

RENEWAL



EFFECTIVE DATE: 11/01/2018

Policy Number: BA 8088983	Prior Policy: 8088983
Billing Type: AGENCY BILL	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured and Mailing Address: TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION 837 17TH STREET TELL CITY IN 47586	Agent: GERMAN AMERICAN INSURANCE PO BOX 1008 JASPER IN 47547-1008 IN 47547-  Agent Code: 0000512      Agent Phone: (812)-482-2866

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 11/01/2018 To: 11/01/2019 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: SCHOOL

BUSINESS DESCRIPTION: SCHOOL

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Commercial Auto Coverage Part

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
17-477	- 0208 AMENDMENT OF DEFINITION OF POLLUTANTS
IL0003	- 0907 CALCULATION OF PREMIUM
IL0017	- 1198 COMMON POLICY CONDITIONS
IL0021	- 0702 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0117	- 1210 INDIANA CHANGES - WORKERS COMPENSATION EXCLUSION
IL0156	- 1117 IN CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0158	- 0498 INDIANA CHANGES

17-57 (06/94)

COMMON POLICY DECLARATIONS (continued)

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**FORMS AND ENDORSEMENTS**

**Forms and Endorsements made a part of this policy at time of issue:**

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0272	- 0907 INDIANA CHANGES - CANCELLATION AND NONRENEWAL

Countersigned: By \_\_\_\_\_  
Authorized Representative Date

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

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**Date Issued: 11/13/2018**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INDIANA CHANGES – CONCEALMENT, MISREPRESENTATION OR FRAUD**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
EQUIPMENT BREAKDOWN COVERAGE PART  
FARM COVERAGE PART

**A. The Concealment, Misrepresentation Or Fraud Condition is replaced by the following:**

**Concealment, Misrepresentation Or Fraud**

We will not pay for any loss or damage in any case of:

1. Concealment or misrepresentation of a material fact; or
2. Fraud

committed by an insured ("insured") at any time and relating to a claim under this policy.

**B. However, with respect to the Commercial Property and Farm Coverage Parts, Paragraph A. does not apply when a claim is made by an "innocent coinsured", provided:**

1. The property loss or damage occurs to the primary residence of the "innocent coinsured" as covered under Building Coverage (for Commercial Property) or Coverage **A** or **B** (for Farm).
2. The "final settlement" for the property loss or damage is at least 60% of available insurance proceeds under the policy.

**C. The following is added and supersedes any provision to the contrary:**

1. Any payment made pursuant to Paragraph **B.** will be for:
  - a. The actual cost of repair or replacement of the property that is the subject of the claim if the actual cost of repair or replacement is less than or equal to the maximum limit of coverage under the policy; or
  - b. The maximum limit of coverage under the policy if the actual cost of repair or replacement of the property that is the subject of the claim is greater than the maximum limit of coverage under the policy.
2. Any payment made pursuant to Paragraph **B.** is limited to the following:
  - a. An "innocent coinsured's" ownership interest in the property, less any payments we make to a mortgagee or other lienholder with a secured interest in the property.
  - b. We will not pay another coinsured for any part of the claim for which we have already paid to an "innocent coinsured".
  - c. We will not pay an amount that is greater than the amount an "innocent coinsured" is entitled to under a decree of dissolution of marriage between the "innocent coinsured" and an individual described in Paragraphs **D.1.a.** or **b.**

**D. As used in this endorsement, "innocent coinsured" is an insured ("insured") who:**

1. Did not have knowledge of, cooperate in, or intentionally contribute to a property loss or damage that was caused or arranged by another individual who:

Is an insured ("insured") and:

  - a. Died in connection with the circumstances that caused the property loss or damage; or

- b. Has been charged with a crime based on a court finding that there is probable cause to believe that the individual committed the crime in connection with the circumstances that caused the property loss or damage;
    2. Signs a sworn affidavit attesting that they did not have knowledge of, cooperate in, or intentionally contribute to the property loss or damage; and
    3. Cooperates in the investigation and resolution of the claim for the property loss or damage, any police investigation related to the property loss or damage, and any criminal prosecution of the individual that caused or arranged the property loss or damage.
- E. As used in this endorsement, "final settlement" is a determination:
  1. Of the amount owed by us to an "innocent coinsured" under Building Coverage (for Commercial Property) or Coverage **A** or **B** (for Farm) under the policy and for property loss or damage to the "innocent coinsured's" primary residence; and
  2. Made by:
    - a. Acceptance of a proof of loss by us;
    - b. Execution of a release by the "innocent coinsured";
    - c. Acceptance of an arbitration award by the "innocent coinsured" and us; or
    - d. Judgment of a court of competent jurisdiction.

However, "final settlement" does not apply to loss or damage related to contents, personal property, or another loss that is not covered under Building Coverage (for Commercial Property) or Coverage **A** or **B** (for Farm) under this policy.

RENEWAL



ITEM ONE

Forming a part of

Policy Number: BA 8088983	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured: TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	Agent: GERMAN AMERICAN INSURANCE  Agent Code: 0000512      Agent Phone: (812)-482-2866

COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of the coverages below 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 AUTO section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMITS The most we will pay for any one accident or loss	PREMIUM
LIABILITY	1	\$ 1,000,000	
AUTO MEDICAL PAYMENTS	2	See Declarations Extension.	
UNINSURED MOTORISTS Exclusion (8.) does not apply.	6	Bodily Injury and Property Damage Liability \$ 1,000,000 Each Accident	
UNDERINSURED MOTORISTS	6	Bodily Injury Liability \$ 1,000,000 Each Accident	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE COLLISION COVERAGE	7, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto. See ITEM FOUR for hired or borrowed "autos."	

PREMIUM FOR ENDORSEMENTS

ESTIMATED TOTAL PREMIUM

This policy may be subject to final audit.

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this coverage part and made a part of this policy:

Form Number	Description
16-66 - 0296	QUICK REFERENCE BUSINESS AUTO
16-67 - 0108	SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT
AC0031 - 0114	CHANGES IN YOUR POLICY
AC3101 - 1215	INDIANA UNDERINSURED MOTORIST COVERAGE
CA0001 - 1001	BUSINESS AUTO COVERAGE FORM
CA0038 - 1202	WAR EXCLUSION
CA0119 - 0709	INDIANA CHANGES
CA2144 - 1215	INDIANA UNINSURED MOTORISTS COVERAGE
CA2384 - 0106	EXCLUSION OF TERRORISM
CA9903 - 0797	AUTO MEDICAL PAYMENTS COVERAGE
CA9937 - 1001	GARAGEKEEPERS COVERAGE
IL0003 - 0907	CALCULATION OF PREMIUM

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
001	1986	DODGE DUMP TRUCK	TELL CITY IN	1B6MD34W2GS080751
Class: 31479		Stated Amount:	Size or Seating Capacity: 30,000	OCN: \$ 10,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
002	2006	FREIGHTLINER SCHOOL BUS	TELL CITY IN	4UZAAXGSX6CV54267
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 68,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8088983</b>	
<b>Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY</b>	
<b>Named Insured:</b> TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	<b>Agent:</b> GERMAN AMERICAN INSURANCE  <b>Agent Code: 0000512      Agent Phone: (812)-482-2866</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>003</b>	1994	DODGE VAN	TELL CITY IN	2B5WB35Z0RK105218
<b>Class: 01499</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity: 5,000</b>	<b>OCN: \$ 19,000</b>
<b>Coverages</b>		<b>Deductibles/Limits</b>		<b>Premiums</b>
LIABILITY		See ITEM TWO for Limits		
AUTO MEDICAL PAYMENTS		\$ 5,000		
UNINSURED MOTORISTS		See ITEM TWO for Limits		
UNDERINSURED MOTORISTS		See ITEM TWO for Limits		
COMPREHENSIVE		500 Deductible		
COLLISION		500 Deductible		
<b>004</b>	1999	CHEVROLET SCHOOL BUS	TELL CITY IN	1GBHG31R7X1091533
<b>Class: 6184</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity: 70</b>	<b>OCN: \$ 52,178</b>
<b>Coverages</b>		<b>Deductibles/Limits</b>		<b>Premiums</b>
LIABILITY		See ITEM TWO for Limits		
AUTO MEDICAL PAYMENTS		\$ 5,000		
UNINSURED MOTORISTS		See ITEM TWO for Limits		
UNDERINSURED MOTORISTS		See ITEM TWO for Limits		
COMPREHENSIVE		500 Deductible		
COLLISION		500 Deductible		
<b>005</b>	2005	CHEVROLET 14 PASS ACTIVITY BUS	TELL CITY IN	1GBJG31U151147436
<b>Class: 6182</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity: 15</b>	<b>OCN: \$ 52,000</b>
<b>Coverages</b>		<b>Deductibles/Limits</b>		<b>Premiums</b>
LIABILITY		See ITEM TWO for Limits		
AUTO MEDICAL PAYMENTS		\$ 5,000		
UNINSURED MOTORISTS		See ITEM TWO for Limits		
UNDERINSURED MOTORISTS		See ITEM TWO for Limits		
COMPREHENSIVE		500 Deductible		
COLLISION		500 Deductible		

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>006</b>	2005	CHEVROLET 14 PASS ACTIVITY BUS	TELL CITY IN	1GBJG31U651147464
Class: <b>6182</b>		Stated Amount:	Size or Seating Capacity: <b>15</b>	OCN: <b>\$ 52,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>007</b>	2005	CHEVROLET 14 PASS ACTIVITY BUS	TELL CITY IN	1GBJG31U751150230
Class: <b>6182</b>		Stated Amount:	Size or Seating Capacity: <b>15</b>	OCN: <b>\$ 52,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>008</b>	2008	INTERNATIONAL 72 PASSENGER BUS	TELL CITY IN	4DRBUAFN78B550314
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 67,633</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>009</b>	2005	DODGE GRAND CARAVAN	TELL CITY IN	1D4GP24RX5B294438
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 20,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	



**RENEWAL**

Forming a part of

<b>Policy Number: BA 8088983</b>	
<b>Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY</b>	
<b>Named Insured:</b> TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	<b>Agent:</b> GERMAN AMERICAN INSURANCE  <b>Agent Code: 0000512      Agent Phone: (812)-482-2866</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>010</b>	2009	INTERNATIONAL SCHOOL BUS	TELL CITY IN	4DRBUAAN79B678884
<b>Class: 6184</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity: 70</b>	<b>OCN: \$ 80,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>011</b>	2007	CHEVROLET IMPALA	TELL CITY IN	2G1WT58K279175685
<b>Class: 7926</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity:</b>	<b>OCN: \$ 18,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>012</b>	2008	CHEVROLET 14 PASS ACTIVITY BUS	TELL CITY IN	1GBJG31K481143707
<b>Class: 6182</b>		<b>Stated Amount:</b>	<b>Size or Seating Capacity: 15</b>	<b>OCN: \$ 42,487</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	<b>013</b>	2009	FREIGHTLINER BUS	TELL CITY IN
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 76,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	<b>014</b>	2011	INTERNATL SCHOOL BUS	TELL CITY IN
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 82,968</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	<b>015</b>	2008	GMC PICKUP	TELL CITY IN
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 16,200</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	<b>016</b>	2012	INTERNATIONAL 78 PASS BUS	TELL CITY IN
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 79,785</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

RENEWAL

Forming a part of

Policy Number: BA 8088983	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured: TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	Agent: GERMAN AMERICAN INSURANCE  Agent Code: 0000512      Agent Phone: (812)-482-2866

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
017	2012	HEARTLAND 12FT TRAILER	TELL CITY IN	430UN1211CM039689
	Class: 68499      Stated Amount:		Size or Seating Capacity:	OCN: \$ 1,155

Coverages	Deductibles/Limits	Premiums
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LIABILITY      See ITEM TWO for Limits

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
018	2003	CHEVROLET PICKUP	TELL CITY IN	1GBHK24G23E352945
	Class: 01499      Stated Amount:		Size or Seating Capacity: 5,000	OCN: \$ 22,590

Coverages	Deductibles/Limits	Premiums
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LIABILITY      See ITEM TWO for Limits

AUTO MEDICAL PAYMENTS      \$ 5,000

UNINSURED MOTORISTS      See ITEM TWO for Limits

UNDERINSURED MOTORISTS      See ITEM TWO for Limits

COMPREHENSIVE      500 Deductible

COLLISION      500 Deductible

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
019	2017	THOMAS 15 PASS MINOTOUR DRW	TELL CITY IN	1GB3GSBG1G1139030
	Class: 6182      Stated Amount:		Size or Seating Capacity: 15	OCN: \$ 50,000

Coverages	Deductibles/Limits	Premiums
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LIABILITY      See ITEM TWO for Limits

AUTO MEDICAL PAYMENTS      \$ 5,000

UNINSURED MOTORISTS      See ITEM TWO for Limits

UNDERINSURED MOTORISTS      See ITEM TWO for Limits

COMPREHENSIVE      500 Deductible

COLLISION      500 Deductible

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>020</b>	2018	IC-CE 70 PASS BUS	TELL CITY IN	4DRBUC8N2JB055839
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 52,178</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>021</b>	2012	IC-CE 70 PASS BUS	TELL CITY IN	4DRBUSKP1CB401922
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 52,178</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>022</b>	2012	IC-CE 70 PASS BUS	TELL CITY IN	4DRBUSKP7CB401925
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 52,178</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	
AUTO MEDICAL PAYMENTS	\$ 5,000	
UNINSURED MOTORISTS	See ITEM TWO for Limits	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	
COMPREHENSIVE	500 Deductible	
COLLISION	500 Deductible	

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND 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 service performed by motor carriers of property or passengers.

LIABILITY COVERAGE				
State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. Is Primary)	Premium

IN \$ IF ANY ALL OTHERS

IN \$ 220,000 HIRED BUS

RENEWAL

Forming a part of

Policy Number: BA 8088983	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured: TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	Agent: GERMAN AMERICAN INSURANCE  Agent Code: 0000512      Agent Phone: (812)-482-2866

COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)

PHYSICAL DAMAGE COVERAGE				
Coverages	Limit of Insurance The most we will pay minus deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
COMPREHENSIVE	Actual cash value, cost of repairs or \$ 50,000, whichever is less, minus \$ 100 deductible for each covered auto, but no deductible applies to loss caused by fire or lightning.	\$ IF ANY	\$	
COLLISION	Actual cash value, cost of repairs or \$ 50,000, whichever is less, minus \$ 500 deductible for each covered auto.	\$ IF ANY	\$	

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees	101 - 500	
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		

Date Issued: 11/13/2018

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Forming a part of

Policy Number: BA 8088983	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured: TELL CITY - TROY TOWNSHIP SCHOOL CORPORATION	Agent: GERMAN AMERICAN INSURANCE  Agent Code: 0000512      Agent Phone: (812)-482-2866

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE	
The following endorsement provisions do not apply when an "X" is shown in the space provided below:	
_____ Provision 2.	BROAD FORM INSURED
_____ Provision 3.	SCHOOL EMPLOYEES AS INSURED
_____ Provision 4.	VOLUNTEERS AS INSURED
_____ Provision 5.	ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT
_____ Provision 7.	AMENDED FELLOW EMPLOYEE EXCLUSION
_____ Provision 8.	HIRED AUTO PHYSICAL DAMAGE
_____ Provision 21.	BODILY INJURY REDEFINED
_____ Provision 22.	EXTENDED CANCELLATION CONDITION
The per "loss" deductible for Comprehensive Coverage for Provision 18 is \$ 2,500 .	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

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16-67 (01/08)

INSURED COPY

**SECTION I – COVERED AUTOS** is amended as follows:

**1. TEMPORARY SUBSTITUTE AUTO PHYSICAL DAMAGE**

SECTION I – COVERED AUTOS, paragraph C. is changed by adding the following:

If Physical Damage coverage is provided under the Business Auto Coverage Form for an "auto" you own, the Physical Damage coverages provided for that owned "auto" are extended to any "auto" you do not own, while used with the expressed or implied permission of its owner as a temporary substitute for the covered "auto" you own that is out of service because of its breakdown, repair, servicing, "loss" or destruction.

**SECTION II – LIABILITY COVERAGE** is amended as follows:

**2. BROAD FORM INSURED**

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include the following as an insured:

- d. Any legally incorporated entity of which you own more than 50 percent of the voting stock on the effective date of this Coverage Form, if there is no similar insurance available to that organization. However, the Named Insured does not include any organization that:

- (1) is a partnership or joint venture;
- (2) is an insured under any other automobile policy; or
- (3) Has exhausted its Limit of Insurance under any other policy.

Paragraph d.(2) of this provision does not apply to a policy written to apply specifically in excess of this policy.

- e. Any organization you newly acquire or form other than a partnership or joint venture of which you own more than 50 percent of the voting stock. This automatic coverage is afforded only for 180 days from the date of the acquisition or formation. However, coverage under this provision does not apply:

- (1) If there is similar insurance or a self-insured retention plan available to that organization; or
- (2) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**3. SCHOOL EMPLOYEES AS INSUREDS**

Paragraph 1, Coverage A – Who Is An Insured is amended to include as an insured:

- f. Any "employee" of yours while using a covered "auto" you do not own, hire or borrow in your business or your personal affairs but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. Insurance provided by this endorsement is excess over any other collectible insurance available to any "employee."

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**4. VOLUNTEERS AS INSUREDS**

Paragraph 1. Coverage A. – Who Is An Insured is amended to include as an insured:

- g. A "volunteer worker" of yours while using a covered "auto" you do not own, hire or borrow in your business or your personal affairs or while performing duties related to the conduct of your business. Insurance provided by this endorsement is excess over any other collectible insurance available to any "volunteer worker".

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For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding the following:

“Volunteer worker” means a person who donates their services to you with your knowledge and consent and who is not paid a fee, salary or other remuneration.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

#### **5. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT**

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include as an insured:

- h. Any person or organization with respect to the operation, maintenance or use of a covered “auto”, provided that you and such person or organization have agreed in a written contract, agreement or permit issued to you by governmental or public authority, to add such person or organization, or governmental or public authority to this policy as an “insured”.

However, such person or organization is an “insured”:

- (1) Only with respect to the operation, maintenance or use of a covered “auto”;
- (2) Only for “bodily injury” or “property damage” caused by an “accident” which takes place after you executed the written contractor agreement, or after the permit has been issued to you; and
- (3) Only for the duration of that contract, agreement or permit, provided the “bodily injury” or “property damage” is caused, in whole or in part, by you or by those acting or your behalf.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

#### **6. SUPPLEMENTARY PAYMENTS**

SECTION II – LIABILITY COVERAGE, 2.a. Supplementary Payments, paragraphs (2) and (4) are replaced by the following:

- (2) Up to \$ 2,500 for the cost or bail bonds (including bonds for related traffic violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$ 500 a day because of time off from work.

#### **7. AMENDED FELLOW EMPLOYEE EXCLUSION**

In those states where Workers Compensation laws have not been legally determined to be the sole remedy for employee injuries, the following provision is added:

SECTION II – LIABILITY COVERAGE, exclusion 5. FELLOW EMPLOYEE does not apply if the “bodily injury” results from the use of a covered “auto” you own or hire, and arising out of and in the course of the fellow “employee’s” employment or while performing duties related to the conduct of your business.

This insurance provided under this provision 7. is excess over any other collectible insurance.

In those states where Workers Compensation insurance has been determined to be the sole remedy for employee injuries, this provision does not apply and exclusion 5. remains in force.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.



**SECTION III – PHYSICAL DAMAGE COVERAGE is amended as follows:**

**8. HIRED AUTO PHYSICAL DAMAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE, 4. Coverage Extensions**, is amended by adding the following:

If hired "autos" are covered "Autos" for liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any "auto" you own, then Physical Damage coverages provided are extended to "autos" you hire, rent or borrow, subject to the following limit and deductible:

(a) The most we will pay for "loss" in any one "accident" is the smallest of:

- (1) \$50,000;
- (2) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality

minus a \$500 deductible. No deductible applies to "loss" caused by fire or lightning.

(b) Subject to the limit of insurance, deductible and excess provisions described in this provision, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

(c) Subject to a maximum of \$750 per "accident", we will also cover the actual loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss.

(d) An adjustment for depreciation and physical condition will be made in determining the actual cash value of a "total loss". This adjustment is not applicable in Texas.

(e) If a repair or replacement results in better than like kind and quality, we will not pay for the amount of betterment.

(f) This coverage extension does not apply to:

- (1) Any "auto" that is hired, rented or borrowed with a driver; or
- (2) Any "auto" that is hired, rented or borrowed from your "employee".

The insurance provided under this provision **8.** is excess over any other collectible insurance.

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**9. TOWING AND LABOR**

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.2. Towing**, is replaced by the following:

If Physical Damage Coverage is provided under the Business Auto Coverage Form for an "auto" you own, we will pay towing and labor costs incurred, up to the limits shown below, each time a covered "auto" classified and rated as a private passenger type, "light truck" or "medium truck" is disabled:

- a. For private passenger type vehicles, we will pay up to \$50 per disablement.
- b. For "light trucks" that have a gross vehicle weight (GVW) of 10,000 pounds or less as defined by the manufacturer as the maximum loaded weight the "auto" is designed to carry, we will pay up to \$50 per disablement.
- c. For "medium trucks" that have a gross vehicle weight (GVW) of 10,001- 20,000 pounds as defined by the manufacturer as the maximum loaded weight the "auto" is designed to carry, we will pay up to \$ 150 per disablement.

However, the labor must be performed at the place of disablement.

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**10. PHYSICAL DAMAGE – ADDITIONAL TRANSPORTATION EXPENSE COVERAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extension, is amended to provide a limit of \$50 per day and a maximum limit of \$1,500.

**11. RENTAL REIMBURSEMENT**

SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, is amended by adding the following:

We will pay up to \$75 per day for rental reimbursement expenses incurred by you for the rental of an "auto" because of an "accident" or "loss", to a covered "auto". We will pay only for those expenses incurred after the first 24 hours following the "accident" or "loss" to the covered "auto".

Rental Reimbursement will be based on the rental of a comparable vehicle, which may be substantially less than \$75 per day, and will only be allowed for the period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum period of 30 days.

We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your tools and equipment from the covered "auto".

This coverage does not apply while there are spare or reserve "autos" available to you for your use and operation.

If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Section III – PHYSICAL DAMAGE, paragraph A.4. Coverage Extension of the Business Auto Coverage Form.

No deductible applies to this coverage.

For the purposes of this endorsement provision, "tools and equipment" does not include "personal effects".

**12. EXTRA EXPENSE – BROADENED COVERAGE**

Under SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you. The maximum amount we will pay is \$1,000.

**13. PERSONAL EFFECTS COVERAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, 4. is amended by adding the following:

If you have purchased Comprehensive Coverage on this policy for an "auto" you own and that "auto" is stolen, we will pay, without application of deductible, up to \$600 for "personal effects" stolen with the "auto".

For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding:

"Personal effects" means tangible property that is worn or carried by an "insured". "Personal effects" does not include tools, jewelry, money or securities.

The insurance provided under provision 13. is excess over any other collectible insurance.

**14. AIRBAG COVERAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS is amended by adding the following:

If you have purchased Comprehensive or Collision Coverage under this policy, the exclusion for "loss" relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

Any insurance we provide shall be excess over any other collectible insurance or reimbursement by manufacturer's warranty. However, we agree to pay any deductible applicable to the other coverage or warranty.

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## 15. AUDIO, VISUAL AND ELECTRONIC EQUIPMENT COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS, exception paragraph a. to exclusions 4.c. and 4.d. is deleted and replaced with the following:

Exclusions 4.c. and 4.d do not apply to:

- a. Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment is permanently installed in the covered "auto" at the time of the "loss" and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto" and physical damage coverages are provided for the covered "auto"; or

If a "loss" occurs solely to audio, visual or data electronic equipment or accessories used with this equipment, then our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

## 16. LOAN / LEASE GAP COVERAGE

A. SECTION III – PHYSICAL DAMAGE COVERAGE – LIMIT OF INSURANCE is amended by adding the following:

The most we will pay for a "total loss" in any one "accident" is the greater of the:

1. Balance due under the terms of the loan or lease to which the damaged covered "auto" is subject at the time of the "loss" less the amount of:
  - a. Overdue payments and financial penalties associated with those payments as of the date of the "loss";
  - b. Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear;
  - c. Costs for extended warranties, Credit Life insurance, or Health, Accident or Disability Insurance purchased with the loan or lease;
  - d. Transfer or roll-over balances from previous loans or leases;
  - e. Final payments due under a "Balloon Loan";
  - f. The dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto";
  - g. Security deposits not refunded by a lessor;
  - h. All refunds payable or paid to you as a result of the early termination of a lease agreement or as a result of the early termination of any warranty or extended service agreement on a covered "auto";
  - i. Any amounts representing taxes;
  - j. Loan or lease termination fees; or
2. The actual cash value of the damaged or stolen property as of the time of the "loss".

An adjustment for depreciation and physical condition will be made in determining the actual cash value at the time of the "loss". This adjustment is not applicable in Texas.

## B. ADDITIONAL CONDITIONS

This coverage applies only to the original loan for which the covered "auto" serves as collateral, or lease written on a covered "Auto".

## C. SECTION V – DEFINITIONS

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

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"Balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**17. GLASS REPAIR – WAIVER OF DEDUCTIBLE**

SECTION III – PHYSICAL DAMAGE COVERAGE is amended by adding the following to **D. DEDUCTIBLE**:

No deductible for a covered "auto" applies to glass damage if the glass is repaired rather than replaced.

**18. PHYSICAL DAMAGE – COMPREHENSIVE COVERAGE – PER EVENT DEDUCTIBLE**

SECTION III – PHYSICAL DAMAGE COVERAGE, paragraph **D.** Deductible is amended by adding the following:

Regardless of the number of covered "autos" damaged or stolen, the per "loss" deductible for Comprehensive Coverage shown in this endorsement's schedule is the maximum deductible applicable for all "loss" in any one event.

**SECTION IV – BUSINESS AUTO CONDITIONS is amended as follows:**

**19. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **B.2.** is amended by adding the following:

If you unintentionally fail to disclose any hazards, exposures or material facts existing as of the inception date of the Business Auto Coverage Part, concerning:

- a. The Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form

the coverage afforded by this policy will not be prejudiced.

However, you must report the undisclosed hazard or exposure as soon as practicable after its discovery, and we have the right to collect additional premium for any such hazard or exposure.

**20. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **A.2.** is replaced in its entirety by the following:

- a. You must promptly notify us. Your duty to promptly notify us is effective when any of your executive officers, partners, members or legal representatives are aware of the "accident", claim, "suit" or "loss". Knowledge of an "accident", claim, "suit" or "loss" by other "employees" does not imply you also have such knowledge.

To the extent possible, notice to us should include:

- (1) How, when and where the "accident" or "loss" took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the "accident" or "loss".

**SECTION V – DEFINITIONS is amended as follows:**

**21. BODILY INJURY REDEFINED**

Under SECTION V – DEFINITIONS, definition **C.** is replaced by the following:

“Bodily injury” means physical injury, sickness or disease sustained by a person including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**SECTION VI – COMMON POLICY CONDITIONS is amended as follows:**

**22. EXTENDED CANCELLATION CONDITION**

The COMMON POLICY CONDITIONS, paragraph **A. – CANCELLATION** provision applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision **22.** does not apply in those states which require more than 60 days prior notice of cancellation.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

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**c. Collision Coverage**

Caused by:

- (1) The "customer's auto's" collision with another object; or
- (2) The "customer's auto's" overturn.

2. We will have the right and duty to defend any "insured" against a "suit" asking for these damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

**3. Who Is An Insured**

The following are "insureds" for "loss" to "customer's autos" and "customer's auto" equipment:

- a. You.
- b. Your partners (if you are a partnership), or members (if you are a limited liability company), "employees", directors or shareholders while acting within the scope of their duties as such.

**4. Coverage Extensions**

The following applies as Supplementary Payments. In addition to the Limit of Insurance, we will pay for the "insured":

- a. All expenses we incur.
- b. The costs of bonds to release attachments in any "suit" against an "insured" we defend, but only for bond amounts within our Limit of Insurance.
- c. All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- d. All costs taxed against the "insured" in any "suit" against an "insured" we defend.
- e. All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against an "insured" we defend; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limit of Insurance.

**C. Exclusions**

1. This insurance does not apply to any of the following:

**a. Contractual Obligations**

Liability resulting from any agreement by which the "insured" accepts responsibility for "loss".

**b. Theft**

"Loss" due to theft or conversion caused in any way by you, your "employees" or by your shareholders.

**c. Defective Parts**

Defective parts or materials.

**d. Faulty Work**

Faulty "work you performed".

2. We will not pay for "loss" to any of the following:

- a. Tape decks or other sound reproducing equipment unless permanently installed in a "customer's auto".
- b. Tapes, records or other sound reproducing devices designed for use with sound reproducing equipment.
- c. Sound receiving equipment designed for use as a citizens' band radio, two-way mobile radio or telephone or scanning monitor receiver, including its antennas and other accessories, unless permanently installed in the dash or console opening normally used by the "customer's auto" manufacturer for the installation of a radio.
- d. Any device designed or used to detect speed measurement equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed measurement equipment.

**D. Limit Of Insurance And Deductible**

1. Regardless of the number of "customer's autos", "insureds", premiums paid, claims made or "suits" brought, the most we will pay for each "loss" at each location is the Garagekeepers Coverage Limit of Insurance shown in the Schedule for that location minus the applicable deductibles for "loss" caused by collision; and
  - a. Theft or mischief or vandalism; or
  - b. All perils.
2. The maximum deductible stated in the Schedule for Garagekeepers Coverage Comprehensive or Specified Causes of Loss Coverage is the most that will be deducted for all "loss" in any one event caused by:
  - a. Theft or mischief or vandalism; or
  - b. All perils.
3. Sometimes to settle a claim or "suit", we may pay all or any part of the deductible. If this happens you must reimburse us for the deductible or that portion of the deductible that we paid.

**E. Additional Definitions**

As used in this endorsement:

1. "Customer's auto" means a customer's land motor vehicle or trailer or semitrailer. This definition also includes any customer's auto while left with you for service, repair, storage or safekeeping. Customers include your "employees", and members of their households who pay for services performed.
2. "Loss" means direct and accidental loss or damage and includes any resulting loss of use.
3. "Garage operations" means the ownership, maintenance or use of locations for the purpose of a business of selling, servicing, repairing, parking or storing "customer's autos" and that portion of the roads or other accesses that adjoin these locations. "Garage operations" also includes all operations necessary or incidental to the performance of garage operations.
4. "Work you performed" includes:
  - a. Work that someone performed on your behalf; and
  - b. The providing of or failure to provide warnings or instructions.

**SCHEDULE**

Location		
No.	Coverages	Limit Of Insurance For Each Location
001	Comprehensive	\$ 50,000 MINUS \$ 500 DEDUCTIBLE FOR EACH "CUSTOMER'S AUTO" FOR "LOSS" CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ 2,500 MAXIMUM DEDUCTIBLE FOR ALL SUCH "LOSS" IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH "LOSS" IN ANY ONE EVENT.
001	Collision	\$ 50,000 MINUS \$ 500 DEDUCTIBLE FOR EACH "CUSTOMER'S AUTO".

**LOCATIONS WHERE YOU CONDUCT "GARAGE OPERATIONS"**

Location	
No.	Address
001	GARAGING LOCATION, TELL CITY, IN 47586



<b>Premium For All Locations</b>
Comprehensive
Specified Causes Of Loss
Collision

**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.


(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The term Company, as used below, means the company that has issued the policy to which this witness statement is attached. The Company is identified on your Declarations in the area titled "Coverage is provided in".

**IN WITNESS WHEREOF**, the Company has caused this policy to be executed and attested on its behalf by its President and Secretary at Boston, Massachusetts, and countersigned on the Declarations by a duly authorized representative of that Company. In a state where a countersignature is not required, no policy shall be deemed invalid due to the absence of a countersignature.



**President**



**Secretary**