Renewal of No.

**Policy No.**



Coverage is provided by

(a capital stock company) 175 Water Street

New York, NY 10038

(212) 458-5000

BUSINESS AUTO DECLARATIONS – MASSACHUSETTS

**ITEM ONE** Named Insured & Mailing Address

Producer's Name & Mailing Address

**FORM OF BUSINESS:**

CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY(LLC) INDIVIDUAL OTHER BUSINESS DESCRIPTION:

**POLICY PERIOD:** From to at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**POLICY PREMIUMS:**

**ENDORSEMENTS ATTACHED TO THIS POLICY:**

**IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York) SEE ATTACHED FORMS SCHEDULE**

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS, AND FORMS AND ENDORSEMENTS IF ANY ISSUED TO FORM A PART THEREOF COMPLETE THE ABOVE NUMBERED POLICY

Date Issued:

# 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** | **Limit** | | **Premium** |
| **Compulsory Bodily Injury** |  | $  $ | 20,000 each person  40,000 each accident | **$** |
| **Personal Injury Protection** |  | $ | 8,000 each person |  |
| LIABILITY INSURANCE | | | | |
| **Optional Bodily Injury** |  | $ | each person | **$** |
| $ | each accident |
| **Property Damage (Compulsory Limit**  **$5,000)** |  | $ | each accident | **$** |
| **Covered Autos Liability** |  | $ each accident | | **$** |
| **Medical Payments** |  | $ | each insured | **$** |
| **Uninsured Motorists (Compulsory Limits -**  **$20,000/40,000)** |  | $  $ | each person each accident | **$** |
| **Underinsured Motorists** |  | $  $ | each person each accident |  |

# ITEM TWO

**Schedule Of Coverages And Covered Autos (Cont'd)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverages** | **Covered Autos** | **Limit** | | **Premium** |
| **Physical Damage Comprehensive Coverage** |  | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus $ Ded. For Each  Covered Auto. See Item Four for Hired or Borrowed Autos | | **$** |
| **Physical Damage Specified Causes Of Loss Coverage** |  | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus $ Ded. For Each  Covered Auto. See Item Four for Hired or Borrowed Autos | | **$** |
| **Physical Damage Collision Coverage** |  | Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus $ Ded. For Each  Covered Auto. See Item Four for Hired or Borrowed Autos | | **$** |
|  |
| **Physical Damage Limited Collision Coverage** |  | Actual Cash Value or Cost of Repair. Whichever Is Less Minus $ Ded. For Each  Covered Auto. See Item Four for Hired or Borrowed Autos | |  |
| **Physical Damage Towing And Labor** |  | $ For Each Disablement Of A Private Passenger Auto. | | **$** |
| **Premium For Endorsements** | | | **$** | |
| **Estimated Total Premium\*** | | | **$** | |
| \*This Policy May Be Subject To Final Audit. | | | | |

# ITEM THREE

**Schedule Of Covered Autos You Own**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Covered Auto Number:** | | | | | | | | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged | | | | |  | | | | | | | |
| Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle  Identification Number (VIN)) | | | | |  | | | | | | | |
| **Purchased:** | Original Cost New | | | |  |  | **$** |  |  |  |  |  |
| Actual Cost New (N) Or Used (U) | | | | |  | **$** |  |  |  |  |  |
| **Classification** | | | | | | | | | | | | |
| **Radius**  **Of Operation** | **Business Use s=service r=retail**  **c=commercial** | | | **Size GVW, GCW Or**  **Vehicle Seating Capacity** | | **Age Group** | | **Primary Rating Factor** | | | **Secondary**  **Rating Factor** | **Code** |
| **Liab.** | **Phy. Dam.** | |
|  |  | | |  | |  | |  |  | |  |  |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At the Time Of The Loss. | | | | | | | |  | | | | |
| **Coverages – Premiums, Limits And Deductibles**  (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | | | | | | | | | | | |
| **Coverages** | |  |  |  | **Limit** | |  |  |  |  | **Premium** |  |
| **Compulsory Bodily Injury** | | $  $ | 20,000 each person  40,000 each accident | | |  |  |  |  | **$** | | |
| **Personal Injury Protection** | | $ 8,000 each person | | | | | | | | **$** | | |
| LIABILITY INSURANCE | | | | | | | | | | | | |
| **Optional Bodily Injury** | | $ each person  $ each accident | | | | | | | | **$** | | |
| **Property Damage (Compulsory Limit**  **$5,000)** | | $ each accident | | | | | | | | **$** | | |
| **Covered Autos Liability** | | $ each accident | | | | | | | | **$** | | |
| **Medical Payments** | | $ each insured | | | | | | | | **$** | | |
| **Uninsured Motorists (Compulsory Limits -**  **$20,000/40,000)** | | $ each person  $ each accident | | | | | | | | **$** | | |

|  |  |  |
| --- | --- | --- |
| **Coverages** | **Limit** | **Premium** |
| **Underinsured Motor- ists** | $ each person  $ each accident | **$** |
| **Physical Damage Comprehensive**  **Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus $ Ded. For Each Covered Auto. | **$** |
| **Physical Damage Specified Causes Of Loss**  **Coverage** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Collision Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Limited Collision Coverage** | Actual Cash Value or Cost of Repair. Whichever Is Less Minus $ Ded. For Each  Covered Auto. |  |
| **Physical Damage Towing And Labor** | $ For Each Disablement Of A Private Passenger “Auto”. |  |

# ITEM THREE

**Schedule Of Covered Autos You Own**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Covered Auto Number:** | | | | | | | | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged | | | | |  | | | | | | | |
| Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle  Identification Number (VIN)) | | | | |  | | | | | | | |
| **Purchased:** | Original Cost New | | | |  |  | **$** |  |  |  |  |  |
| Actual Cost New (N) Or Used (U) | | | | |  | **$** |  |  |  |  |  |
| **Classification** | | | | | | | | | | | | |
| **Radius**  **Of Operation** | **Business Use s=service r=retail**  **c=commercial** | | | **Size GVW, GCW Or**  **Vehicle Seating Capacity** | | **Age Group** | | **Primary Rating Factor** | | | **Secondary**  **Rating Factor** | **Code** |
| **Liab.** | **Phy. Dam.** | |
|  |  | | |  | |  | |  |  | |  |  |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At the Time Of The Loss. | | | | | | | |  | | | | |
| **Coverages – Premiums, Limits And Deductibles**  (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | | | | | | | | | | | |
| **Coverages** | |  |  |  | **Limit** | |  |  |  |  | **Premium** |  |
| **Compulsory Bodily Injury** | | $  $ | 20,000 each person  40,000 each person | | |  |  |  |  | **$** | | |
| **Personal Injury Protection** | | $ 8,000 each person | | | | | | | | **$** | | |
| LIABILITY INSURANCE | | | | | | | | | | | | |
| **Optional Bodily Injury** | | $ each person  $ each accident | | | | | | | | **$** | | |
| **Property Damage (Compulsory Limit**  **$5,000)** | | $ each accident | | | | | | | | **$** | | |
| **Covered Auto Liability** | | $ each accident | | | | | | | | **$** | | |
| **Medical Payments** | | $ each insured | | | | | | | | **$** | | |
| **Uninsured Motorists (Compulsory Limits -**  **$20,000/40,000)** | | $ each person  $ each accident | | | | | | | | **$** | | |

|  |  |  |
| --- | --- | --- |
| **Coverages** | **Limit** | **Premium** |
| **Underinsured Motor- ists** | $ each person  $ each accident | **$** |
| **Physical Damage Comprehensive**  **Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus $ Ded. For Each Covered Auto. | **$** |
| **Physical Damage Specified Causes Of Loss**  **Coverage** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Collision Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Limited Collision Coverage** | Actual Cash Value or Cost of Repair. Whichever Is Less Minus $ Ded. For Each  Covered Auto. |  |
| **Physical Damage Towing And Labor** | $ For Each Disablement Of A Private Passenger “Auto”. |  |

# ITEM THREE

**Schedule Of Covered Autos You Own**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Covered Auto Number:** | | | | | | | | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged | | | | |  | | | | | | | |
| Description (Year, Model, Trade Name, Body Type, Serial Number (s), Vehicle  Identification Number (VIN)) | | | | |  | | | | | | | |
| **Purchased:** | Original Cost New | | | |  |  | **$** |  |  |  |  |  |
| Actual Cost New (N) Or Used (U) | | | | |  | **$** |  |  |  |  |  |
| **Classification** | | | | | | | | | | | | |
| **Radius**  **Of Operation** | **Business Use s=service r=retail**  **c=commercial** | | | **Size GVW, GCW Or**  **Vehicle Seating Capacity** | | **Age Group** | | **Primary Rating Factor** | | | **Secondary**  **Rating Factor** | **Code** |
| **Liab.** | **Phy. Dam.** | |
|  |  | | |  | |  | |  |  | |  |  |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right According To Their Interests In The Auto At the Time Of The Loss. | | | | | | | |  | | | | |
| **Coverages – Premiums, Limits And Deductibles**  (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | | | | | | | | | | | |
| **Coverages** | |  |  |  | **Limit** | |  |  |  |  | **Premium** |  |
| **Compulsory Bodily Injury** | | $  $ | 20,000 each person  40,000 each person | | |  |  |  |  | **$** | | |
| **Personal Injury Protection** | | $ 8,000 each person | | | | | | | | **$** | | |
| LIABILITY INSURANCE | | | | | | | | | | | | |
| **Optional Bodily Injury** | | $ each person  $ each accident | | | | | | | | **$** | | |
| **Property Damage (Compulsory Limit**  **$5,000)** | | $ each accident | | | | | | | | **$** | | |
| **Covered Autos Liability** | | $ each accident | | | | | | | | **$** | | |
| **Medical Payments** | | $ each insured | | | | | | | | **$** | | |
| **Uninsured Motorists (Compulsory Limits -**  **$20,000/40,000)** | | $ each person  $ each accident | | | | | | | | **$** | | |

|  |  |  |
| --- | --- | --- |
| **Coverages** | **Limit** | **Premium** |
| **Underinsured Motor- ists** | $ each person  $ each accident | **$** |
| **Physical Damage Comprehensive**  **Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less Minus $ Ded. For Each Covered Auto. | **$** |
| **Physical Damage Specified Causes Of Loss**  **Coverage** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Collision Coverage** | Actual Cash Value Or Cost Of Repair. Whichever Is Less, Minus $ Ded. For Each  Covered Auto. | **$** |
| **Physical Damage Limited Collision Coverage** | Actual Cash Value or Cost of Repair. Whichever Is Less Minus $ Ded. For Each  Covered Auto. |  |
| **Physical Damage Towing And Labor** | $ For Each Disablement Of A Private Passenger “Auto”. |  |

# ITEM THREE

**Schedule Of Covered Autos You Own (Cont'd)**

|  |  |
| --- | --- |
| **Total Premiums** | |
| **Compulsory Bodily Injury** | **$** |
| **Personal Injury Protection** | **$** |
| **Optional Bodily Injury** | **$** |
| **Property Damage** | **$** |
| **Covered Autos Liability** | **$** |
| **Medical Payments** | **$** |
| **Uninsured Motorists** | **$** |
| **Underinsured Motorists** | **$** |
| **Comprehensive** | **$** |
| **Specified Causes of Loss** | **$** |
| **Collision** | **$** |
| **Limited Collision** | **$** |
| **Towing and Labor** | **$** |

# ITEM FOUR

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Covered Autos Liability Coverage – Rating Basis, Cost Of Hire** | | | | | | |
| **State** | **Estimated Cost**  **Of Hire For Each State** | | **Rate Per Each**  **$100 Cost Of Hire** | | **Factor (If Liability**  **Coverage Is Primary)** | **Premium** |
|  | **$** | | **$** | |  | **$** |
| **Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)** | | | | | | |
| **State** | **Estimated Number Of Days Equipment Will Be Rented** | **Base Premium** | | **Factor** | | **Premium** |
|  |  | **$** | |  | | **$** |
| **Total Premium** | | | | | | **$** |

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

# ITEM FOUR

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd) Physical Damage Coverage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverages** | **Limit Of Insurance** | | |
| **Comprehensive** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus | | |
| $ | Deductible |  |
| For Each Covered Auto. |  |  |
| **Estimated Annual Cost Of Hire** | **Rate Per Each $100 Annual Cost Of Hire** | **Premium** |
| **$** | **$** | **$** |
| **Specified Causes Of Loss** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus | | |
| $ | Deductible |  |
| For Each Covered Auto. |  |  |
| **Estimated Annual Cost Of Hire** | **Rate Per Each $100 Annual Cost Of Hire** | **Premium** |
| **$** | **$** | **$** |
| **Collision** | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus | | |
| $ | Deductible |  |
| For Each Covered Auto. |  |  |
| **Estimated Annual Cost Of Hire** | **Rate Per Each $100 Annual Cost Of Hire** | **Premium** |
| **$** | **$** | **$** |

|  |  |
| --- | --- |
| **Total Premium:** | **$** |

# ITEM FIVE

**Schedule For Non-Ownership Liability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Named Insured's Business** | **Rating Basis** | **Number** | **Premium** |
| Other Than Garage Service Operations And Other Than Social Service Agencies | Number Of Employees |  | **$** |
| Number Of Partners |  | **$** |
| Garage Service Operations | Number Of Employees Whose Principal Duty  Involves The Operation Of Autos |  | **$** |
| Social Service Agencies | Number Of Employees |  | **$** |
| Number Of Volunteers |  | **$** |
| **Total Premiums** | | | **$** |

# ITEM SIX

**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location No:** | | | | | |
| **(Check One)** |  | Gross Receipts (Per $100) | |  | Mileage (Per Mile) |
| **Estimated Yearly:** | | | | | |
| **Rates** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |
| **Premiums** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location No:** | | | | | |
| **(Check One)** |  | Gross Receipts (Per $100) | |  | Mileage (Per Mile) |
| **Estimated Yearly:** | | | | | |
| **Rates** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |
| **Premiums** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |

# ITEM SIX

**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location No:** | | | | | |
| **(Check One)** |  | Gross Receipts (Per $100) | |  | Mileage (Per Mile) |
| **Estimated Yearly:** | | | | | |
| **Rates** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |
| **Premiums** | | | | | |
| **Liability** | | | **$** | | |
| **Auto Medical Payments** | | | **$** | | |

|  |  |
| --- | --- |
| **Total Premiums** | |
| **Minimum Liability** | **$** |
| **Minimum Auto Medical Payments** | **$** |
| **Liability** | **$** |
| **Auto Medical Payments** | **$** |

|  |  |
| --- | --- |
| **Location Number** | **Address** |
|  |  |
|  |  |
|  |  |

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 mer- chandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

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

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

# FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the 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 of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.