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TRUCKERS DECLARATIONS

COMPANY	NAME AREA
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PRODUCER NAME AREA

ITEM ONE

Named Insured:
Mailing Address:
Policy Period
From:
To: At 12:01 A.M. Standard Time at your mailing address
Previous Policy Number:
Form Of Business:
Premium shown is payable at inception. Audit Period (If Applicable): Annually Semi-Annually Quarterly
Findersoments Attached To This Delieur
Endorsements Attached To This Policy: IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington) IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

Countersignature Of Authorized Representative	
Name:	
Title:	
Signature:	
Date:	•

Note

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

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 Truckers Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability		\$	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Per- sonaNpjury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Medical Payments		\$	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO Schedule Of Coverages And Covered Autos (Cont'd)

Trailer Interchange Comprehensive Coverage	Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less.	\$
Trailer Interchange Specified Causes Of Loss Coverage	Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
Trailer Interchange Collision Coverage	Actual Cash Value, Cost Of Repair, Or \$ Whichever Is Less, \$ Minus Deductible For Each Covered Auto.	5
Physical Damage Comprehensive Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No De- ductible Applies To Loss Caused By Fire Or Lightning.	\$
Physical Damage Specified Causes Of Loss Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus S Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
Physical Damage Collision Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.	\$
Physical Damage Towing And Labor	\$ For Each Disable- ment Of A Private Passenger Auto.	\$
		\$
	Premium For Endorsements	\$
	Estimated Total Premium*	\$

ITEM THREE

Schedule Of Covered Autos You Own

Covered Au	to 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))									1		
Purchased:	Origina Actual			r Used (U)		\$ \$					
				CI	assific	atio	n				
Radius Of Operation	dius s=service GC Of r=retail Vehicle			GVW, W Or seating acity	Ag Gro	Prim Rati Age Fact		imary ating actor Phy.	Dam.	Secondary Rating Factor	Code
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.											
(Abse	ence of a de		ole or limit	es – Prémi entry in any sponding It	colum	ın be	low mean	s that t	he limit	t or deductible e	entry
Covera	ages			Li	mit				Premium		
Liability		\$							\$		
Personal Inj Protection	ury		ed In Each Irsement N	Personal Ir Ainus			tion ble Shown		\$		
Added Perse Injury Prote			ed In Each	Added Pers	sonal I	njury	Protection	n	\$		
Insurance	Property Protection Stated in The Property Protection Insurance \$ Insurance Endorsement Minus \$ Michigan Only \$ Deductible Shown										
Auto Medica Payments		\$						\$			
Comprehensive Stated In Item Two Minus \$ De			Dec	ductik	ole Shown		\$				
Specified Ca Of Loss	auses	State \$	ed In Item	In Item Two Minus Deductible Shown					\$		
Collision		State \$	ed In Item	Two Minus	Dec	ductik	ole Shown		\$		
Towing And	Labor	\$			Per	Disa	blement		\$		

ITEM THREE Schedule Of Covered Autos You Own (Cont'd)

Covered Au	to Number	•									
Town And St Auto Will Be	ate Where	The C									
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))											
Purchased:	Origina	l Cost	New			\$					
	Actual	Cost N	New (N) O	· · /		\$					
	[CI	assific	atio	n				
Radius Of Operation	Busine Use s=servi r=reta c=comme	ce il	GC۱ Vehicle	GVW, N Or Seating acity	Ag Grou		Rat Fac	nary ting ctor Phy. D	an	Secondary Rating Factor	Code
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.											
(Abse	ence of a de	ductik	ole or limit	entry in any	colum	in be	And Dedu low means umn applies	that th	e limit	t or deductible e	entry
Covera	ages			L	mit 🔪					Premium	
Liability		\$:	\$		
Personal Inj Protection	ury		ed In Each prsement I	Personal ir linus			tion ble Shown	:	\$		
Added Perse Injury Prote			d In Each	Added Per	sonal li	njury	Protection	;	\$		
Property Pro Insurance		Stated In The Property Protection Insurance \$ Endorsement Minus \$									
(Michigan O Auto Medica Payments		Deductible Shown \$:	\$			
Comprehen	sive	State \$	ated In Item Two Minus Deductible Shown			le Shown	:	\$			
Specified Ca Of Loss	auses		ed In Item	Two Minus				;	\$		
Collision		State \$	ed In Item	Two Minus	Dec	luctik	le Shown		\$		
Towing And	Labor	\$			Per	Disa	blement	:	\$		

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Au	to Number	:		-							
Town And St Auto Will Be											
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))										1	
Purchased:	Origina					\$					
	Actual	Cost I	New (N) O	r Used (U)		\$				$\langle \cdot \cdot \rangle$	
				CI	assific	atio	n				
Radius Of Operation	s=service GC r=retail Vehicle		GCV Vehicle	GVW, W Or Seating acity	Age		Primary Rating Factor		Dam.	Secondary Rating Factor	Code
Operation	c=comme	Ciai	Cap	acity	Gro	ир	Liab.	Fily.		Tactor	ooue
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.											
(Abse	ence of a de		ole or limit	es – Prémi entry in any sponding It	colum	ın be	low mean	s that t	he limi	t or deductible e	entry
Covera	ages			Li	mit				Premium		
Liability		\$							\$		
Personal Inj Protection	ury	State Endo \$	ed In Each rsement N	Personal Ir Ainus			tion ble Shown		\$		
Added Perse Injury Prote		State Endo	ed In Each prsement	Added Per	sonal l	njury	Protection	n	\$		
Property Pro Insurance (Michigan Q		Endo	ed in The F rsement N	Property Pro /linus					\$		
Auto Medica Payments	o Medical \$										
Stated In Item Two Minus			Dec	ductik	ole Shown		\$				
Specified Ca Of Loss	auses	State \$	ed In Item	Two Minus Deductible Shown				\$			
Collision		State \$	ed In Item	Two Minus	Dec	ductik	ole Shown		\$		
Towing And	Labor	\$			Per	Disa	blement		\$		

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Total Premiums					
Liability	\$				
Personal Injury Protection	\$				
Added Personal Injury Protection	\$				
Property Protection Insurance (Michigan Only)	\$				
Auto Medical Payments	\$				
Comprehensive	\$				
Specified Causes Of Loss	\$				
Collision	\$				
Towing And Labor	\$				

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

L	Liability Coverage – Rating Basis, Cost Of Hire – Autos Used In Your Prucking Operations							
	stimated Cost Of Hire	Rate Per Each \$1		Total Estimated Premium				
\$		\$	5					
Lia	bility Coverage – Rating Bas	is, Cost Of Hire – A	utos Not Used In `	Your Trucking Operations				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium				
	\$	s y y		\$				
			Total Premium	\$				
		overage – Rating Ba Or Farm Equipmer						
State		Premium	Factor	Premium				
(\$			\$				
			Total Premium	\$				

ITEM FOUR Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) 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,
- (c) The total dollar amount of any other costs (i.e., 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.

Physical Damage Coverage

Coverages	Limit Of Insurance							
	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus							
	\$	Deductible						
0	For Each Covered Auto, Bu	t No Deductible Applies To L	oss Caused By Fire Or Lightning.					
Comprehensive	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Or Hire	Premium					
	\$	\$	\$					
	Actual Cash Value Or Cost	Of Repair, Whichever Is Less	s, Minus					
	\$	Deductible						
Specified	For Each Covered Auto For Loss Caused By Mischief Or Vandalism.							
Causes Of Loss	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium					
	\$	\$	\$					
	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus							
	\$	Deductible						
	For Each Covered Auto							
Collision	Estimated Annual	Rate Per Each \$100						
	Cost Of Hire	Annual Cost Of Hire	Premium					
	*	\$	\$					
Total Premium \$								

Schedule For Non-Ownership Liability

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners		\$
	Total Premiums	\$

ITEM SIX

Trailer Interchange Coverage

Coverages	Limit Of Insurance	Daily Ra	ate Estimated Premiu	ım
Comprehensive	Stated In Item Two	\$	\$	
Specified Causes Of Loss		\$	\$	
Collision		\$	\$	
		Tota	I Premium \$	
ITEM SEVEN Schedule For Gross Ree	ceipts Rating Basis – Liabil	ity Coverage	1	

ITEM SEVEN

Location No:	
Estimated Yearly:	
Rates (Gr	ross Receipts/Per \$100)
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$
	Premiums
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	l s
Income Loss Benefits (VA Only)	5
Location No:	
Estimated Yearly:	
Rates (G	ross Receipts/Per \$100)
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Qnly)	\$
	Premiums
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

ITEM SEVEN

Schedule For Gross Receipts Rating Basis – Liability Coverage (Cont'd)

Location No:	
Estimated Yearly:	
Rates (Gr	oss Receipts/Per \$100)
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$
	Premiums
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$
Т	otal Premiums
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	5
Auto Medical Payments	
Medical Expense Benefits (VA Only)	8

When used as a premium basis:

Income Loss Benefits (VA Only)

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". 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 collection fees.
- E. Watehouse storage fees.