU COUNTY				by FAC	T Risk Se	on of Counties Trust ervices Corp. presentative	
				by: <u>/</u>		oneghou gnature my	

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.

COVERAGE PART

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 \$
endorsement (1) forms a part of the from the Effective Date of this Co	ne Coverage Agreeme verage Part.	nt to which it is att	eclarations to this Coverage Part, this ached by that listing and (2) is effective
	w by our authorized	representative, thi	Declarations to this Coverage Part but s endorsement (1) forms a part of the ective Date shown below.
Coverage Agreement		Company of the Compan	Effective Date of this endorsement
Coverage Agreement Number	Dai	te of Issue	
Member			Florida Association of Counties Trust by FACT Risk Services Corp. Authorized Representative
	gastos (A	en er en granden er en	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."

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AUT	os you o	NWC													
Covered	_		DES	CRIP	TION						TE	RRITC)RY				
Auto No.			ar Model; Tr ber (S); Veh				(VIN)				Town, Sta	ate & Zip vill be pri	Where ncipall	the Co y garag	vered jed	Auto	
1	1977 PI	ERCE FIF	E TRUC	K 04	46093	3 7	FD	NV7-3	YU	040	FERI	IDNAN	NA	BE,	FL		
2	1985 FM	II FIRE T	RUCK 0	373	05	E	R E	ENG3		040	FERI	NANDI	NA	BE,	FL		
3	1986 FE	DERAL FI	RE TRU	CK (03747	70		FR	FR L2 040 FERNANDINA BE, FL								
4	1987 FC	RD FIRE	TRUCK	A80:	201		SI	A 30		040	FERI	IDNAN	NA	BE,	FL		
. 5	1991 GM	IC AMBULA	NCE 50	940	05 F/R R101					040 FERNANDINA BE, FL							
6	1993 PI	ERCE SAE	A0067	8		F/R	E2			040	FERI	NANDI	NA	BE,	FL		
Covered		7															
Auto No.	Class Code	Cost New	Valuation	on Basi	Other Than Collis Coverage			sion	Limit			Collision Limit					
1	7909	85,0	00									***********					
2	7909	120,0	00							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							
3	7909	315,0	00	······································													
4	7909	21,6										***********					
5	7919	132,0	00														
6	7909	150,0	00														
Covered Auto		LIABILIT		AUTO	. MEC),			UNINSU	RED/UN	DERI	NSURE	D				
No.	(in the	Pren	nium		Limit	Pre	emium		Limit (in thousands)			Premium		UM	UIM		
1	1000/10	00/FACT	6	35		NONE			<u> </u>								
2	1000/10	00/FACT	6	35		NONE					,		•				
3	1000/10	00/FACT	6	35		NONE											
4	1000/10	00/FACT	6	35		NONE											
5	1000/10			92]	NONE								**********			
6	<u> 1000/10</u>	00/FACT		<u>35</u>]	NONE											
Total Premium			3,9	67													
Covered	PERSON	AL INJURY PRO	TECTION			P.P.I. (N	lich. c	only)		Except	for towir	g all phy	sical (damage	e loss	is pa	vable
Auto No.	Limit stated P.I.P. e	l in each end.	Premium			ted in eacl	1	Premiu	ım	to you may ap	and the pear at ti	loss pay ne time o	ee na f the lo	med be oss	elow a	as inte	érests
1	SEE FO	RM(S)		8							See S	chedu	ıle(s)				
2		RM(S)		8													
3		RM(S)		8						-							
4		RM(S)		8						1							
5		RM(S)	1							 							
6 Total Premium		RM(S)	5														
Covered Auto	COMPREHENSIVE			SPEC. C OF LO	AUSES OSS		COL	LISION		-		LABOR	!		TO	ΓAL	
No.	Deductible	Premi	um	Prem	nium	Deduc	tible	Prem	nium	Limi disabl	t per ement	Premi	ium		Pren	nium	
1								<u> </u>		 							43
2						ļ		 		 				ļ			43
. 3						 		 		 				ļ	,		43
4						 		<u> </u>		1							43
5						ļ		ļ		 				ļ			02
Total							*							 		43	
Premium															4,0	<u> 17</u>	

F19U008 10/98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

	ULE OF CO	VERED AU	103 10	DESCR								TE	חחדת	3DV			
Covered Auto		· · · · · · · · · · · · · · · · · · ·	ear Mode			Body Type				TERRITORY Town, State & Zip Where the Covered Auto							
No.		Serial Nu	mber (S);	Vehicle I		tion Number	· · · · · · ·			will be principally garaged							
7			K A44							040		NANDI		BE,	FL		
8		ARTAN F			UCK 022160 F/R E70						FERI	IDNAN		BE,	FL		
9		EP PRIV		<u>ASS</u>	593981 EM						FERI	IDNAN	NA	BE,	FL		
10	1997 FR	EIGHTLI		<u> 7816</u>	65 F/R R20					040	FERI	IDNAN	NA	BE,	FL		
11	1997 FC	RD TRUC	K A57	647		PW-E	<u> </u>			040 FERNANDINA BE, FL							
12	1997 CH	EVROLET	TRUC	K 24	3283 RD 168					040 FERNANDINA BE, FL							
Covered					··												
Auto	Class	Cost	Val	uation B	asis			Other Th	an Colli	sion				Collision	1		
No.	Code	New						Coverage			Limit			Limit			
7	33499	36,3	301						,								
8	7909	179,0															
9	7398	22,5															
10	7919	102,															
11	01499	17,9															
12	01499	13,8			 							·····	\dashv	······			
Covered	3 = 3 3 3 1		3 = 11														
Auto		LIABILI	TY		-	AUTO). MED).		. !	URINSU	RED/UN	DERI	NSURE	D		
No.	L	imit						Limit									
, ;	(in thousands)				ı.	Limit Premium			(in thousands)			۲	remium	1	UM	UIM	
7					NONE												
8		00/FACT		635		NONE											
9		00/FACT		309		NONE											
10		00/FACT		792		NONE											
11		00/FACT		445		NONE											
12		00/FACT		445		NONE			1								<u> </u>
Total -	1000/10	00/11101	7	,156													
Premium Covered	PERSON	AL INJURY PE			I 180	P.P.I. (N	/lich o	nlv)	P	I					b		<u> </u>
Auto	** ****		OTLOTIC	/11	Limite					- Except 1	for towir and the	ig all phy loss pay ne time o	rsical ee na	damag med b	e loss elow a	is pa s inte	yable
No.	Limit stated P.I.P. e		Premiu	ım	F	stated in eac P.P.I. end.	"	Premi	ım	may app	bear at ti	ne time o	f the l	oss			
7	SEE FO	RM(S)		6			\dashv	· · · · · · · · · · · · · · · · · · ·		 	··	See S	chedi	ıle(s)			
8		RM(S)		8										(3)			
9		RM(S)		<u> </u>													
10		RM(S)		<u> </u>													
11		RM(S)		6	 					+							
12		RM(S)		6	 					+							
Total	DEE CO	1711/2/		95						1			·				
Premium	COM	IPREHENSIVE		<u> </u>	C. CAUSES	;	COL	LISION		т.	OWING	& LABOR		T -	TOT	- A !	
Covered Auto	CON			0	C. CAUSES F LOSS		- COL	-101014			r			-	TOT	AL	
No.	Deductible	Pren	nium	Pr	emium	Deduc	tible	Prem	nium	Limit disable	per ment	Premi	um		Prem	ijum	
7								· · · · · · · ·		<u> </u>						5	69
8																	43
9									,								18
10				 -										1			02
11				<u> </u>										1	·····		51
12										<u> </u>				<u> </u>			51
Total																7,2	
Premium		**********		L		to constitution of		204	.,	P4444440000000000000000000000000000000	000000000000000000000000000000000000000	``				, , =4	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

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SCHED	ULE OF CO	VERED AUTO	os you ow	'n.											
Covered			DESCR	RIPTION					TERRITORY						
Auto No.			ar Model; Trade per (S); Vehicle			r (VIN)			Town, S		here the Cove		ı		
13	1997 FO	RD TRUCK	B80371		BM :	114			040 FE	RNANDIN	A BE, I	L			
14	1997 CH	EVROLET '	TRUCK 24	10714	<u> </u>	RI	161		040 FERNANDINA BE, FL						
15	1997 CH	EVROLET '	TRUCK 24	13040)	RI	167		040 FERNANDINA BE, FL						
16	1997 CH		TRUCK 24	10702	2	RI			040 FERNANDINA BE, FL						
17			TRUCK 24			RI				RNANDIN		r <u>L</u>			
18			TRUCK 24			RI				RNANDIN		اب ال			
Covered			1110011 21		·				1010 111	CLVI LIVD LIV	<i>z</i>	<u> </u>			
Auto	Class	Cost	Valuation I	Zaala			Other Th	C-II:	_!		Ta				
No.	Code	New	Valuation E	basis			Other Th				Collision				
13	01499	18,67	7 1)	Coverage	 	Limit		Limit				
14	01499														
15		13,15													
	01499	13,15													
16	01499	13,15													
17	01499	13,81				6									
18	01499	13,15	01	:				,							
Covered Auto		LIABILITY		AUTO). MED),		UNINSURED/UNDERINSURED							
No.	Lir (in thou	m ·	Limit	Pre	emium		Limit (in thousands))	Premium UN		UIM				
13	1000/10	00/FACT	445	5	NONE										
14	1000/10	00/FACT	445	5	NONE				r						
15	1000/10	00/FACT	445	5	NONE										
16	1000/10	00/FACT	445	5	NONE										
17	1000/10	00/FACT	445	5	NONE										
18	1000/10	00/FACT	445	5	NONE										
Total Premium			9,826	5 .											
Covered	PERSONA	L INJURY PRO	TECTION		P.P.I. (I	Mich. o	nly)		Evenet for tou	امريطم والمصرون	aal damaaa l	la ne	n coblo		
Auto No.	Limit stated P.I.P. er		Premium		t stated in eac P.P.I. end.	:h	Premi	ım '	to you and the may appear at	e loss payer the time of t	e named belo he loss	w as int	erests		
13	SEE FOI	RM(S)	6				~~~~	,		See Sch	nedule(s)				
14	SEE FOI		<u></u> 6												
15		RM(S)	. 6						<u> </u>		+				
16		RM(S)	6	1		$\neg \vdash$			<u> </u>						
17		RM(S)	6			$\neg +$			<u> </u>						
18		RM(S)	6			$\neg \uparrow$			<u>† </u>	····					
Total Premium		311107	131												
Covered Auto		PREHENSIVE		C. CAUSE OF LOSS		COL	LISION		TOWING	& LABOR		OTAL			
No.	Deductible	Premiu	ım P	remium	Deduc	ctible	Prem	nium	Limit per disablement	Premiur	m F	remium			
13	* · · · · · · · · · · · · · · · · · · ·									<u> </u>			51		
14				,			1			ļ			51		
15												4	51		
16													51		
17													51		
18					0,000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-								51		
Total Premium												9,9	57		

F19U008 10/98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF COV	ERED A	UTOS Y	OU OWN										
Covered				DESCRIP	TION						TER	RITORY		
Auto No.		Serial N		del; Trade N); Vehicle Id			(VIN)			Town, S	state & Zip V will be prind	Vhere the Cove cipally garage	ered Auto	
19	1997 CH	EVROLE'	T TRU	CK 241	907	CC	DE	E129		040 FEF	NANDI	NA BE, I	7L	
20	1997 CH	EVROLE'	T TRU	CK 242	819		R	D 166			NANDI		7L	
21	1998 JEI	EP FIR						F/R		040 FEF			7L	
22	1998 FOR			PASS 2		3		BLDG 2	20 .		NANDI		r <u>L</u>	
23	1998 FOR		CK C3			CODE 1					NANDI			
24	1998 FOR			H94086		LIB 23			···· ···		NANDII		L	
Covered	1990 101	<u> </u>	<u>/ DOD</u>	115 1000	<u></u>		<u> </u>			1010 1111	(7/17/17/17) 7.1	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
Auto No.	Class Code	Cost New		aluation Bas	sis	· · · · · · · · · · · · · · · · · · ·		Other Tha				Collision		
19	01400	· · ·						Coverage)	Limit		Limit		
	01499		, 151											
20	01499		,151					· · · · · ·						
21	7908		,480											
22	7398		,590											
23	01499		,749											
24	5881	21,	, 251											
Covered Auto		LIABI	LITY			AUTO	. ME	D.		 	URED/UND	DERINSURED		T
No.		Limit (in thousands) Premium					Pr	emium		Limit (in thousands)		Premium	UM	UIM
19	1000/100	00/FAC'	T	445		NONE						-		
2.0	1000/100	00/FAC'	T	445		NONE								
21	1000/100	00/FAC	T	309		NONE		,						
22	1000/100	00/FAC	T	309		NONE								
23	1000/100	00/FAC	T	445		NONE								
24	1000/100	00/FAC	T	1,031		NONE								
Total Premium			1	2,810										
Covered	PERSONA	L INJURY F	ROTECT	ION		P.P.I. (N	lich.	only)		Event for tow	المحال ما	iani damana i		wahla
Auto No.	Limit stated i P.I.P. en		Pren	nium		ited in each .l. end.	1	Premiu	ım	Except for tow to you and the may appear at	e loss paye the time of	e named belo the loss	oss is pa iw as inti	erests
19	SEE FOR	RM(S)		6							See Sc	hedule(s)		
20		RM(S)		6										
21	SEE FOR			9										
22		RM(S)		9		*	-							
23		RM(S)		6			\neg							
24		RM(S)		28						<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Total Premium		(11 ())		100									·- ·- · · · · · · · · · · · · · · · · ·	
Covered					CAUSES LOSS		COL	LISION		TOWING	& LABOR		TOTAL	
Auto No.	Deductible	Pre	emium	Prer	mium	Deduc	ible	Prem	ilum	Limit per disablement	Premiu	ım F	Premium	-
19						<u> </u>	····				1			51
20														51
21														18
22													3	18
23							-						4	51
24										1,0	59			
Total Premium													13,0	05

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHED	ULE OF COVE	RED A	UTOS	YOU OW	'N									
Covered				DESCF	RIPTION							RITORY		
Auto No,		Serial N		Model; Trade (S); Vehicle		Body Type ation Number	(VIN)		٠.			here the Co pally garage		
25	1998 CHE	VROLE	T 33	32368		Ε	PΑ·			040 FERI	NANDIN	A BE,	FL	
26	1998 CHE	VROLE	T 83	2082		E	PA			040 FERI	NANDIN	A BE,	FL	
27	1998 CHE	VROLE	T 18	32714		I	PA			040 FERI	NANDIN	A BE,	FL	
28	1998 DOD	GE TR	UCK	754736	5	PW-	-E64	4		040 FER	NANDIN	A BE,	FL	
29	1997 FOR	D A31	975		RD 1	.513				040 FERI	NANDIN	A BE,	FL	
30	1998 FOR	D FIR	E PF	PT 1245	541	F	r/R	F3		040 FERI	NANDIN	A BE,	FL	
Covered					·			**************************************						
Auto	Class	Cost		Valuation E	Basis			Other Th	an Collis	ion		Collision		
No.	Code	New				-		Coverage)	Limit		Limit		
25	7398	11	,588											
- 26	7398	11	,588								777 1-7			
27	7398	11	,588											
28	01499	13	,015											
29	23499	72	,825											7
30	7908	19	,054										*****	
Covered Auto		LIABI	LITY			AUTO	. MEI	D.		UNINSU	IRED/UNDI	ERINSUREI)	
No.	Limi (in thous			Premiur	n	Limit	Pr	emium		Limit (in thousands)		Premium	им	UIM
25	1000/100)/FAC	T	309)	NONE								
26	1000/100	O/FAC	T	309	9 -	NONE								
27	1000/100)/FAC	T	309)	NONE								
28	1000/100	O/FAC	Т	445	5	NONE			<u> </u>					
29	1000/1000	O/FAC	T	511		NONE								
30	1000/100)/FAC	Т	309)	NONE								
Total Premium				15,002	2									
Covered	PERSONAL	INJURY I	PROTE	CTION	ļ	P.P.I. (N	/lich.	only)		Except for towing	ng all physi	cal damage	loss is pa	ayable
Auto No.	Limit stated in P.I.P. end	each	Pr	emium	Limit	t stated in each P.P.I. end.	h .	Premi	ım -	Except for towir to you and the may appear at t	loss payee he time of ti	named be ne loss	low as int	érests
25	SEE FORI	M(S)		9	<u> </u>						See Sch	edule(s)		
26	SEE FORI	M(S)		9										
27	SEE FORI	M(S)		9										
28	SEE FORI	M(S)		6	<u> </u>							····	···	
29	SEE FORI			6	<u> </u>	· · · · · · · · · · · · · · · · · · ·								
30 Total	SEE FORM(S) 9						******			,				
					231111111111111									
Covered	COMPREHENSIVE SPEC. OF			C. CAUSE OF LOSS	s	COL	LISION		TOWING	& LABOR		TOTAL		
Auto No.	Deductible	uctible Premium Premium			remium	Deduc	tible	Prem	nium	Limit per disablement	Premiur	n	Premium	
25														18
26											·			18_
27														18
28														51
29											,			17
30 Total								888						18_
Premium													15,2	45

F19U008 10/98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHED	ULE OF CO	VERED AUT	US YOU O	VΝ											
Covered			DESC	RIPTIO	N						TE	RRITO	ORY		
Auto No.			ar Model; Trac ber (S); Vehicl		; Body Type ication Number	r (VIN)			To		ite & Zip vill be pri			vered Auto ed	:0
31	1998 VE	RMEER 00	1232		RD 1514				040	FERN	IAND]	INA	BE.	FL	
3.2		RD FIRE				F/R	F1		040		IANDI		BE,	FL	
33			059780		BM 20				040		IANDI		BE,	FL	
34	1999 FO		ANCE B4	8377		F/R	R70		040		IANDI		BE,	FL	
35	1999 FO		ANCE B4				R40			FERN			BE.	FL	
36		ERLING T				RD	601		-		IANDI		BE.	FL	
Covered							······································								
Auto	Class	Cost	Valuation	Basis	:		Other Th	an Collis	sion			(Collision		
No.	Code	New	1				Coverage			imit			Limit		
31	68499	7,0	40										22771110		
32	7908	18,9													-
33	01499	20,6									~				
34	7919	78,2													
35	7919	78,2													
36	33479	61,7										-+		-	
Covered	302.3	<u> </u>						· ·							
Auto		LIABILIT	()		AUTO). MED),		ι	URNINC	RED/UN	IDERI	NSURE	ם	
No.	Li	mit	Ι	-					Lim	nit					
	(in tho	usands)	Premiu	im	Limit	Pre	emium		(in thous	sands)	.	P	remium	UM	(UIM
31	1000/10	00/FACT	6	8	NONE										1
32	1000/10		30		NONE										
33	1000/10		44	5	NONE								· · · · · · · · · · · · · · · · · · ·		
34	1000/10		79		NONE										
35	1000/10		79		NONE										
36	1000/10		51		NONE										
Total Premium		·	17,92	4								13.			
Covered	PERSONA	L INJURY PRO			P.P.I. (I	Vlich. c	nly)		Evenet f	or towin	م مال مه	voical	domood	loga ia n	avoblo
Auto No.	Limit stated P.I.P. er	in each	Premium	Lim	nit stated in eac P.P.I. end.	h	Premi	ım -	to you a may app	ind the bear at th	loss pay te time c	ysical yee na of the l	uarnage imed be oss	loss is pelow as in	iterests
31	SEE FO	RM(S)	1								See S	Schedi	ıle(s)		
32	SEE FO		9	_											
33		RM(S)	6	1											
34		RM(S)	10							,					
35		RM(S)	10						T .						
36		RM(S)	6				·								
Total Premium			285								-,				
Covered Auto					ES	COL	LISION			WING 8	LABOR	7		TOTAL	
No.	Deductible	Premi	um	⊃remium	n Deduc	ctible	Prem	ium 	Limit disable	per ment	Prem	ilum	<u> </u>	Premium	
31					• •										69
32	-														318
33									<u> </u>						451
34					-	_								{	802
35													1		802
36									1						522
Total														18,2	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

Covered	OLL OF CO	VERED AUTO		CRIPTIO	N						TE	RRITO	DV		
Auto		Yes	ar Model; Tra			/ Type				Town	, State & Zip			d Auto	
No.		Serial Numl	per (S); Vehic	le Identifi		Number (- CWII	will be pri			u Auto	
37		<u>DGE VAN/</u>		7929		COE		***			ERNANDI				
38			<u> 263209</u>			P.				040 FI	ERNANDI	NA I	BE, FL		·
39			<u> 266010</u>			P.				040 FI	ERNANDI	NA I	BE, FL		
40			<u> 265973</u>			P.	<u>A</u>				ERNANDI	NA I	BE, FL		
41	1999 JE	EP PRIVA	TE PAS	5 632	<u>496</u>			PW-De	52	040 FI	ERNANDI	NA I	BE, FL		
42	2000 FO	RD TRUCK	B3509	5		PW E1	21			040 FI	ERNANDI	NA I	BE, FL		
Covered															
Auto	Class	Cost	Valuatio	n Basis				Other Tha	an Collis	sion		Co	ollision		
No.	Code	New						Coverage	,	Limi			Limit		
37	5881	17,53	39												
38	7398	11,86	53												
. 39	7398	11,86													
40	7398	11,86												··	
41	7398	19,08							***************************************						
42	01499	16,74									-	-			
Covered			· · · · · · · · · · · · · · · · · · ·		T								· · · · · · · · · · · · · · · · · · ·		
Auto		LIABILITY	'			AUTO.	MED).		UNII	ISURED/UN	DERIN	SURED		
No.	i.	mit	5				П			Limit		-	,	T	Ī
	(in tho	ium	-	imit	Pre	emium		(in thousand	is)	Pre	emium	UM	UIM		
37	1000/10	31	N	IONE								1			
38			3) 9	N	IONE							***************************************		
39	1000/10) 9	N	IONE								1	
40	1000/10) 9		ONE									
41	1000/10) 9	-	IONE		· · · · · · · · · · · · · · · · · · ·						1	
42	1000/10			1 5		IONE								+	
Total Premium			20,6												
Covered	PERSONA	AL INJURY PRO			10000000000	P.P.I. (M	ch. c	only)	<u> </u>	I					
Auto	Limit stated		12011011	1 :	it otot	ed in each				Except for to to you and	owing all phy the loss pay	rsical d ee nan	lamage loss ned below	s is pa	yable erests
No.	P.I.P. er	nd.	Premium	Lift	P.P.I.	ed in each , end,		Premiu	ım	may appear	at the time o	f the lo	SS		
37	SEE FO	RM(S)	28								See S	chedul	e(s)		
38		RM(S)											- \-/		
39		RM(S)	. 0	-			+		<u> </u>			·····			
40		RM(S)	9				\dashv			 					
41		RM(S)					+			 					
42		RM(S)					+								
Total Premium	<u> </u>	0.000.000.000000			滅┢										
Covered							COL	LISION		TOWN	IG & LABOR			T 1 1	
Auto	COM	THETTENSIVE	· · ·	OF LOSS			JUL				-3 4 24001		10	TAL	
No.	Deductible	Premio	ım	Premium	ו ו	Deducti	ble	Prem	ium	Limit per disablemer	nt Premi	um	Pre	mium	
37														1.0	50
38								-		ļ					<u>59</u>
39						····									18
								-							18
40						·		+					 		18
41										 			ļ		18
4 2											***				51
Premium					**		<u> </u>			1 2	0,9	91			

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF COVE	RED AUTO	S YOU OW	/N											
Covered			DESC	RIPTIO	vi :						TEI	RRITORY	′		
Auto No.		Yea Serial Numb	r Model; Trad er (S); Vehicle	a Name: Identifi	Body Type cation Numbe	r (VIN)			-			Where the		d Auto	
4.3	2000 FORI	TRUCK	B35095		PW E	122			040	FERI	IANDI	NA BI	E, FL		
44	2001 DODO	SE TRUCI	K 18622	1	PW	13:	1		040	FERI	IANDI	NA BI	E, FL		
45	2001 DODO	SE TRUCI	74524	4	PW-T	132	2		040	FER1	IDNAV	NA BE	E, FL		
46	2000 FORI	O VAN/PI	PT C350	50		CLEI	RK		040	FERN	IDNAV	NA BI	E, FL	-	
47	2001 FORI	TRUCK	C41322		PW T	350			040	FERN	IDIAN	NA BE	E, FL		•
48	2001 FORI	TRUCK	C41321		PW T	351			040	FERN	IDNAN	NA BE	E, FL		
Covered															
Auto	Class	Cost	Valuation	Basis			Other Th	an Colli:	sion			Colli	sion		
No.	Code	New					Coverage	€ .		Limit		L	imit		
43	01499	16,74	.8												
44	01499	19,29	5												
45	01499	12,76													
46	7398	18,44							_						
47	23499	22,83	6					-						***************************************	
48	23499	22,83	6												
Covered Auto		LIABILITY			AUT	O. MEI	D, ·			UNINSU	RED/UN	DERINS	JRED	1	·
No.	Limit (in thousa	m	Limit	Pr	emium			mit isands)		Prem	ium	υм	UIM		
43	1000/1000	5	NONE												
44	1000/1000)/FACT	44	5	NONE										
45.	1000/1000)/FACT	44	5	NONE			<u></u>						<u> </u>	
46	1000/1000)/FACT	30:	9	NONE									<u> </u>	
47	1000/1000)/FACT	51	1	NONE									ļ	
48	1000/1000)/FACT	51		NONE	<u> </u>	,			****************					
Total Premium			23,30	2.		8									
Covered	PERSONAL	INJURY PRO	TECTION .	<u> </u>	P.P.I. (Mich.	only)		Except	for towin	g all phy	sical dar	nage los:	s is pa	yable
Auto No.	Limit stated in P.I.P. end,	each	Premium	Lim	it stated in ead P.P.I. end.	ch	Premi	μm	to you may ap	and the pear at th	loss pay le time o	vsical dan ee name f the loss	d below	as inte	erests
43	SEE FORM		. 6								See,S	chedule(s)		
44	SEE FORM	1(S)	6						ļ	<u> </u>					
45	SEE FORM		6			.			ļ		•	,			
46	SEE FORM		9							-					
47	SEE FORM		6	<u> </u>					 						
4.8 Total	SEE FORM	1(S)	6_						 						
Premium			394			-									· · ·
Covered	COMPR	EHENSIVE	SP	C. CAUS	ts	COL	LISION		T	OWING 8	& LABOR		TO	TAL	
Auto No.	Deductible	Premiu	m F	remium	Dedu	ctible	Prem	nium	Limit disabl	t per ement	Premi	um	Pre	mium.	
43									<u> </u>						51
44															51
45															51
46											·				18
47									ļ						17
4.8							***		-						17
Total Premium													2	3,6	96

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AUT	os yo	u owi	N													
Covered				DESCR	IPTION	ı							TE	RRITC	RY			-
Auto No.		Ye Serial Num	ar Model ber (S); \					(VIN)					ate & Zip vill be pri		_		Auto	
49	2001 FO	RD TRUCE	C60	180		ΡV	V T15	540			040	FERI	NANDI	NA	BE,	FL		
50	2002 FO	RD PRIV	TE P	ASS	A152	218			CE :	71	040	FERI	NANDI	NA	BE,	FL		
51	2002 FO	RD PRIV	TE P	ASS	A33:	161		-	PW 6	53	040	FERI	NANDI	NA	BE,	FL	-	
52	1999 FO	RD AMBUI	ANCE	B80	391		E	7/R	R50		040	FERI	VANDI	NA	BE,	FL		
53	1999 FO	RD PRIVE	TE P.	ASS	192	703			RMC 1	L1	040	FERI	NANDI		BE,	FL		
54	2000 DO	DGE TRUC	K 20	6785			SW	180			040		NANDI		BE,	FL		
Covered																		
Auto	Class	Cost	Valu	ation B	asis				Other Tha	an Colli	sion			C	Collision	1		
No.	Code	New							Coverage			Limit			Limit			
49	23499	23,1	06			·							· · · · · · · · · · · · · · · · · · ·					
50	7398	22,9																-
51	7398	24,9			-						,				***************************************			
.52	7919	79,4																
53	7398	14,5																
54	01499	17,2				·												
Covered Auto		LIABILIT					AUTO	. MED			· · · · · · · · · · · · · · · · · · ·	UNINSU	IRED/UN	DERI	NSURE	ם		
No.	Li (in tho	remiun	1	Li	mit	Pre	mium			mit usands)		Pr	remium		UM	UIM		
49	1000/10	511		N	ONE							·				· · · · · ·		
50	1000/10			309			ONE											
51	1000/10			309			ONE		-		-							
52	1000/10			792			ONE											T
53	1000/10			309		-	ONE		-									
54	1000/10			445			ONE											
Total Premium			25	, 977														
Covered	PERSON	AL INJURY PRO	TECTIO	N			P.P.I. (N	lich. o	nly)	***********	Event	for tour	a all ab	rainal r	domoo		ia na	voblo
Auto No.	Limit stated P.I.P. e	in each nd.	Premiu	m	Limi	it state P.P.I.	d in eacl end.	h	Premiu	ım	to you may ap	and the pear at the	ng all phy loss pay he time o	ee na f the lo	med boss	elow a	is pa is inte	erests
49	SEE FO	RM(S)		6	,								See S	chedu	ıle(s)			
50		RM(S)		9														
51		RM(S)		9														
52		RM(S)		10														
53	SEE FO	RM(S)	1 3 3	9														
54	SEE FO	RM(S)		6														
Total Premium			. 4															
Covered Auto	СОМ	PREHENSIVE		SPEC	C. CAUSE F LOSS	ES		COLL	ISION		 		& LABOR	l ————	<u></u>	TOT	TAL	
No.	Deductible	Prem	um	Pr	emium		Deduc	tible	Prem	ium 	Limi disab	t per ement	Premi	ium		Prem		
49									ļ						+			17
50									 		 			·	-			18
51				-		\perp			 		 				-			<u>18</u>
52						1	·		<u> </u>		 							02
53									<u> </u>		4				1			18
54 Total						8						************			+			<u>51</u>
Premium						8			1							2	6,4	20

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED A	UTOS	YOU OW	'N												
Covered				DESC	RIPTION	N							TER	RITOR	Y		
Auto No.		Serial N		Model; Trade (S); Vehicle				(VIN)	-				ate & Zip \ vill be prin			ed Auto	
55	1999 DC	DGE TR	UCK	25787	7	I	BLDG	127			040	FERI	NANDI	NA B	E, FI	٦.	
56	2001 E-	ONE FI	RE I	ruck (0390	07		F/	ST 20)	040	FERI	NANDI	NA B			
57	2001 FC	RD UTI	LITY		[100			S	UPV/E	€	040	FERI	ILDNAN	NA B	E, FI	1	
58	2002 FC	RD AMB	ULAN	ICE A3	1621				F/R	,	040	FERI	IIDIAN	NA B			
5.9			VATE			506		E	MG MC	FT	040		NANDI				
60				21236			r TR				040		ILGNAN				
Covered	2002 20		0010								1 3 2 3						
Auto	Class	Cost		Valuation	Racie				Other Tha	an Collis	sion			Coll	lision		
No.	Code	New		Valuation	Dasis				Coverage		31011	Limit			imit		
55	01499	10	100	 					Coverage			LITTE			711111		
56			,180												·		
57	7909		,816 547						· · · · · · · · · · · · · · · · · · ·								
	01499		,547				•		 						·		
58	7919		,336														
59	7398		,622														
60	01499	17	,192	<u> </u>					 		<u> </u>						
Covered		LIABI	ı ITV				ΔΠΤΩ	. MED	*			HNINSH	RED/UNI	DEBINS	IIRED	•	
Auto	1		LIII			-	7010	10123	•				1120/011	DEITHIO	ONLD	т	1
No.		imit		Premiu	m .	L	imit	Pre	mium			nit		Pren	nium	UM	UIM
	·	usands)								ļ	(in thot	isands)					1.:
55	1000/10			44!			ONE			<u> </u>						-	-
	1000/10			63			ONE					-					ļ
57	1000/10	00/FAC	T	44	5		ONE			<u> </u>							
58	1000/10	00/FAC	T	79:	2	+	ONE										
59	1000/10	00/FAC	T	30:	9	N	ONE										
60	1000/10	00/FAC	T	44	5	N	ONE										
Total Premium				29,04	3												
Covered	PERSON	AL INJURY I	PROTE	CTION			P.P.I. (N	/lich. o	nly)		Except	for towin	ng all phy	sical da	mage los	s is pa	vable
Auto No.	Limit stated P.I.P. e		Pi	remium	Lim	it state P.P.I.	ed in eacl end.	h	Premiu	ım	to you may ap	and the pear at the	ng all physics loss payer ne time of	the loss	ed below	as int	erests
55	SEE FC	RM(S)		6									See So	chedule	(s)		
56		RM(S)		8													
57		RM(S)		6													
58		RM(S)		10													
59		RM(S)		9	T												
60		RM(S)	6		······································												
Total Premium				488								′					
Covered	COM	IPREHENSI\	VE		C. CAUS OF LOSS			COL	ISION		Т	OWING	& LABOR		T	OTAL	
Auto No.	Deductible		emium		remium		Deduc	tible	Prem	nium	Limi disabl	t per ement	Premi	um '		emium	,
55						-+			<u> </u>		1					4	51
56								-							,		43
57				··					1								51
58									1 :		 						02
<u>58</u> 59							-		+		 						18
60							-		 		1						51
Total													29,5				
Premium		*******				8			8		[*************************************					49,5	٥٥

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

	ULE OF COVERED			ION				· · · · · · · · · · · · · · · · · · ·	Ţ							
Covered Auto		Year Model;	ESCRIPTI		. Timo							ERRIT			1 4 1-	
No.		Number (S); Ve	hicle Iden			(VIN)	· .		, ,	own, Sta	ate & Zip vill be pr	incipa	re the Cally gara	ged ged	Auto	
61		CK 29412			HEALT	'H			040	FERI	DIAND	INA	BE,	FL		
62	2002 GMC TRU	CK 29421	.0		HEALT	'H			040	FERI	IAND:	INA	BE,	FL		
63	1984 CHEVROL	ET TRUCK	1218	35		RD	321		040	FERI	IAND	INA	BE,	FL		<u>.</u>
64	1984 FORD UT	ILITY VA	N D98	3388		VF	D BV6		040	FER1	IAND:	INA	BE,	FL		
65	1969 INTERNA	TL FIRE	TRUCK	327	903		VFL	NV7	040	FERI	IAND:	INA	BE,	FL		
66	1970 INTERNA	TL FIRE	TRUCK	399	221		VFI	NV7	040	FERI	CINAN	INA	BE,	FL		
Covered																
Auto	Class Co.		tion Basis	S			Other Tha	n Collisio	on				Collisio	n		
No.	Code Ne	w					Coverage		I	_imit			Limi	t		
61		5,232														
62		5,232														
63		2,500														
64		3,800														
65	7909															
66	7909															
Covered Auto	LIAI	BILITY			AUTO	. MED	•		ι	JNINSU	RED/U	NDER	INSURI	ED .		
No.	Limit	Pro	emium	-L	imit	Pre	mium		Lim in thous				Premiur	n .	υм	UIM
	(in thousands)				TONTE				(III allous	sanus)					ļ	<u> </u>
61	1000/1000/FA		445		ONE			· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·		
62	1000/1000/FA		445		ONE											
63	1000/1000/FA		445		ONE	-				· · · · · · · · · · · · · · · · · · ·						
64	1000/1000/FA		445		ONE							<u> </u>				
65	1000/1000/FA		635		ONE			 								-
66 Total	1000/1000/FA		635		ONE											<u> </u>
Premium	. BERGONAL IN U.D.		098		D D 1 (1)	11-6-	-L-A	I				<u> </u>			*********	1000000
Covered Auto	PERSONAL INJURY	PROTECTION			P.P.I. (N		niy)		Except for some to the second terms of the sec	or towin	ng all ph	ysica	damag	ge loss	is pa	iyable
No.	Limit stated in each P.I.P. end.	Premiun	ا ا	Limit stat P.P.I	ed in each . end.	1	Premiu	m	may app	ear at ti	ne time	of the	loss	Jelow a	a5 III0	=16212
61	SEE FORM(S)		6								See	Sched	dule(s)			
62	SEE FORM(S)		6			$\Box \Box$										
63	SEE FORM(S)		6													
64	SEE FORM(S)		6													
65	SEE FORM(S)		8													
66	SEE FORM(S)		8													
Total Premium		5	28													
Covered Auto	COMPREHENS	SIVE	SPEC. CA OF LO	AUSES DSS		COLI	ISION				& LABO	R		TO	TAL	
No.	Deductible i	Premium	Premi	ium	Deduc	tible	Prem	ium	Limit disable	per ment	Pren	nium		Prer	nium	
61															4	51
62																51
63	·															51
64																51
65																43
66																43
Total Premium														3	2,6	26

F19U008 10/98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AL	JTOS YOU	OWN									•			•
Covered			D	ESCRIF	MOIT							TEF	RRITORY			
Auto No.		Serial N	Year Model; umber (S); Ve				(VIN)						Where the scipally gai		Auto	
67	1989 FC	RD PRI	VATE PA	SS E	83014			PW E6	0	040	FERI	NANDI	NA BE	, FL		
68	1990 GM	C TRUC	K 51376	4		BM 11	.2			040	FERI	NANDI	NA BE	, FL		
69	1992 FC	DRD TRU	CK A018	97		BM 1	11			040		IDNAN		, FL		
70	1992 FC	DRD TRU	CK A347	34		RD 3	03			040		VANDI			,	
71	1979 IN	TERNAT	L FIRE	TRUC	K A13	609		VFD V	FD 5	040		IDNAN		, FL		
72		ORD DUM		A21	628		RD			040		VANDI		, FL		
Covered				-								****			•	
Auto	Class	Cost	Valua	tion Bas	sis			Other Tha	n Collis	ion			Collisi	on		
No.	Code	New	14.44				1	Coverage			Limit		Lin			
67	7398							COVOILLE			Carring					
68	01499															
69	01499									···						
70	33499															
71	7909				···											
72	33479	56	299						······································							
	33473	30,	299	······································												
Covered Auto	٠	LIABI	LITY .			AUTO	. MED				UNINSU	RED/UN	DERINSU	RED		
No.	1	imit							1 ir	nit	·Τ	<u> </u>	T			
	1	ousands)		Limit	Pre	mium			isands)	-	Premiu	ım	UM	UIM		
67	1000/10		T	309	7	NONE				•						
68	1000/10			445		NONE		•					,			
69	1000/10			445		NONE										
70	1000/10			563		NONE								- 1		
71	1000/10			635		VONE			-							
72	1000/10			516		NONE										
Total Premium	2000/20	00/1110	35,											8		
Covered	PERSON	AL INJURY F			Possessess	P.P.I. (N	lich. o	nlv)'		_					.00000000000	
Auto No.	Limit stated	d in each	Premium		Limit stat	ted in each l. end.		Premiu	ım	to you may ap	for towir and the pear at t	ig all phy loss paye ne time of	sical dama ee named the loss	age loss i below as	s pay	/able rests
										- '	•					
67	SEE FO		· · · · · · · · · · · · · · · · · · ·	9	-							See 50	chedule(s)			
68	SEE FO			6												
69		RM(S)		6		· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·				
70		RM(S)		6												
71		RM(S)		8												
72 Total Premium	SEE FO	ORM(S)		6												
					CAUCED	l		101011		 	014/11/0	0.1.4000				
Covered Auto	CON	IPREHENSIV	E	OF	CAUSES LOSS		COLI	ISION		<u> </u>	·	& LABOR		TOT	<u>AL</u>	
No.	Deductible	Pre	emium	Prer	mium	Deduc	tible	Prem	ium	Limi disabi	t.per ement	Premi	um	Premi	ium	
67															3	1.8
68															4	51
69															4	51
70															5	69
71														,		43
72															5	22
Total Premium														35	, 5	80

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

	ULE OF COVERED AU	DESCRIP	FIGNI			· · · · · · · · · · · · · · · · · · ·	.				
Covered Auto	<u> </u>	ear Model; Trade Na					Taura Cha		RITORY /here the Cove		
No.	Serial Nur	mber (S); Vehicle Ide	ntification Numb	er (VIN)			10WII, Sta	ill be princ	ipally garaged	rea Auto)
73	1994 FORD DUMP			RI				VANDIN		Lı ·	
74	1994 FORD DUMP			RI				JANDIN			
75	1994 FORD DUMP			RI	405			JANDIN			
76		K B62880	<u>RD</u>	142				JANDIN		L	
77		K B62879	<u>RD</u>	140				JANDIN		L	
78	1994 FORD TRUC	K B62878	SW	175			040 FERI	IANDIN	IA BE, F	L	
Covered			·					· · · · · · · · · · · · · · · · · · ·			
Auto No.	Class Cost	Valuation Basi	s		Other Tha	an Colli	sion		Collision		
140.	Code New				Coverage)	Limit		Limit		
. 73	23479 56,0										
74	23479 56,0										
75	23479 56,0	049		-							
76	01499 11,5	570								,	
77	01499 11,5										
78	01499 11,6	627									
Covered											
Auto	LIABILI	TY	AU	TO. MED),		UNINSU	RED/UND	ERINSURED		
No.	Limit .	Premium	Limit	Pri	emium	ĺ	Limit	1.	Premium	UM	им
	(in thousands)						(in thousands)		Tremium	O IVI	- Cilvi
73	1000/1000/FACT	467	NONE			ļ	~~.				1
74	1000/1000/FACT	467	NONE								
. 75	1000/1000/FACT		NONE								
76	1000/1000/FACT	445	NONE								
7.7	1000/1000/FACT	445	NONE								
78	1000/1000/FACT	445	NONE						·		
Total Premium		37,747			_				 		
Covered	PERSONAL INJURY PE	OTECTION	P.P.I.	(Mich. d	only)		Except for towin	g ali physi	ical damage lo	ss is pa	avable
Auto No.	Limit stated in each P.I.P. end.	Premium	Limit stated in e P.P.I. end.	ach	Premiu	ım .	Except for towing to you and the may appear at the	loss payer ne time of t	e named below the loss	w as int	erests
73	SEE FORM(S)	6						See Sch	hedule(s)		
74	SEE FORM(S)	6					1 1 1 1 1 1 1 1				. • :
75	SEE FORM(S)	6					· · · · · · · · · · · · · · · · · · ·				
76	SEE FORM(S)	. 6									
. 77	SEE FORM(S)	6									
78	SEE FORM(S)	6									
Total Premium		605			· · · · · · · · · · · · · · · · · · ·						
Covered	COMPREHENSIVE		AUSES OSS	COL	LISION		TOWING 8	LABOR	Т	OTAL	
Auto No.	Deductible Pren	nium Prem	ium Ded	uctible	Prem	nium	Limit per disablement	Premiu	m P	remium	
73										4	73
7.4										4	73
75										4	:73
76											:51
77											51
78						,					51
Total Premium										38,3	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AU	TOS YC	U OW	N												
Covered				DESCR	IPTION							TE	RRIT	ORY			
Auto No.						Body Type ation Number	· (VIN)				Town, St	ate & Zip will be pri	Wher ncipa	re the C Ily gara	overed ged	d Auto	
79	1994 FO	RD TRUC	K B68	571		F/R I	?S4			040	FER	NANDI	NA	BE.	FL	***	
80			LITY		1815			JST 20	01	040		NANDI		BE,	FL		
81			TRUCK				JFD	NV7		040		NANDI		BE,	FL		
82		EP FIRE		6384		F	/R I			040		NANDI		BE,	FL		
83			TRUCK					F/R		040		NANDI		BE,	FL	*	
84	1984 HE			LER		088	F	/R TRI	<u>.</u> 1	040		NANDI		BE.	FL		
Covered					.=. <u>-</u>												
Auto No.	Class Code	Cost New	Val	uation B	asis			Other The		sion	Limit			Collisio: Limit			
79	01499	12,2	200	•		·····											
80	01499		751		· ·					***************************************		******			· · · · · · ·		
81	7909.																
82	7908	18,4	154							***************************************							
83	7909							 									
84	67499				:			 									
Covered Auto		LIABILI	TY			AUTO). MEI).).			UNINSL	JRED/UN	IDER	INSURE	ĒD		
No.	Li (in tho		Premium	1	Limit	Pr	emium		Lir (in thou	nit ısands)		F	Premiun	1	UM	UIM	
79	1000/10	00/FACT		445		NONE	<u> </u>		7-								
80	1000/10	00/FACT		445		NONE											
81	1000/10	00/FACT		635		NONE											
82	1000/10	00/FACT		309		NONE											
83	1000/10	00/FACT		635		NONE	<u> </u>										
	1000/10	00/FACT		113		NONE											
Total Premium			40	,329	- 1												
Covered	PERSON	AL INJURY PE	OTECTIO	ON .		P.P.I. (N	vich.	only)		Except	for towir	ng all phy	vsical	damao	e loss	is na	vable
Auto No.	Limit stated P.I.P. e	in each	Premi	ım	Limit F	stated in eac P.P.I. end.	h	Premiu	ım	to you may ap	and the pear at t	ng all phy loss pay he time o	ee na	amed b	elow	as inte	erests
~ 79	SEE FO	RM(S)		6								See S	ched	ule(s)			
. 80	SEE FO			6													
81	SEE FO	RM(S)		8.													
82	SEE FO	RM(S)		9													
83	SEE FO	RM(S)		8													
84	SEE FO			1													
Total Premium			643						<u> </u>								
Covered	COMPREHENSIVE				. CAUSES F LOSS		COL	LISION		Т	OWING	& LABOR	?		TO	TAL	
Auto No.	Deductible	Pren	nium		emium	Deduc	tible	Prem	nium	Limit disabl	t per ement	Premi	ium			nium	
79										1						4	51
80								1				<u>. </u>					51
81				<u> </u>				1									43
82				ļ				†		 				1			18
83	<u>L</u>			 										+			43
84			<u> </u>				 				+			$\frac{43}{14}$			
Total													•			<u>-</u> _	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

DESCRIPTION TERRITORY TOWN, State & ZP Where the Covered Auto No. Serial Number (S); Verlete Identification Number (NN.) Town, State & ZP Where the Covered Auto No. Serial Number (S); Verlete Identification Number (NN.) Town, State & ZP Where the Covered Auto No. Serial Number (S); Verlete Identification Number (NN.) Town, State & ZP Where the Covered Auto No. Serial Number (S); Verlete Identification Number (NN.) Town, State & ZP Where the Covered Auto No. Serial Number (S); Verlete Identification Number (NP.) No. Serial Number (NP.) Serial Numbe	SCHED	ULE OF CO	VERED AU	ros yo	U OW	N .												
No. Serial Number (S): Vehicle Identification Number (MN) will be principally garaged	Covered				DESCR	IPTION							TE	RRIT	ORY			
36 1985 HEIL TRATLER 3071166 SW 173 040 FERNANDINA BE, FL		·						(VIN)			· T						Auto	
Second 1985 HEIL TRATLER 3D71166 SW 173 040 FERNANDINA BE, FL	85	1967 KA	ISER JE	EP 10	945			F/R	2		040	FERI	IDNAN	INA	BE.	FL		
88 1997 FORD TRUCK B29791 BLDG 124 0.40 FERNANDINA BE, FL	86	1985 HE				.66	SV	V 17	'3		040	FERI	ICINAN	INA				
89 1997 FORD TRUCK B29791 BLDG 125 040 FERNANDINA BE, FI.	87	1967 KA	ISER JE	EP 41	1131			F/R			040	FERI	IDNAN	INA	BE,	FL		
90 1977 BARNES TRAILER C3263 SW 040 FERNANDINA BE FI	88	1997 FO	RD TRUC	K B29	790		BLDG 1	L24		-	040					FL		
90 1977 BARNES TRAILER C3263 SW 040 FERNANDINA BE, FIJ	8.9	1997 FO	RD TRUC	K B29	791		BLDG 1	L25			040	FERI	IDNAN	INA	BE,	FL		
Auto Class Cost New Valuation Basis Other Than Collision Coverage Limit Limi	90	1977 BA	RNES TR	AILER	C32	63			SW		040	FERI	IDNAV	INA				
No. Code New Valuation desis Other Intel Collision Coverage Umit Umit	Covered																-	
Second Coverage Limit Limit Limit Second Limit Limit Remium Remium Limit Remium Rem			. Cost	Val	uation B	Basis			Other Th	an Collis	ion				Collisio	n		
86	No.	Code	New	1					Coverage			Limit			Limi	:		
Ref	85	7909																
Record R	86	68499																
89	87																	
89	88		14,8	320					·									
Second Covered Auto Limit Premium Limit Premium Limit Imit Im	89																	
Covered Auto No. Limit Premium Limit Premium Limit Premium Limit Imit I			,														-	
No. Limit	Covered		· · · · · · · · · · · · · · · · · · ·															
Covered Auto Premium Limit L	1		LIABILI	TY			AUTO	. MED).		1	UNINSU	RED/UI	NDER	INSURI	ED		
(in thousands)	No.	Li	mit		3!··-		(lools	Des			Lin	nit				_		
86 1000/1000/FACT		(in thousands)					LITTIT	PIE	mum		(in thou	sands)			Premiun	ח	UM	UIM
87 1000/1000/FACT 635 NONE	85						NONE											
88 1000/1000/FACT 445 NONE	86	1000/10	00/FACT		68		NONE											
89 1000/1000/FACT	87	1000/10	00/FACT		635		NONE				,							
90 1000/1000/FACT	8.8	1000/10	00/FACT		445		NONE											
Premium	89	1000/10	00/FACT		445		NONE											
Permium 4 2 , 6 2 5		1000/10	00/FACT		6.8		NONE											
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	Total Premium			42	,625										***			
No.	1	PERSONA	AL INJURY PF	OTECTIO	N		P.P.J. (N	/lich. o	nly).		Except	for towir	ia all nh	vsica	damac	ie loss	is na	vable
SEE FORM (S) 8 See Schedule(s)	1	Limit stated	in each	Dramii	ım			h .	Premi	ım	to you	and the	loss pa	yee n	amed b	elow	as inte	erests
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 Premium 673 Covered Auto No. COMPREHENSIVE SPEC. CAUSES OF LOSS COLLISION TOWING & LABOR TOTAL Auto No. Deductible Premium Premium Premium Premium Premium 85 643 643 643 643 643 86 69 643 643 643 643 643 88 60	No.	P.I.P. e	nd.	71611110	4111		P.P.I. end.		1 101111	4111	may ap	Jear at ti	ie mile c	יונו וכ	1088			
87 SEE FORM(S) 8		SEE FO	RM(S)		8								See S	Sched	dule(s)			
88 SEE FORM (S) 6 89 SEE FORM (S) 6 90 SEE FORM (S) 1 Covered Auto No. COMPREHENSIVE SPEC. CAUSES OF LOSS COLLISION TÓWING & LABOR TOTAL 85 Deductible Premium Premium Premium Premium Premium 85 G9 643 69 643 86 G9 643 643 88 G9 451 69 89 G9 451 69																		
89 SEE FORM(S) 6 90 SEE FORM(S) 1 Profile Premium 673 Covered Auto No. COMPREHENSIVE SPEC. CAUSES OF LOSS OF LOSS OF LOSS COLLISION TOWING & LABOR TOTAL 85 Premium Premium Premium Premium Premium 85 9 Beductible Premium Premium Premium 69 87 9 643 88 9 9 451 89 451 451 90 69																		
90 SEE FORM(S) 1		SEE FO	RM(S)															
Total Premium 673																		
Covered Auto No. Deductible Premium Premium Deductible Premium Deductible Premium Premiu		SEE FO	RM(S)								ļ	·····						
Auto No. Deductible Premium Premium Deductible Premium Limit per disablement Premium Premium 85 643 86 69 87 643 88 451 89 451 90 69	Premium													····	<u> </u>			
Auto No. Deductible Premium Premium Deductible Premium Limit per disablement Premium Premium 85 643 86 69 87 643 88 451 89 451 90 69		COM	PREHENSIVE		SPE	C, CAUSES IF LOSS	5	COL	LISION		TO	OWING (& LABOI	R		TO	TAL	
85 643 86 69 87 643 88 451 89 451 90 69	1	Deductible	Drag	nium				tible	Prem	nium	Limit	per	Prem	nium		Pren	nlum	
86 69 87 643 88 451 89 451 90 69		Deductible	Pren	num		eman	Dengo	'IIDIG	Fiell	nutti	disable	ement	1.1611	nuill		, , 61		
87 643 88 451 89 451 90 69									 									
88 451 89 451 90 69																		
89 451 90 69									ļ							·		
90 69																		
										<u>.</u>				··				
Premium 43,298									<u> </u>									
	Premium				<u> </u>				<u> </u>							4	3,2	98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VER	ED A	UTOS	YOU	J OWI	V													
Covered					ı	DESCR	IPTION	1							TE	RRIT	ORY			
Auto No.		S	Serial N			; Trade /ehicle l			/ Type Number	(VIN)			1		ate & Zip vill be pri:				d Auto	
91	1968 KA	ISE	RT	RUC	K 3'	7132	9		SV	7 34	11		040	FER	NANDI	NA	BE	, FL	************	
92	1987 FC	ORD	BUC	KET	TR	JCK	A28	144		I	RD 15:	L2	040	FER	NANDI	NA	BE	, FL		
93	1989 FC	DRD	TRU	CK .	A09	372			RD 3	23			040	FERI	NANDI	NA	BE	, FL		
94	1986 CH	IEVR	COLE	TF	IRE	PPT	184	176	7		REŚ	CUE	040	FERI	NANDI	NA	BE	, FL		
95		AISE				JCK		324			2	SW	040	FER	NANDI	NA	BE	, FL		
96			R J	EEP	39:	2491			VFD	NV	7		040	FER	IDNAV	NA	BE	, FL		
Covered																				
Auto	Class		Cost		Valu	ation B	asis				Other Th	an Collis	sion				Collisi	on		
No.	Code		New								Coverage	9		Limit			Lim			
91	23499				+															
92	23499		27	,000)															
93	01499			, , , , ,	-				·							_				
94	7908								.		<u> </u>									
95	23499				+				*	-						-				
96	7909				+		······		****		<u> </u>							-		
Covered		<u> </u>										•					l			
Auto			LIABI	LITY					AUTO	. MEI) .			UNINSU	IRED/UN	DEF	RINSUI	RED		
No.	L	imit					,,		114	, 12			Lin	nit			D			1 115.4
	(in the	ousand	ds)		۲	remium	1	,	Limit	Pr	emium		(in thou	ısands)			Premiu	ım	UM	UIM
91	1000/10	000/	FAC	T		511		. 1	NONE										Π	
92	1000/10	000/	FAC	T		511		1	NONE											
93	1000/10	000/	FAC	T		445		1	ONE											
94	1000/10	000/	FAC	T		309		1	JONE											
95	1000/10	00/	FAC	T		511		1	ONE											
96	1000/10	000/	FAC	T		635		1	NONE											
Total Premium					45	,547														
Covered	PERSON	IAL IN	JURY I	PROTI	CTIO	N			P.P.I. (N	lich.	only)		Except	for towir	ng all phy	/sica	l dama	ane loss	is na	vable
Auto No.	Limit stated P.I.P. 6	d in ea	ch	F	remiu	m	Limi	it stat P.P.I	ed in eac l. end.	h	Premi	nm	to you may ap	and the pear at t	ng all phy loss pay he time o	ee r f the	named loss	below	as inte	erests
91	SEE FC	DRM (S)			6									See S	chec	dule(s)			
92	SEE FC					6														
93		DRM (6			*											
94		RM (9														
95		RM (6														
96	SEE FO	RM (S)			8														
Total Premium					7	714														
Covered	COM	IPRE	HENSI	/E	,	SPEC	C. CAUSE	ES		COL	LISION		T	OWING	& LABOF	1		то	TAL	
Auto No.	Deductible	COMPREHENSIVE SPEC. CAUSE OF LOSS eductible Premium Premium							Deduc	tible	Pren	nium	Limit disabl	t per ement	Prem	ium			nium	-
91																			5	17
92																				17
93													-							51
94																				18
95																				17
9.6																			6	43
Total Premium																		4	6,2	61

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHED	ULE OF CO	VERE	D AU	TOS YO	WO UC	N								_			
Covered					DESCR	IPTION							TE	RRITOR	Y		
Auto No.		Se					Body Type ation Number	· (VIN)			T	own, St	ate & Zip vill be prir	Where the	he Cover garaged	ed Auto	
97	1969 KA	AISEF	R JE	EP 52	24005		F/R	005	5		040	FER	NANDI	NA B	E, F		
98				EP 7:			F/R				040		NANDI				···
99				EP 52			F/R				040		NANDI				
100			· 	LANCI					R8		040	YUL					
101				LANCE					R R7		040	YUL					
102			PRIV		PASS		<u></u>		CLE		040	YUL				·	
Covered	1227 1 10	71(1) 1	. IC I V .	<u> </u>	. FLOO	1200	O E O		٠٠٠٠٠	717	1040	1011	<u> </u>	<u> </u>			
Auto	Class	1	O4	1.,	1 11 1				OV. Th	0 11:							
No.	Code		Cost New	va	luation E	asis		:	Other Tha						lision		
07	7000								Coverage)	! <u>!</u>	_imit			Limit		
97	7909	<u> </u>															
98	7909					-											
99	7909		30,6														
100	7919		37,5									-					-
101	7919		37,5														
102	7398		13,5	500					<u></u>			<u></u>					
Covered				~~.			41170										
Auto			JABILI	1 Y			AUTC). MEI).			JNINSU	IRED/UN	DERINS	URED	·	
No.		limit ousands)		Premiun	n	Limit	Pr	emium		Lim (in thous			Prer	mium	UМ	им
97	1000/10	000/F	ACT		635		NONE							***			
98	1000/10				635		NONE				ســـــــــــــــــــــــــــــــــــــ						
99	1000/10				635		NONE										
100	1000/10				792		NONE	1									
101	1000/10				792		NONE										†
102	1000/10				309		NONE	<u> </u>									†
Total Premium	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>		40	9,345												
Covered	PERSON	Δ1 IN.11	IBV PB				P.P.I. (I	Mich (ndy)	100000000000000000000000000000000000000	I	************	*********************			\$000000000	3 December 2000
Auto No.	Limit stated	d in each		Premi		Limit	stated in eac		Premiu	ım	Except for to you a may app	or towir ind the lear at t	ng all phy loss payo he time of	sical da ee nam the los:	ımage lo ed belov s	ss is pa as inte	yable erests
97	SEE FO		3)		8	`			7.7.00.7.1.1.1				See S	chedule	(s)		
98	SEE FO	RM (S	3)		8			T									
99		DRM (S			8				-								
100		ORM (S			10												
101		DRM (S			10					-							
102		DRM (S			9_												
Total Premium			*****		767												
Covered		IPREHE				C. CAUSE: F LOSS	s	COL	LISION	*	тс	WING	& LABOR		T	OTAL	
Auto		1						<u> </u>	1		Limit	ner		-			
No.	Deductible)	Prem	nium 	Pr	emium	Deduc	tible	Prem	nium	disable	ment	Premi	um	Pr	emium 	
97																	43
98									ļ	·							43
99				J-100													43
100																	02
101																8	02
102	_															3	18
Total Premium																50,1	12

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF COVE	RED AUTO	OS YOU OV	/N									
Covered		7	DESC	RIPTION						TERF	RITORY		
Auto No.			ar Model; Trad per (S); Vehicle			(VIN)			Town, S	tate & Zip W will be princi	here the Cover ipally garaged	ed Auto)
103	·2001 DODG	E TRUC	K 21318	5	BM	102	2		040 YUL				
104	2001 DODG	E UTIL	ITY VAN	51782				02	040 YUL				
105	2001 DODG	E UTIL	ITY VAN	51782	2		BM 2		040 YUL			*	
106	2001 DODG	E UTIL	ITY VAN	51782	4		BM 2		040 YUL				
107	2000 DODG	E TRUC	K 62890		REC	105			040 YUL		7.4		
108	2000 DODG				BEACH				040 YUL				
Covered										/			
Auto No.	Class Code	Cost New	Valuation	Basis			Other Th		ision Limit		Collision		
103	01499	13,98	13				Coverage	-	Limit	·	Limit		
104	01499	16,77				·	 						
105	01499	16,77				<u>-</u>			7				<u> </u>
106	01499	16,77											
107	01499	13,82											
108	01499	16,95		·			ļ						
Covered	0 2 1 3 3	10,50	,01	·				T		· · · · · · · · · · · · · · · · · · ·		·····	
Auto No.	1 1	LIABILITY	· · ·		AUTO	. MEC), ·			JRED/UNDE	RINSURED		
	Limit (in thousa	nds)	Premiu		Limit	Pre	emium		Limit (in thousands)		Premium	UM	UIM
103	1000/1000		445		NONE								·
104	1000/1000		445		NONE								
105		· 	44!		NONE						*		
106	1000/1000		445		NONE	·							
107	1000/1000		445		NONE						·,		ļ
Total	1000/1000	/FACT	445		NONE								
Premium			52,01	<u> </u>					T		_		
Covered Auto	PERSONAL I		FECTION	ļ	P.P.i. (M	ich. c	only)		Except for towir to you and the	ng all physic	al damage los	s is pa	yable
No.	Limit stated in e P.I.P. end.		Premium	Limit st	ated in each oli. end.	'	Premiu	ım .	to you and the may appear at t	loss payee he time of th	named below le loss	as inte	érests
103	SEE FORM		6			\perp				See Sche	edule(s)		
104	SEE FORM		6	<u> </u>		\perp							
105	SEE FORM		6	 							· · · · · · · · · · · · · · · · · · ·		
106	SEE FORM		6			-			<u> </u>		·		
107	SEE FORM		6	ļ									
108 Total	SEE FORM	(S)	6	1		****			ļ				
Premium													
Covered	COMPRE	HENSIVE	. SPE	C. CAUSES OF LOSS		COL	LISION		TOWING	& LABOR	тс	TAL	
Auto No.	Deductible	Premiu	m P	remium	Deduct	ible	Prem	ium	Limit per disablement	Premium	n Pre	mium	
103												4	51
104													51
105											-		51
106											-		51
107													51
108													51
Total Premium											-	52,8	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED A	UTOS Y	OU OWI	N										=
Covered				DESCR	IPTION						TE	RRITO	RY		
Auto No.		Serial N		del; Trade 3); Vehicle		Body Type ation Numbe	r (VIN)		Tow	n, State & Zip will be pri		the Covered y garaged	d Auto	
109	1999 DC	DGE TR	UCK 1	92986		CUST	11	5		040 Y	ULEE, E	7L	**************************************		
110	1999 DC	DGE TR	UCK 1	92987		BM	11	9		040 Y		7L			
111	2000 DC	DGE TR	UCK 6	28908		BM	10	8		040 Y		7L			
112	2000 DC	DGE UT	ILITY	. VAN	1267	53		BM 20)5			7L			
113				28906		BM	10					7L	,		
114				28907			10			040 Y		7L			
Covered															•
Auto	Class	Cost	. 1	/aluation B	asis			Other Tha	n Colli	sion			Ollision		
No.	Code	New	[alaalion D		,		Coverage		Lin			Limit		
109	01499	1.3	376					Coverage	<u></u>	<u> </u>	110		Littilk		
110	01499		376					-							
111	01499		821												
112	01499		773					+							
113	01499		821	·											
$\frac{113}{114}$	01499		821				·	·							
—	01433	10,	041		— т							·			
Covered Auto		LIABI	LITY			AUT	O. ME	D.		UN	INSURED/UN	IDERIN	ISURED		
No.	1						T				1			Τ	Γ
''		imit usands)		Premium	1	Limit	P	remium	ŀ	Limit (in thousar	nde)	Pr	emium	·UM	UIM
109	1000/10			4.4.5		MONTE	+			(iii tilodotti	143)			-	
110				445		NONE	+							 	
	1000/10			445		NONE	+							 	
111	1000/10			445		NONE	+							-	
112	1000/10			445		NONE	 							-	
113	1000/10			445		NONE	-							-	
114 Total	1000/10	00/FAC	2000000000	445		NONE	8								
Premium				4,685	<u> </u>		8			T			· · · · · · · · · · · · · · · · · · ·		
Covered	PERSON	AL INJURY F	ROTEC	rion.		P.P.I. (Mich.	only)		Except for	towing all philiphic the loss pay	ysical o	damage loss	s is pa	yable
Auto No.	Limit stated P.I.P. e	in each nd.	Prer	nium	Limit I	stated in eac P.P.I. end.	h	Premiu	ım .	to you and may appea	I the loss pay ir at the time o	ee nar of the lo	med below oss	as inte	erests
109	SEE FO	RM(S)		6							See S	Schedu	ie(s)		
110	SEE FO	RM(S)		6											
111	SEE FO	RM(S)		6											
112	SEE FO	RM(S)		6											
113	SEE FO	RM(S)		6											
114	SEE FO	RM(S).		6											
Total Premium				839											
Covered	COM	PREHENSIV	Æ		C. CAUSES F LOSS	i.	CO	LLISION		TOW	ING & LABOR	₹	TO	TAL	
Auto No.	Deductible	Pre	emium		emium	Dedu	ctible	Prem	ilum.	Limit pe disableme	r ent Prem	ium .		mium	
109													<u> </u>	4	51
110														51	
111		-													51 51
112		 			<u> </u>								†		51 51
113								-		†			†		51.
114			•••										1		<u>51 </u>
Total														5,5	
Premium		XXXXXXXI				Procession		0000		P	00000000		1 3	<u>د , د</u>	44

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AUTO	os you c	WN											
Covered				CRIPTIO								RRIT			
Auto No.	. * .				e; Body Type lication Numb	per (VIN)			To				re the Covered Illy garaged	d Auto	
115	2001 DO	DGE TRUC	K 2810	80		P.	W		040	YULE	E, F	L			
116	2001 DO	DGE TRUC	K 2810	81		P	W		040	YULE	E, F	'L			
117	2001 DO	DGE TRUC	K 5643	85		RE	C		040	YULE	E, F	L			
118	2001 FO	RD VAN/B	JS B48	619	CLE	RK			040	YULE	E, F	'L			
119		C TRUCK			BLDG I	NSP				YULE		L			
120			K 8022	33		MAIN	T			YULE		L			
Covered															
Auto	Class	Cost	Valuation	n Basis			Other Th	an Collis	sion ·				Collision		
No.	Code	New	, alaati	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Coverage			_imit			Limit		
115	01499	13,98	13				0070129	-					Cirric		
116	01499	13,98													
117	01499	23,18											· · · · · · · · · · · · · · · · · · ·	·····	
118	5882	25,36													
119	01499	13,07						 				\dashv			
120	01499	15,34												····	
	01400	10,0			T		.1	T							
Covered Auto	•	LIABILITY	•		AU	TO. ME	D.		U	JNINSUF	ED/UN	DER	INSURED		
No.		mit usands)	Pren	ium	Limit	Р	remium		Lim (in thous			F	Premium	им	UIM
110	`		1	4 -	NICATE	-		 	(111 111)			-			
115	1000/10			45 45	NONE										-
116	1000/10			45	NONE										-
117	1000/10			45	NONE									-	<u> </u>
118				89 15	NONE										
119				45	NONE			ļ						ļ	
120 Total	1000/10	00/FACT		4.5	NONE										
Premium			58,1	99					T						
Covered	PERSONA	AL INJURY PRO	TECTION		P.P.I.	(Mich.	only)		Except for	or towing	all phy	/sical	damage loss	is pa	yable
Auto No.	Limit stated P.I.P. e		Premium	Lin	nit stated in e P.P.I. end.	ach	Premi	um	may app	ear at the	oss pay e time o	ee n f the	damage loss amed below loss	as inte	erests
115	SEE FO	RM(S)		5	to sales "						See S	ched	lule(s)		
116	SEE FO	RM(S)													
117	SEE FO	RM(S)		5											
118		RM(S)	. 3	5											
119	SEE FO	RM(S)		5											1.
120	SEE FO	RM(S)		5					<u> </u>						
Total Premium			90												
Covered	СОМ	PREHENSIVE		OF LOSS	SES	CO	LLISION		ТО	WING &	LABOR	1	то	TAL	
Auto No.	Deductible	Premiu		Premiur		luctible	Pren	nium	Limit j disable	per ment	Premi	ium	Prer	mium	
115														4	51
116									1						51
117															51
118								···						1,3	
119									†						51
120									 						51
Total														9,1	
Premium		3333 33 4			l l	**************	3003		p.000000000000000000000000000000000000					J 1 1	رر

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEL	DULE OF COVE	HED AUTO							·					
Covered				RIPTION							RRITOF		,	
Auto No.		Year Serial Numbe	Model; Trader (S); Vehicle	Name; Identific	Body Type cation Number	(VIN)		•	Towr	ı, State & Zip will be pr			d Auto	
121	2002 GMC	TRUCK 2	51563	.]	BLDG INS	SP			040 Y	ULEE, I	7L			
122	1975 FORD		RUCK A	3537	2 .	VFI	D BV6				7L		^	
123	1980 FORD		RUCK J				YULEE							
124	1994 UTIL		ILER U	Г16		,	BM				FL	· .		
125	 			1244	5	RI	169			ILLIARI				\neg
126	 			1218		RI				ILLIARI				
Covered														
Auto	Class	Cost	Valuation	Basis			Other Tha	an Collis	sion		Co	Ilision		
No.	Code	New					Coverage		Lim	it		Limit		
121	01499	13,63	9				Joyronago	<u></u>						
122	7909							-						
123	7909	50,00	0											
124	69499													
125	01499	13,81												
126	01499	13,15	1		•									
Covered Auto		LIABILITY			AUTO). MEI	D.		UNI	NSURED/U	NDERIN	SURED		
No.	Limit		Premiu	m	Limit	- Pr	emium		Limit	da)	Pre	mium	UM	UIM
	(in thousa			_	270275	<u> </u>		-	(in thousan	usj				
121	1000/1000	'	44		NONE	-								
122	1000/1000		63		NONE	 			· · · · · · · · · · · · · · · · · · ·					
123	1000/1000	·	63		NONE	ļ							-	
124	1000/1000		INC		NONE	-	 	 					-	\vdash
125	1000/1000	'	44		NONE								-	
126 Total	1000/1000	/FACT	44		NONE	-								
Premium			60,80	±	551.0	<u> </u>	1. \		T					
Covered Auto	PERSONAL I		ECTION	+	P.P.I. (I		oniy)		Except for	owing all ph	ysical d	amage los	s is pa	ıyable
No.	Limit stated in e P.I.P. end.	each	Premium	Lim	it stated in eac P.P.I. end.	h	Premi	ım	may appear	owing all ph the loss pa at the time	of the los	ss	as into	erests
121	SEE FORM		6							See	Schedule	e(s)		
122	SEE FORM		8					·		:				
123	SEE FORM	(S)	8		,									
124	SEE FORM	(S)	INCL			<u>. </u>					···			
125	SEE FORM	(S)	6	ļ					<u> </u>	,				
126	SEE FORM	(S)	6	5000000000				1	ļ	-			· ·	
Total Premium			938						ļ					
Covered	COMPRI	EHENSIVE	SP	EC. CAUS OF LOSS	ES	COL	LISION		TOW	NG & LABO	R	TC	TAL	
Auto No.	Deductible	Premiur		remium		ctible	Prem	nium -	Limit per disableme	nt Prem	nium	Pre	mlum	
121													4	51
122													6	43
123													6	343
124														
125													4	51
126										-			4	51
Total Premium												6	51,7	42
Total												6		

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHED	ULE OF COV	ERED AUTO	os yo	u owi	N									
Covered				DESCR	IPTION						TERR	ITORY		
Auto No.						Body Type ation Numb	er (VIN)					here the Cove pally garaged		
127	1997 CHE	EVROLET	TRUC	K 24	2664		RI	160		040 HIL	LIARD,	FL		
128		RD TRUCK					305				LIARD,	FL		
129) 148	3			LIARD,	FL		
130							146				LIARD,	FL		
131	2000 DOL					RI					LIARD,	FL		
132	2000 FOR	~					307	 ,			LIARD,	FL		
Covered												<u> </u>		
Auto	Class	Cost	Vali	uation B	asis			Other Th	an Collis	sion .		Collision		
No.	Code	New	Van	20				Coverage		Limit		Limit		
127	01499	13,15	51			·····		Joseph	<u>= ' </u>			Linit		
128	23499	36,98						 				+		
129	01499	17,89				······································								
130	01499	17,89			<u> </u>	·							· · · · ·	
131	01499	17,89						 						,
132	33499	48,58						 						
Covered	33 133	10,30	, ,		Т				1			1,		
Auto		LIABILITY	,			AU	TO. MEI	D.			JRED/UND	ERINSURED	<u> </u>	Т
No.		Limit Premiur (in thousands)					Pr	emium		Limit (in thousands)		Premium	UM	UIM
127	1000/100	0/FACT		445		NONE								
128	1000/100	0/FACT		511		NONE								<u></u>
129	1000/100	0/FACT		445		NONE								
130	1000/100	0/FACT		445		NONE				٠.				
131		0/FACT		445		NONE				-				
. 132	1000/100	0/FACT		563		NONE								
Total Premium			63	,658										
Covered	PERSONA	L INJURY PRO	TECTIO	N		P.P.I.	(Mich.	only)		Except for towi	na all physic	cal damage l	oss is pa	vable
Auto No.	Limit stated i P.I.P. en		Premiu	ım	Limit	t stated in ea P.P.I. end.	ach	Premi	um	Except for towi to you and the may appear at t	loss payee the time of the	named belone loss	w as int	érests
127	SEE FOR	RM(S)		6							See Sch	edule(s)		
128	SEE FOR	RM(S)		6										
129	SEE FOR	RM(S)		6										
130	SEE FOR	RM(S)		6				<u> </u>						
131	SEE FOR	RM(S)		6							····			
132 Total Premium	SEE FOR	RM(S)		6 974										
Covered	COMP	REHENSIVE		- / ·····	C. CAUSE F LOSS	s	COL	LISION		TOWING	& LABOR		TOTAL	
Auto No.	Deductible	Premi	ım		emium		uctible		nium .	Limit per disablement	Premiur		Premium	
127		_								 			4	51
128						- 								17
129				 										51
130				 					· · · ·					51
131														<u>51</u>
132				 							-			69
Total														
											-		64,6	

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

	ULE OF COVER	ILD AUTO									DITONY	····	
Covered Auto		Van	Model; Trade	Name	Pody Type				Town Ste		RITORY	-l A l -	
No.		Serial Numb	er (S); Vehicle	Identifica	ation Number	(VIN)					Vhere the Covere cipally garaged	a Auto	
133	2001 KENW	ORTH DU	MP TRUC	K 87	1123		RD	410	040 HILI	JIARD,	, FL		
134	2001 STER	LING HS	8552	٠.	SW 1550)			040 HILI	LIARD,	, FL		
135	1999 FORD	AMBULA	NCE B80	392	E	r/R	R30		040 HILI	JIARD,	, FL		
136	1998 DODG	E TRUCK	013726		RD 1	407	,		040 HILI	JIARD,	, FL		
137		ROLET 2				8				IARD,	, FL		
138	2000 DODG		164610)		150)			JIARD,	, FL		
Covered													
Auto	Class	Cost	Valuation E	lacie			Other Tha	an Collis	sion		Collision		
No.	Code	New	Valuation	asis			Coverage		Limit		Limit		
133	33479	77,57					Coverage	·	Ellille		LITTIL		
134	33499	76,77			 							 -	
135	7919	79,46											
				·····									
136	01499	39,90											
137	7398	14,27			<u> </u>		*.						
138	01499	20,32	6					·					
Covered		LIABILITY		-	AUTO	. MEC			HMINICH	DED/UND	DERINSURED		
Auto		LIADILITY			AGTO	, IVIEL	'-			NED/ ONL	DEHINOUNED	T :	
No.	Limit		Premiun	n	Limit	Pre	mium		Limit		Premium	UM	UIM
	(in thousan								(in thousands)			1	
133	1000/1000,		516		NONE				·				
134			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								
Totai Premium			66,728										
Covered	PERSONAL IN	JURY PROT			P.P.I. (N	lich. c	nly)		Event for towin	ميطم الم	ical demage les		vabla
Auto	Limit stated in ea	ach		Limit	stated in eacl	h			to you and the	loss paye	sical damage los e named below the loss	as inte	erests
No.	P.I.P. end.	acii	Premium		P.P.I. end.	"	Premiu	ım	may appear at the	ne time of	the loss		
133	SEE FORM	(S)	6			\neg				See Sc	hedule(s)		
134	SEE FORM		6										
135	SEE FORM		10	†									
136	SEE FORM		6	<u> </u>									
137	SEE FORM		9			-+							
138	SEE FORM		<u> </u>	 						· · · · · ·			
Total	SEE FORM	73/											. 1
Premium	COMPRE	HENCOLE	1,017	C. CAUSES	3	COL	LISION		TOWING	LIABOR			
Covered Auto	COMPRE	TENSIVE		C. CAUSES F LOSS			LISION		 	* FVDOU	10	TAL	
No.	Deductible	Premiu	m Pi	emium	Deduc	tible	Prem	nium	Limit per disablement	Premiu	ım Pre	mium	
133									`			5	22
134													69
135											-		02
136													51
137													18
138							†						51
Total												7,7	
Premium					Possession (*********	88		····			, , , /	±υ

F19U008 10/98

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

140 2001 DODGE TRUCK 268670 RD	re the Covered Auto ally garaged FL FL FL FL FL FL L FL FL FL FL
No. Serial Number (S); Vehicle Identification Number (VIN) will be principal	ally garaged FL FL FL FL FL Collision Limit
140 2001 DODGE TRUCK 268670 RD	FL FL FL Collision Limit
141 2001 E-ONE FIRE TRUCK 039042 F/ST 40 040 HILLIARD FIRE TRUCK 140	FL FL FL Collision Limit
142 2001 FORD TRUCK A40452 RD 300 040 HILLIARD, IS	FL FL Collision Limit
143 2001 DODGE TRUCK 294916 RD 144 040 HILLIARD, HE	FL FL Collision Limit
144 2002 STERLING DUMP TRUCK J53214 RD 040 HILLIARD HILLI	Collision Limit
Covered Auto No. Class Code New Valuation Basis Other Than Collision Coverage Limit	Collision Limit RINSURED
Auto No. Class Code Cost New Valuation Basis Other Than Collision Coverage Itimit 139 23499 48,918 Itimit Itimit 140 01499 19,466 Itimit Itimit 142 33499 48,440 Itimit	Limit
No. Code New Valuation basis Other Hair Collision 139 23499 48,918 Imit 140 01499 19,466 Imit 141 7909 177,816 Imit 142 33499 48,440 Imit 143 01499 19,466 Imit 144 33479 75,165 Imit Covered Auto Limit (in thousands) Premium Limit (in thousands) Femium	Limit
No. Code New Coverage Limit	Limit
140 01499 19,466 141 7909 177,816 142 33499 48,440 143 01499 19,466 144 33479 75,165 Covered Auto Limit (in thousands) Premium Limit Premium Limit (in thousands) Femium	
141 7909 177,816 142 33499 48,440 143 01499 19,466 144 33479 75,165 Covered Auto No. Limit (in thousands) Premium Limit Premium Limit (in thousands)	
142 33499 48,440 143 01499 19,466 144 33479 75,165 Covered Auto LIABILITY AUTO. MED. UNINSURED/UNDER Limit (in thousands) No. Limit (in thousands) Premium Limit (in thousands) Femium	
142 33499 48,440 143 01499 19,466 144 33479 75,165 Covered Auto Limit (in thousands) Premium Limit (in thousands) Premium Limit (in thousands) Premium Femium Limit (in thousands) Femium	
143 01499 19,466 144 33479 75,165 Covered Auto LIABILITY AUTO. MED. UNINSURED/UNDER No. Limit (in thousands) Premium Limit Premium Limit (in thousands) F	
Covered Auto No. Limit (in thousands) Premium AUTO. MED. UNINSURED/UNDER Limit Premium Limit (in thousands) F	
Covered Auto No. Limit (in thousands) Limit Premium Limit Premium (in thousands) Limit Premium (in thousands)	
No. Limit Premium Limit Premium Limit (in thousands)	
(in thousands) Premium Limit Premium (in thousands) F	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 PERSONAL INJURY PROTECTION P.P.I. (Mich. only) Except for towing all physical	ul damaga loss is navahla
Auto No. P.I.P. end. Auto Premium Limit stated in each Premium Premium Limit stated in each Premium Premium Premium Premium Premium Except for towing all physical to you and the loss payee no may appear at the time of the	named below as interests loss
139 SEE FORM(S) 6 See Sched	dule(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 COMPREHENSIVE SPEC. CAUSES COLLISION TOWING & LABOR	TOTAL
Auto No. 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

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AU	TOS YO	u owi	1											
Covered				DESCR	IPTION							TER	RITOR	Y		
Auto No.		Serial Nu	/ear Model mber (S); \	l; Trade Vehicle	Name; Bo dentificat	ody Type ion Number	(VIN)	· · .		. To		e & Zip V II be prind		ne Covere garaged	d Auto	
145	2002 ST	ERLING	DUMP	TRUC	K J53	3215			RD	040	HILL	IARD,	FL			
146	1986 LO	WBOY TR	AILER	S86	085	F	RD	1400		040	HILL	IARD,	FL			
147	1989 FO	RD DUMP	TRUC	K A2	0506		R	D 403		040	HILL	IARD,	FL			
148	1993 FO	RD TRUC	K A72	843		RD 1	L47			040	HILL	IARD,	FL			
149	1994 FO	RD TRUC	K A14	593		RD 3	302			040	HILL	IARD,	FL			
150	1994 FO	RD DUMP	TRUC	K A2	1629		R	D 406		040	HILL	IARD,	FL			
Covered								,				V				
Auto	Class	Cost	Valu	uation B	asis			Other Tha	an Collis	ion			Col	lision		
No.	Code	New						Coverage			imit		1	Limit		
145	01499	75,	165					1			, .					
146	68499												•			
147	33479															
148	01499	11,	086					1								
149	23499	29,														
150	23479	56,						†	· · · · · · · · · · · · · · · · · · ·							
Covered																
Auto		LIABIL	ITY		<u> </u>	AUTO). ME	D.		· L	ININSUI	RED/UND	ERINS	SURED		
No.		mit usands)	F	remiun	1	Limit	Р	remium		Lim (in thous			Prer	mium	UM	UIM
115				445		NONE	 			(·		-
145	1000/10			<u>445</u> 68		NONE	 								 	
146	1000/10					NONE	 									
147 148	1000/10			516 445		NONE	<u> </u>								-	
149	1000/10 1000/10			511		NONE									+	
150	1000/10			467		NONE		·····					· · · · ·		+	
Total	1000/10	UU/FACI	72		1111	NOME	-									
Premium	DEDSON	AL INJURY PI				P.P.I. (I	dich	only)			***************************************				[0000000000	120000000000
Covered Auto No.	Limit stated P.I.P. e	in each	Premiu		Limit s	tated in eac .P.I. end.	T	Premi	um .	Except for to you a may app	or towing and the l bear at th	g all phys oss paye e time of	sical da e nam the los	image los ed below s	s is pa as inte	yable erests
145	SEE FO	RM(S)		6 .								See Sc	hedule	(s)		
146		RM(S)		1												
147		RM(S)		6							A					
148		RM(S)		6												
149		RM(S)		6												
150		RM(S)		6												
Total		****	1,	006						1						
Covered		PREHENSIV		SPE	C. CAUSES F LOSS		CO	LLISION		TC	WING 8	LABOR		TC	TAL	
Auto No.	Deductible		mium		emium	Deduc	tible	Prem	nium	Limit disable	per ment	Premiu	ım		mium	
145			·	 		_									4	51
146					·-											69
147										1						22
148								<u> </u>								51
149				-						1			·	,		17
150	· · · · · · · · · · · · · · · · · · ·															73
Total Premium														,	73,3	
Hernium		0000000004		<u> </u>		Controller		99990		Teccessors	6-00-00-00-00-00-00-00-00-00-00-00-00-00					

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF COVER	RED AUT	WO UOY SC	N								-			
Covered			DESCR	RIPTION							TER	RITORY			
Auto No.		Ye Serial Num	ar Model; Trade ber (S); Vehicle	Name; Bo Identificati	ody Type on Number	(VIN)			T			Vhere the C cipally gara		uto	
151	1994 FORD	DUMP	TRUCK A3	7162		·RI	0 408		040	HILI	IARD	FL			
152	1994 FORD	DUMP	TRUCK A3	7165		RI	0 404		040	HILI	JIARD	, FL			
153	1994 FORD	DUMP	TRUCK A3	7164		RI	409		040	HILI	JIARD	, FL			
154	1994 FORD	TRUCK	B62881		RD 1	43			040	HILI	JIARD	, FL			
155	1997 FORD	TRUCK	A44759		RD 3	301			040	HILI	JIARD	, FL			
156	1975 INTE	RNATL	FIRE TRU	JCK A2	50.54		VFI	RRS	9 040	HILI	JIARD	, FL			
Covered															
Auto	Class	Cost	Valuation 8	Basis			Other Tha	an Collis	sion			Collisio	1		
No.	Code	New					Coverage)		Limit		Limit			*******
151	23479	56,04	49												
152	23479	56,04					 						· · · · · · · · · · · · · · · · · · ·		
153	23479	56,04										-			
154	01499	11,5							-						
155	33499														
156	7909	9,5	00				 					· ····			
Covered	· · · · · · · · · · · · · · · · · · ·						. i				**				
Auto		LIABILITY	<i>(</i>		AUTO	. MEI). 			UNINSU	RED/UNE	PERINSURI	ED		
No.	Limit (in thousar	nds)	Premiur	n	Limit	Pr	emium		Lin (in thou			Premiun	n L	М	UIM
151	1000/1000		467	,	NONE		···			· ,					
152	1000/1000		467		NONE										
153	1000/1000		467		NONE					,		· · · · · · · · · · · · · · · · · · ·			
154	1000/1000		445		NONE										
155	1000/1000		563		NONE	· · · · · ·									
156	1000/1000		635		NONE							· · · · · · · · · · · · · · · · · · ·			
Totai Premium		/	75,339	100000											
Covered	PERSONAL II	JURY PRO			P.P.J. (N	/lich.	only)	h		4 t		.:			ماطمد
Auto No.	Limit stated in e P.I.P. end.		Premium	Limit st	tated in eacl P.I. end.		Premiu	ım	to you may ap	and the pear at th	g all priys loss paye le time of	sical damag e named b the loss	elow as	inte	rests
151	SEE FORM	(S)	. 6								See Sc	hedule(s)			
152	SEE FORM	(S)	. 6												
153	SEE FORM		. 6												
154	SEE FORM		6												
155	SEE FORM		6												
156	SEE FORM	(S)	8												
Total Premium			1,124				1.0								
Covered	COMPRE	HENSIVE	SPE	C. CAUSES OF LOSS		COL	LISION		TO	OWING 8	LABOR		TOTA	L.	
Auto No.	Deductible	Premi		remium	Deduc	tible	Prem	nium	Limit disable	per ement	Premiu	ım	Premiu		
151														4	73
152															73
153														4	73
154							-							4	51
155															69
156															43

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

	OLE OF COVERED AU							1				
Covered		DESCR						-		RITORY		
Auto No.		ear Model; Trade nber (S); Vehicle			(VIN)					Vhere the Covere cipally garaged	d Auto	-
157	1970 AMERICAN (GENERAL 5	11939		. RI) 1518	3	040 HIL	LIARD	, FL		
158		ATE PASS		5 M	IAII	NT UT4	<u> </u>	040 HIL	LIARD	, FL		
159		X A27854	R		00				LIARD	, FL		
160		CK 214121		SW		7			LAHAN	, FL		
161	1999 FORD FIRE	PPT 2237			Z/R				LAHAN	, FL		
162	2000 DUAL AXLE	TRAILER			7 4 -		W		LAHAN	, FL		
Covered	2000 DOAL AMEL	TICALLIAN	10111	9				1010 01111	774 7777 TA	<u>, , , , , , , , , , , , , , , , , , , </u>		
Auto	Class Cost	D/1 - 15 - 5				Other Tha	O-W-			0.111.1		
No.	Class Cost Code New	Valuation B	asis							Collision		
157	22400					Coverage) 	Limit		Limit		
157	23499			······································		ļ						
158	7398											
159	33499										· · ·	<u> </u>
160	01499 13,3				·							
161	7908 19,1					<u> </u>						
162	68499 7,5	65	·							<u> </u>		
Covered	* 14 D.U. I			AUTO	NAME OF			UNUNCI	IDED/UNE	SERVICURED		
Auto	LIABILI	1 Y		AUTO	, IVIC	····		UNINSC	THED/UND	DERINSURED		т
No.	Limit	Premiun	,	Limit	Pr	emium		Limit		Premium	UM	UIM
	(in thousands)	1701111011	<u></u>					(in thousands)				J
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					1			
Total Premium		77,544										
Covered	PERSONAL INJURY PR			P.P.I. (N	lich.	only)	-	l				!- ! -
Auto		OTEOTION	Limit et	ated in each				to you and the	ng all phys loss bave	sical damage los e named below the loss	s is pa as inte	iyable erests
No.	Limit stated in each P.I.P. end.	Premium	P.F	aled in each	"	Premi	ım	may appear at t	he time of	the loss		
157	SEE FORM(S)	6							See Sc	chedule(s)		
158	SEE FORM(S)	9										
159		6	+		\dashv							
		6										
160	SEE FORM(S)		-	 								
161	SEE FORM(S)	<u> </u>	-		-+				*			
162 Total	SEE FORM(S)				<u> </u>		····					
Premium		1,161	C CAUCEO	Т	*****			TOWN	0 1 4205			
Covered	COMPREHENSIVE	SPE	C, CAUSES F LOSS		COL	LISION		IOWING	& LABOR	TC	TAL	
Auto No.	Deductible Prem	nium Pr	emium	Deduc	tible	Prem	nium	Limit per disablement	. Premiu	ım Pre	mium	
	, Sociation Field							disablement				
157				<u> </u>								17
158					·		·		L.:			18
159									ļ			69
160				1								51_
161				1							3	18
162					*******							69
Total Premium											78,7	05

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BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

SCHED	ULE OF CO	VERED AL	JTOS Y	OU OWN	<u> </u>							* -						
Covered			TERRITORY															
Auto No.	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 JE	040 CALLAHAN, FL																
164			<u> 1513</u> VATE	2		LAHAN		······································										
165				E PASS														
166				310883		5391 COEX 196 SW 174				040 CALLAHAN, FL 040 CALLAHAN, FL								
167			RUCK 01						040 CALLAHAN, FL									
168			E PASS						040 CALLAHAN, FL									
	Z002 D0	DGE FK.	TVATI	- FADO	200	7754			71124	10±0 CMI	TICALICATA	, 1, 11						
Covered Auto	01	0					Other The	0-10										
No.	Class Code	Cost New	\	Valuation Ba	asis			Other Tha			Collision							
1.60			7.05	· · · · · · · · · · · · · · · · · · ·				Coverage) 	Limit	Limit							
163	7398 19,195																	
164	7398 14,783											_						
165	7398		000															
166	01499		387							· · · · · · · · · · · · · · · · · · ·								
167	7909	177,											· · · · · · · · · · · · · · · · · · ·					
168	7398	14,	000						· · · · ·		•							
Covered		LIADI	ITV		-	AUTC	MED			UNINSI	JRED/UN	DEBINS	ileen					
Auto	LIABILITY				AUTO. MED						TETHTOONED			T				
No.	Limit			Premium		Limit	Pre	Premium		Limit (in thousands)		Premium		υм	UIM			
	(in thousands)			200		3703777				(iii tiiousaiius)				 				
163	1000/1000/FACT			309		NONE			<u> </u>									
164				309		NONE												
	1000/1000/FACT			309		NONE				· · · · · · · · · · · · · · · · · · ·					ļ ·			
166	1000/10			445		NONE				· · · · · · · · · · · · · · · · · · ·					ļ			
167	1000/1000/FACT			635		NONE								 				
168 Total	1000/1000/FACT			309		NONE								*********				
Premium				79,860														
Covered	PERSON	AL INJURY F	PROTEC	TION		P.P.i. (N	Aich. o	nly)		Except for towi	ng all phy	sical da	mage loss	is pa	yable			
Auto No.	Limit stated		Prei	mium	Limi	t stated in eac P.P.I. end.	h	Premiu	ım ·	may appear at	loss pay	ee name f the loss	ed below	as inte	erests			
	P.I.P. end.					r.r.i. enu.												
163	SEE FORM(S)			9				4.00		See Schedule(s)								
164																		
165	SEE FORM(S) 9																	
166	SEE FORM(S) 6								-									
167		RM(S)		.8														
168	SEE FC	RM(S)		9			******											
Total Premium			1	.,211							•	····						
Covered	COMPREHENSIVE		Æ .	SPEC, CAUSE OF LOSS		ES COL		LISION		TOWING & LABO		R TO		TAL				
Auto	Daduathla		!					Dramium		Limit per Pren		ım Prer		mium				
No.	Deductible Premiu			n Premium		· Deductible		Premium		disablement								
163							*	ļ							18			
164															18			
165															18			
166															51			
167															43_			
168								ļ							18			
Total Premium										81,0					71			

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

DESCRIPTION TERRITORY Town. State & Zip. Where the Covered Auto No. Serial Number (Si). Vehicle Identification Number (VN) Number (VN) Will be principally garaged Valuation Part (VN) Will be principally garaged Valuation Part (VN) VN Valuation Part (VN) Valuatio	SCHED	ULE OF CO	VERED A	JTOS YO	OU OW	N			-												
No. Serial Number (S): Vehicle Identification Number (VIN) will be principally garaged	1											TERRITORY									
170	1	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)																			
171 1992 JEEP PRIVATE PASS 211709 SW 80 040 CALLAHAN FI	169	2002 DODGE TRUCK 249370 MAINT									040 CALLAHAN, FL										
172 1994 FORD AMBULANCE A02658 F/R SQ6	170										040	CAL	LAHAN	, FI							
173	171										040	CAL	LAHAN	, FI							
174	172												040 CALLAHAN, FL								
Covered Class Cost Valuation Basis Other Tian Collision Collision Collision Coverage Umit Umit Umit Umit Umit Coverage Umit	173	1994 FO	RD TRU	CK B62	2906																
Auto Class Cost New Valuation Basis Other Than Collision Coverage Limit Limit	174																				
No. Code New Valuation Bases Code Coverage Limit Limit	Covered																				
169 01499 14,805				Va	Valuation Basis Other Th					an Collision					Collision						
170	No.	Code	New					Coverage			Limit			· · · · · · · · · · · · · · · · · · ·							
171	169	01499	14,	805																	
172	170	<u> </u>																			
173	171	7398																			
173	172																				
Covered Auto No. Limit (in thousands)	173																				
Covered Auto No. Limit Fremium	174	01499								-											
No. Limit (inthousands) Premium Limit Premium Limit (inthousands) Premium UM UM	Covered														:						
Covered Cove	Auto	LIABILITY									UNINSURED/UNDEF				SURED						
(in thousands)	No.	Limit			Promium						Limit			Dro	Dramium		LIINA				
170 1000/1000/FACT 309 NONE		(in thousands)			riemium		LIIII L	Fielillalli			(in thousands)				HIIUH	UIVI	Clivi				
171 1000/1000/FACT 309 NONE	169	1000/1000/FACT			445		NONE														
172 1000/1000/FACT 792 NONE	170				445		NONE														
173 1000/1000/FACT 445 NONE	171	1000/1000/FACT					NONE							-	-						
174 1000/1000/FACT 445 NONE	172	1000/1000/FACT					NONE			1					····						
Personal Remium							NONE	<u> </u>													
Permium		1000/10	00/FAC				NONE	ļ													
Auto No. Limit stated in each Pi.P. end. Premium Limit stated in each P.P.I. end. Premium Premium Limit stated in each P.P.I. end. Limit stated in each P.P.I. end. Limit stated in each P.P.I. end. Premium Premium Premium Limit per disablement Premium Premium Premium Limit per disablement Premium Premium Limit per L	Premium			82																	
169 SEE FORM(S) 6 See Schedule(s)	Covered	PERSON	AL INJURY F	ROTECTI	CTION F			P.P.I. (Mich. only)			Except for towing all physical damage loss is payable										
170 SEE FORM(S) 6	1 1	Limit stated in each Pr.I.P. end.			ium	Limit	stated in each P.P.I. end.		Premium		to you may ar	to you and the loss payee named below as interests may appear at the time of the loss									
171 SEE FORM(S) 9	169	SEE FORM(S)			6						See Schedule(s)										
172 SEE FORM(S) 10	170				6																
173 SEE FORM(S) 6	171	SEE FO	RM(S)		9												`				
174 SEE FORM(S) 6	172	SEE FO	SEE FORM(S) 10																		
Total Premium					6	:															
Covered COMPREHENSIVE SPEC. CAUSES OF LOSS COLLISION TOWING & LABOR TOTAL		SEE FO	RM(S)								1										
Auto No. Deductible Premium Deductible Premium Limit per disablement Premium Premium 169 451 170 5 451 171 5 318 172 6 802 173 7 451 174 451				1,																	
Auto No. Deductible Premium Deductible Premium Limit per disablement Premium Premium 169 451 170 5 451 171 5 318 172 6 802 173 7 451 174 451	Covered	COM	COMPREHENSIVE SPEC. CAUSES OF LOSS		COLLISION			ר וו	OWING	& LABOR		TOTAL									
169 431 170 451 171 318 172 802 173 451 174 451	1	Deductible Premium		emium				Deductible		Premium		nit per blement Premium		um	Premium						
170 451 171 318 172 802 173 451 174 451	169														7	4	51				
171 318 172 802 173 451 174 451																					
172 802 173 451 174 451			<u> </u>					``													
173 451 174 451																					
174 451		-													,						
	174														451						
Premium 83,995	Total																				

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

SCHED	ULE OF CO	VERED A	UTOS	YOU OW	<u> </u>				**			<u> </u>				
Covered				DESCR	IPTION							TER	RITOF	RΥ		
Auto No.	·	Serial N	Year N lumber	lodel; Trade (S); Vehicle I	Name; i dentific	Body Type ation Number	r (VIN)			Т		ate & Zip V vill be prin		the Covered garaged	d Auto	
175	1985 HE	IL SEM	I TR	AILER	3D71	163	F	R TRI	<u>.</u> 3	040	CALI	LAHAN	, FI	J		
176				TRUCK					SW.	04.0		LAHAN	, FI	.1		
177			BAGE					SW 15		040		LAHAN	, FI	<u> </u>		
178		EVROLE		UCK 13			SV	V 195		040		LAHAN	, FI			_
179		RD FIR		UCK V7			VFI			040		AHAN	, FI			
180		TERNAT		UCK 18				V 651		040		AHAN	, FI			
Covered	1000 111	1 111 (11111								1000						
Auto	Class	Cost		Valuation B	acie			Other Th	an Colli	einn			0	illision		
No.	Code	New		Valuation	asis			Coverage			imit		- 00	Limit		
175	67499	······································						Coverage			_111111		_	LIIIII		
176	01499	· .							· · ·							
		20	000	ļ				<u> </u>								
177	33453	48	,900	 												
178	01499						·····	 								
179	7909															
180	33499			<u> </u>				1	,							
Covered Auto		LIABI	LITY			AUTO). MEI). '				RED/UNI	DERIN	SURED		
No.		lmit usands)		Premium	1	Limit	Pr	emium		Lim (in thou			Pre	mium	UM	UIM
175	1000/10	00/FAC	T	113		NONE									<u> </u>	
176	1000/10	00/FAC	T	445		NONE				•						
177	1000/10	00/FAC	T	798		NONE								**		
178	1000/10	00/FAC	T	445		NONE										
179	1000/10	00/FAC	T	635		NONE										
180	1000/10	00/FAC	T	563		NONE	-									
Total Premium				85,740												
Covered	PERSON	AL INJURY	PROTE	CTION		P.P.I. (I	Mich.	only)		Event t	or towir	na all nhv	eical d	amada loss	is na	vable
Auto No.	Limit stated P.I.P. e	l in each and.	Pr	emium	Limit	stated in eac P.P.I. end.	h	Premi	um	to you a	and the bear at t	loss paye	e nam	amage loss ned below ss.	as inte	erests
175	SEE FO	RM(S)		1								See So	chedule	e(s)		
176		RM(S)		6						1						
177		RM(S)	-	6												
178		RM(S)		6												
179		RM(S)		8												
180		RM(S)		6 .												
Total Premium				1,287												
Covered	COM	IPREHENSI	VE		C. CAUSE F LOSS	s	COL	LISION		TO	WING	& LABOR		TÒ	TAL	
Auto									·	Limit						
No.	Deductible	Pr	emium	Pr	emium	Dedu	ctible	Pren	nium 	disable	ment	Premi	um	Prei	mium	7.4
175																<u>14</u>
176			,					1 -		4						<u>51</u>
177							······································									04
178						 ;		<u> </u>		ļ						51
179	·									 						43
180								SSS								69
Total Premium														! 8	7,0	27

F19U008 10/98 PAGE 30 OF 31

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE (ALL STATES)

POLICY NUMBER: FAC2245AU

283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered	JOLE OF GO	VERED AU		SCRIPTIO	\AI						DDITOR			
Auto			ear Model; T			ne .			Town	State & Zip	RRITOR		- A	
No.		Serial Nur	nber (S); Vel	nicle Identii	fication Nu		IN)		TOWII,		incipally g		a Auto	
181		ISER JE					SW 14	40	040 CA	LLAHAI	N, FL			
182	1986 DC	DGE TRU	CK 120	304		SW 1	71		040 CA	LLAHAI	V, FL			
183	1967 FC	RD/SEAG	R B010	55	RIV	ER R	Λ		040 CA	LLAHAI	I, FL			
184	1999 FC	RD AMBU	LANCE 1	E32788	}	F/	R R60		040 BR	YCEVII		FL		
185	1969 KA	ISER JE	EP 517:	210	V	FD N	V7			SSAUV		FL		
Covered										·.		· · · · · · · · · · · · · · · · · · ·		
Auto	Class	Cost	Valuat	ion Basis			Other Th	an Colli	eion		Call	ision		
No.	Code	New	Valua	ion Daoio		100	Coverag		Limit			imit		
181	23499						Coverag		LITTIE		L	JITHE .		
182	01499					, . ,								
183	7909													
		70												
184	7919	79,4	:68				-							
185	7909													
	· ·							-,						
Covered		LIABILI	rv.			AUTO. N	ien		218081	CUDED AU	UDEDINO	upro		
Auto		LIADILI	T		<u> </u>	AUTO. N	IED.	<u> </u>	UNIN	SURED/UI	ADEKIN2	UHED		,
No.	l .	imit	Pre	mium	Limi	t	Premium		Limit		Pren	nium	UM	UIM
		ousands)						ļ	(in thousand	3)			0,0,	O.I.V.
181		00/FACT		511	NOI	VE								
182	1000/10	00/FACT	4	145	NOI	NE								
183	1000/10	00/FACT		535	NOI	NE I								
184	1000/10	00/FACT		792 .	NOI	NE								
185	1000/10	00/FACT	(535	NOI	NE		1						
Total Premium			88,	758		1								
Covered	PERSON	AL INJURY PR	OTECTION		P.1	P.I. (Mic	h. only)		Fi			t		1 . 1 .
Auto				Lin	nit stated in		1		Except for to to you and t may appear	wing ali ph he loss pa	ysicai dai vee name	mage lossed below	as int	iyable erests
No.	Limit stated P.I.P. 6	end.	Premium		P.P.I. en	d.	Premi	um	may appear	it the time o	of the loss			
181	SEE FC	RM(S)		6						See	Schedule(s)		
182		RM(S)		6							,			
183		RM(S)		8			1	··	1					
184		RM(S)	1	0										
185		RM(S)		8		•			 					-
100	L DEED FO	TT1 (D)		-	4				<u> </u>					
Total			1,32	5					<u> </u>					
Premium	CON	IPREHENSIVE	1,32		SES	·····	OLLISION		TOWN	G & LABOI	2			
Covered Auto	CON	IFACRENSIVE	· .	SPEC. CAUS OF LOSS	3		OLLIGIUN			G G LABOI	1	10	TAL	
No.	Deductible	Prem	ium	Premiur	n [Deductib	le Prer	nium	Limit per disablemen	Prem	ium	Pre	mium	
1				<u> </u>					uisabieiileii	-		 		1 [
181									 					<u>17</u>
182						····			-	_				51
183									 					43
184														02
185												1, 1, 1	6	43
	~~~~			···				····				·		
Total Premium												9	0,0	83
							***************************************					· · · · · · · · · · · · · · · · · · ·		

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 90,083.00 AUTO COMMON COVS 471.00

TOTAL 90,554.00

DATE - 11/11/2002 NEW BUSINESS LHG



RECEIVED

MOV 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

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

Telephone:

770-934-9010

800-822-2905

Fax:

770-934-3734

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)



### 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**

BITUMINOUS  A  Insurance Comp	panies
ITEM ONE POLICY NO. CAP 3 151 036 B	COMPANY: BITUMINOUS CASUALTY CORPORATION NEW
The Insured/Mailing address NASSAU COUNTY BOARD OF COMMISSE ATTN: LEW EASON, PO BOX 1010	ONERS Individual Partnership
3163 BAILEY ROAD FERNANDINA BEACH FL 32034	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  (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)		LIMIT MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability				
Personal Injury (P.I.P.)		Separately :	Stated in Each P.I.P. End. Minus	
(or equivalent no-fault cov.)			Deductible	
Added P.I.P.			Stated in each Added P.I.P.	
(or equivalent added No-Fault cov.)		Endorseme	The state of the s	
Property Protection Ins.		Separately \$	Stated in the P.P.I. End. Minus	
(P.P.I.) (Michigan Only)			Deductible For Each Accident	
Auto Medical Payments				
Uninsured Motorists (UM)				
Underinsured Motorists				
(when not included in UM Cov.)				
PHYSICAL DAMAGE				p
Comprehensive Coverage	7	Actual Cash Value Or	SEE SCHEDULE Ded. For Each Cov. Auto.But No Ded. Applies To Loss Caused By Fire Or Lightning. ^^	\$ 8,867.00
Specified Causes Of Loss Coverage		Cost Of Repair Whichever	Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism. ^^	
Collision Coverage	7	ls Less Minus	SEE SCHEDULE Deductible For Each Covered Auto. ^^	\$ 20,671.00
Towing and Labor		private pas	for each disablement of a senger auto	
	<u> </u>		Premium for Endorsements	
Forms And Endorsements App Made A Part Of This Policy At		art And	State Charges	
SEE SCHEDULE OF FORMS			Estimated Deposit Premium	\$ 29,538.00

TEM 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 Moneyka Authorized Representative

### **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		
10.10.000		Total Premium	NOT APPLICABLE

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

Estimated Yearly  Gross Receipts	<u> </u>	Rates r \$100 of Gross Receipts r Mile	Pre	emiums
Mileage Mileage	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.

AA-2705a (10/01) Part 2

					AUTO	SCHEDUL	ᄕ					
	<b>d Name:</b> U COUNTY	ROARD I	OF COM	ПІРРІМІ	NERS		tive C				<b>cy Nur</b> 3 151	
Auto	O COONTI	DUAND	01 001	1113310	ITENS			cation	<del> !</del>			
No.	Year	İ	Make aı	nd Desci	ription			Numbe	er -	Gara	aged	St
001		IERCE/FOR					V04609			IANDINA BE		FL
002		MI HURRIC				1F9A	BAA891	103730	FERN	IANDINA BE	EACH	FL
003		EDERAL MT	-110-LDI	R/PU-FR-	_2	1F9D	BBA87€	103747	)FERN	IANDINA-BE	EACH	and the second s
004	87 F	ORD F350	TRUCK F	IRE		1FDK	.F37L8F	INA8020	L FERN	IANDINA BE	EACH	FL
005	91 6	MC AMBULA	NCE MAV	RESCUE	F/R R101	1GDG	6H1J7N	1J50940		IANDINA BE		FL
006		IERCE SAB					TOU4PA			IANDINA BE	EACH	FL
007		ORD AMBUL			8			1HB3486				FL
800	Control of the Contro	ORD AMBUL	*** **********************************	and the second second second second second			Control of the second	1HB3486	1 FERN	IANDINA BE	LACH	FL
Auto	Class	Cost		Veight/	pp. 12		Liabi			PIP		Add PIP
No.	Code	New		eating	Radius	Usage	Limi	<u> </u>	Premium	Premiur	m	Premium
001	790900	8500		26000		COMMERC						
002	790900	12000		45000		COMMERC						
003	790900	31500		45000		COMMERC COMMERC						
004	790900	2162 13200		45000 45000		COMMERC						
005 006	791900 790900	15000		45000		COMMERC						
000	791900	3750		45000		COMMERC						
007	791900	3750	-	45000		COMMERC						
	Medical	0/0	Name - Name - American	10000			Management to be 1875 and	nonella di samuna		-		
~\ E   T   C			Other	Mic	higan Only	PD	L	I/M		Und/M	Um/F	PD Oth U/i
No. 001 002 003 004	Limit	Prem	Other Prem		chigan Only ed PPI Prem	PD Buyback		I/M mit*	Prem	Und/M Prem	Um/F Prer	
<b>No.</b> 001 002 003		Prem							Prem			
001 002 003 004 005 006	Limit		Prem				Ļi	mit*	Prem			
No. 001 002 003 004 005 006 007 008 Auto	Limit Other Tha	an Collisio	Prem	PPI D	ed PPI Prem	Buyback	Li	mit*		Prem	Prer	m Prem
No. 001 002 003 004 005 006 007 008 Auto	Limit Other Tha	an Collisio Ded	Prem on St	PPI D	ed PPI Prem	Buyback Premium	Li Co	mit* bllision Ded	St Am	Prem	Prer	n Prem
No. 001 002 003 004 005 006 007 008 Auto No. 001	Other The Type COMPREH	an Collisio	Prem On St	PPI D	Limit 85,000	Buyback Premium 73	Li Co	mit*  Dilision Ded  1,000	St Am	Prem  t Lin  85,0	Prer	Premium 200
No. 001 002 003 004 005 006 007 008 Auto No. 001 002	Other The Type COMPREH COMPREH	an Collisio Ded \$ 1,0 \$ 1,0	Prem  St  00	PPI D	Limit 85,000 120,000	Premium 73 107	Li Co	pollision Ded 1,000 1,000	St Am YES YES	Prem  t Lin  85,0 120,	Prer  mit  000  ,000	Premium 200 188
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003	Other Tha Type COMPREH COMPREH COMPREH	an Collisio Ded \$ 1,0 \$ 1,0 \$ 1,0	Prem  St	Amt YES YES YES	Limit  85,000 120,000 315,000	Premium  73 107 299	Co \$ \$	mit*    Dilision   Ded   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000	St Am YES YES YES	Prem  85,0 120, 315,	Prer  nit 000 ,000 ,000	Premium 200 188 529
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004	Other That Type  COMPREH  COMPREH  COMPREH  COMPREH	an Collision Ded \$ 1,0 \$ 1,0 \$ 1,0 \$ 5	Prem  St	Amt 'ES 'ES 'ES 'ES	Limit  85,000 120,000 315,000 21,625	Premium  73 107 299 47	Co	Ded 1,000 1,000 500	St Am YES YES YES YES	Prem  85,0 120, 315, 21,6	nit 000 ,000 ,000 625	Premium 200 188 529 85
001 002 003 004 005 006 007 008 <b>Auto</b> No. 001 002 003 004 005	Other That Type  COMPREH  COMPREH  COMPREH  COMPREH  COMPREH  COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0	Prem  St 000 11 000 11 000 11 000 11	Amt (ES (ES (ES (ES (ES	Limit 85,000 120,000 315,000 21,625 132,000	Premium  73 107 299 47 136	Co \$ \$	Dilision Ded 1,000 1,000 500 1,000	St Am YES YES YES YES YES	Prem  t Lin  85,0 120, 315, 21,6 132,	Prer  nit 000 ,000 ,000	Premium 200 188 529 85 358
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006	Other That Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 1.0 \$ 5 \$ 1.0 \$ 1.0	Prem  St  00	Amt (ES (ES (ES (ES (ES (ES (ES	Limit  85,000 120,000 315,000 21,625 132,000 150,000	Premium  73 107 299 47	Co s s s s	Ded 1,000 1,000 500	St Am YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150,	mit 0000,0000,0000,0000,0000,0000,0000	Premium 200 188 529 85
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006 007	Other That Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0	Prem  St  00	Amt (ES (ES (ES (ES (ES	Limit 85,000 120,000 315,000 21,625 132,000	Premium  73 107 299 47 136 137	\$ \$ \$ \$ \$ \$ \$	Dilision Ded 1,000 1,000 500 1,000 1,000	St Am YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5	mit	Premium  200 188 529 85 358 240
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006 007 008	Other That Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 5	Prem  St  00	Amt (ES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500	Premium  73 107 299 47 136 137 77	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ded 1,000 1,000 1,000 1,000 500 1,000 500 500 500	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5	mit	Premium  200 188 529 85 358 240 209 209
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006 007	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500	Premium  73 107 299 47 136 137 77 77	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5 37,5	nit 000 ,000 ,000 ,000 ,000 500 Annu Premie	Premium  200 188 529 85 358 240 209 209 209
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006 007 008 Auto	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 1,0 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500 37,500	Premium  73 107 299 47 136 137 77 77	Cooks s s s s s s s	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5 37,5	nit 000 ,000 ,000 ,000 ,000 500 Annu Premic	Premium 200 188 529 85 358 240 209 209 al um 73.00
No. 001 002 003 004 005 006 007 008  Auto No. 001 002 003 004 005 006 007 008  Auto No. 001 002	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 1,0 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500 37,500	Premium  73 107 299 47 136 137 77 77	Cooks s s s s s s s	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5	nit 0000 ,000 ,000 ,000 500 500 Annu Premii	Premium  200 188 529 85 358 240 209 209 209 al
No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003 004 005 006 007 008 Auto No. 001 002 003	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 1,0 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500 37,500	Premium  73 107 299 47 136 137 77 77	Cooks s s s s s s s	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5 37,5	nit 000 ,000 ,000 ,000 500 Annu Premis	Premium  200 188 529 85 358 240 209 209 209 48 473.00 295.00 328.00
No.  001 002 003 004 005 006 007 008  Auto No.  001 002 003 004 005 006 007 008  Auto No.  001 002 003 004 005	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 1,0 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500 37,500	Premium  73 107 299 47 136 137 77 77	Cooks s s s s s s s	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5 37,5	nit 000 ,000 ,000 ,000 500 500 Annu Premii	Premium  200 188 529 85 358 240 209 209 209 209 209 209 231 242 273.00 288.00 328.00
No.  001 002 003 004 005 006 007 008  Auto No.  001 002 003 004 005 006 007 008  Auto No.  001 002 003 004 005 006 007	Other That Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	* 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 1,0 \$ 5 \$ 1,0 \$ 5	Prem St 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1 1 000 1	Amt YES	Limit  85,000 120,000 315,000 21,625 132,000 150,000 37,500 37,500	Premium  73 107 299 47 136 137 77 77	Cooks s s s s s s s	Ded 1,000 1,000 1,000 1,000 500 1,000 500 7	St Am YES YES YES YES YES YES YES YES	Prem  85,0 120, 315, 21,6 132, 150, 37,5 37,5	nit 000 ,000 ,000 625 ,000 500 Annu Premiu 2 8 1 4	Premium  200 188 529 85 358 240 209 209 209  al um  73.00 95.00 828.00 32.00 94.00
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009				CAB RD 304				VA44758		NDINA BEACH	FL
010				ARTAN F/R E	70			C022160		NDINA BEACH	FL
011			HEROKEE S					L593981		NDINA BEACH	FL
012	97			L RESCUE UN				H778165		NDINA BEACH	FL
013	97			R EXT PW-E6				PA57647		NDINA BEACH	FL FL
014				T PICKUP RD				7242445 72242185	HILLI/ HILLI/		FL FL
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010	739800		22546	43000		COMMERC					
012	791900		102940	45000		COMMERC					
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009 010 011 012 013 014 015 016 <b>Auto</b> No.	Other Tr Type COMPRES	nan Co	m Pre	St Amt NO YES	Limit ACV 179,000	Buyback  Premium  59 165	Cc \$	ollision Ded 500 1,000	St Amt NO YES	Limit ACV 179,000	Premium  136 291
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017	97	CHEVRO	LET C150	0 1/2 T RD :	168	1GCE	C14W6VZ	243283	FERNA	ANDINA BEACH	F
018	97	FORD F	250 3/4	Γ RCAB BM 13	14	1FDH	F25H9VE	B80371	FERNA	ANDINA BEACH	F
019	97	CHEVRO	LET C1500	0 1/2 T PKUI	P RD 161		C14W3VZ			ANDINA BEACH	F
020		CHEVRO	LET C1500	0 1/6 T PKUI	P RD 167		C14WZ2V			ANDINA BEACH	F
021				) 1/2 T PKUI			C14W7VZ			ANDINA BEACH	F
022				0 1/2 T PKU			C14W7VZ			ANDINA BEACH	F
023				0 1/2 T PKU			C14W6VZ			ANDINA BEACH	F
024	97	**************************************		1/2 T PKU	CODE E129		C14W8VZ	ar and the temperature and the public	FERNA	ANDINA BEACH	F
Auto	Class		Cost	Weight/			Liabili			PIP	Add PIP
No.	Code		New	Seating	Radius	Usage	Limit	· P	remium	Premium	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					
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No. 017 018 019 020 021 022 023 024 Auto			n Pre	m PPI De	ed PPI Prem	Buyback	Lim	it*	Prem	Prem Pr	rem Prem
No. 017 018 019 020 021 022 023 024 Auto No.	Limit	nan Co	n Pre	em PPI De	ed PPI Prem	Buyback Premium	Lim	lision ed	Prem St Amt	Prem Pr	
No. 017 018 019 020 021 022 023 024 Auto	Limit Other Tr	nan Col	n Pre	m PPI De	ed PPI Prem	Buyback	Lim	it*	Prem	Prem Pr	Premium 110
No.  017  018  019  020  021  022  023  024  Auto  No.  017  018	Other Tr Type COMPREI- COMPREI-	nan Co	llision Ded 500 500	St Amt NO NO	Limit  ACV ACV	Buyback  Premium  53 61	Col D	lision ed 500 500	St Amt NO NO	Prem Pr	Premium 110 130
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No.  017 018 019 020 021 022 023 024  Auto No.  017 018 019 020 021 022 023 024  Auto No.	Other The Type COMPRES	nan Co	President   Pres	St Amt  NO	Limit ACV ACV ACV ACV ACV ACV ACV ACV ACV	Premium  53 61 53 53 53 53 53 53 53	Col D S S S S S S S S S S S S S S S S S S	lision ed 500 500 500 500 500 500 500 500	St Amt NO	t Limit ACV	Premium  110 130 110 110 110 110 110 110 110 11
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027			AURUS BL				P52U1WA2			IANDINA B		FL
028			ICKUP CC				R10U4WU(			IANDINA B		FL
029				LIB 230			S31LOWH9			IANDINA B		FL
030				ALIER PA		1G1J	C5243W73	32368	FERN	IANDINA E	BEACH	FL
031				ALIER 4 PA		3G1J	C5247WS8	332082	FERN	IANDINA B	BEACH	FL
032	98	CHEVRO	LET CAVA	ALIER 4 PA		1G1J	C5241W71	182714	FERN	IANDINA E	BEACH	FL
Auto	Class		Cost	Weight/			Liability	y	ACTUAL OF THE PROPERTY OF THE	PIP		Add PIP
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025	014990		13151	10000	LOCAL	SERVICE					2211 2	• •
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						
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No. 025 026 027 028 029 030 031 032	Limit Other Tr	nan Co	m Pr	em PPID	ed PPI Prem	Buyback	Lim	it*		Prem	Prem	
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No. 025 026 027 028 029 030 031 032 Auto No. 025	Other Th Type COMPRES	nan Co	m Provided in the second secon	em PPI De	Limit ACV	Buyback Premium 53	Coll De	ision ed 500	St Am	Prem	Prem	Premium 110
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Auto	Year		BAOL	e and Desc	vintion	=	dentific Serial N			Gara	and	S
No.	98	DODGE		CKUP PW-E64			L26XSWS			ANDINA BEA		F
033	98 97			CKUP PW-E64 ICK W/AS RD			(F80C4WV			ANDINA BEA		F
034 035	98		CROWN VIC		1212		FP73W7WX			ANDINA BE		F
036	98			R TRAILER I	DD 1514		V13123W1			ANDINA BEA		F
037	98		CROWN VIC		(D 1514		P73W2WX			ANDINA BE		FI
038	98			VAN BM 206			G25R4W1		FERN	ANDINA BE	ACH	FI
039	99			UE UNIT F/I	R R70	1FDW	VF36F8XE	B48377	FERN	ANDINA BE	ACH	F
040	99			UE UNIT F/I		1FDW	VF36F6XE	B48376	FERN	ANDINA BE	ACH	F
Auto	Class		Cost	Weight/			Liabilit	v		PIP		Add PIP
No.	Code		New	Seating	Radius	Usage	Limit*	-	remium	Premiun		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	Wildering Co.	er a to a property of the second of the				
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No.	Medicai Limit	Pre		her Mi em PPIC			U/I Lim		Prem	Und/M Prem	Um/PI Prem	
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<b>No.</b> 033 034		Pr€							Prem			
033 034 035		Pre							Prem			
033 034 035 036		Pre							Prem			
033 034 035 036 037		Pre							Prem			
033 034 035 036 037 038		Pre							Prem			
033 034 035 036 037 038 039		Pre							Prem			
No. 033 034 035 036 037 038 039 040	Limit		em Pr				Lim	it*	Prem			
No. 033 034 035 036 037 038 039 040	Limit Other Ti	nan Co	em Pro	em PPIC	ed PPI Pren	n Buyback	Lim	it* lision		Prem	Prem	Prem
No. 033 034 035 036 037 038 039 040 Auto	Limit Other Ti	nan Co	ollision Ded	em PPIC	ed PPI Pren	n Buyback Premium	Coll D	it* lision ed	St Am	Prem	Prem	Prem
No. 033 034 035 036 037 038 039 040  Auto No. 033	Other Ti Type COMPREI	nan Co	ollision Ded 500	em PPI C St Amt N0	Limit ACV	Premium 53	Coll D	it* lision ed 500	St Am	Prem  t Lim	Prem	Premium 110
No. 033 034 035 036 037 038 039 040  Auto No. 033 034	Other TI Type COMPREI COMPREI	nan Co	ollision Ded 500 1,000	St Amt NO NO	Limit ACV ACV	Premium  53 80	Coll D	lision ed 500	St Am NO NO	Prem  AC' AC'	Prem	Premium 110 239
No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035	Other TI Type COMPREI COMPREI COMPREI	nan Co	Dilision Ded  500 1,000 500	St Amt  NO NO	Limit  ACV ACV ACV	Premium  53 80 21	Coll D	it* lision ed 500 1,000 500	St Am NO NO	rt Lim	Prem	Premium  110 239 46
No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036	Other TI Type COMPREI COMPREI COMPREI COMPREI	nan Co	ollision Ded 500 1,000	St Amt NO NO NO NO	Limit ACV ACV	Premium  53 80	Coll D	lision ed 500	St Am NO NO	Prem  AC' AC'	Prem  iit  v v v	Premium 110 239
033 034 035 036 037 038 039 040 <b>Auto</b> No. 033 034 035 036 037	Other Ti Type COMPREI COMPREI COMPREI COMPREI COMPREI COMPREI	nan Co	Dilision Ded 500 1,000 500 500	St Amt  NO NO	Limit  ACV ACV ACV ACV	Premium  53 80 21 19	Coll D \$ \$ \$ \$	it*  lision ed  500 1,000 500 500	St Am NO NO NO	et Lim AC' AC' AC'	Prem  iit  v v v v	Premium 110 239 46 41
033 034 035 036 037 038 039 040 Auto No. 033 034 035 036 037 038	Other TI Type COMPREI COMPREI COMPREI COMPREI COMPREI COMPREI COMPREI COMPREI COMPREI	nan Co	Dilision Ded  500 1,000 500 500 500 500	St Amt NO NO NO NO NO	Limit ACV ACV ACV ACV ACV ACV	Premium  53 80 21 19 21	Coll D \$ \$ \$ \$ \$ \$	it*  lision ed  500 1,000 500 500 500	St Am NO NO NO NO NO	Prem  AC' AC' AC' AC' AC'	Prem  iit  V  V  V  V  V  V	Premium 110 239 46 41 46
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No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036 037 038 039 040	Other TI Type COMPREI	H \$	Dilision Ded  500 1,000 500 500 1,000 1,000 Towing	St Amt  NO NO NO NO NO NO YES YES J& Labor	Limit ACV	Premium  53 80 21 19 21 68 75 75	Coll D  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	it*  lision ed  500 1,000 500 500 500 1,000 1,000	St Am NO NO NO NO NO NO NO YES	Prem  AC' AC' AC' AC' AC' 78,20	Prem	Premium 110 239 46 41 46 138 313 313
No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036 037 038 039 040  Auto	Other TI Type COMPREI	nan Co	Dilision Ded  500 1,000 500 500 1,000 1,000 Towing	St Amt  NO NO NO NO NO NO YES YES J& Labor	Limit ACV	Premium  53 80 21 19 21 68 75 75	Coll D  \$ \$ \$ \$ \$ \$ \$ \$ \$ Cother	it*  lision ed  500 1,000 500 500 500 1,000 1,000	St Am NO NO NO NO NO NO NO YES	Prem  AC' AC' AC' AC' AC' 78,20	Prem  vit v v v v o c d Annua Premiur	Premium 110 239 46 41 46 138 313 313
No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036 037 038 039 040  Auto No.	Other TI Type COMPREI	nan Co	Dilision Ded  500 1,000 500 500 1,000 1,000 Towing	St Amt  NO NO NO NO NO NO YES YES J& Labor	Limit ACV	Premium  53 80 21 19 21 68 75 75	Coll D  \$ \$ \$ \$ \$ \$ \$ \$ \$ Cother	it*  lision ed  500 1,000 500 500 500 1,000 1,000	St Am NO NO NO NO NO NO NO YES	Prem  AC' AC' AC' AC' 78,2	Prem  viit v v v v v o c o c Annua Premiui 16 31	Premium 110 239 46 41 46 138 313 313 1 m 3.00 9.00
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No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036 037 038 039 040  Auto No.  033 034 035 036	Other TI Type COMPREI	nan Co	Dilision Ded  500 1,000 500 500 1,000 1,000 Towing	St Amt  NO NO NO NO NO NO YES YES J& Labor	Limit ACV	Premium  53 80 21 19 21 68 75 75	Coll D  \$ \$ \$ \$ \$ \$ \$ \$ \$ Cother	it*  lision ed  500 1,000 500 500 500 1,000 1,000	St Am NO NO NO NO NO NO NO YES	Prem  AC' AC' AC' AC' 78,2' 78,2' \$ \$ \$	Prem    v   v   v   v   v   v   v   v   v	Premium 110 239 46 41 46 138 313 313 I m 3.00 9.00 7.00 0.00
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042	99		CARAVAN					(R29792		NANDINA BI		FL
043	99		DLET CAVA					(726320		NANDINA BI		FL
044	99		DLET CAVA					(726601		NANDINA BI		FL
045	99		OLET CAVA					(726597		NANDINA BI		FL
046	99		CHEROKEE					(L63249		NANDINA BI	EACH	FL
047	99		PICKUP S					(S21412		_AHAN		FL
048	99	FORD (	CROWN VIO			pages to the first of the second of the seco		(X23778	9 CALI	_AHAN	Control to proper American	FL PID
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041	334790		61718	45000	LOCAL	COMMERC						
042	588100		17539	1-8	LOCAL	COMMERC COMMERC						
043	739800		11863 11863			COMMERC						
044	739800 739800		11863			COMMERC						
045 046	739800		19089			COMMERC						
046	014990		13390	10000	LOCAL	SERVICE						
047	790800		19194	10000	LUCAL	COMMERC						
Auto							1	I/M	yerrana arang	Und/M	Um/PI	Oth U/M
			Ot	har Mic	higan Only	PII						
No.	Medical Limit	Pre		her Mic em PPI De	higan Only ed PPI Prem	PD Buyback		mit*	Prem	Prem	Prem	
		Pre							Prem			
No.		Pre							Prem			
<b>No.</b> 041		Pre							Prem			
<b>No.</b> 041 042		Pre							Prem			
No. 041 042 043 044 045		Pre							Prem			
No. 041 042 043 044 045 046		Pre							Prem			
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No. 041 042 043 044 045 046 047 048	Limit		m Pr				Li	mit*				
041 042 043 044 045 046 047 048	Limit Other Tr	nan Co	m Pr	em PPI De	ed PPI Prem	Buyback	Li	mit* Ollision		Prem	Prem	Prem
041 042 043 044 045 046 047 048 <b>Auto</b> No.	Limit Other Th	nan Co	m Pr Dilision Ded	em PPI De	ed PPI Prem	Buyback Premium	Li Co	mit* Dellision Ded	St Am	Prem	Prem	Prem Prem
041 042 043 044 045 046 047 048 <b>Auto</b> No.	Other Tr Type	nan Co	ollision Ded 1,000	em PPI De	Limit ACV	Buyback  Premium  57	Li Co	mit*  Dilision Ded 1,000	St Am	Prem  ht Lin	Prem	Premium 198
No.  041  042  043  044  045  046  047  048  Auto  No.  041  042	Other Tr Type COMPRES	nan Co	ollision Ded 1,000 500	St Amt NO NO	Limit ACV ACV	Buyback  Premium  57 54	Co \$ \$	mit*  Dilision Ded  1,000 500	St Am NO NO	Prem  AC  AC	Prem	Premium 198 106
No.  041 042 043 044 045 046 047 048  Auto No.  041 042 043	Other Th Type COMPRES COMPRES COMPRES	nan Co	bilision Ded 1,000 500 500	St Amt  NO NO NO.	Limit  ACV ACV ACV	Buyback  Premium  57 54 61	Co \$ \$	mit*  Dillision Ded  1,000 500 500	St Am NO NO NO	Prem  AC  AC  AC	Prem  nit	Premium  198 106 120
No.  041  042  043  044  045  046  047  048  Auto  No.  041  042  043  044	Other Tr Type COMPRES COMPRES COMPRES COMPRES	nan Co	Property   Property	St Amt  NO NO NO NO	Limit ACV ACV ACV ACV	<b>Premium</b> 57  54  61  61	Co \$ \$ \$	Dilision   Ded	St Am NO NO NO NO	Prem  AC  AC  AC  AC  AC	Prem  nit	Premium  198 106 120 120
No.  041 042 043 044 045 046 047 048  Auto No.  041 042 043 044 045	Other Tr Type COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	Dilision Ded  1,000 500 500 500 500	St Amt  NO NO NO NO NO	Limit ACV ACV ACV ACV ACV ACV	<b>Premium</b> 57 54 61 61 61	Cc \$ \$ \$ \$ \$ \$ \$ \$	Dilision Ded 1,000 500 500 500 500	St Am NO NO NO NO NO NO	Prem  AC  AC  AC  AC  AC  AC	Prem  nit	Premium  198 106 120 120 120
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No.  041  042  043  044  045  046  047  048  Auto  No.  041  042  043  044  045  046  047	Other Tr Type COMPRED COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	Dilision Ded  1,000 500 500 500 500 500 500 500	St Amt  NO	Limit  ACV ACV ACV ACV ACV ACV ACV ACV ACV AC	Buyback  Premium  57 54 61 61 73 64	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ded 1,000 500 500 500 500 500 500 500	St Am NO NO NO NO NO NO NO NO	Prem  AC  AC  AC  AC  AC  AC  AC  AC  AC  A	Prem  mit  cv  cv  cv  cv	Premium  198 106 120 120 120 120 136 127
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No.  041 042 043 044 045 046 047 048  Auto No.  041 042 043 044 045 046 047 048  Auto	Other Tr Type COMPRED COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	bilision Ded  1,000 500 500 500 500 500 500 500 500	St Amt  NO	Limit ACV	Premium  57 54 61 61 61 73 64 29	Cooks s s s s s s s	Dilision Ded 1,000 500 500 500 500 500 500	St Am NO NO NO NO NO NO NO NO	Prem  AC  AC  AC  AC  AC  AC  AC  AC  AC  A	nit CV CV CV CV CV CV	Premium  198 106 120 120 120 127 61
No.  041 042 043 044 045 046 047 048  Auto No.  041 042 043 044 045 046 047 048  Auto No.	Other Tr Type COMPRED COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	bilision Ded  1,000 500 500 500 500 500 500 500 500	St Amt  NO	Limit  ACV ACV ACV ACV ACV ACV ACV ACV ACV AC	Premium  57 54 61 61 61 73 64 29	**************************************	Dilision Ded 1,000 500 500 500 500 500 500	St Am NO NO NO NO NO NO NO NO	Prem  AC  AC  AC  AC  AC  AC  AC  AC  AC  A	Prem  nit  cv  cv  cv  cv  Annua  Premiur	Premium  198 106 120 120 120 127 61
No.  041 042 043 044 045 046 047 048  Auto No.  041 042 043 044 045 046 047 048  Auto No.  041	Other Tr Type COMPRED COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	bilision Ded  1,000 500 500 500 500 500 500 500 500	St Amt  NO	Limit ACV	Premium  57 54 61 61 61 73 64 29	Cooks s s s s s s s	Dilision Ded 1,000 500 500 500 500 500 500	St Am NO NO NO NO NO NO NO NO	Prem  AC  AC  AC  AC  AC  AC  AC  AC  AC  A	Prem  out  out  out  out  out  out  out  ou	Premium  198 106 120 120 120 136 127 61
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Insure	ed Name:					Effec	tive Da	ite:			cy Num	
NASSA	LU COUNT	Y BOAR	D OF	COMMISSIO	ONERS	10	-01-02	2		CAP	3 151	036
Auto						lo	dentific	ation				
No.	Year		Mak	e and Desc	ription		Serial N				aged	S
049	00	FORD F65	51 TRUC	CK RD 305			F65A4YM		HILL			FI
050	00			PICKUP RD :			F16Y0YS		HILL			FI
051	00			PICKUP RD :			F16YYS6		HILL			FI
052	00			PICKUP RD :	145		F16Y7YS		HILL			F
053		FORD F15					X1721YN			ANDINA		F
054	00			CUP PW-E122	E 404		X172XYN			ANDINA		F
055	01			SWB CC PW	- E 131		F12Y11G			ANDINA		FI
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049	234990		7000	20000 10000	LOCAL	SERVICE						
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051	014990		.7899 .7899	10000	LOCAL	SERVICE						
053	014990		.6748	10000	LOCAL	SERVICE						
054	014990		.6748	10000	LOCAL	SERVICE						
055	014990		9295	10000	LOCAL	SERVICE						
056	739800		.3500	10000	LOOME	COMMERC						
Auto	Medical			her Mi	chigan Only	PD	U/	M		Und/M	Um/P	D Oth U/
			O.		orngan orny							
No.	Limit	Prem	Pr		ed PPI Prem	Buvback	Lim	it*	Prem	Prem	Prem	ı Prem
<b>No.</b> 049	Limit	Prem	Pr		ed PPI Prem	Buyback	Lim	it*	Prem	Prem	Prem	Prem
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049 050 051 052 053	Limit	Prem	Pr		ed PPI Prem	Buyback	Lim	it*	Prem	Prem	Prem	n Prem
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					AUTO	SCHEDU	LE				
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Auto						<u>l</u> e	dentificatio	n			· · · · · ·
No.	Year	I	Vlake a	nd Descrip	otion	or	Serial Numl	oer	Gara	ged	St
057	01	DODGE C1500	PICKU	P PW-T 132		1B7H	C16X01S7452	44 FERN	ANDINA BE	ACH	FL
058	00	DUAL AXLE	ΓRAILER	12 SW		1A92	0029113B074	48 CALL	AHAN		FL
059	00	FORD FLATBI	ED F750	RD 307		3FDX	W7580YMA482	66 HILL	IARD		FL
060	01	KENWORTH DU	JMP RD	410		1NKD	LU0X81J8711	23 HILi	IARD		FL
061	00	FORD WINDS	TAR VAN	CLERK		2FMZ	A5041YBC350	50 FERN	ANDINA BE	ACH	FL
062	01	STERLING RO	OLL OFF	C SW1550		2FZH	ZAS1AH98552	HILL	.IARD		FL
063	01	DODGE RAM F	PICKUP	BM 102		1B7H	C16X21S2131	85 YULE	E		FL
064	01	DODGE RAM \	AN CUS	T 202		2B7J	B21YX1K5178	23 YULE			FL
Auto	Class	Cost	1	Neight/			Liability		PIP		Add PIP
No.	Code	New		Seating	Radius	Usage	Limit*	Premium	Premiun	<u>п Р</u>	remium
057	014990	1276	6	10000	LOCAL	SERVICE					
058	684990	756	55		LOCAL	COMMERC					
059	334990	4858	16	45000	LOCAL	COMMERC					
060	334790	7757	0	45000	LOCAL	COMMERC					
061	739800	1844	-8			COMMERC					
062	334990	7677	7	45000	LOCAL	COMMERC					
063	014990	1398	13	10000	LOCAL	SERVICE					
064	014990	1677	0	10000	LOCAL	SERVICE					
uto	Medical		Other		igan Only	PD	U/M		Und/M	Um/PD	Oth U/N
Vo.	Limit	Prem	Prem	PPI Ded	PPI Prem	Buyback	Limit*	Prem	Prem	Prem	Prem
057											
)58											
59											
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64			······································			inna nastroch menoc skrimm menokanikana			Service and the first and a service and a service of the first before the first	A-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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Auto	Other Than	ı Co	llision			900	Co	ollision	, m, a, , la, , , , , , , , , , , , , , , ,		
No.	Туре		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
061 060	COMPREH	\$	1,000	NO	ACV	81	\$	1,000	NO	ACV	324
061	COMPREH	\$	500	NO	ACV	73	\$	500	NO	ACV	136
063 062	COMPREH	\$	1,000	NO	ACV	108	\$	1,000	NO	ACV	346
163	COMPREH	\$	500	NO	ACV	77	\$	500	NO	ACV	168
064	COMPREH	\$	500	NO	ACV	86	\$	500	NO	ACV	200

# A -	COMPRED \$ 500	NO ACV	00 ¥ 300	NO ACV	200
Auto	Towing	j & Labor	Other	A	nnual
No.	Limit	Premium	Premium	Pr	emium
057				\$	245.00
05 <b>8</b>				\$	78.00
059				\$	349.00
06 O				· \$	405.00
06 I				ŧ	209.00
06 <b>2</b>				<b>*</b>	454.00
063				<b>\$</b>	
064				\$	245.00
				\$	286.00

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Auto					<u> </u>			ication			7 101 0	700
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057	01	DODGE (		ICKUP PW-T 1				LS745244		ANDINA BEA		FL
058	00	DUAL AX	(LE TRA	ILER 12 SW				L3B07448		AHAN		FL
059	00	FORD FL	_ATBED	F750 RD 307		3FD)	(W7580Y	/MA48266	6 HILL	IARD		FL
060	01	KENWORT	TH DUMP	RD 410		1 N K E	LU0X81	J871123	B HILL	IARD		FL
061	00	FORD WI	INDSTAR	VAN CLERK		2FMZ	ZA5041Y	/BC35050	) FERN	ANDINA BEA	<b>ACH</b>	FL
062	01	STERLIN	NG ROLL	OFF C SW155	0	2FZH	IZAS1AF	198552	HILL	IARD		FL
063	01	DODGE F	RAM PIC	KUP BM 102		1B7H	HC16X21	LS213185	5 YULE	E		FL
064	01		والرماشية والمقاشا بالسيدا والواراني	CUST 202		2B70	JB21YX1	K517823	3 YULE	E	Appendix of Anna Many Constanting Constanting	FL
Auto	Class		Cost	Weight/			Liabil			PIP	A	dd PIP
No.	Code		Vew	Seating	Radius	Usage	Limi	it* F	Premium	Premium	n Pi	remium
057	014990		12766	10000	LOCAL	SERVICE						
058	684990		7565	. m	LOCAL	COMMERC						
059	334990		48586	45000	LOCAL	COMMERC						
060	334790		77570	45000	LOCAL	COMMERC						
061	739800		18448			COMMERC						
062	334990		76777	45000	LOCAL	COMMERC	•					
063 064	014990 014990		13983 16770	10000	LOCAL	SERVICE						
Auto	Medical	<del>Adamiento Parrona</del>	mynonis erykonnes (gara)	10000 her Mic	LOCAL	SERVICE	I 1	ra a	**************************************	11 1788		
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บ5/					a Frifielli	Buyback	LIR	HIL.	Prem	Prem	rieiii	FIEIII
057 058					su FFIFIEIII	виураск	Lir	HIIL"	<u>Prem</u>	Prem	rieiii	Prem
057 058 059					eu FFFFEIII	Виураск	Lir	HIL	Prem	Prem	rtein	Piem
058					eu Fririen	виураск	<u>Lir</u>	KEIL"	Prem	Prem	riem	Pielli
058 059					Su FFFFEII	виураск	Lir	KEIL"	Prem	<u>Prem</u>	riem	rieili
058 059 060					FU FFFFEII	виураск	LI	mic	Prem	Prem	riem	Prem
058 059 060 061					FA FFFFFFFF	виураск	Lir	mu	Prem	Prem	rieni	Prem
058 059 060 061 062					r r r r r r r r r r r r r r r r r r r	виураск	Lir	mu	Prem	Prem	rieni	PTOIII
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058 059 060 061 062 063 064 <b>Auto</b> <b>No.</b> 057 058 059 060	Type COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$	500 500 500 500 1,000	St Amt NO NO	<b>Limit</b> ACV ACV	<b>Premium</b> 77 24	Co [ \$ \$ \$	Illision Ded 500 500	St Ami NO NO	t <b>Limi</b> ACV ACV	. ,	<b>Premium</b> 168 54
058 059 060 061 062 063 064 <b>Auto</b> <b>No.</b> 057 058 059 060 061	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$	500 500 500 500 1,000 500	St Amt NO NO NO NO NO NO	Limit ACV ACV ACV ACV ACV	Premium  77 24 87 81 73	Co [ \$ \$ \$	Illision Ded 500 500 500	St Amt NO NO NO	Limi ACV ACV ACV	t F	Premium  168 54 262
058 059 060 061 062 063 064 <b>Auto</b> No. 057 058 059 060 061 062	Type  COMPREH  COMPREH  COMPREH  COMPREH  COMPREH  COMPREH	* * * * * * * * * * * * * * * * * * *	500 500 500 500 1,000 500 1,000	St Amt  NO NO NO NO NO NO NO NO	Limit  ACV  ACV  ACV  ACV  ACV	Premium  77 24 87 81 73 108	Co [	Solution    St Ami NO NO NO NO	t <b>Limi</b> ACV ACV ACV	t F	Premium  168 54 262 324	
058 059 060 061 062 063 064 <b>Auto</b> No. 057 058 059 060 061 062 063	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$	500 500 500 500 1,000 500 1,000 500	St Amt  NO	Limit  ACV ACV ACV ACV ACV ACV	Premium  77 24 87 81 73 108 77	Co [ \$ \$ \$ \$ \$ \$	Illision   500   500   500   1,000   500   1,000   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   5	St Ami NO NO NO NO NO	t <b>Limi</b> ACV ACV ACV ACV	t F	Premium  168 54 262 324 136
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058 059 060 061 062 063 064 <b>Auto</b> No. 057 058 069 061 062 063 064 <b>Auto</b> No. 057	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$ \$	500 500 500 500 1,000 500 1,000 500 500	St Amt  NO	Limit  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Premium  77 24 87 81 73 108 77 86	Co [	500 500 500 500 1,000 500 1,000 500 500	St Amt NO NO NO NO NO NO NO	Limi ACV ACV ACV ACV ACV ACV ACV ACV S Pr	t F  Annual emium 245.0 78.0 349.0	Premium  168 54 262 324 136 346 168 200
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					AUTO	SCHEDU	LE					-
	ed Name:					Effe	ctive Da	ate:		Polic	cy Numb	oer:
NASSA	U COUNT	Y BOAR	D OF C	COMMISSIO	NERS	10	0-01-0	2	-	CAP	3 151	036
Auto							dentific	ation				
No.	Year		Make	and Desc	ription	or	Serial I	Numbe	r	Gara	aged	St
065	01	DODGE R	AM VAN E	3M 203	3.00	2B7c	JB21Y81	<517822	YULEI			FL
066	01	DODGE RA	AM VAN E	3M 204		2B70	JB21Y11H	<517824	YULEI	Ε .		FL
067	00	JEEP CH	EROKEE S	SW81		J4FF	F28S0YL1	151337	CALL	AHAN		FL
068	01			CHASSI PW-		1FDW	VF36L31	EC41322	FERNA	ANDINA		FL
069	01	FORD TR	JCK REG	CHASS PW-T	351	1FDW	VF36L11	EC41321	FERN	ANDINA		FL
070	01			CHASSI PW-	T1540	1FDW	VF36F21	EC60180	FERNA	ANDINA		FL
071	02	FORD EXI	PLORER X	CE-#71		1FMZ	ZU63E52l	JA15218	FERNA	ANDINA BE	EACH	FL
072	02	Maria Company	Auri-1-14-14-14-14-14-14-14-14-14-14-14-14-1	IX4 PW63		1FMZ	ZU73E72l	JA33161	FERNA	ANDINA BE	EACH	FL
Auto	Class		ost	Weight/			Liabili			PIP	-	Add PIP
No.	Code		ew	Seating	Radius	Usage	Limit	* P	remium	Premiur	m F	remium
065	014990		.6770	10000	LOCAL	SERVICE						
066	014990		.6770	10000	LOCAL	SERVICE						
067	739800		.9195			COMMERC						
068	234990		2836	20000	LOCAL	COMMERC			•			
069	234990		2836	20000	LOCAL	COMMERC						
070	234990		3106	20000	LOCAL	COMMERC						
071	739800		2961			COMMERC						
072	739800	2	4940			COMMERC		- Allendaria			**************************************	
Auto	Medical	_	Oth		higan Only	PD	U/			Und/M	Um/PD	Oth U/M
No.	Limit	Prem	Pre	m PPI De	ed PPI Prem	Buyback	Lim	rit*	Prem	Prem	Prem	Prem
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067 068											¥	
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067 068 069 070 071 072	Other Ti	0.10		P-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U					<b>198</b> 04			
067 068 069 070 071 072	Other Th				I too to	Dunning	_	lision		· .	•	
067 068 069 070 071 072 <b>Auto</b> <b>No.</b>	Туре	D	ed S	St Amt	Limit	Premium	D	ed	St Amt			Premium
067 068 069 070 071 072 <b>Auto</b> <b>No.</b>	<b>Type</b> COMPREH	<b>D</b>	<b>ed 5</b>	NO	ACV	86	\$	<b>ed</b> 500	NO	AC	٧	200
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066	Type COMPREH COMPREH	<b>D</b> \$	<b>ed</b> 500 500	NO NO	ACV ACV	86 86	\$ \$	<b>ed</b> 500 500	NO NO	AC AC	V V	200 200
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066	Type COMPREH COMPREH COMPREH	D \$ \$ \$ \$ \$ \$	500 500 500	NO NO NO	ACV ACV	86 86 73	\$ \$ \$	500 500 500	NO NO NO	AC AC AC	V V V	200 200 136
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066 067	Type COMPREH COMPREH COMPREH COMPREH	<b>D</b> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500	NO NO NO NO	ACV ACV ACV	86 86 73 81	\$ \$ \$ \$	500 500 500 500	NO NO NO	AC AC AC	V V V	200 200 136 182
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066 067 068	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500	NO NO NO NO	ACV ACV ACV ACV	86 86 73 81 81	\$ \$ \$ \$ \$ \$ \$	500 500 500 500 500	NO NO NO NO	AC AC AC AC	V V V V	200 200 136 182 182
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066 067 068 069	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500	NO NO NO NO NO	ACV ACV ACV ACV ACV	86 86 73 81 81	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500	NO NO NO NO NO	AC AC AC AC AC	V V V V V	200 200 136 182 182 182
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066 067 068 069 070	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500 500	NO NO NO NO NO NO	ACV ACV ACV ACV ACV	86 86 73 81 81 81	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500	NO NO NO NO NO NO	AC AC AC AC AC	V V V V V	200 200 136 182 182 182 182
067 068 069 070 071 072 <b>Auto</b> <b>No.</b> 065 066 067 068 069 070 071	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500 500 500	NO NO NO NO NO NO NO	ACV ACV ACV ACV ACV	86 86 73 81 81 95	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500	NO NO NO NO NO	AC AC AC AC AC AC	V V V V V V	200 200 136 182 182 182
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067 068 069 070 071 072 <b>Auto</b> No. 065 066 067 071 072 <b>Auto</b> No. 065 066	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	D	500 500 500 500 500 500 500 500 500	NO	ACV ACV ACV ACV ACV ACV	86 86 73 81 81 81 95	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500 500	NO NO NO NO NO NO	AC AC AC AC AC AC S \$ \$	V V V V V V Annual Premium 286 286 209 263 263	200 200 136 182 182 182 219 219
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067 068 069 070 071 072 <b>Auto</b> No. 065 066 067 071 072 <b>Auto</b> No. 065 066 067	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	D	500 500 500 500 500 500 500 500 500	NO	ACV ACV ACV ACV ACV ACV	86 86 73 81 81 81 95	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500 500 500 500 500 500 500 500	NO NO NO NO NO NO	AC AC AC AC AC AC S \$ \$	V V V V V V Annual Premium 286 286 209 263 263	200 200 136 182 182 182 219 219

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Auto	NO COUNT	I DU	IAKU UF	COMMISSIC	MEKO			ication	L	CAP 3 1	131 030
No.	Year		Mal	ke and Desc	ription			Numbe	er	Garage	d S
073	99	FORD		E F/R R30				XEB8039			<del>"</del>
074	99			E F/R R50				(EB8039)		ANDINA BEACH	
075	99			E F/R R60				XEE32788		EVILLE	F
076	99		TAURUS RI					XA19270		ANDINA BEACH	
077	00		1500 RE					YS62890			F
078	00		1500 BE			1B7H	F16YS	633274	YULE	E	F
079	99		TAURUS C			1FAF	P52U6)	XA245270	D CALL	AHAN	F
080	01			COEX 196		1B7H	F16Z5:	18656393	1 CALL	AHAN	F
Auto	Class		Cost	Weight/			Liabi	lity	NI/MINISTER STATE OF THE STATE	PIP	Add PIP
No.	Code		New	Seating	Radius	Usage	Lim	-	Premium	Premium	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	Medical		Ot	ther Mic	chigan Only	PD	U	J/M		Und/M Un	n/PD Oth U
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075 076 077 078 079 080	Other Tr			Ct Amt	I imit	Dromium		ollision	Ct Am	5 I Innië	Promise
075 076 077 078 079 080 <b>Auto</b>	Туре		Ded	St Amt	Limit 70.468	Premium 77		Ded	St Am		Premium
075 076 077 078 079 080 <b>Auto</b> <b>No.</b>	Type COMPRE	l \$	<b>Ded</b>	YES	79,468	77	\$	<b>Ded</b> 1,000	YES	79,468	319
075 076 077 078 079 080 <b>Auto</b> <b>No.</b> 073	Type COMPREF	l \$	1,000 1,000	YES NO	79,468 ACV	77 66	\$ \$	<b>Ded</b> 1,000 1,000	YES NO	79,468 ACV	319 216
075 076 077 078 079 080 <b>Auto</b> No. 073 074	Type COMPREF COMPREF	l \$ l \$	<b>Ded</b> 1,000 1,000 1,000	YES NO YES	79,468 ACV 79,468	77 66 77	\$ \$ \$	1,000 1,000 1,000	YES NO YES	79,468 ACV 79,468	319 216 319
075 076 077 078 079 080 <b>Auto</b> <b>No.</b> 073 074 075 076	Type COMPRES COMPRES COMPRES COMPRES	\$   \$   \$	1,000 1,000 1,000 500	YES NO YES NO	79,468 ACV 79,468 ACV	77 66 77 61	\$ \$	1,000 1,000 1,000 500	YES NO YES NO	79,468 ACV 79,468 ACV	319 216 319 120
075 076 077 078 079 080 <b>Auto</b> No. 073 074 075 076	Type COMPREF COMPREF COMPREF COMPREF	\$   \$   \$	Ded 1,000 1,000 1,000 500 500	YES NO YES NO NO	79,468 ACV 79,468 ACV ACV	77 66 77 61 69	\$ \$ \$	1,000 1,000 1,000 500 500	YES NO YES NO NO	79,468 ACV 79,468 ACV ACV	319 216 319 120 144
075 076 077 078 079 080 <b>Auto</b> No. 073 074 075 076 077	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Ded 1,000 1,000 1,000 500 500 500	YES NO YES NO NO	79,468 ACV 79,468 ACV ACV ACV	77 66 77 61 69 77	\$ \$ \$	1,000 1,000 1,000 500 500 500	YES NO YES NO NO	79,468 ACV 79,468 ACV ACV ACV	319 216 319 120 144 170
075 076 077 078 079 080 <b>Auto</b> No. 073 074 075 076 077	Type COMPREF COMPREF COMPREF COMPREF COMPREF COMPREF	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Ded 1,000 1,000 1,000 500 500 500 500	YES NO YES NO NO NO	79,468 ACV 79,468 ACV ACV ACV	77 66 77 61 69 77 61	\$ \$ \$ \$ \$	1,000 1,000 1,000 500 500 500 500	YES NO YES NO NO NO	79,468 ACV 79,468 ACV ACV ACV	319 216 319 120 144 170
075 076 077 078 079 080 <b>Auto</b> No. 073 074 075 076 077 078 079	Type COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Ded 1,000 1,000 1,000 500 500 500 500 500	YES NO YES NO NO NO NO	79,468 ACV 79,468 ACV ACV ACV	77 66 77 61 69 77 61 82	\$ \$ \$ \$ \$ \$	1,000 1,000 1,000 500 500 500 500 500	YES NO YES NO NO	79,468 ACV 79,468 ACV ACV ACV ACV ACV	319 216 319 120 144 170 120
075 076 077 078 079 080 <b>Auto</b> No. 073 074 075 076 077 078 079 080	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Ded 1,000 1,000 500 500 500 500 Towing	YES NO YES NO	79,468 ACV 79,468 ACV ACV ACV ACV	77 66 77 61 69 77 61 82	\$ \$ \$ \$ \$ \$	1,000 1,000 1,000 500 500 500 500	YES NO YES NO NO NO	79,468 ACV 79,468 ACV ACV ACV ACV ACV ACV ACV	319 216 319 120 144 170 120 170
075 076 077 078 079 080 <b>Auto</b> 073 074 075 076 077 078 079 080 <b>Auto</b>	Type COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Ded 1,000 1,000 1,000 500 500 500 500 Towing	YES NO YES NO	79,468 ACV 79,468 ACV ACV ACV	77 66 77 61 69 77 61 82	\$ \$ \$ \$ \$ \$	1,000 1,000 1,000 500 500 500 500	YES NO YES NO NO NO	79,468	319 216 319 120 144 170 120 170 nual
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100				GINE F/ST20				LC039007		ANDINA BEACH	FI
101				GINE F/ST40				LC039042			F
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103	01	DODGE	1500 RD:	144		1B7H	F16Y2	LS294916	HILL:	IARD	F
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099	790900		177816	45000		COMMERC					
100	790900		177816	45000		COMMERC					
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099 100 101 102 103 104 <b>Auto</b> <b>No.</b> 097 098 099 100 101 102 103 104	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV	214 185 289 289 289 308 200 214
099 100 101 102 103 104 <b>No.</b> 097 098 099 100 101 102 103 104 <b>Auto</b> <b>No.</b>	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV ACV	214 185 289 289 289 308 200 214
099 100 101 102 103 104 <b>Auto</b> <b>No.</b> 097 098 099 100 101 102 103 104 <b>Auto</b> <b>No.</b>	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV APPREM	214 185 289 289 289 308 200 214 <b>Mual</b> iium
099 100 101 102 103 104 <b>Auto</b> <b>No.</b> 097 098 099 100 101 102 103 104 <b>Auto</b> <b>No.</b>	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV ACV	214 185 289 289 289 308 200 214 <b>ual</b> <b>iium</b> 310.00
099 100 101 102 103 104 Auto No. 097 098 099 100 101 102 103 104 Auto No. 097 098 099	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV APPREM	214 185 289 289 289 308 200 214 sual sium 310.00 262.00 453.00
099 100 101 102 103 104 <b>Auto</b> <b>No.</b> 097 098 099 100 101 102 103 104 <b>Auto</b> <b>No.</b> 097 098	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV APPREM	214 185 289 289 289 308 200 214 sual sium 310.00 262.00 453.00 453.00
099 100 101 102 103 104  Auto No. 097 098 099 100 101 102 4uto No. 097 098 099 100 101 101	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV APPREM	214 185 289 289 289 308 200 214 310.00 262.00 453.00 453.00 453.00
099 100 101 102 103 104 <b>Auto</b> No. 097 098 099 100 101 102 103 104 <b>Auto</b> No.	Type  COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH COMPREH	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	500 500 1,000 1,000 1,000 500 500 500	NO NO YES YES YES NO NO NO NO	ACV ACV 177,816 177,816 177,816 ACV ACV	96 77 164 164 164 98 86	\$ \$ \$ \$ \$ \$	500 500 1,000 1,000 1,000 500 500	NO NO YES YES YES NO	ACV ACV 177,816 177,816 177,816 ACV ACV ACV APPREM	185 289 289 289 308 200 214 

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Insure	ed Name:						tive [			Policy N		
	<u>AU COUNT</u>	Y BO.	ARD OF	COMMISSIO	NERS _	10-01-02				CAP 3 151 036		
Auto								ication				
No.	Year			e and Desc	ription			Numb		Garageo		
105	02	FORD	F366T AMB	ULANCE F/R		1FDW	F36F32	2EA3462	1 FERN	NANDINA BEACH	F	
106	02	STERL	ING LT950	0 R & B		2FZH	AZAS52	2AJ5321	4 HILL	_I ARD	F	
107	02	STERL	ING LT950	0 R & B				2AJ5321		_IARD	F	
108	02	FORD	EXPLORER	EMG MG		1FMZ	U72E7	2UB7050	6 FERN	NANDINA BEACH	F	
109	02	DODGE	STRATUS	COEX		1B3E	L36R02	2N20975	2 CALL	_AHAN	· F	
110	02	DODGE	PICKUP L	GT TR 194				2J21236		NANDINA	F	
111	02	GMC 1	500 HEALT	TH .				2729412		IANDINA BEACH		
112	02	GMC 1	500 PICKU	P HEALTH	, in the control of t	1GTE	C14W92	2729421	0 FERN	IANDINA BEACH	1	
Auto	Class		Cost	Weight/			Liabi	lity		PIP	Add PIP	
No.	Code		New	Seating	Radius	Usage	Lim	it*	Premium	Premium	Premium	
105	791900		83336	45000		COMMERÇ						
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						
_		A		M. Al K	Lieran Onles	PD	ī	I /A S	27. A. A. C.	Und/M Un	- /DD - O4L II	
Auto	Medical		Otl	her Mic	higan Only	PD	•	J/M		Una/Ni Un	n/PD Oth U	
No. 105 106 107	Medical Limit	Pre				Buyback		nit*	Prem		<u>rem Pren</u>	
105 106 107 108 109		Pre							Prem			
105 106 107 108 109 110		Pre							Prem		<u>rem Pren</u>	
No.  105 106 107 108 109 110 111		Pre							Prem		<u>rem Pren</u>	
No. 105 106 107 108 109 110 111 112	Limit	-	em Pro				Li	mit*			<u>rem Pren</u>	
No. 105 106 107 108 109 110 111 112 Auto	Limit Other Tr	nan Co	em Pro	em PPI De	ed PPI Prem	Buyback	Li Co		1	Prem Pr	rem Pren	
No. 105 106 107 108 109 110 111 112 Auto	Limit Other Th	nan Co	em Pro Dilision Ded	em PPI De	ed PPI Prem	Buyback Premium	Li Co	mit* bllision Ded	St Am	Prem Pr	rem Pren	
No. 105 106 107 108 109 110 111 112 Auto	Other Tr Type	nan Co	ollision Ded 1,000	St Amt YES	Limit 83,336	Buyback Premium 81	Li Co	mit*  Dilision Ded  1,000	St Am	Prem Prem Prem Prem Prem Prem Prem Prem	Premium 336	
No.  105 106 107 108 109 110 111 112 Auto No.	Other Tr Type COMPRET	nan Co	ollision Ded 1,000 1,000	em PPI De	Limit 83,336 ACV	Buyback  Premium  81 81	Li Co	Dilision Ded 1,000 1,000	St Am YES NO	Prem Prem Prem Prem Prem Prem Prem Prem	Premium 336 324	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107	Other Tr Type	nan Co	ollision Ded 1,000	St Amt YES NO	Limit  83,336  ACV  ACV	Buyback  Premium  81  81  81	Li Cc	mit*  Dilision Ded  1,000	St Am YES NO NO	Prem Prem Prem Prem Prem Prem Prem Prem	Premiun  336 324 324	
No.  105 106 107 108 109 110 111 112 Auto No.  105 106	Other Th Type COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 1,000	St Amt YES NO NO	Limit 83,336 ACV	Buyback  Premium  81 81	Co \$ \$ \$	mit*    Delision   Ded   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000	St Am YES NO	Prem Prem Prem Prem Prem Prem Prem Prem	Premiun  336  324  324  219	
105 106 107 108 109 110 111 112 <b>Auto</b> <b>No.</b> 105 106 107	Other Th Type COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 1,000 500	St Amt YES NO NO NO	Limit  83,336  ACV  ACV  ACV	<b>Buyback</b>   Premium	Co \$ \$ \$	mit*  Delision Ded  1,000 1,000 1,000 500	St Am YES NO NO	Prem Prem Prem Prem Prem Prem Prem Prem	Premium  336 324 324 219 150	
No.  105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109	Other Th Type COMPRED COMPRED COMPRED COMPRED COMPRED	nan Co	Dilision Ded 1,000 1,000 500 500	St Amt YES NO NO NO NO	Limit 83,336 ACV ACV ACV ACV	Buyback    Premium	Co \$ \$ \$ \$	Dilision Ded 1,000 1,000 500 500	St Am YES NO NO NO	Prem Property Prems Prem	Premium  336 324 324 219 150 200	
No.  105 106 107 108 109 110 111 112 Auto No.  105 106 107 108 109 110	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded  1,000 1,000 1,000 500 500 500 500	St Amt YES NO NO NO NO NO NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86	Cc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dilision Ded 1,000 1,000 500 500 500	St Am YES NO NO NO NO NO	Prem Property Prems Prem	Premium  336 324 324 219 150 200 200	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded  1,000 1,000 500 500 500 500 500	St Amt  YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Limit 83,336 ACV ACV ACV ACV ACV ACV ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Cc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   500   5	St Am YES NO NO NO NO NO NO	et Limit 83,336 ACV ACV ACV ACV ACV ACV ACV ACV	Premium  336 324 324 219 150 200 200 200	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit 83,336 ACV ACV ACV ACV ACV ACV ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Cc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto No.	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 nual	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto No. 105	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem Property Prem Property Prem Property Prem Property Prem Prem Prem Prem Prem Prem Prem Prem	Premium  336 324 324 219 150 200 200 200 nual nium	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto No. 105 106	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 nual nium 417.00	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 111 112 Auto No. 105 106 107	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 10um 417.00 405.00	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 405.00 405.00	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 10ual nium  417.00 405.00 405.00 314.00	
No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 110 111 112 Auto No. 105 106 107 108 109 109	Other Th Type COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES COMPRES	nan Co	Dilision Ded 1,000 1,000 500 500 500 500 Towing	St Amt YES NO	Limit  83,336  ACV  ACV  ACV  ACV  ACV  ACV  ACV	Buyback  Premium  81  81  81  95  68  86  86  86	Ccc \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	mit*    Delision   Ded   1,000   1,000   500   500   500   500   500   500   7	St Am YES NO NO NO NO NO NO	Prem	Premium  336 324 324 219 150 200 200 200 hual nium  417.00 405.00 405.00 314.00 218.00	

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	e <b>d Nam</b> e AU COUI	e: NTY BOARD OF COMMISSIONERS	<b>Effective Date:</b> 10-01-02	Policy Number CAP 3 151 03	
Auto No.	Year	Make and Description	ldentification 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	SERVICÈ				
115	014990	13075	10000	LOCAL	SERVICE				
116	014990	15345	10000	LOCAL	SERVICE				
117	014990	13639	10000	LOCAL	SERVICE				

Oth U/M	Um/PD	Und/M		U/M	PD	an Only	Michig	Other		Medical	Auto
Prem	Prem	Prem	Prem	Limit*	Buyback	PPI Prem	PPI Ded	Prem	Prem	Limit	No.
											113
											114
											115
	4										116
											117
	ś										115 116

Auto	Other Than	ı Co	llision	and an Albanian (Vigina) to an agree of the Street, the American Arg		Collision					
No.	Туре		Ded	St Amt	Limit	Premium		)ed	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	Towing & Labor		Other	Annual		
No.	Limit	Premium	Premium	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
G0 2285 (01/93)	IMPORTANT INFORMATION	TO POLICYHOLDERS
GU-3076 (05/01)	PRIVACY STATEMENT	
GOX 2279 (12/92)	SCHEDULE OF FORMS AND	
AA-2705A (10/01)	COMMERCIAL AUTO COVERA	
AA-2705A-2 (10/01)	COMERCIAL AUTO COVERAG	E 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	
IL 00 17 (11/98)	COMMON POLICY CONDITIO	
IL 00 21 (07/02)		TY EXCLUSION ENDORSEMENT
CA 99 15 (12/93)	GOVERNMENTAL BODIES AM	
A2006A (01/93)		VERAGE ELECTION - FLORIDA
CA 99 28 (10/01)	STATED AMOUNT INSURANC	CE .
CA 01 28 (10/01)	FLORIDA CHANGES	
CA 02 67 (10/94)		CELLATION AND NONRENEWAL
A 200c (01/82)	CERTIFICATE OF AUTOMOB ENDORSEMENT	BILE INSURANCE AND LOSS PAYABLE CLAUSE
A 200c (01/82)	CERTIFICATE OF AUTOMOB ENDORSEMENT	BILE INSURANCE AND LOSS PAYABLE CLAUSE

### **COMMON POLICY CONDITIONS**

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

#### A. Cancellation

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- 1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- 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.
- 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;

- 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
  - Comply with laws, regulations, codes or standards.
- 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:

- 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:

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- **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
  - 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.

my Bodily Injury Liability limits.

### 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

### **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:		

POLICY NUMBER: CAP 3 151 036

# 12

### 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:
Named Inquired	
Named Insured:	(Authorized Representative)

### **SCHEDULE**

Vehicle Number	lumber Coverage		mit Of Insurance	Premium:
See Schedule		\$	Less \$ Deductible	
		\$	Less \$ Deductible	
3		\$	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 Mode	
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**

- 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.

- 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 Trade NameBody TypeTruck Size Unit Model (Truck Load, Gallonage, Bus Seating Capacity) Serial or Motor Number FL 006 93 PIERCE SAB E7959 F/R E2 4PICT0U4PA00678
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 payer 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 (12:01 a.m. Standard Time)	forms a part of Policy No.	CAP 3 151 036
expiring 10-01-03			
issued to NASSAU COUNTY BOARD OF CO	MMISSIONERS		
of ATTN: LEW EASON, PO BOX 1010 3163 BAILEY ROAD FERNANDINA BEACH FL 32034			
(Name of Loss Payee)	by: BITUMINOUS	CASUALTY CORPORATION	_
To: EMERGENCY ONE, INC. 1415 W. 22ND ST., STE. 1100 OAK BROOK,IL 60523	,		
The insurance afforded by the policy describ are indicated by limits of liability and the word automobile(s), subject to all the insuring agree	d "covered" opposite thereto, as	s stated below, and applies to	the following
Year of  Trade  Unit Model (Truck Loa  FL 099 01 E-ONE FIRE ENGINE F/STS  FL 100 01 E-ONE FIRE ENGINE F/STS  FL 101 01 E-ONE FIRE ENGINE F/STS	20 4S7HT23901C039007	Seri	ial or Motor Number
		,	
Loss or damage under this policy shall be parthis endorsement. This insurance covering tracts or omissions. However, we reserve the terminate this agreement as to the loss payer as we give to the named insured shown in the	the interest of the loss payee she right to cancel the policy as pee's interest. We will give the sa	iall become invalid only becau rmitted by policy terms and th	use of your fraudulent ne cancellation shall
When we pay the loss payee we shall, to the	e extent of payment, be subroga	ated to the loss payee's rights	of recovery.
·		Authorized Repre	esentative

# 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:

- No deductible applies under Specified Causes of Loss or Comprehensive coverage for "loss" to glass used in the windshield.
- The "Diminution In Value" exclusion does not apply.
- 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:
      - 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.

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

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President