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

**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 PREMIUM**:

**SCHEDULE OF STATE TAXES, FEES AND SURCHARGES, IF APPLICABLE:**

\*State Taxes not applicable in New York

\*\* State Taxes, Fees and Surcharges shown are in addition to the above referenced Policy Premium.

**ENDORSEMENTS ATTACHED TO THIS POLICY:**

**IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)**

**IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York) (IL 01 98 in Washington) 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 |
| COVERED AUTOS LIABILITY |  |  | |  |
| PERSONAL INJURY PROTECTION  (or equivalent No-fault Coverage)  (For all applicable states, except New York, which is referenced below) |  | SEPARATELY STATED IN EACH PERSONAL INJURY PROTECTION ENDORSEMENT MINUS DEDUCTIBLE | |  |
| ADDED PERSONAL INJURY  PROTECTION (or equivalent Added No-fault Coverage) (For all applicable  states, except New York, which is referenced  below) |  | SEPARATELY STATED IN EACH ADDED PERSONAL INJURY PROTECTION ENDORSEMENT | |  |
| PROPERTY PROTECTION  INSURANCE (Michigan only) |  | SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS  DEDUCTIBLE FOR EACH ACCIDENT | |  |
| AGGREGATE NO-FAULT BENEFITS  (New York Property and Risks only) |  | SEPARATELY STATED IN ITEM 3 MINUS DEDUCTIBLES LISTED IN ITEM 3 | |  |
| AUTO MEDICAL PAYMENTS |  | EACH INSURED | |  |
| MEDICAL EXPENSE AND INCOME  LOSS BENEFITS (Virginia only) |  | SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT | |  |
| UNINSURED MOTORISTS |  |  | |  |
| SUPPLEMENTARY UNINSURED/UNDERINSURED  MOTORISTS (“SUM”) (New York Property and Risks only)2 |  |  | |  |
| UNDERINSURED MOTORISTS  (When not included in Uninsured Motorists Coverage) (Not applicable in  certain states, e.g. New York) |  |  | |  |
| SUPPLEMENTAL SPOUSAL LIABILITY INSURANCE COVERAGE |  | LIMIT IS AT LIABILITY LIMIT | |  |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE |  |  | See ITEM THREE  DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM |  |
|  |  | (A maximum deductible may also apply. Refer to Coverage Form for details.) |
|  |  | OR |
|  |  | DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO |
|  | ACTUAL CASH VALUE OR COST OF  REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS  LESS, MINUS | (A maximum deductible may also apply. Refer to Coverage Form for details.)  See ITEM FOUR for Hired Or Borrowed “Autos”.  (THIS DEDUCTIBLE EXCEPTION DOES NOT APPLY TO PRIVATE PASSENGER AUTOMOBILES IN NEW YORK) |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE |  | See ITEM THREE  DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM. |  |
|  |  | (A maximum deductible may also apply. Refer to Coverage Form for details.) |
|  |  | OR |
|  |  | DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO |
|  |  | (A maximum deductible may also apply. Refer to Coverage Form for details.) |
|  |  | See ITEM FOUR For Hired Or Borrowed “Autos”. |
| PHYSICAL DAMAGE COLLISION COVERAGE |  |  | DEDUCTIBLE 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, LIGHT OR MEDIUM TRUCK | |  |
| PREMIUM FOR ENDORSEMENTS AND COVERAGES | | | |  |

|  |  |
| --- | --- |
| MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT\*  \*Included in the Personal Injury Protection premium |  |
| MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT – ANTIQUES\*  \*Included in the Personal Injury Protection premium |  |
| MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT – DEFICIT FEE\*  \*Included in the Personal Injury Protection premium |  |
| ESTIMATED TOTAL PREMIUM1 |  |

1 This Policy may be subject to final audit.

2The maximum amount payable under SUM coverage shall be the policy’s SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

**ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Covered  Auto No. | DESCRIPTION | | | | | | | TERRITORY |
|  | Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN) | | | | | | | Town & State Where The Covered Auto Will Be Principally Garaged |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  | CLASSIFICATION | | | | | | |  |
| Covered Auto No. | Original Cost New | Radius Of Operation | Business Use s=service r=retail  c=commercial | Size GVWR,  GCW or Vehicle Seating Capacity | Age Group | Secondary Rating Classification | Code | Except for Towing And Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their  Interests In The Auto At |
|  |  |  |  |  |  |  |  | The Time Of The Loss: |
|  |  |  |  |  |  |  |  |  |
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**ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN (Cont’d)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Covered Auto No. | 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.) | | | | | | | | | | | |
| COVERED AUTOS LIABILITY | | | | PERSONAL INJURY PROTECTION (For  all applicable states, except New York, which is  referenced below) | | ADDED P.I.P. (For all applicable states, except New York, which is referenced below) | | | | | |
| Limit | | Premium | | Limit Stated In Each Personal Injury Protection Endorsement Minus Deductible Shown Below | Premium | Limit Stated In Each Added Personal Injury Protection Endorsement | | | | Premium | |
|  |  | |  | |  |  |  | | | |  | |
|  |  | |  | |  |  |  | | | |  | |
|  |  | |  | |  |  |  | | | |  | |
|  |  | |  | |  |  |  | | | |  | |
| Total Premium |  | |  | |  |  |  | | | |  | |
| Covered Auto No. | 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.) | | | | | | | | | | | |
| PROPERTY PROTECTION INSURANCE (Michigan  Only) | | | | AUTO MEDICAL PAYMENTS | | | MEDICAL EXPENSE AND INCOME LOSS  BENEFITS (Virginia Only) | | | | |
| Limit Stated In the Property Protection Insurance Endorsement Minus Deductible Shown Below | | Premium | | Limit Each Insured | Premium | | Limit Stated in the Medical Expense And Income Loss Endorsement for Each Person | | Premium | | |
|  |  | |  | |  |  | |  | |  | | |
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|  |  | |  | |  |  | |  | |  | | |
|  |  | |  | |  |  | |  | |  | | |
| Total Premium |  | |  | |  |  | |  | |  | | |
| **Covered Auto No.** | **NEW YORK SPECIFIC P.I.P. COVERAGES – PREMIUMS, LIMITS, AND DEDUCTIBLES** | | | | | | | | | | | |
| **BASIC ECONOMIC LOSS (BEL) (**New York Property and Risks only**)** | | | | | **ADDITIONAL PERSONAL INJURY PROTECTION (APIP)**  **(**New York Property and Risks only**)** | | | | **AGGREGATE NO-FAULT BENEFITS**  **AVAILABLE** (equals the sum of BEL and APIP) **(**New York Property and Risks only**)** | | |
|  | **Deductible** | | **Limit** | **Premium** | **Limit** | | | **Premium** | **Limit** | | **Premium** |
|  | **Mandatory** |  | |  |  |  | | |  |  | |  |
| **Optional** |  | |  |  |
|  | **Mandatory** |  | |  |  |  | | |  |  | |  |
| **Optional** |  | |  |  |
|  | **Mandatory** |  | |  |  |  | | |  |  | |  |
| **Optional** |  | |  |  |
|  | **Mandatory** |  | |  |  |  | | |  |  | |  |
| **Optional** |  | |  |  |
| **Total Premium** |  |  | |  |  |  | | |  |  | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Covered Auto No.** | **NEW YORK SPECIFIC P.I.P. SUB-LIMITS** | | | | | |
| **MAXIMUM MONTHLY WORK LOSS (MMWL)** (equals  the sum of the sub-limits of MMWL under BEL and APIP) (New York Property and Risks only) | | **OTHER NECESSARY EXPENSES (ONE)** (equals the sum of the sub-limits of ONE under BEL and APIP) (per day) (New York Property and Risks only) | | **DEATH BENEFIT** (equals the sum of mandatory $2,000 death benefit and additional death benefit) (New York Property and Risks only) | |
| **Limit** | | **Limit** | | **Limit** | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| Covered Auto No. | 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.)  (A maximum deductible may also apply. Refer to Coverage Form for details.) | | | | | |
| COMPREHENSIVE | | | SPECIFIED CAUSES OF LOSS | | |
| Deductible For Loss Caused By Theft or Mischief or Vandalism  Shown Below | Deductible For All Perils Shown Below | Premium | Deductible For Loss Caused By Theft or Mischief or Vandalism Shown Below | Deductible For All Perils Shown Below | Premium |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total  Premium |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Covered Auto No. | 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.) | | | |
| COLLISION | | TOWING AND LABOR | |
| Deductible Shown Below | Premium | Limit Per Disablement | Premium |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Premium |  |  |  |  |

**ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

|  |  |  |
| --- | --- | --- |
| COVERED AUTOS LIABILITY COVERAGE – COST OF HIRE RATING BASIS FOR AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS  (OTHER THAN MOBILE OR FARM EQUIPMENT) | | |
| COVERED AUTOS LIABILITY COVERAGE | ESTIMATED ANNUAL COST OF HIRE FOR ALL STATES | PREMIUM |
| PRIMARY COVERAGE |  |  |
| EXCESS COVERAGE |  |  |
| TOTAL HIRED AUTO PREMIUM | |  |
| For “autos” used in your motor carrier operations, cost of hire means:   1. The total dollar amount of costs you incurred for the hire of automobiles (includes “trailers” and semitrailers), and if not included therein, 2. The total remunerations of all operators and drivers’ helpers, of hired automobiles, whether hired with a driver by lessor or an “employee” of the lessee, or any other third party, and 3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether   such costs are absorbed by the “insured”, paid to the lessor or owner, or paid to others. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| COVERED AUTOS LIABILITY COVERAGE – COST OF HIRE RATING BASIS FOR AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT) | | | |
| COVERED AUTOS LIABILITY  COVERAGE | STATE | ESTIMATED ANNUAL  COST OF HIRE FOR EACH STATE | PREMIUM |
| PRIMARY COVERAGE |  |  |  |
| EXCESS COVERAGE |  |  |  |
| TOTAL HIRED AUTO PREMIUM | | |  |
| For “autos” NOT used in your motor carrier operations, 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 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 COVERAGES – COST OF HIRE RATING BASIS FOR ALL AUTOS (OTHER THAN MOBILE OR FARM EQUIPMENT) | | | | |
| COVERAGE | STATE | LIMIT OF INSURANCE | ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE  (Excluding Autos Hired With A Driver) | PREMIUM |
| COMPREHENSIVE |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS  DEDUCTIBLE FOR EACH COVERED AUTO, FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM  (A maximum deductible may also apply. Refer to Coverage Form for details.) |  |  |
| SPECIFIED CAUSES OF LOSS |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM  (A maximum deductible may also apply. Refer to Coverage Form for details.) |  |  |
| COLLISION |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO |  |  |
| TOTAL HIRED AUTO PREMIUM | | | |  |
| For Physical Damage Coverages, 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 members). Cost of hire does not include charges for any “auto” that is leased, hired, rented or  borrowed with a driver. | | | | |

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| --- | --- | --- | --- | --- | --- |
| COST OF HIRE RATING BASIS FOR MOBILE OR FARM EQUIPMENT - OTHER THAN PHYSICAL DAMAGE COVERAGES | | | | | |
| COVERAGE | STATE | ESTIMATED ANNUAL  COST OF HIRE FOR EACH STATE | | PREMIUM | |
| MOBILE EQUIPMENT | FARM EQUIPMENT | MOBILE EQUIPMENT | FARM EQUIPMENT |
| COVERED AUTOS LIABILITY – PRIMARY  COVERAGE |  |  |  |  |  |
| COVERED AUTOS LIABILITY – EXCESS  COVERAGE |  |  |  |  |  |
| PERSONAL INJURY PROTECTION |  |  |  |  |  |
| MEDICAL EXPENSE  BEFEFITS (Virginia only) | VA |  |  |  |  |
| INCOME LOSS  BENEFITS (Virginia Only) | VA |  |  |  |  |
| AUTO MEDICAL PAYMENTS |  |  |  |  |  |
| TOTAL HIRED AUTO PREMIUMS | | | |  |  |
| 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 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)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COST OF HIRE RATING BASIS FOR MOBILE OR FARM EQUIPMENT – PHYSICAL DAMAGE COVERAGES | | | | | | |
|  |  |  | ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE  (Excluding Autos Hired  With A Driver) | | PREMIUM | |
| COVERAGES | STATE | LIMIT OF INSURANCE | MOBILE EQUIPMENT | FARM EQUIPMENT | MOBILE EQUIPMENT | FARM EQUIPMENT |
| COMPREHENSIVE |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, FOR LOSS CAUSED BY THEFTOR MISCHIEF OR VANDALISM  (A maximum deductible may also apply. Refer to Coverage Form for details.) |  |  |  |  |
| SPECIFIED CAUSES OF LOSS |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM  (A maximum deductible may also apply. Refer to Coverage Form for details.) |  |  |  |  |
| COLLISION |  | ACTUAL CASH VALUE OR COST OF REPAIR OR STATED VALUE (if  applicable), WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. |  |  |  |  |
| TOTAL HIRED AUTO PREMIUMS | | | | |  |  |
| For Physical Damage Coverages, 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 members). Cost of hire does not include charges for any “auto” that is leased, hired, rented or  borrowed with a driver. | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| RENTAL PERIOD RATING BASIS FOR MOBILE OR FARM EQUIPMENT | | | | | |
| COVERAGE | TOWN AND STATE WHERE THE JOB SITE IS LOCATED | ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED | | PREMIUM | |
| MOBILE EQUIPMENT | FARM EQUIPMENT | MOBILE EQUIPMENT | FARM EQUIPMENT |
| COVERED AUTOS LIABILITY – PRIMARY  COVERAGE |  |  |  |  |  |
| COVERED AUTOS LIABILITY – EXCESS  COVERAGE |  |  |  |  |  |
| PERSONAL INJURY PROTECTION |  |  |  |  |  |
| MEDICAL EXPENSE  BENEFITS (Virginia Only) |  |  |  |  |  |
| INCOME LOSS  BENEFITS (Virginia Only) |  |  |  |  |  |
| AUTO MEDICAL PAYMENTS |  |  |  |  |  |
| TOTAL HIRED AUTO PREMIUMS | | | |  |  |

**ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| NAMED INSURED’S BUSINESS | RATING BASIS | NUMBER | PREMIUM |
| OTHER THAN AUTO SERVICE OPERATIONS, PARTNERSHIPS OR LLCs | NUMBER OF EMPLOYEES |  |  |
| NUMBER OF VOLUNTEERS |  |  |
| AUTO SERVICE OPERATIONS | NUMBER OF EMPLOYEES WHOSE PRINCIPAL  DUTY INVOLVES THE OPERATION OF AUTOS |  |  |
| NUMBER OF VOLUNTEERS |  |  |
| NUMBER OF PARTNERS  (Active and Inactive) OR LLC MEMBERS |  |  |
| PARTNERSHIPS OR LLCs | NUMBER OF EMPLOYEES |  |  |
| NUMBER OF VOLUNTEERS |  |  |
| NUMBER OF PARTNERS  (Active and Inactive) OR LLC MEMBERS |  |  |
| TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM | | |  |

**ITEM SIX SCHEDULE FOR GROSS RECEIPTS OR MILEAGE RATING BASIS**

|  |  |
| --- | --- |
| ADDRESS OF BUSINESS HEADQUARTERS LOCATION: | |
| TYPE OF RISK (Check One): Public Autos Leasing or Rental Concerns | |
| RATING BASIS (Check One): Gross Receipts (Per $100) Mileage (Per Mile) | |
| ESTIMATED YEARLY (Gross Receipts or Mileage): | |
| Premiums | |
| COVERED AUTOS LIABILITY |  |
| PERSONAL INJURY PROTECTION |  |
| ADDED PERSONAL INJURY PROTECTION |  |
| PROPERTY PROTECTION INSURANCE (Michigan Only) |  |
| AUTO MEDICAL PAYMENTS |  |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only) |  |
| COMPREHENSIVE |  |
| SPECIFIED CAUSES OF LOSS |  |
| COLLISION |  |
| TOWING AND LABOR |  |

When gross receipts or mileage is used as a premium basis: FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise. Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
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 “autos” operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of “autos” to others without drivers. Mileage means the total live and dead mileage of all “autos” you leased or rented to others without drivers.