



FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

03/18/2024
Sarah Brown, Accountant
Premier Fleet Repair
7334 Banner St
New Port Richey, FL 34653

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Premier Fleet Repair** located at **7334 Banner St, New Port Richey, FL 34653-2956**

DEP/EPA Identification Number: **FLR000261883**

Your facility status is the following: **Non-Handler of Hazardous Waste.**

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page>.

Please note that pending program registrations, certifications, or permits will be sent to you separately.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000261883.

For further assistance, please contact me at (850) 245-8707 or email me at

Jeff.Gregg@dep.state.fl.us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 158149, Email Address: sarah@pfr-fl.com

SAVE

PRINT

CLEAR

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

Date Received
(for FDEP Official Use Only)

DIVISION OF WASTE MANAGEMENT
'23 SEP 18 AM 10:40:09

EPA ID:

Please use the instructions document to complete this form

* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)Mark 'X' in
the correct box*:

To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).

(must choose one
if a notification)

To provide updated information for an EPA ID number (to update status and facility identification information).



To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)



To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.



Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)



UW Mercury (see page 4)



HW Transporter (see page 5)



Used Oil (see page 6)

2. Facility or Business Name:*

Premier Fleet Repair

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

7334 Banner St.

☐ Vessel

City or Town:

New Port Richey

State:

FL

Zip Code:

34653

County*:

Pasco

Country (if not USA)*:

4. Facility or Business Mailing Address:☒ Same address as #__ above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)A. 811111 (required)B. C. D. **6. Facility or Business RCRA Contact Person:** ☒ Same address as # 3 above or:

First Name*: Sarah

Last Name*: Brown

Title*: Accountant

Phone Number*: 727-637-3646

Extension*: N/A

Fax*: N/A

E-Mail*: sarah@pfr-fl.com

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.*	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: Alec James Diiorio		Date became Owner*: 1 / 17 / 23 <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: 7334 Banner St.		Phone Number*: 727 - 483 - 4109	
City or Town*: New Port Richey	State*: FL	Zip Code*: 34653	Country (if not USA):
E-Mail*: alec@pfr-fl.com			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments: Timothy Daniel Diiorio 727-255-3190 tim@pfr-fl.com 7904 Seasons Ln New Port Richey FL 34653			
8. Facility Operator (List additional Operators in the comments section). Same address as #___ above or:			
Name of Operator*: Alec James Diiorio		Date became Operator*: 1 / 17 / 23 <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments: Timothy Daniel Diiorio			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input type="checkbox"/> a. Large Quantity Generator (LQG):			
- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.			
<input type="checkbox"/> b. Small Quantity Generator (SQG):			
- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.			
<input type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.			
In addition, indicate other generator activities that apply.			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-Commercial TSD
- ☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe required for storage prior to recycling.

- (4) ☐ **Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

- (5) ☐ **Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities**

Choose this management activity ONLY if you attach

EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

- (6) ☐ **Receives Hazardous Waste from Off-Site**

- (7) ☐ **Underground Injection Control**

- (8) ☐ **Recognized Trader**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

10. Waste Codes for Federally Regulated Hazardous Wastes*: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐**(D) Petition for Bankruptcy Protection** ☐

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**A. Federal Notification**

☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

Accumulates: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals

☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps

☐ **Destination Facility for UW** Note: For this activity, a facility must treat, dispose, or recycle a UW.
A permit is required for storage prior to recycling.

B. Florida Universal Pharmaceutical Waste (UPW): one-time notification

- ☐ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any one time)
- ☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])
- ☐ Florida Universal Pharmaceutical Waste (UPW) Transporter

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3., F.A.C. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler for-hire Activities

☐ 1st Annual Registration ☐ Annual Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- ☐ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ Mercury-Containing Devices (thermostats, etc.) **SQH** = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual
Registration
Required

- ☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration +
one-time \$1,000 fee+
More Requirements
(contact FDEP)

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)

☐ 1st Annual Registration ☐ Annual Renewal

Annual Registration
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only

☐ 2. For commercial purposes

☐ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility:** (as listed in Item 3) Storage Volume _____

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

C. The following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

___ Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

___ Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

___ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

___ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

___ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

___ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K☐ **1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ **2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers **must annually register** with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

This form is: ☒ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☒ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)

☒ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

(6) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(7) Used Oil Filter Management (must annually register)

☒ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☒ Our mailing (business) address (as listed in Item 4)

☐ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

☐ The used oil annual report is attached

☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.
(Addendum C Required)

18. Comments (attach a page if more space is needed):

This is a Mobile Auto Repair company. We do not have a business facility.
We carry less than 55 gal of UO on the truck.

19. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

* Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):



09/14/2023

Print Name (First, Middle Initial, Last):

Title:

ALEC DiIorio

Owner

Organization:

Used Oil ☐

Email: alec@pfr-fl.com

* Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):



9/14/2023

Print Name (First, Middle Initial, Last):

Title:

Timothy D DiIorio

Owner

Organization:

Used Oil ☐

Email: tim@pfr-fl.com

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

COMMERCIAL LINES POLICY



400 COMMERCE COURT
GOLDSBORO, NORTH CAROLINA 27534

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.

William T. Woodbury Secretary

C. B. [Signature] President

COMMON POLICY DECLARATIONS

NEW

 Policy Number 1860001466-0

Renewal of Number _____

Item 1. Named Insured and Mailing Address:

Premier Fleet Repair LLC

 7334 BANNER ST
 NEW PORT RICHEY FL 34653

Item 2. Policy Period From: 01/26/2023 To: 01/26/2024 Term 365 Day (s)

12:01 A.M. Standard Time at the address of the Named Insured as stated herein Item 3.

Item 3. Business Description:
 MOBILE AUTO REPAIR

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.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Form No. and Edition Date	Premium
Garage Coverage Part		\$ 2,206.00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Subtotal	\$ 2,206.00
	FL Surplus Lines Tax	\$ 118.86
	FL Stamping Office Fee	\$ 1.44
	Inspection Fee	\$ 125.00
	Broker Fee	\$ 75.00
		\$
	Total	\$ 2526.30

Audit Period Annual unless otherwise stated: _____

Item 4. Forms and endorsements applicable to all Coverage Parts:
 See Schedule of Forms and Endorsements

 Agent No.: 090186
 General Agent: RPS FLORIDA
 Address: 2400 EAST COMMERCIAL BLVD., SUITE # 728
 FT LAUDERDALE FL 33308

 Producer Code No.: A0083135
 Producer Name: Island Insurance Specialists Inc
 Producer Address: 29170 US hwy 19 N
 CLEARWATER

FL 33761

 Countersigned 01/27/2023 sdaund
 DATE

 By 
 COUNTERSIGNATURE

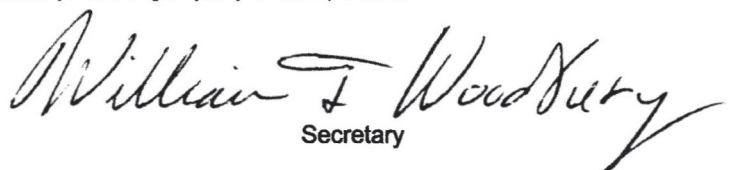
To Report a Loss

- Dial toll-free #1 (844)777-8323 or visit our
- Website: <https://my.rpsins.com/claimsfnol>
- Contact Insurer directly (see policy section)

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBER POLICY.

IN WITNESS WHEREOF, this Company has caused the Policy to be signed by its President and its Secretary and countersigned by a duly authorized representative.


 President


 Secretary

ACD 09-20

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: 1860001466-0	NAMED INSURED Premier Fleet Repair LLC																																																																														
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GARAGE AND AUTO DEALERS COVERAGE FORM DECLARATIONS

ITEM ONE

NAMED INSURED: Premier Fleet Repair LLC

POLICY NUMBER: 1860001466-0

ITEM TWO

Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge and limit, if applicable, are shown in the columns below. Each of the "auto"-related coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for the applicable coverages by the entry of one or more of the symbols from Section I – Covered Autos Coverages of the Garage and Auto Dealers Coverage Form next to the name of the "auto"-related coverage.**

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	28 & 29	\$ 1,000,000 Each Accident	\$ 1,423.00
General Liability Bodily Injury and Property Damage Liability		\$ 1,000,000 Each Accident	
Damages to Premises Rented to You		\$ 100,000 Any One Premises	
Personal and Advertising Injury Liability		\$ 1,000,000 Any One Person or Organization	
		\$ 2,000,000 General Liability Aggregate	
		\$ 2,000,000 Products and Work You Performed Aggregate	
Locations and Operations Medical Payments		\$ Any One Person	\$
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 Personal Injury Protection Endorsement	\$
Auto Medical Payments		\$ Each Insured See Item Seven for Covered Autos Insured on a Specified Car Basis	\$
Medical Expense and Income Loss Benefits (Virginia Only)		Separately Stated in the Medical Expense and Income Loss Benefits Endorsement	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included in Uninsured Motorists)		\$	\$
Garagekeepers Comprehensive Coverage	30	Separately Stated for Each Location in Item Five	\$ 569.00
Garagekeepers Specified Causes of Loss Coverage			\$
Garagekeepers Collision Coverage	30		\$ 214.00
Physical Damage Comprehensive Coverage		Actual Cash Value or Cost of Repair, Whichever is Less, Minus Deductible For Each Covered Auto See Item Six for Dealers Autos.	\$
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, Whichever is Less, Minus Deductible For Each Covered Auto See Item Six for Dealers Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value or Cost of Repair, Whichever is Less, Minus Deductible For Each Covered Auto See Item Six for Dealers Autos.	\$

Acts, Errors or Omissions Liability		\$	Aggregate	\$
		\$	Per Claim Deductible	
Covered Autos Pickup and Delivery of Autos				\$ INCL
			Premium for Endorsements	\$
			Estimated Total Premium*	\$ 2,206.00
*May be subject to final audit.				

ITEM THREE

Locations Where You Conduct Garage and Auto Dealer Operations

Location Number	Address (State your main business location first.)
1	7334 BANNER ST (MOBILE) NEW PORT RICHEY FL 34653

ITEM FOUR

Liability and Personal Injury Protection (Or Equivalent or Similar No-fault Coverages) – Premiums

NOTE

1. Part-time "employees" working an average of at least 20 hours a week for the number of weeks worked are to be counted as one rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class of Operator	Number of Persons by Location								Rating Units	Total Rating Units
	1	2	3	4	5	6	7	8		
A	0.00								1.00	0
B	0.00								1.00	0
C	0.00								.50	0
D	0.00								.75	0
E	1.00								.40	0.4
F	0.00								.30	0

Premiums	
Covered Autos Liability and General Liability Premium	\$ 1,423.00
Personal Injury Protection Premium	\$
Medical Expense Benefits Premium (Virginia Only)	\$
Income Loss Benefits Premium (Virginia Only)	\$
Acts, Errors or Omissions Liability Premium	\$

DEFINITIONS

Furnished an Auto for Personal Use	Not Furnished an Auto for Personal Use
Class A – Principal or Employee	Class D – Any individual whose primary duty involves the operation of covered "autos"
Class B – Non-Employee without a Personal Auto Policy in place	Class E – Mechanics or Lot Persons
Class C – Non-Employee with a Personal Auto Policy in place	Class F – Clerical or Sales Counter Duties

ITEM FIVE - Garagekeepers Coverages and Premiums

Location Number: 1		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ 150,000 Limit of Insurance	\$ 569.00
	\$ 1,000 Deductible for All Perils for Each Customer's Auto	
	\$ 5,000 Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ 150,000 Limit of Insurance	\$ 214.00
	\$ 1,000 Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
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Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible for All Perils for Each Customer's Auto	
	\$ Maximum Deductible for All Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Customer's Auto	

Total Garagekeepers Premium for All Locations	\$ 783.00
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Direct Coverage Options

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

ITEM SIX**Physical Damage Coverage – Types of Covered Autos and Interests in These Autos – Premiums – Reporting or Nonreporting Basis**

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by an "X".

Coverages	Types of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators and Service Vehicles	Your Interest In Covered Autos You Own	Your Interest Only in Financed Covered Autos	Your Interest And The Interest of Any Creditor Named as A Loss Payee	All Interests in Any Auto Not Owned by You or Any Creditor While in Your Possession On Consignment for Sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to Maximum Deductible for Loss in Any One Event	
	\$ No Deductible Per Auto for Flood Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for all Other Causes of Loss Subject to Maximum Deductible for Loss in Any One Event	
	\$	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to Maximum Deductible for Loss in Any One Event	
	\$ No Deductible Per Auto for Flood Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for all Other Causes of Loss Subject to Maximum Deductible for Loss in Any One Event	
	\$	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Covered Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to Maximum Deductible for Loss in Any One Event	
	\$ No Deductible Per Auto for Flood Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for all Other Causes of Loss Subject to Maximum Deductible for Loss in Any One Event	
	\$	

Specified Causes of Loss	\$	Limit of Insurance	
	\$	Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No	Maximum Deductible for Loss in Any One Event	
	\$	Deductible Per Auto for Flood Subject to	
	\$ No	Maximum Deductible for Loss in Any One Event	
	\$	Deductible Per Auto for Theft Subject to	
Collision	\$	Maximum Deductible for Loss in Any One Event	\$
	\$	Deductible Per Auto for all Other Causes of Loss Subject to	
	\$	Maximum Deductible for Loss in Any One Event	
	\$	Deductible for Each Covered Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
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Specified Causes of Loss	\$ Deductible Per Auto for all Other Causes of Loss Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
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	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
\$ Deductible Per Auto for Theft Subject to		
\$ Maximum Deductible for Loss in Any One Event		
Collision	\$ Deductible Per Auto for all Other Causes of Loss Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	
	\$ Deductible for Each Covered Auto	
	\$	
	\$	
	\$	
\$		
\$		

Location Number:		
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	\$ No Maximum Deductible for Loss in Any One Event	
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	\$ No Maximum Deductible for Loss in Any One Event	
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Specified Causes of Loss	\$ Deductible Per Auto for all Other Causes of Loss Subject to	
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\$ Deductible Per Auto for Theft Subject to		
\$ Maximum Deductible for Loss in Any One Event		
Collision	\$ Deductible Per Auto for all Other Causes of Loss Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	\$
	\$ Deductible for Each Covered Auto	

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
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	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
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	\$ Maximum Deductible for Loss in Any One Event	
Specified Causes of Loss	\$ Deductible Per Auto for all Other Causes of Loss Subject to	\$
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	
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	\$ Deductible Per Auto for Flood Subject to	
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Collision	\$ Deductible Per Auto for Theft Subject to	\$
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Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
Specified Causes of Loss	\$ Deductible Per Auto for all Other Causes of Loss Subject to	\$
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
Collision	\$ Deductible Per Auto for Theft Subject to	\$
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for all Other Causes of Loss Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
	\$ Limit of Insurance	
	\$ Deductible for Each Covered Auto	
	\$	

Specified Causes of Loss	\$	Limit of Insurance	
	\$	Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No	Maximum Deductible for Loss in Any One Event	
	\$	Deductible Per Auto for Flood Subject to	
	\$ No	Maximum Deductible for Loss in Any One Event	
	\$	Deductible Per Auto for Theft Subject to	
	\$	Maximum Deductible for Loss in Any One Event	
	\$	Deductible Per Auto for all Other Causes of Loss Subject to	
	\$	Maximum Deductible for Loss in Any One Event	\$
Collision	\$	Limit of Insurance	
	\$	Deductible for Each Covered Auto	\$

Location Number:		
Coverages	Limit of Insurance and Deductible	Premium
Comprehensive	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
Specified Causes of Loss	\$ Limit of Insurance	\$
	\$ Deductible Per Auto for Windstorm and Hail Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Flood Subject to	
	\$ No Maximum Deductible for Loss in Any One Event	
	\$ Deductible Per Auto for Theft Subject to	
	\$ Maximum Deductible for Loss in Any One Event	
Collision	\$ Limit of Insurance	\$
	\$ Deductible for Each Covered Auto	

Total Premium for All Locations	\$
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Our Limit of Insurance for Loss at Locations Other Than Those Stated in Item Three:	
\$	Additional Locations Where You Store Covered Autos
\$	In Transit

Premium Basis – Reporting (Quarterly or Monthly) or Nonreporting (Indicate basis agreed upon by an "X".)

☐ **Reporting Basis** (Quarterly or Monthly as indicated below by an "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location Number 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members. For your main sales location, you must include the total value of all service vehicles.

Your Reporting Basis Is:

☐ **Quarterly**

You must give us your first report by the 15th of the fourth month after the policy begins. Your subsequent reports must be given to us by the 15th of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **Monthly**

You must give us your reports by the 15th of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year, we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☒ **Nonreporting Basis**

Stated limit of insurance shown above applies.

Loss Payee – Any loss is payable as interest may appear to you and:

Loss Payee – Any loss is payable as interest may appear to you and:

Loss Payee – Any loss is payable as interest may appear to you and:

ITEM SEVEN

Schedule of Covered Which Are Insured On a Specified Car Basis

Covered Auto Number:						
Town and State Where the Covered Auto Will Be Principally Garaged:						
Covered Auto Description						
Year:		Model:		Trade Name:		
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Actual Cash Value	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						
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:						
Coverages		Limit			Premium	
Covered Autos Liability		\$			\$	
Personal Injury Protection		Stated in Each Personal Injury Protection Endorsement Minus \$ Deductible			\$	
Added Personal Injury Protection		Stated in Each Added Personal Injury Protection Endorsement			\$	
Auto Medical Payments		\$ Each Insured			\$	
Medical Expense and Income Loss Benefits (Virginia Only)		Stated in The Medical Expense and Income Loss Benefits Endorsement for Each Person			\$	
Comprehensive		Stated in Item Two Minus \$ Deductible			\$	
Specified Causes of Loss		Stated in Item Two Minus \$ Deductible			\$	
Collision		Stated in Item Two Minus \$ Deductible			\$	

Covered Auto Number:						
Town and State Where the Covered Auto Will Be Principally Garaged:						
Covered Auto Description						
Year:		Model:			Trade Name:	
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Actual Cash Value	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						
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:						
Coverages		Limit			Premium	
Covered Autos Liability		\$			\$	
Personal Injury Protection		Stated in Each Personal Injury Protection Endorsement Minus \$ Deductible			\$	
Added Personal Injury Protection		Stated in Each Added Personal Injury Protection Endorsement			\$	
Auto Medical Payments		\$ Each Insured			\$	
Medical Expense and Income Loss Benefits (Virginia Only)		Stated in The Medical Expense and Income Loss Benefits Endorsement for Each Person			\$	
Comprehensive		Stated in Item Two Minus \$ Deductible			\$	
Specified Causes of Loss		Stated in Item Two Minus \$ Deductible			\$	
Collision		Stated in Item Two Minus \$ Deductible			\$	

Covered Auto Number:						
Town and State Where the Covered Auto Will Be Principally Garaged:						
Covered Auto Description						
Year:		Model:			Trade Name:	
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Actual Cash Value	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						
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:						
Coverages		Limit			Premium	
Covered Autos Liability		\$			\$	
Personal Injury Protection		Stated in Each Personal Injury Protection Endorsement Minus \$ Deductible			\$	
Added Personal Injury Protection		Stated in Each Added Personal Injury Protection Endorsement			\$	
Auto Medical Payments		\$ Each Insured			\$	
Medical Expense and Income Loss Benefits (Virginia Only)		Stated in The Medical Expense and Income Loss Benefits Endorsement for Each Person			\$	
Comprehensive		Stated in Item Two Minus \$ Deductible			\$	
Specified Causes of Loss		Stated in Item Two Minus \$ Deductible			\$	
Collision		Stated in Item Two Minus \$ Deductible			\$	

Covered Auto Number:						
Town and State Where the Covered Auto Will Be Principally Garaged:						
Covered Auto Description						
Year:		Model:			Trade Name:	
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Actual Cash Value	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						
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:						
Coverages		Limit			Premium	
Covered Autos Liability		\$			\$	
Personal Injury Protection		Stated in Each Personal Injury Protection Endorsement Minus \$ Deductible			\$	
Added Personal Injury Protection		Stated in Each Added Personal Injury Protection Endorsement			\$	
Auto Medical Payments		\$ Each Insured			\$	
Medical Expense and Income Loss Benefits (Virginia Only)		Stated in The Medical Expense and Income Loss Benefits Endorsement for Each Person			\$	
Comprehensive		Stated in Item Two Minus \$ Deductible			\$	
Specified Causes of Loss		Stated in Item Two Minus \$ Deductible			\$	
Collision		Stated in Item Two Minus \$ Deductible			\$	

Covered Auto Number:						
Town and State Where the Covered Auto Will Be Principally Garaged:						
Covered Auto Description						
Year:		Model:			Trade Name:	
Body Type:				Serial Number(s):		
Vehicle Identification Number (VIN):						
Actual Cash Value	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						
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:						
Coverages		Limit			Premium	
Covered Autos Liability		\$			\$	
Personal Injury Protection		Stated in Each Personal Injury Protection Endorsement Minus \$ Deductible			\$	
Added Personal Injury Protection		Stated in Each Added Personal Injury Protection Endorsement			\$	
Auto Medical Payments		\$ Each Insured			\$	
Medical Expense and Income Loss Benefits (Virginia Only)		Stated in The Medical Expense and Income Loss Benefits Endorsement for Each Person			\$	
Comprehensive		Stated in Item Two Minus \$ Deductible			\$	
Specified Causes of Loss		Stated in Item Two Minus \$ Deductible			\$	
Collision		Stated in Item Two Minus \$ Deductible			\$	

Total Premiums for All Specified Autos	
Covered Autos Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Auto Medical Payments	\$
Medical Expense and Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes of Loss	\$
Collision	\$

ITEM EIGHT

Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Covered Autos Liability Coverage – Cost of Hire Rating Basis			
Covered Autos Liability Coverage	State	Estimated Annual Cost of Hire for Each State	Premium
Primary Coverage		\$	\$
Excess Coverage		\$	\$
Total Hired Auto Premium			\$
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.			

Physical Damage Coverages – Cost of Hire Rating Basis for All Autos				
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, Whichever Is Less, Minus \$ Deductible for Each Covered Auto	\$	\$
Specified Causes of Loss		Actual Cash Value or Cost of Repair, Whichever Is Less, Minus \$ Deductible for Each Covered Auto	\$	\$
Collision		Actual Cash Value or Cost of Repair, 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.				

ITEM NINE

Covered Autos Premium for Pickup and Delivery of Autos

Distance from Scheduled Locations	Premium
0 – 300 Miles	\$ Included
Over 300 Miles	\$
Total Premium	\$ Included