

Previous Policy Number
NEW

Policy Number
S 2392758

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: JUNE 25, 2019

Coverage Effective Date: JUNE 25, 2019

Business of Named Insured: WATER LAB

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage Schedule

Coverages	Covered Autos Symbols	Limit The Most We Will Pay for Any One Accident or Loss	Premium
Liability	1	\$1,000,000 CSL	\$2,576.00
Personal Injury Protection (or First Party Benefits)		Separately stated in each P.I.P. Endorsement	
Added Personal Injury Protection (or Added First Party Benefits)		Separately stated in each P.I.P. Added Endorsement	
Auto Medical Payments	7	\$5,000	\$54.00
Uninsured Motorists	2	\$1,000,000 CSL	\$99.00
Underinsured Motorists	2	\$1,000,000 CSL	\$333.00
Physical Damage Comprehensive Coverage	7,8	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto for all Loss except Fire or Lightning.	\$370.00
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus \$25 deductible for Each Covered Auto for Loss caused by Mischief or Vandalism.	
Physical Damage Collision Coverage	7,8	Actual Cash Value or Cost of Repair, whichever is less minus the applicable deductible shown on the Auto Schedule for Each Covered Auto.	\$1,264.00
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.	
Hired Auto and Non-Owned Auto Coverage			\$25.00
Premium for Endorsement			\$144.00

Auto Schedule

No.		Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use/Class/Radius Code	List Symbol	Purchased by Insured		Cost
									Year	N/U	
CT	1	BUIK	17	LACROSSE P	1G4ZS5SS6HU132063		738200				\$43,265
CT	2	HYUN	08	ACCENT GS	KMHCM36C28U084018		738200				\$10,775
CT	3	CADI	16	CTS LUXURY	1G6AX5SS5G0197031		738200				\$55,285

No.	Terr.	Liability Insurance Premium	P.I.P.or F.P.B.	Add. P.I.P. or F.P.B	Med. Paymts. Prem.	Um & Uim Motorists Premium	Physical Damage Insurance				Towing Prem.
							Comprehensive		Specified Causes of Loss	Collision	
							Ded.	Prem.		Ded.	Prem.
CT	1	014	800		18	144	500	166		500	581
CT	2	014	800		18	144	500	46		500	163
CT	3	014	800		18	144	500	158		500	520
Totals \$		2,400			54	432		370			1,264

Item Three - Schedule of Covered Autos You Own (see Auto Schedule) - Loss Payees Subject to Loss Payable Clause:
Vehicle No. Name and Address of Loss Payee

Forms and Endorsements:

Refer to "Commercial Policy Forms and Endorsement Schedule"

Total Premium

\$4,962.00

(This premium may be subject to adjustment.)

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Item Four - Schedules of Hired or Borrowed Covered Auto Coverage and Premiums. Liability Insurance - Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate per Each \$100 Cost of Hire	Minimum Premium	Premium
CONNECTICUT	IF ANY	1.427	\$69.00	\$69.00
Total Premium				\$69.00

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, employees or their family members). Cost of hire does not include charges for service performed by motor carriers of property or passengers.

Physical Damage Coverage

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value, Cost of Repairs or Whichever is Less Minus FULL Ded. for Each Covered Auto For all Loss Except Fire or Lightning	IF ANY	.630	
Specified Causes of Loss	Actual Cash Value, Cost of Repairs or Whichever is Less Minus \$ 25 Ded. for Each Covered Auto, for Loss Caused by Mischief or Vandalism			
Collision	Actual Cash Value, Cost of Repairs or Whichever is Less Minus 100 Ded. for Each Covered Auto	IF ANY	.950	
Total Premium				\$25.00

PHYSICAL DAMAGE INSURANCE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

Item Five - Schedule for Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	0 - 25	\$107.00
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
Total Premium			\$107.00

Item Six - Schedule for Gross Receipts or Mileage Basis - Liability Insurance - Public Auto or Leasing Rental Concerns -

Estimated Yearly	Rates		Premiums	
	Liability Insurance	Auto Medical Payments	Liability Insurance	Auto Medical Payments
Total Premiums				