

**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 61 UEC PP2199

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
PHYSICAL DAMAGE		See ITEM FOUR for hired or borrowed "autos".	
COMPREHENSIVE COVERAGE	07	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	\$
SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus \$ deductible for each covered "auto" for "loss" caused by mischief or vandalism.	
COLLISION COVERAGE	07	Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	\$
TOWING AND LABOR		\$ or the amount separately stated for each "auto" in ITEM THREE, whichever is greater, for each disablement.	
DOWNTIME LOSS AND RENTAL REIMBURSEMENT & TOWING COVERAGE		Downtime Loss or Rental Reimbursement up to a maximum of \$100 per day, subject to a combined maximum of \$3,000 per loss. Towing up to a maximum of \$500 per "disablement" subject to a maximum \$2,500 per policy period	
		Endorsement Premium (Not included above)	\$
		TOTAL ADVANCE PREMIUM:	\$

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ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
 FORM HA0012 ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE

RATING BASIS IS COST OF HIRE. 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.

State	Estimated Cost of Hire IF ANY	Rate Per Each \$100 Cost of Hire 1.646	Advance Premium \$
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TOTAL COVERED AUTOS HIRED AUTO ADVANCE PREMIUM: \$

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Advance Premium
Other than a Social Service Agency	Number of Employees Number of Partners	25	\$
Social Service Agency	Number of Employees Number of Volunteers		

TOTAL ADVANCE PREMIUM: \$

**SCHEDULE OF COVERED AUTOS YOU OWN
(ITEM THREE OF THE DECLARATIONS)**



POLICY NUMBER: 61 UEC PP2199

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

 NO. 00001 15 HOND Sport Utility Vehi ID NO. 5FNYF3H20FB008151
 GARAGED: HOUSTON TX TERR: 001 CLASS: 73910
 ORIG. COST NEW: \$ 30,310 USE: PPT
 LESSOR NO. 01
 TAX LOC: ZIP CODE: 77030

COVERAGES:	SEQ. NO. 00004	PREMIUMS
LIABILITY		\$
PERSONAL INJURY PROTECTION	\$ 5,000 EACH INSURED	\$
UNINSURED MOTORISTS		\$
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$
COLLISION \$ 1,000 DEDUCTIBLE		\$
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$

 NO. 00002 16 HOND Sport Utility Vehi ID NO. 5FNYF5H11GB033953
 GARAGED: HOUSTON TX TERR: 001 CLASS: 73910
 ORIG. COST NEW: \$ 34,550 USE: PPT
 LESSOR NO. 01
 TAX LOC: ZIP CODE: 77030

COVERAGES:	SEQ. NO. 00005	PREMIUMS
LIABILITY		\$
PERSONAL INJURY PROTECTION	\$ 5,000 EACH INSURED	\$
UNINSURED MOTORISTS		\$
COMPREHENSIVE \$ 1,000 DEDUCTIBLE		\$
COLLISION \$ 1,000 DEDUCTIBLE		\$
ENDORSEMENT PREMIUM		
RENTAL REIMBURSEMENT		\$

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- AUTO DEALERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:
Named insured:

The Limit shown in ITEM TWO of the Declarations for Uninsured Motorists Coverage and for Underinsured Motorists Coverage (when not included in Uninsured Motorists Coverage) is replaced by the limits shown below for the state indicated.

SCHEDULE

COVERAGE	LIMIT	STATE
UNINSURED MOTORISTS	\$ 1,000,000 each "accident"	TX
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists Coverage)	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	
	\$,000 each "accident"	

The state limit shown above completes the limit entry required on the endorsement(s) applicable in the same state.