



Contract No. 84131503-21-ITB
COMMERCIAL AUTOMOBILE INSURANCE

This Contract is between the State of Florida, Department of Management Services (Department), an agency of the State of Florida and Arthur J. Gallagher Risk Management Services, Inc. (Contractor), collectively referred to herein as the "Parties."

Accordingly, the Parties agree as follows:

I. Contract Term.

The term of the contract will be for one year beginning October 20, 2021, 12:01 a.m., and ending October 20, 2022, 12:01 a.m.

II. Contract.

As used in this document, "Contract" (whether or not capitalized) shall, unless the context requires otherwise, include this document and all incorporated attachments and exhibits, which set forth the entire understanding of the Parties and supersedes all prior agreements. No additional documents submitted by a Broker shall be incorporated in the Contract unless specifically identified, incorporated by reference, and approved by the Department. All modifications to this Contract must be in writing and signed by all Parties.

All exhibits and attachments listed below are incorporated in their entirety into, and form part of, this Contract. The Contract document and Attachments shall have priority in the following order:

- 1) This Contract document
- 2) Exhibit A, Additional Special Contract Conditions (ITB Attachment B)
- 3) Exhibit B, Special Contract Conditions (ITB Attachment C)
- 4) Exhibit C, Insurance policy as issued by Insurer and as endorsed throughout the policy period(s)
- 5) Exhibit D, Broker's submitted Price Sheet
- 6) Exhibit E, Scope of Work (ITB Attachment F), with ITB Attachment G, Expiring Commercial Automobile Policy No. GPNU-AU-0024153-021 and ITB Attachment D, Certification Requirements for Responsiveness
- 7) Exhibit F, Broker's Bid (excluding Broker's submitted Price Sheet)

III. Contract Management.

Department's Contract Manager:

Jill Soderberg, Purchasing Analyst
Division of State Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 360
Tallahassee, Florida 32399-0950
Telephone: (850) 488-7996
Email: jill.soderberg@dms.fl.gov

Contract No. 84131503-21-ITB
COMMERCIAL AUTOMOBILE INSURANCE

Brokers's Contract Manager:

Philip Altemus, Area Vice President
Arthur J. Gallagher Risk Management Services, Inc.
9155 S. Dadeland Blvd., Ste. 1112
Telephone: (305) 639-3142
Email: philip_altemus@ajg.com

This Contract is executed by the undersigned officials as duly authorized. This Contract is not valid and binding on all Parties until signed and dated by both Parties.

Contractor Name
ARTHUR J. GALLAGHER
RISK MANAGEMENT SERVICES, INC.

STATE OF FLORIDA,
DEPARTMENT OF
MANAGEMENT SERVICES

Zeb Holt
Regional Executive Vice President -
Florida

J. Todd Inman
Secretary

Date:

Date:



Contract No: 84131503-21-ITB
Commercial Automobile Insurance
Exhibit A
Additional Special Contract
Conditions

The following Sections of ITB Attachment C, Special Contract Conditions, are hereby removed in their entirety:

- Section 3.2 Price Decreases.
- Section 4.3 Department's Contract Manager.
- Section 4.4 Contractor's Contract Manager.
- Section 4.6 RESPECT.
- Section 4.7 PRIDE.
- Section 6.4 Inspection and Acceptance of Commodities.
- Section 6.5 Safety Standards.
- Section 6.10 Cooperative Purchasing.
- Section 13.1 Background Check.
- Section 13.3 Disqualifying Offenses.

The following sections of the Special Contract Conditions replaced in their entirety as follows:

2.2 Renewal.

Upon written agreement, the Department and Contractor may renew the Contract in whole or in part only as set forth in the Contract documents, and in accordance with section 287.057(14), F.S.

3.7 Transaction Fees.

The Broker must pay the Transaction Fees unless the transaction is considered exempt per Rule 60A-1.031, Florida Administrative Code.

5.1 Conduct of Business.

The Contractor must comply with all laws, rules, codes, ordinances, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and authority. For example, the Contractor must comply with section 274A of the Immigration and Nationality Act, the Americans with Disabilities Act, Health Insurance Portability and Accountability Act, if applicable, and all prohibitions against discrimination on the basis of race, religion, sex, creed, national origin, handicap, marital status, or veteran's status. The provisions of subparagraphs 287.058(1)(a)-(c) and (g), F.S., are hereby incorporated by reference.

Nothing contained within this Contract shall be construed to prohibit the Contractor from disclosing information relevant to performance of the Contract or purchase order to members or staff of the Florida Senate or Florida House of Representatives.

Pursuant to section 287.057(26) Florida Statutes, the Contractor shall ensure a representative will be available to team members of the continuing oversight team.

5.4 Convicted, Discriminatory, Antitrust Violator, and Suspended Vendor Lists.

In accordance with sections 287.133, 287.134, and 287.137, F.S., the Contractor is hereby informed of the provisions of sections 287.133(2)(a), 287.134(2)(a), and 287.137(2)(a), F.S. For purposes of this Contract, a person or affiliate who is on the Convicted Vendor List, the Discriminatory Vendor List, or the Antitrust Violator Vendor List may not perform work as a contractor, supplier, subcontractor, or consultant under the Contract. The Contractor must notify the Department if it or any of its suppliers, subcontractors, or consultants have been placed on the Convicted Vendor List, the Discriminatory Vendor List, or the Antitrust Violator Vendor List during the term of the Contract.

In accordance with section 287.1351, F.S., a vendor placed on the Suspended Vendor List may not enter into or renew a contract to provide any goods or services to an agency after its placement on the Suspended Vendor List.

A firm or individual placed on the Suspended Vendor List pursuant to section 287.1351, F.S., the Convicted Vendor List pursuant to section 287.133, F.S., the Antitrust Violator Vendor List pursuant to section 287.137, F.S., or the Discriminatory Vendor List pursuant to section 287.134, F.S., is immediately disqualified from Contract eligibility.

5.6 Cooperation with Inspector General and Records Retention.

Pursuant to section 20.055(5), F.S., the Contractor understands and will comply with its duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing. Upon request of the Inspector General or any other authorized State official, the Contractor must provide any information the Inspector General deems relevant. Such information may include, but will not be limited to, the Contractor's business or financial records, documents, or files of any type or form that refer to or relate to the Contract. The Contractor will retain such records for the longer of five years after the expiration or termination of the Contract, or the period required by the General Records Schedules maintained by the Florida Department of State, at the Department of State's Records Management website. The Contractor agrees to reimburse the State of Florida for the reasonable costs of investigation incurred by the Inspector General or other authorized State of Florida official for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the State of Florida which results in the suspension or debarment of the Contractor. Such costs will include but will not be limited to: salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor agrees to impose the same obligations to cooperate with the Inspector General and retain records on any subcontractors used to provide goods or services under the Contract.

7.3 Florida Authorized Insurers.

All insurance shall be with insurers authorized and eligible to transact the applicable line of insurance business in the State of Florida, except as contemplated in section 626.916, F.S. The Contractor shall provide Certification(s) of Insurance evidencing that all appropriate coverage is in place and showing the Department to be an additional insured.

8.1.1 Termination of Contract.

The Department may terminate the Contract for refusal by the Contractor to comply with this section by not allowing access to all public records, as defined in Chapter 119, F. S., made or received by the Contractor in conjunction with the Contract unless the records are exempt from s. 24(a) of Art. I of the State Constitution and section 119.071(1), F.S.

8.1.2 Statutory Notice.

Pursuant to section 119.0701(2)(a), F.S., for contracts for services with a contractor acting on behalf of a public agency, as defined in section 119.011(2), F.S., the following applies:

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE DEPARTMENT'S CONTRACT MANAGER LISTED IN SECTION 4.3 OF THE SPECIAL CONTRACT CONDITIONS.

Pursuant to section 119.0701(2)(b), F.S., for contracts for services with a contractor acting on behalf of a public agency as defined in section 119.011(2), F.S., the Contractor shall:

- (a) Keep and maintain public records required by the public agency to perform the service.
- (b) Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure are not disclosed except as authorized by law for the duration of the Contract term and following the completion of the Contract if the Contractor does not transfer the records to the public agency.
- (d) Upon completion of the Contract, transfer, at no cost, to the public agency all public records in possession of the Contractor or keep and maintain public records required by the public agency to perform the service. If the Contractor transfers all public records to the public agency upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

8.4 Intellectual Property.

The Parties do not anticipate that any intellectual property will be developed as a result of this Contract. Unless specifically addressed in the Contract, intellectual property rights to



all property created or otherwise developed by the Contractor for the Department or the Customer will be owned by the Contractor at the completion of the Contract. Intellectual property rights to all property created or otherwise developed by the Department will be owned by the Department at the completion of the Contract.



Contract No. 84131503-21-ITB
Commercial Automobile Insurance
Exhibit B

ITB No: 21-84131503-ITB, Attachment C, Special Contract Conditions can be found on the following pages.

SPECIAL CONTRACT CONDITIONS JULY 1, 2019 VERSION

Table of Contents

SECTION 1. DEFINITION.....	2
SECTION 2. CONTRACT TERM AND TERMINATION.....	2
SECTION 3. PAYMENT AND FEES.....	3
SECTION 4. CONTRACT MANAGEMENT.....	4
SECTION 5. COMPLIANCE WITH LAWS.....	6
SECTION 6. MISCELLANEOUS.....	7
SECTION 7. LIABILITY AND INSURANCE.....	9
SECTION 8. PUBLIC RECORDS, TRADE SECRETS, DOCUMENT MANAGEMENT, AND INTELLECTUAL PROPERTY.....	10
SECTION 9. DATA SECURITY.....	12
SECTION 10. GRATUITIES, LOBBYING, AND COMMUNICATIONS.....	13
SECTION 11. CONTRACT MONITORING.....	14
SECTION 12. CONTRACT AUDITS.....	15
SECTION 13. BACKGROUND SCREENING AND SECURITY.....	16
SECTION 14. WARRANTY OF CONTRACTOR’S ABILITY TO PERFORM.....	17

In accordance with Rule 60A-1.002(7), F.A.C., Form PUR 1000 is included herein by reference but is superseded in its entirety by these Special Contract Conditions.

SECTION 1. DEFINITION.

The following definition applies in addition to the definitions in Chapter 287, Florida Statutes (F.S.), and Rule Chapter 60A-1, Florida Administrative Code (F.A.C.):

1.1 Customer.

The agency or eligible user that purchases commodities or contractual services pursuant to the Contract.

SECTION 2. CONTRACT TERM AND TERMINATION.

2.1 Initial Term.

The initial term will begin on the date set forth in the Contract documents or on the date the Contract is signed by all Parties, whichever is later.

2.2 Renewal.

Upon written agreement, the Department and the Contractor may renew the Contract in whole or in part only as set forth in the Contract documents, and in accordance with section 287.057(13), F.S.

2.3 Suspension of Work and Termination.

2.3.1 Suspension of Work.

The Department may, at its sole discretion, suspend any or all activities under the Contract, at any time, when it is in the best interest of the State of Florida to do so. The Customer may suspend a resulting contract or purchase order, at any time, when in the best interest of the Customer to do so. The Department or Customer will provide the Contractor written notice outlining the particulars of the suspension. After receiving a suspension notice, the Contractor must comply with the notice and will cease the performance of the Contract or purchase order. Suspension of work will not entitle the Contractor to any additional compensation. The Contractor will not resume performance of the Contract or purchase order until so authorized by the Department.

2.3.2 Termination for Convenience.

The Contract may be terminated by the Department in whole or in part at any time, in the best interest of the State of Florida. If the Contract is terminated before performance is completed, the Contractor will be paid only for that work satisfactorily performed for which costs can be substantiated. Such payment, however, may not exceed an amount which is the same percentage of the Contract price as the amount of work satisfactorily performed. All work in progress will become the property of the Customer and will be turned over promptly by the Contractor.

2.3.3 Termination for Cause.

If the performance of the Contractor is not in compliance with the Contract requirements or the Contractor has defaulted, the Department may:

- (a) immediately terminate the Contract;
- (b) notify the Contractor of the noncompliance or default, require correction, and specify the date by which the correction must be completed before the Contract is terminated; or
- (c) take other action deemed appropriate by the Department.

SECTION 3. PAYMENT AND FEES.

3.1 Pricing.

The Contractor will not exceed the pricing set forth in the Contract documents.

3.2 Price Decreases.

The following price decrease terms will apply to the Contract:

3.2.1 Quantity Discounts. Contractor may offer additional discounts for one-time delivery of large single orders;

3.2.2 Preferred Pricing. The Contractor guarantees that the pricing indicated in this Contract is a maximum price. Additionally, Contractor's pricing will not exceed the pricing offered under comparable contracts. Comparable contracts are those that are similar in size, scope, and terms. In compliance with section 216.0113, F.S., Contractor must annually submit an affidavit from the Contractor's authorized representative attesting that the Contract complies with this clause.

3.2.3 Sales Promotions. In addition to decreasing prices for the balance of the Contract term due to a change in market conditions, the Contractor may conduct sales promotions involving price reductions for a specified lesser period. The Contractor must submit documentation identifying the proposed: (1) starting and ending dates of the promotion, (2) commodities or contractual services involved, and (3) promotional prices compared to then-authorized prices.

3.3 Payment Invoicing.

The Contractor will be paid upon submission of invoices to the Customer after delivery and acceptance of commodities or contractual services is confirmed by the Customer. Invoices must contain sufficient detail for an audit and contain the Contract Number and the Contractor's Federal Employer Identification Number.

3.4 Purchase Order.

A Customer may use purchase orders to buy commodities or contractual services pursuant to the Contract and, if applicable, the Contractor must provide commodities or contractual services pursuant to purchase orders. Purchase orders issued pursuant to the Contract must be received by the Contractor no later than the close of business on the last day of the Contract's term. The Contractor is required to accept timely purchase orders specifying delivery schedules that extend beyond the Contract term even when such extended delivery will occur after expiration of the Contract. Purchase orders shall be valid through their specified term and performance by the Contractor, and all terms and conditions of the Contract shall survive the termination or expiration of the Contract and apply to the Contractor's performance. The duration of purchase orders for recurring deliverables shall not exceed the expiration of the Contract by more than twelve months. Any purchase order terms and conditions conflicting with these Special Contract Conditions shall not become a part of the Contract.

3.5 Travel.

Travel expenses are not reimbursable unless specifically authorized by the Customer in writing and may be reimbursed only in accordance with section 112.061, F.S.

3.6 Annual Appropriation.

Pursuant to section 287.0582, F.S., if the Contract binds the State of Florida or an agency for the purchase of services or tangible personal property for a period in excess of one fiscal year, the State of Florida's performance and obligation to pay under the Contract is contingent upon an annual appropriation by the Legislature.

3.7 Transaction Fees.

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system pursuant to section 287.057(22), F.S. All payments issued by Customers to registered Vendors for purchases of commodities or contractual services will be assessed Transaction Fees as prescribed by rule 60A-1.031, F.A.C., or as may otherwise be established by law. Vendors must pay the Transaction Fees and agree to automatic deduction of the Transaction Fees when automatic deduction becomes available. Vendors will submit any monthly reports required pursuant to the rule. All such reports and payments will be subject to audit. Failure to comply with the payment of the Transaction Fees or reporting of transactions will constitute grounds for declaring the Vendor in default and subject the Vendor to exclusion from business with the State of Florida.

3.8 Taxes.

Taxes, customs, and tariffs on commodities or contractual services purchased under the Contract will not be assessed against the Customer or Department unless authorized by Florida law.

3.9 Return of Funds.

Contractor will return any overpayments due to unearned funds or funds disallowed pursuant to the terms of the Contract that were disbursed to the Contractor. The Contractor must return any overpayment within forty (40) calendar days after either discovery by the Contractor, its independent auditor, or notification by the Department or Customer of the overpayment.

SECTION 4. CONTRACT MANAGEMENT.

4.1 Composition and Priority.

The Contractor agrees to provide commodities or contractual services to the Customer as specified in the Contract. Additionally, the terms of the Contract supersede the terms of all prior agreements between the Parties on this subject matter.

4.2 Notices.

All notices required under the Contract must be delivered to the designated Contract Manager in a manner identified by the Department.

4.3 Department's Contract Manager.

The Department's Contract Manager, who is primarily responsible for the Department's oversight of the Contract, will be identified in a separate writing to the Contractor upon Contract signing in the following format:

Department's Contract Manager Name

Department's Name
Department's Physical Address
Department's Telephone #
Department's Email Address

If the Department changes the Contract Manager, the Department will notify the Contractor. Such a change does not require an amendment to the Contract.

4.4 Contractor's Contract Manager.

The Contractor's Contract Manager, who is primarily responsible for the Contractor's oversight of the Contract performance, will be identified in a separate writing to the Department upon Contract signing in the following format:

Contractor's Contract Manager Name
Contractor's Name
Contractor's Physical Address
Contractor's Telephone #
Contractor's Email Address

If the Contractor changes its Contract Manager, the Contractor will notify the Department. Such a change does not require an amendment to the Contract.

4.5 Diversity.

4.5.1 Office of Supplier Diversity.

The State of Florida supports its diverse business community by creating opportunities for woman-, veteran-, and minority-owned small business enterprises to participate in procurements and contracts. The Department encourages supplier diversity through certification of woman-, veteran-, and minority-owned small business enterprises and provides advocacy, outreach, and networking through regional business events. For additional information, please contact the Office of Supplier Diversity (OSD) at osdinfo@dms.myflorida.com.

4.5.2 Diversity Reporting.

Upon request, the Contractor will report to the Department its spend with business enterprises certified by the OSD. These reports must include the time period covered, the name and Federal Employer Identification Number of each business enterprise utilized during the period, commodities and contractual services provided by the business enterprise, and the amount paid to the business enterprise on behalf of each agency purchasing under the Contract.

4.6 RESPECT.

Subject to the agency determination provided for in section 413.036, F.S., the following statement applies:

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES THAT ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM A NONPROFIT AGENCY FOR THE BLIND OR FOR THE SEVERELY HANDICAPPED THAT IS QUALIFIED PURSUANT TO CHAPTER 413, FLORIDA STATUTES, IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 413.036(1) AND (2), FLORIDA STATUTES;

AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THE STATE AGENCY INSOFAR AS DEALINGS WITH SUCH QUALIFIED NONPROFIT AGENCY ARE CONCERNED.

Additional information about RESPECT and the commodities or contractual services it offers is available at <https://www.respectofflorida.org>.

4.7 PRIDE.

Subject to the agency determination provided for in sections 287.042(1) and 946.515, F.S., the following statement applies:

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES WHICH ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM THE CORPORATION IDENTIFIED UNDER CHAPTER 946, F.S., IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 946.515(2) AND (4), F.S.; AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THIS AGENCY INSOFAR AS DEALINGS WITH SUCH CORPORATION ARE CONCERNED.

Additional information about PRIDE and the commodities or contractual services it offers is available at <https://www.pride-enterprises.org>.

SECTION 5. COMPLIANCE WITH LAWS.

5.1 Conduct of Business.

The Contractor must comply with all laws, rules, codes, ordinances, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and authority. For example, the Contractor must comply with section 274A of the Immigration and Nationality Act, the Americans with Disabilities Act, Health Insurance Portability and Accountability Act, if applicable, and all prohibitions against discrimination on the basis of race, religion, sex, creed, national origin, handicap, marital status, or veteran's status. The provisions of subparagraphs 287.058(1)(a)-(c), and (g), F.S., are hereby incorporated by reference.

5.2 Dispute Resolution, Governing Law, and Venue.

Any dispute concerning performance of the Contract shall be decided by the Department's designated Contract Manager, who will reduce the decision to writing and serve a copy on the Contractor. The decision of the Contract Manager shall be final and conclusive. Exhaustion of this administrative remedy is an absolute condition precedent to the Contractor's ability to pursue legal action related to the Contract or any other form of dispute resolution. The laws of the State of Florida govern the Contract. The Parties submit to the jurisdiction of the courts of the State of Florida exclusively for any legal action related to the Contract. Further, the Contractor hereby waives all privileges and rights relating to venue it may have under Chapter 47, F.S., and all such venue privileges and rights it may have under any other statute, rule, or case law, including, but not limited to, those based on convenience. The Contractor hereby submits to venue in the county chosen by the Department.

5.3 Department of State Registration.

Consistent with Title XXXVI, F.S., the Contractor and any subcontractors that assert status, other than a sole proprietor, must provide the Department with conclusive evidence of a certificate of status, not subject to qualification, if a Florida business entity, or of a certificate of authorization if a foreign business entity.

5.4 Suspended, Convicted, and Discriminatory Vendor Lists.

In accordance with sections 287.042, 287.133, and 287.134, F.S., an entity or affiliate who is on the Suspended Vendor List, Convicted Vendor List, or Discriminatory Vendor List may not perform work as a contractor, supplier, subcontractor, or consultant under the Contract. The Contractor must notify the Department if it or any of its suppliers, subcontractors, or consultants have been placed on the Suspended Vendor List, Convicted Vendor List, or Discriminatory Vendor List during the term of the Contract.

5.5 Scrutinized Companies - Termination by the Department.

The Department may, at its option, terminate the Contract if the Contractor is found to have submitted a false certification as provided under section 287.135(5), F.S., or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or been engaged in business operations in Cuba or Syria, or to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

5.6 Cooperation with Inspector General and Records Retention.

Pursuant to section 20.055(5), F.S., the Contractor understands and will comply with its duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing. Upon request of the Inspector General or any other authorized State official, the Contractor must provide any information the Inspector General deems relevant to the Contractor's integrity or responsibility. Such information may include, but will not be limited to, the Contractor's business or financial records, documents, or files of any type or form that refer to or relate to the Contract. The Contractor will retain such records for the longer of five years after the expiration of the Contract, or the period required by the General Records Schedules maintained by the Florida Department of State, at the Department of State's Records Management website. The Contractor agrees to reimburse the State of Florida for the reasonable costs of investigation incurred by the Inspector General or other authorized State of Florida official for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the State of Florida which results in the suspension or debarment of the Contractor. Such costs will include but will not be limited to: salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor agrees to impose the same obligations to cooperate with the Inspector General and retain records on any subcontractors used to provide goods or services under the Contract.

SECTION 6. MISCELLANEOUS.

6.1 Subcontractors.

The Contractor will not subcontract any work under the Contract without prior written consent of the Department. The Contractor is fully responsible for satisfactory completion of all its subcontracted work. The Department supports diversity in its procurements and contracts, and requests that the Contractor offer subcontracting opportunities to certified woman-, veteran-, and minority-owned small businesses. The

Contractor may contact the OSD at osdhelp@dms.myflorida.com for information on certified small business enterprises available for subcontracting opportunities.

6.2 Assignment.

The Contractor will not sell, assign, or transfer any of its rights, duties, or obligations under the Contract without the prior written consent of the Department. However, the Contractor may waive its right to receive payment and assign same upon notice to the Department. In the event of any assignment, the Contractor remains responsible for performance of the Contract, unless such responsibility is expressly waived by the Department. The Department may assign the Contract with prior written notice to the Contractor.

6.3 Independent Contractor.

The Contractor and its employees, agents, representatives, and subcontractors are independent contractors and not employees or agents of the State of Florida and are not entitled to State of Florida benefits. The Department and Customer will not be bound by any acts or conduct of the Contractor or its employees, agents, representatives, or subcontractors. The Contractor agrees to include this provision in all its subcontracts under the Contract.

6.4 Inspection and Acceptance of Commodities.

6.4.1 Risk of Loss.

Matters of inspection and acceptance are addressed in section 215.422, F.S. Until acceptance, risk of loss or damage will remain with the Contractor. The Contractor will be responsible for filing, processing, and collecting all damage claims. To assist the Contractor with damage claims, the Customer will: record any evidence of visible damage on all copies of the delivering carrier's bill of lading; report damages to the carrier and the Contractor; and provide the Contractor with a copy of the carrier's bill of lading and damage inspection report.

6.4.2 Rejected Commodities.

When a Customer rejects a commodity, Contractor will remove the commodity from the premises within ten (10) calendar days after notification of rejection, and the risk of loss will remain with the Contractor. Commodities not removed by the Contractor within ten (10) calendar days will be deemed abandoned by the Contractor, and the Customer will have the right to dispose of such commodities. Contractor will reimburse the Customer for costs and expenses incurred in storing or effecting removal or disposition of rejected commodities.

6.5 Safety Standards.

Performance of the Contract for all commodities or contractual services must comply with requirements of the Occupational Safety and Health Act and other applicable State of Florida and federal requirements.

6.6 Ombudsman.

A Vendor Ombudsman has been established within the Department of Financial Services. The duties of this office are found in section 215.422, F.S., which include disseminating information relative to prompt payment and assisting contractors in receiving their payments in a timely manner from a Customer. The Vendor Ombudsman may be contacted at (850) 413-5516.

6.7 Time is of the Essence.

Time is of the essence regarding every obligation of the Contractor under the Contract. Each obligation is deemed material, and a breach of any such obligation (including a breach resulting from untimely performance) is a material breach.

6.8 Waiver.

The delay or failure by the Department or the Customer to exercise or enforce any rights under the Contract will not constitute waiver of such rights.

6.9 Modification and Severability.

The Contract may only be modified by written agreement between the Department and the Contractor. Should a court determine any provision of the Contract is invalid, the remaining provisions will not be affected, and the rights and obligations of the Parties will be construed and enforced as if the Contract did not contain the provision held invalid.

6.10 Cooperative Purchasing.

Pursuant to their own governing laws, and subject to the agreement of the Contractor, governmental entities that are not Customers may make purchases under the terms and conditions contained herein, if agreed to by Contractor. Such purchases are independent of the Contract between the Department and the Contractor, and the Department is not a party to these transactions. Agencies seeking to make purchases under this Contract are required to follow the requirements of Rule 60A-1.045(5), F.A.C.

SECTION 7. LIABILITY AND INSURANCE.

7.1 Workers' Compensation Insurance.

The Contractor shall maintain workers' compensation insurance as required under the Florida Workers' Compensation Law or the workers' compensation law of another jurisdiction where applicable. The Contractor must require all subcontractors to similarly provide workers' compensation insurance for all of the latter's employees. In the event work is being performed by the Contractor under the Contract and any class of employees performing the work is not protected under Workers' Compensation statutes, the Contractor must provide, and cause each subcontractor to provide, adequate insurance satisfactory to the Department, for the protection of employees not otherwise protected.

7.2 General Liability Insurance.

The Contractor must secure and maintain Commercial General Liability Insurance, including bodily injury, property damage, products, personal and advertising injury, and completed operations. This insurance must provide coverage for all claims that may arise from performance of the Contract or completed operations, whether by the Contractor or anyone directly or indirectly employed by the Contractor. Such insurance must include the State of Florida as an additional insured for the entire length of the resulting contract. The Contractor is responsible for determining the minimum limits of liability necessary to provide reasonable financial protections to the Contractor and the State of Florida under the resulting contract.

7.3 Florida Authorized Insurers.

All insurance shall be with insurers authorized and eligible to transact the applicable line of insurance business in the State of Florida. The Contractor shall provide Certification(s) of Insurance evidencing that all appropriate coverage is in place and showing the Department to be an additional insured.

7.4 Performance Bond.

Unless otherwise prohibited by law, the Department may require the Contractor to furnish, without additional cost to the Department, a performance bond or irrevocable letter of credit or other form of security for the satisfactory performance of work hereunder. The Department shall determine the type and amount of security.

7.5 Indemnification.

To the extent permitted by Florida law, the Contractor agrees to indemnify, defend, and hold the Customer and the State of Florida, its officers, employees, and agents harmless from all fines, claims, assessments, suits, judgments, or damages, including consequential, special, indirect, and punitive damages, including court costs and attorney's fees, arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret, or intellectual property right or out of any acts, actions, breaches, neglect, or omissions of the Contractor, its employees, agents, subcontractors, assignees, or delegates related to the Contract, as well as for any determination arising out of or related to the Contract that the Contractor or Contractor's employees, agents, subcontractors, assignees, or delegates are not independent contractors in relation to the Customer. The Contract does not constitute a waiver of sovereign immunity or consent by the Customer or the State of Florida or its subdivisions to suit by third parties. Without limiting this indemnification, the Customer may provide the Contractor (1) written notice of any action or threatened action, (2) the opportunity to take over and settle or defend any such action at Contractor's sole expense, and (3) assistance in defending the action at Contractor's sole expense.

7.6 Limitation of Liability.

Unless otherwise specifically enumerated in the Contract or in the purchase order, neither the Department nor the Customer shall be liable for special, indirect, punitive, or consequential damages, including lost data or records (unless the Contract or purchase order requires the Contractor to back-up data or records), even if the Department or Customer has been advised that such damages are possible. Neither the Department nor the Customer shall be liable for lost profits, lost revenue, or lost institutional operating savings. The Department or Customer may, in addition to other remedies available to them at law or equity and upon notice to the Contractor, retain such monies from amounts due Contractor as may be necessary to satisfy any claim for damages, penalties, costs, and the like asserted by or against them. The State may set off any liability or other obligation of the Contractor or its affiliates to the State against any payments due the Contractor under any contract with the State.

SECTION 8. PUBLIC RECORDS, TRADE SECRETS, DOCUMENT MANAGEMENT, AND INTELLECTUAL PROPERTY.

8.1 Public Records.

8.1.1 Termination of Contract.

The Department may terminate the Contract for refusal by the Contractor to comply with this section by not allowing access to all public records, as defined in Chapter 119, F. S., made or received by the Contractor in conjunction with the Contract.

8.1.2 Statutory Notice.

Pursuant to section 119.0701(2)(a), F.S., for contracts for services with a contractor acting on behalf of a public agency, as defined in section 119.011(2), F.S., the following applies:

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE TELEPHONE NUMBER, EMAIL ADDRESS, AND MAILING ADDRESS PROVIDED IN THE RESULTING CONTRACT OR PURCHASE ORDER.

Pursuant to section 119.0701(2)(b), F.S., for contracts for services with a contractor acting on behalf of a public agency as defined in section 119.011(2), F.S., the Contractor shall:

- (a) Keep and maintain public records required by the public agency to perform the service.
- (b) Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure are not disclosed except as authorized by law for the duration of the Contract term and following the completion of the Contract if the Contractor does not transfer the records to the public agency.
- (d) Upon completion of the Contract, transfer, at no cost, to the public agency all public records in possession of the Contractor or keep and maintain public records required by the public agency to perform the service. If the Contractor transfers all public records to the public agency upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

8.2 Protection of Trade Secrets or Otherwise Confidential Information.

8.2.1 Contractor Designation of Trade Secrets or Otherwise Confidential Information.

If the Contractor considers any portion of materials to be trade secret under section 688.002 or 812.081, F.S., or otherwise confidential under Florida or federal law, the Contractor must clearly designate that portion of the materials as trade secret or otherwise confidential when submitted to the Department. The Contractor will be

responsible for responding to and resolving all claims for access to Contract-related materials it has designated trade secret or otherwise confidential.

8.2.2 Public Records Requests.

If the Department receives a public records request for materials designated by the Contractor as trade secret or otherwise confidential under Florida or federal law, the Contractor will be responsible for taking the appropriate legal action in response to the request. If the Contractor fails to take appropriate and timely action to protect the materials designated as trade secret or otherwise confidential, the Department will provide the materials to the requester.

8.2.3 Indemnification Related to Confidentiality of Materials.

The Contractor will protect, defend, indemnify, and hold harmless the Department for claims, costs, fines, and attorney's fees arising from or relating to its designation of materials as trade secret or otherwise confidential.

8.3 Document Management.

The Contractor must retain sufficient documentation to substantiate claims for payment under the Contract and all other records, electronic files, papers, and documents that were made in relation to this Contract. The Contractor must retain all documents related to the Contract for five (5) years after expiration of the Contract or, if longer, the period required by the General Records Schedules maintained by the Florida Department of State available at the Department of State's Records Management website.

8.4 Intellectual Property.

8.4.1 Ownership.

Unless specifically addressed otherwise in the Contract, the State of Florida shall be the owner of all intellectual property rights to all property created or developed in connection with the Contract.

8.4.2 Patentable Inventions or Discoveries.

Any inventions or discoveries developed in the course, or as a result, of services in connection with the Contract that are patentable pursuant to 35 U.S.C. § 101 are the sole property of the State of Florida. Contractor must inform the Customer of any inventions or discoveries developed or made through performance of the Contract, and such inventions or discoveries will be referred to the Florida Department of State for a determination on whether patent protection will be sought. The State of Florida will be the sole owner of all patents resulting from any invention or discovery made through performance of the Contract.

8.4.3 Copyrightable Works.

Contractor must notify the Department or State of Florida of any publications, artwork, or other copyrightable works developed in connection with the Contract. All copyrights created or developed through performance of the Contract are owned solely by the State of Florida.

SECTION 9. DATA SECURITY.

The Contractor will maintain the security of State of Florida data including, but not limited to, maintaining a secure area around any displayed visible data and ensuring data is stored and secured when not in use. The Contractor and subcontractors will not perform any of the services from outside of the United States, and the Contractor will not allow any State of Florida data to be sent by any medium, transmitted, or accessed outside the United States due to Contractor's action or inaction. In the event of a security breach involving State of Florida data, the Contractor shall give notice to the Customer and the Department within one business day. "Security breach" for purposes of this section will refer to a confirmed event that compromises the confidentiality, integrity, or availability of data. Once a data breach has been contained, the Contractor must provide the Department with a post-incident report documenting all containment, eradication, and recovery measures taken. The Department reserves the right in its sole discretion to enlist a third party to audit Contractor's findings and produce an independent report, and the Contractor will fully cooperate with the third party. The Contractor will also comply with all HIPAA requirements and any other state and federal rules and regulations regarding security of information.

SECTION 10. GRATUITIES, LOBBYING, AND COMMUNICATIONS.

10.1 Gratuities.

The Contractor will not, in connection with this Contract, directly or indirectly (1) offer, give, or agree to give anything of value to anyone as consideration for any State of Florida officer's or employee's decision, opinion, recommendation, vote, other exercise of discretion, or violation of a known legal duty, or (2) offer, give, or agree to give to anyone anything of value for the benefit of, or at the direction or request of, any State of Florida officer or employee.

10.2 Lobbying.

In accordance with sections 11.062 and 216.347, F.S., Contract funds are not to be used for the purpose of lobbying the Legislature, the judicial branch, or the Department. Pursuant to section 287.058(6), F.S., the Contract does not prohibit the Contractor from lobbying the executive or legislative branch concerning the scope of services, performance, term, or compensation regarding the Contract after the Contract is executed and during the Contract term.

10.3 Communications.

10.3.1 Contractor Communication or Disclosure.

The Contractor shall not make any public statements, press releases, publicity releases, or other similar communications concerning the Contract or its subject matter or otherwise disclose or permit to be disclosed any of the data or other information obtained or furnished in compliance with the Contract, without first notifying the Customer's Contract Manager and securing the Customer's prior written consent.

10.3.2 Use of Customer Statements.

The Contractor shall not use any statement attributable to the Customer or its employees for the Contractor's promotions, press releases, publicity releases, marketing, corporate communications, or other similar communications, without first notifying the Customer's Contract Manager and securing the Customer's prior written consent.

SECTION 11. CONTRACT MONITORING.

11.1 Performance Standards.

The Contractor agrees to perform all tasks and provide deliverables as set forth in the Contract. The Department and the Customer will be entitled at all times, upon request, to be advised as to the status of work being done by the Contractor and of the details thereof.

11.2 Performance Deficiencies and Financial Consequences of Non-Performance.

11.2.1 Proposal of Corrective Action Plan.

In addition to the processes set forth in the Contract (e.g., service level agreements), if the Department or Customer determines that there is a performance deficiency that requires correction by the Contractor, then the Department or Customer will notify the Contractor. The correction must be made within a time-frame specified by the Department or Customer. The Contractor must provide the Department or Customer with a corrective action plan describing how the Contractor will address all performance deficiencies identified by the Department or Customer.

11.2.2 Retainage for Unacceptable Corrective Action Plan or Plan Failure.

If the corrective action plan is unacceptable to the Department or Customer, or implementation of the plan fails to remedy the performance deficiencies, the Department or Customer will retain ten percent (10%) of the total invoice amount. The retainage will be withheld until the Contractor resolves the performance deficiencies. If the performance deficiencies are resolved, the Contractor may invoice the Department or Customer for the retained amount. If the Contractor fails to resolve the performance deficiencies, the retained amount will be forfeited to compensate the Department or Customer for the performance deficiencies.

11.3 Performance Delay.

11.3.1 Notification.

The Contractor will promptly notify the Department or Customer upon becoming aware of any circumstances that may reasonably be expected to jeopardize the timely and successful completion (or delivery) of any commodity or contractual service. The Contractor will use commercially reasonable efforts to avoid or minimize any delays in performance and will inform the Department or the Customer of the steps the Contractor is taking or will take to do so, and the projected actual completion (or delivery) time. If the Contractor believes a delay in performance by the Department or the Customer has caused or will cause the Contractor to be unable to perform its obligations on time, the Contractor will promptly so notify the Department and use commercially reasonable efforts to perform its obligations on time notwithstanding the Department's delay.

11.3.2 Liquidated Damages.

The Contractor acknowledges that delayed performance will damage the Department/Customer, but by their nature such damages are difficult to ascertain. Accordingly, the liquidated damages provisions stated in the Contract documents will apply. Liquidated damages are not intended to be a penalty and are solely intended to compensate for damages.

11.4 Force Majeure, Notice of Delay, and No Damages for Delay.

The Contractor will not be responsible for delay resulting from its failure to perform if neither the fault nor the negligence of the Contractor or its employees or agents contributed to the delay, and the delay is due directly to fire, explosion, earthquake, windstorm, flood, radioactive or toxic chemical hazard, war, military hostilities, terrorism, civil emergency, embargo, riot, strike, violent civil unrest, or other similar cause wholly beyond the Contractor's reasonable control, or for any of the foregoing that affect subcontractors or suppliers if no alternate source of supply is available to the Contractor. The foregoing does not excuse delay which could have been avoided if the Contractor implemented any risk mitigation required by the Contract. In case of any delay the Contractor believes is excusable, the Contractor will notify the Department in writing of the delay or potential delay and describe the cause of the delay either (1) within ten (10) calendar days after the cause that created or will create the delay first arose, if the Contractor could reasonably foresee that a delay could occur as a result, or (2) if delay is not reasonably foreseeable, within five (5) calendar days after the date the Contractor first had reason to believe that a delay could result. The foregoing will constitute the Contractor's sole remedy or excuse with respect to delay. Providing notice in strict accordance with this paragraph is a condition precedent to such remedy. No claim for damages will be asserted by the Contractor. The Contractor will not be entitled to an increase in the Contract price or payment of any kind from the Department for direct, indirect, consequential, impact or other costs, expenses or damages, including but not limited to costs of acceleration or inefficiency, arising because of delay, disruption, interference, or hindrance from any cause whatsoever. If performance is suspended or delayed, in whole or in part, due to any of the causes described in this paragraph, after the causes have ceased to exist the Contractor will perform at no increased cost, unless the Department determines, in its sole discretion, that the delay will significantly impair the value of the Contract to the State of Florida or to Customers, in which case the Department may (1) accept allocated performance or deliveries from the Contractor, provided that the Contractor grants preferential treatment to Customers and the Department with respect to commodities or contractual services subjected to allocation, or (2) purchase from other sources (without recourse to and by the Contractor for the related costs and expenses) to replace all or part of the commodity or contractual services that are the subject of the delay, which purchases may be deducted from the Contract quantity, or (3) terminate the Contract in whole or in part.

SECTION 12. CONTRACT AUDITS.

12.1 Performance or Compliance Audits.

The Department may conduct or have conducted performance and/or compliance audits of the Contractor and subcontractors as determined by the Department. The Department may conduct an audit and review all the Contractor's and subcontractors' data and records that directly relate to the Contract. To the extent necessary to verify the Contractor's fees and claims for payment under the Contract, the Contractor's agreements or contracts with subcontractors, partners, or agents of the Contractor, pertaining to the Contract, may be inspected by the Department upon fifteen (15) calendar days' notice, during normal working hours and in accordance with the Contractor's facility access procedures where facility access is required. Release statements from its subcontractors, partners, or agents are not required for the Department or its designee to conduct compliance and performance audits on any of the Contractor's contracts relating to this Contract. The Inspector General, in accordance with section 5.6, the State of Florida's Chief Financial Officer, the Office of the Auditor General also have authority to perform audits and inspections.

12.2 Payment Audit.

Records of costs incurred under terms of the Contract will be maintained in accordance with section 8.3 of these Special Contract Conditions. Records of costs incurred will include the Contractor's general accounting records, together with supporting documents and records of the Contractor and all subcontractors performing work, and all other records of the Contractor and subcontractors considered necessary by the Department, the State of Florida's Chief Financial Officer, or the Office of the Auditor General.

SECTION 13. BACKGROUND SCREENING AND SECURITY.

13.1 Background Check.

The Department or Customer may require the Contractor to conduct background checks of its employees, agents, representatives, and subcontractors as directed by the Department or Customer. The cost of the background checks will be borne by the Contractor. The Department or Customer may require the Contractor to exclude the Contractor's employees, agents, representatives, or subcontractors based on the background check results. In addition, the Contractor must ensure that all persons have a responsibility to self-report to the Contractor within three (3) calendar days any arrest for any disqualifying offense. The Contractor must notify the Contract Manager within twenty-four (24) hours of all details concerning any reported arrest. Upon the request of the Department or Customer, the Contractor will re-screen any of its employees, agents, representatives, and subcontractors during the term of the Contract.

13.2 E-Verify.

The Contractor must use the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired during the term of the Contract for the services specified in the Contract. The Contractor must also include a requirement in subcontracts that the subcontractor must utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the Contract term. In order to implement this provision, the Contractor must provide a copy of its DHS Memorandum of Understanding (MOU) to the Contract Manager within five (5) calendar days of Contract execution. If the Contractor is not enrolled in DHS E-Verify System, it will do so within five (5) calendar days of notice of Contract award and provide the Contract Manager a copy of its MOU within five (5) calendar days of Contract execution. The link to E-Verify is <https://www.uscis.gov/e-verify>. Upon each Contractor or subcontractor new hire, the Contractor must provide a statement within five (5) calendar days to the Contract Manager identifying the new hire with its E-Verify case number.

13.3 Disqualifying Offenses.

If at any time it is determined that a person has been found guilty of a misdemeanor or felony offense as a result of a trial or has entered a plea of guilty or nolo contendere, regardless of whether adjudication was withheld, within the last six (6) years from the date of the court's determination for the crimes listed below, or their equivalent in any jurisdiction, the Contractor is required to immediately remove that person from any position with access to State of Florida data or directly performing services under the Contract. The disqualifying offenses are as follows:

- (a) Computer related crimes;
- (b) Information technology crimes;

- (c) Fraudulent practices;
- (d) False pretenses;
- (e) Frauds;
- (f) Credit card crimes;
- (g) Forgery;
- (h) Counterfeiting;
- (i) Violations involving checks or drafts;
- (j) Misuse of medical or personnel records; and
- (k) Felony theft.

13.4 Confidentiality.

The Contractor must maintain confidentiality of all confidential data, files, and records related to the commodities or contractual services provided pursuant to the Contract and must comply with all state and federal laws, including, but not limited to sections 381.004, 384.29, 392.65, and 456.057, F.S. The Contractor's confidentiality procedures must be consistent with the most recent version of the Department security policies, protocols, and procedures. The Contractor must also comply with any applicable professional standards with respect to confidentiality of information.

SECTION 14. WARRANTY OF CONTRACTOR'S ABILITY TO PERFORM.

The Contractor warrants that, to the best of its knowledge, there is no pending or threatened action, proceeding, or investigation, or any other legal or financial condition, that would in any way prohibit, restrain, or diminish the Contractor's ability to satisfy its Contract obligations. The Contractor warrants that neither it nor any affiliate is currently on the Suspended Vendor List, Convicted Vendor List, or the Discriminatory Vendor List, or on any similar list maintained by any other state or the federal government. The Contractor shall immediately notify the Department in writing if its ability to perform is compromised in any manner during the term of the Contract.



Contract No. 84131503-21-ITB
Commercial Automobile Insurance
Exhibit C
The Insurance Policy

“The Insurance Policy” when issued and endorsed by the Broker/Insurer will be maintained electronically in the Contract Manager’s file and is incorporated by reference.

Current Policy Vehicle Number	Named Insured Entity	Yeh Year	Vehicle Desc	USE	Veh Id	Territory #	County	Vehicle Cost	Class Code	Liab	PIP	UM	Med Pay	Coll	OTC	Annual Premium	Annual Premium	Add'l Insured / Loss Payee
FL-0098	JAC-PD20	2018	NISSAN ALTIMA 2.5		1N4AL3APXJC138823	163	Henry	\$ 18,836.00	739800	Y	Y	N	Y	Y	Y	\$ 1,023.00	\$ -	
FL-0099	JAC-PD20	2018	NISSAN ALTIMA 2.5		1N4AL3APXJC139964	163	Henry	\$ 18,836.00	739800	Y	Y	N	Y	Y	Y	\$ 1,023.00	\$ -	
FL-0100	JAC-PD06	2018	FORD EXPLORER		1FMSK8889G71381	106	Pinellas	\$ 27,086.00	739800	Y	Y	N	Y	Y	Y	\$ 1,002.00	\$ -	
FL-0101	FSDB	2018	DODGE CARAVAN		2C4RDG8G0R176438	138	St. Johns	\$ 21,687.00	739800	Y	Y	N	Y	Y	Y	\$ 965.00	\$ -	
FL-0102	FAMU	2017	GOSHEN COACH	SERVICE	1DFE4F50HD31976	123	Leon	\$ 72,000.00	658300	Y	Y	N	Y	Y	Y	\$ 2,844.00	\$ -	
FL-0106	DFS	2018	HYUNDAI SONATA		5NPE24A45JH707274	123	Leon	\$ 23,660.00	739800	Y	Y	N	Y	Y	Y	\$ 1,205.00	\$ -	
FL-0107	JAC-PD06	2018	FORD TAURUS		1FAHP2088JG123909	106	Pinellas	\$ 20,930.00	739800	Y	Y	N	Y	Y	Y	\$ 958.00	\$ -	
FL-0108	UF	2017	CHEVROLET BOLT		1G1FMS50H6183309	145	Alachua	\$ 41,000.00	739800	Y	Y	N	Y	Y	Y	\$ 890.00	\$ -	
FL-0109	USF	2018	FORD F150		1FMDU32G66A62723	107	Hillsborough	\$ 36,250.00	739800	Y	Y	N	Y	Y	Y	\$ 2,152.00	\$ -	
FL-0110	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC251034	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0111	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC249208	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0112	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248857	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0113	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247163	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0114	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248690	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0115	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC250920	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0116	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247336	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0117	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC249226	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0118	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC250499	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0119	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC249100	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0120	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC249855	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0121	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248722	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0122	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248849	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0123	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247886	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0124	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248902	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0125	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247198	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0126	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC250646	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0127	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248753	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0128	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247459	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0129	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC251091	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0130	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC251062	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0131	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247291	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0132	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC250867	181	Leon	\$ 18,013.00	739800	Y	Y	N	Y	Y	Y	\$ 1,069.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0133	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC247272	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0134	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC250450	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0135	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC249229	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0136	DCF	2018	NISSAN ALTIMA		1N4AL3APXJC248669	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0137	DCF	2018	NISSAN SENTRA		3N1AB7APYJ302929	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0138	DCF	2018	NISSAN SENTRA		3N1AB7APYJ304105	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0139	DCF	2018	NISSAN SENTRA		3N1AB7APYJ305472	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0140	DCF	2018	NISSAN SENTRA		3N1AB7APYJ304959	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0141	DCF	2018	NISSAN SENTRA		3N1AB7APYJ300136	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0142	DCF	2018	NISSAN SENTRA		3N1AB7APYJ302911	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0143	DCF	2018	NISSAN SENTRA		3N1AB7APYJ303552	181	Leon	\$ 15,875.00	739800	Y	Y	N	Y	Y	Y	\$ 1,085.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0144	DFS	2016	CHEVROLET MALIBU		1G1ZC5T2K0360885	123	Leon	\$ 23,225.00	739800	Y	Y	N	Y	Y	Y	\$ 1,095.00	\$ -	
FL-0145	DOH	2018	DODGE GRAND CARAVAN SE		2C4RDG8G1R310343	123	Alachua	\$ 26,250.00	739800	Y	Y	N	Y	Y	Y	\$ 1,231.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0146	DOH	2018	DODGE GRAND CARAVAN SE		2C4RDG8G1R310342	123	Alachua	\$ 26,250.00	739800	Y	Y	N	Y	Y	Y	\$ 1,231.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0147	DOH	2018	DODGE GRAND CARAVAN SE		2C4RDG8G1R311908	123	Alachua	\$ 26,250.00	739800	Y	Y	N	Y	Y	Y	\$ 1,231.00	\$ -	Loss Payee: Enterprise FM Trust, PO Box 16805 St. Louis, MO 63105
FL-0149	UF	2017	FORD F150	SERVICE	1FTMF1EF5HDK56835	145	Collier	\$ 27,028.00	014990	Y	Y	N	Y	Y	Y	\$ 475.00	\$ -	
FL-0150	UF	2012	FORD F150	SERVICE	1FTFX1EM8CFC22581	145	Collier	\$ 20,127.00	014990	Y	Y	N	Y	Y	Y	\$ 381.00	\$ -	
FL-0151	UF	2014	FORD EXPLORER		1FMSK8889G600389	106	Collier	\$ 20,000.00	739800	Y	Y	N	Y	Y	Y	\$ 759.00	\$ -	
FL-0152	UF	2017	TOYOTA TUNDRA	SERVICE	5TFUM51LH0K07206	145	Collier	\$ 35,000.00	014990	Y	Y	N	Y	Y	Y	\$ 495.00	\$ -	
FL-0153	UF	2017	JEK CHEROKEE		1GMPK441H4151372	145	Collier	\$ 22,700.00	739800	Y	Y	N	Y	Y	Y	\$ 858.00	\$ -	
FL-0154	HSMV	2018	WINNEBAGO/RV	SERVICE	1F665D9210A10975	123	Leon	\$ 173,560.00	314990	Y	Y	N	Y	Y	Y	\$ 857.00	\$ -	
FL-0155	DOH	2018	FORD F150	SERVICE	1FTEW1E50JF65122	136	Dauph	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 562.00	\$ -	
FL-0156	DOH	2018	FORD F150	SERVICE	1FTEW1E54JF65124	106	Pinellas	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 666.00	\$ -	
FL-0157	DOH	2018	FORD F150	SERVICE	1FTEW1E56JF65125	153	Lake	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 462.00	\$ -	
FL-0158	DOH	2018	FORD F150	SERVICE	1FTEW1E59JF65121	142	Lee	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 531.00	\$ -	
FL-0159	DOH	2018	FORD F150	SERVICE	1FTEW1E50JF65119	132	Monroe	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 409.00	\$ -	
FL-0160	DOH	2018	FORD F150	SERVICE	1FTEW1E58JF65126	123	Leon	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 490.00	\$ -	
FL-0161	DOH	2018	FORD F150	SERVICE	1FTEW1E58JF65125	169	Escambia	\$ 13,917.00	014990	Y	Y	N	Y	Y	Y	\$ 445.00		

Current Policy Vehicle Number	Named Insured Entity	Yeh Year	Vehicle Desc	USE	Veh Id	Territory #	County	Vehicle Cost	Class Code	Liab	PIP	UM	Med Pay	Coll	OTC	Annual Premium	Annual Premium	Add'l Insured / Loss Payee
FL-0205	HSMV	2019	FORD WINNEBAGO	SERVICE	1F66F5DY2K0A01176	107	Volusia	\$ 189,000.00	314990	Y	Y	N	Y	Y	Y	\$ 876.00	\$ -	Loss Payee: VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817
FL-0206	FAMU	2019	FORD 156 Transit 350 HD 14 Passenger	SERVICE	1FDESP8W4K38345	123	Leon	\$ 61,099.00	014990	Y	Y	N	Y	Y	Y	\$ 1,969.00	\$ -	
FL-0207	JAC-PD02	2019	FORD TRANSIT VAN	SERVICE	1F8ZCZM7KX839437	123	Leon	\$ 34,036.65	739800	Y	Y	N	Y	Y	Y	\$ 1,210.00	\$ -	Loss Payee: VT INC TRUSTEE OF WORLD OMNI, PO BOX 991817, MOBILE, AL 36691-8817
FL-0208	FAMU	2018	INTERNATIONAL 4300		1HTMMMLXKH674924	123	Leon	\$ 61,465.00	214990	Y	Y	N	Y	Y	Y	\$ 724.00	\$ -	Additional Insured: WARD INTERNATIONAL TRUCKS, INC., WARD IDEALASE LLC AND THE OWNER(S), 2200 MICHIGAN AVE., MOBILE, AL 36615
FL-0209	FSU	2019	FORD SUPER DUTY F250, 4X4 CREW CAB XL		1F7TW2B4KEF87499	123	Leon	\$ 45,178.56	014990	Y	Y	N	Y	Y	Y	\$ 648.00	\$ -	
FL-0211	FAU	2018	MERCEDES BENZ E 300		WDDZF4B7JA482934	120	Palm Beach County	\$ 54,050.00	739800	Y	Y	N	Y	Y	Y	\$ 1,573.00	\$ -	Loss Payee: MERCEDES BENZ FINANCIAL SERVICES, PO BOX 5209, CAROL STREAM, IL 60197
FL-0213	USF	2019	FORD TRANSIT CV350 MED ROOF-	SERVICE	1FTBW1DM1KKA70799	107	Hillsborough	\$ 28,676.00	014990	Y	Y	N	Y	Y	Y	\$ 857.00	\$ -	
FL-0214	FAU	2009	FORD ECONOLINE E250	SERVICE	1FDME45190A06490	120	Palm Beach County	\$ 11,600.00	739800	Y	Y	N	Y	Y	Y	\$ 1,150.00	\$ -	
FL-0215	UF	2019	TOYOTA TUNDRA	SERVICE	5TDFM5F13KX83856	158	St. Lucie	\$ 16,169.00	014990	Y	Y	N	Y	Y	Y	\$ 626.00	\$ -	
FL-0216	UF	2019	TOYOTA TUNDRA	SERVICE	5TDFM5F13KX83856	158	St. Lucie	\$ 16,169.00	014990	Y	Y	N	Y	Y	Y	\$ 626.00	\$ -	
FL-0217	DOH	2020	CHEVROLET TAHOE		2GNSKAC9LR26828	123	Leon	\$ 49,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,247.00	\$ -	Loss Payee: ACME AUTO LEASING, 440 WASHINGTON, NORTH HAVEN, CT, USA 06437
FL-0218	FAU	2020	TOYOTA COROLLA		JTDDPRAE0J079630	120	Palm Beach County	\$ 17,504.45	739800	Y	Y	N	Y	Y	Y	\$ 1,498.00	\$ -	
FL-0219	FAU	2020	TOYOTA COROLLA		JTDDPRAE0L1080938	120	Palm Beach County	\$ 17,504.45	739800	Y	Y	N	Y	Y	Y	\$ 1,498.00	\$ -	
FL-0220	FAU	2020	TOYOTA COROLLA		JTDDPRAE0L1081690	120	Palm Beach County	\$ 17,504.45	739800	Y	Y	N	Y	Y	Y	\$ 1,498.00	\$ -	
FL-0221	JAC-SA17	2020	CHEVROLET TRAVERSE LS FWD		1GNERFKW3J181729	119	Broward	\$ 34,061.25	739800	Y	Y	N	Y	Y	Y	\$ 1,566.00	\$ -	
FL-0222	DELETED															\$ 0	\$ 0	
FL-0223	JAC-SA19	2020	FORD FUSION		3FA6P0G73LR104047	158	St. Lucie	\$ 17,670.80	739800	Y	Y	N	Y	Y	Y	\$ 1,204.00	\$ -	
FL-0224	JAC-SA19	2020	FORD FUSION		3FA6P0G76LR104236	158	St. Lucie	\$ 17,670.80	739800	Y	Y	N	Y	Y	Y	\$ 1,204.00	\$ -	
FL-0225	JAC-SA19	2020	FORD FLEX		2FMGK5888KBA17893	158	St. Lucie	\$ 29,550.00	739800	Y	Y	N	Y	Y	Y	\$ 1,183.00	\$ -	
FL-0226	FAU	2020	ACURA RLX		JH4KCF96LC000278	120	Palm Beach County	\$ 61,900.00	739800	Y	Y	N	Y	Y	Y	\$ 1,584.00	\$ -	
FL-0227	NCF	2020	FORD TRANSIT 350 WAGON		1FBAK2Y82LKA04974	144	Sarasota	\$ 33,276.00	588200	Y	Y	N	Y	Y	Y	\$ 1,977.00	\$ -	
FL-0228	UNF	2020	GMC TERRAIN		3GKALMEV2L1205340	136	Duval	\$ 24,448.00	739800	Y	Y	N	Y	Y	Y	\$ 1,077.00	\$ -	
FL-0229	JAC-SA19	2020	FORD EXPLORER		1FMSK7H118K61205	158	St. Lucie	\$ 26,551.68	739800	Y	Y	N	Y	Y	Y	\$ 1,174.00	\$ -	
FL-0230	USF	2018	FORD TRANSIT 250 AMBULANCE		1FDYK2CM5K8K0808	107	Hillsborough	\$ 75,000.00	791000	Y	Y	N	Y	Y	Y	\$ 1,721.00	\$ -	(AGREED VALUE NOT ACTUAL CASH VALUE) SPECIAL EQUIPMENT DETAILS PROVIDED
FL-0231	FAU	2019	ASPT G14	ELECTRIC CAR	FLA108390	120	Palm Beach County	\$ 60,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,523.00	\$ -	
FL-0232	UWF	2019	CHEVROLET SILVERADO 4X4 CREW CAB		1GCK1KREG9M179521	167	Escambia	\$ 33,799.00	014990	Y	Y	N	Y	Y	Y	\$ 616.00	\$ -	
FL-0233	FAU	2020	ELDORADO 24 PASSENGER BUS		1FD4F5GYK6G59491	120	Palm Beach County	\$ 90,436.00	658300	Y	Y	N	Y	Y	Y	\$ 4,928.00	\$ -	
FL-0234	FAU	2020	ELDORADO 24 PASSENGER BUS		1FD4F5GT6LDA01398	120	Palm Beach County	\$ 90,436.00	658300	Y	Y	N	Y	Y	Y	\$ 4,928.00	\$ -	
FL-0235	UF	2020	CHEVROLET SILVERADO		3GCUYAEFLG289613	158	St. Lucie	\$ 30,000.00	014990	Y	Y	N	Y	Y	Y	\$ 735.00	\$ -	Loss Payee: THE BANCORP, 3755 PARK LAKE STREET, ORLANDO, FL 32803
FL-0236	UF	2020	FORD SUPERCREW F-150 4WD	SERVICE	1FTFW1E53LK006248	110	Polk	\$ 33,859.26	014990	Y	Y	N	Y	Y	Y	\$ 640.00	\$ -	
FL-0237	DELETED															\$ 0	\$ 0	
FL-0240	USF	2020	FORD LINCOLN AVIATOR		5LMS17KXCLGL27651	107	Hillsborough	\$ 74,120.00	739800	Y	Y	N	Y	Y	Y	\$ 1,680.00	\$ -	Loss Payee: NORTHGATE LINCOLN MERCURY INC. DBA PARKS LINCOLN TAMPA, 10505 NORTH FLORIDA AVE, TAMPA, FL 33612
FL-0241	USF	2020	FORD EXPLORER		1FMSK7HHXLB47846	107	Hillsborough	\$ 47,415.00	739800	Y	Y	N	Y	Y	Y	\$ 1,556.00	\$ -	Loss Payee: MUIRFIELD INC., DBA PARKS FORD OF WESLEY CHAPEL, 28739 SR 54 WEST, WESLEY CHAPEL, FL 33543
FL-0242	UF	2020	TOYOTA TACOMA SR5		5TFCZ5ANLX402324	145	Collier	\$ 34,142.00	739800	Y	Y	N	Y	Y	Y	\$ 749.00	\$ -	Premium from FL-0148 deletion applied to this vehicle addition
FL-0243	UF	2021	TOYOTA RAV4 HYBRID LE AWD SE		4T3L6RFVXMU017277	145	Collier	\$ 26,681.00	739800	Y	Y	N	Y	Y	Y	\$ 885.00	\$ -	
FL-0244	UF	2021	TOYOTA RAV4 HYBRID LE AWD SE		4T3L6RFV2MU017015	145	Collier	\$ 26,681.00	739800	Y	Y	N	Y	Y	Y	\$ 885.00	\$ -	
FL-0245	UWF	2020	FREIGHTLINER MC WINNEBAGO WK1385	SERVICE	4U2ACMF8CBLCM03347	167	Escambia	\$ 330,000.00	314990	Y	Y	N	Y	Y	Y	\$ 1,114.00	\$ -	
FL-0246	UWF	2020	FREIGHTLINER MC (See UWF MAC Units Tab for SPECS)	SERVICE	4U2ACMF8CBLCM03470	167	Escambia	\$ 330,000.00	314990	Y	Y	N	Y	Y	Y	\$ 1,114.00	\$ -	
FL-0247	FPU (Bus. Svcs)	2020	FORD TRANSIT-350 (11 seater, wheelchair access)	SERVICE	1FBYU4X82LKA46181	110	Polk	\$ 54,575.00	739800	Y	Y	N	Y	Y	Y	\$ 2,143.00	\$ -	Loss Payee and Additional Insured: FORD MOTOR CREDIT COMPANY, LLC, their successors and assigned
FL-0248	UWF	2021	LINCOLN AVIATOR		3LMSJ7K2MG103338	107	Hillsborough	\$ 43,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,518.00	\$ -	Loss Payee: NORTHGATE LINCOLN MERCURY INC. DBA PARKS LINCOLN TAMPA, 10505 NORTH FLORIDA AVE, TAMPA, FL 33612
FL-0249	UF	2021	CHEVY SILVERADO	SERVICE	3GCPYAEH2MG102986	158	St. Lucie	\$ 30,000.00	014990	Y	Y	N	Y	Y	Y	\$ 741.00	\$ -	Loss Payee: THE BANCORP, PO BOX 4307, TIMONIUM, MD. 21094
FL-0250	UNF	2020	MERCEDES BENZ SPRINTER 9 PASSENGER VAN		W1X5EDH4LP228829	136	Duval	\$ 95,000.00	560900	Y	Y	N	Y	Y	Y	\$ 2,994.00	\$ -	
FL-0251	FSDB	2020	FORD TRANSIT 8 PASSENGER VAN		1FMZK1Y87L000828	138	St. Johns	\$ 29,995.00	620300	Y	Y	N	Y	Y	Y	\$ 1,994.00	\$ -	
FL-0252	FSDB	2020	FORD TRANSIT 8 PASSENGER VAN		1FMZK1Y87L000829	138	St. Johns	\$ 29,995.00	620300	Y	Y	N	Y	Y	Y	\$ 1,994.00	\$ -	
FL-0253	FSDB	2020	FORD TRANSIT 9 PASSENGER VAN		1FMZK1Y87L000825	138	St. Johns	\$ 29,995.00	620300	Y	Y	N	Y	Y	Y	\$ 1,994.00	\$ -	
FL-0254	FSDB	2021	BLUEBIRD VISION 71 PASSENGER SCHOOL BUS		1BAKGCASMF375875	138	St. Johns	\$ 119,316.41	620300	Y	Y	N	Y	Y	Y	\$ 3,577.00	\$ -	
FL-0255	FSDB	2022	BLUEBIRD 84 PASSENGER REAR ENGINE SCHOOL BUS		1B4BNB6A3NF381105	138	St. Johns	\$ 29,995.00	620300	Y	Y	N	Y	Y	Y	\$ 3,725.00	\$ -	
FL-0256	FSDB	2022	BLUEBIRD 84 PASSENGER REAR ENGINE SCHOOL BUS		1B4BNB6A3NF381106	138	St. Johns	\$ 29,995.00	620300	Y	Y	N	Y	Y	Y	\$ 3,725.00	\$ -	
FL-0257	FAU	2019	MOKE		5YNWAH8GXXS102528	120	Palm Beach County	\$ 25,000.00	739800	Y	Y	N	Y	Y	Y	\$ 2,608.00	\$ -	Loss Payee: DOERING LEASING CO., 15300 W. Capital Drive, Brookfield, WI 53005
FL-0258	UNF	2020	GMC SIERRA		3GT99EED6G101895	136	Duval	\$ 71,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,245.00	\$ -	
FL-0259	DPS	2021	HYUNDAI SONATA HYBRID		KMH124J3MA030594	107	Hillsborough	\$ 25,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,503.00	\$ -	Loss Payee: GSA, 4010 GUNN HIGHWAY, TAMPA, FL 33618
FL-0260	DPS	2021	HYUNDAI SONATA HYBRID		KMH124J3MA030594	107	Hillsborough	\$ 25,000.00	739800	Y	Y	N	Y	Y	Y	\$ 1,503.00	\$ -	Loss Payee: GSA, 4010 GUNN HIGHWAY, TAMPA, FL 33618
FL-0261	FAU	2021	TOYOTA SEQUOIA SR5 4 x 2		5TDAYS414MS076244	120	Palm Beach County	\$ 49,594.00	739800	Y	Y	N	Y	Y	Y	\$ 1,571.00	\$ -	
ADD - FL-TBD	DOT	2021	FREIGHTLINER ELGIN/BROOM BEAR	SERVICE	1FVACKFE0MHP0743	107	Hillsborough	\$ 275,000.00		Y	Y	N	Y	Y	Y	\$ 3,021.00	\$ -	
ADD - FL-TBD	DOT	2022	FREIGHTLINER M2-106PETERSON GRAPPLE TRUCK	SERVICE	3ALACKCF8NDNE9949	107	Hillsborough	\$ 160,656.00		Y	Y	N	Y	Y	Y	\$ 4,035.00	\$ -	
ADD - FL-TBD	UNF	2019	GMC ARCADIA SLT		1GKKNVLS8KZ169559	136	Duval	\$ 25,000.00		Y	Y	N	Y	Y	Y	\$ 1,081.00	\$ -	

PREMIUM SUB-TOTAL		\$	314,119.00	\$	-
Statutory Assessments or Fees	Policy Period 1	Policy Period 2			
	10/20/2021-10/20/2022	10/20/2022-10/20/2023			
	Assessments or Fees	Assessments or Fees			
	Assessment (insert name of Assessment & Authorizing Statute)	0.00%	\$ -	0.00%	\$ -
	Assessment (insert name of Assessment & Authorizing Statute)	0.00%	\$ -	0.00%	\$ -
	Assessment (insert name of Assessment & Authorizing Statute)	0.00%	\$ -	0.00%	\$ -
Fee (insert name of Fee)	\$ -	\$ -	\$ -	\$ -	
Fee (insert name of Fee)	\$ -	\$ -	\$ -	\$ -	
Fee (insert name of Fee)	\$ -	\$ -	\$ -	\$ -	
TOTAL ANNUAL ASSESSMENTS AND FEES	Policy Period 1	Policy Period 2			
	\$ -	\$ -			
TOTAL PREMIUM (TP)	Policy Period 1	Policy Period 2			
	\$ 314,119.00	\$ -			
DISCOUNTED PREMIUM (DP)	Policy Period 1	Policy Period 2			
	\$ 314,119.00	NO BID			
CALCULATED PREMIUM (CP)			\$ 314,119.00		



Contract No. 84131503-21-ITB
Commercial Automobile Insurance
Exhibit E
ITB Attachments F, G, and D

Exhibit E, Scope of Work (ITB Attachment F), is provided on the following pages.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

1. Department Insurance Program

The State of Florida has statutorily established the following two methods for state agencies and other governmental entities to obtain insurance coverage: (1) from the State Risk Management Trust Fund (SRMTF) administered by the Department of Financial Services, Division of Risk Management, for property, general liability, automotive liability, federal civil rights, court-awarded attorney's fees in certain other proceedings against the state, and workers compensation, as established by Chapter 284, Florida Statutes; and (2) from commercial insurance purchased by the Division of State Purchasing pursuant to sections 287.022 and 287.042, Florida Statutes, as further specified in Rule 60A-1.015, Florida Administrative Code, for risks not eligible for coverage through the SRMTF.

Section 287.022(1), Florida Statutes, provides:

Insurance, while not a commodity, nevertheless shall be purchased for all agencies by the department, except that agencies may purchase title insurance for land acquisition and may make emergency purchases of insurance pursuant to s. 287.057(3)(a), Florida Statutes. The procedures for purchasing insurance, whether the purchase is made by the department or by the agencies, shall be the same as those set forth herein for the purchase of commodities.

State Purchasing operates the Department's Insurance Program, which is responsible for the purchase and management of insurance for state agencies and Eligible Users, at their own choosing and based upon funding allocations.

The purpose and goal of the Department's Insurance Program is to provide coverage at the best premium rates possible for Florida's State Agencies.

2. Purpose

The Contractor shall market and secure an Insurance Policy on behalf of the State of Florida and the current Named Insureds that shall, at a minimum, include coverage that is the same or better coverage set forth in ITB Attachments G, Commercial Automobile Insurance, Expiring Policy GPNU-AU-0024153-00/010, incorporated herein by reference, and the coverage set forth in section 5, Coverage Requirements.

The Insurance Policy secured on behalf of the State of Florida and the Named Insureds shall be provided at the pricing specified in the Bid, provided in accordance with Florida Statutes, and conform with the terms and conditions specified in the Contract.

3. Definitions

Definitions contained in section 287.012, Florida Statutes (F.S.); and Rule 60A-1.001, Florida Administrative Code (F.A.C.); are incorporated by reference. In the event of a conflict, the definitions listed in this section supersede the incorporated definitions for the purposes of this document. All definitions apply in both their singular and plural sense.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

Broker – An insurance intermediary that holds current and valid Florida resident or nonresident insurance license(s) in the appropriate line of business described in this SOW.

Business Day – Monday through Friday, inclusive, except for those holidays specified in section 110.117, F.S., from 8:00 a.m. to 5:00 p.m. Eastern Time.

Claim – A demand for recovery for loss or damages resulting from a covered cause of loss.

Confidential Information – Information that is trade secret or otherwise confidential or exempt from disclosure under Florida or federal law.

Contract –

The written agreement between the Department and the awarded Bidder(s) resulting from ITB No. 21-84131503.

Contractor – A Broker that enters into a Contract with the Department as a result of ITB No. 21-84131503.

Customer – A state agency or Eligible User included in the Insurance Policy.

Department – The Department of Management Services, a state agency.

Eligible User – For the purposes of this Contract Eligible Users are state universities, as described by section 1000.21(6), Florida Statutes.

Insurance Policy or Policy – Has the same meaning as defined in section 627.402(3), F.S.

The parties to the Insurance Policy will be the Department, the Named Insured, the Broker, and the Insurer.

Insurer – Has the same meaning as defined in section 624.80(1), F.S. The insurance company selected by the Broker to provide insurance coverage described in this SOW. The term 'Underwriter' is synonymous with 'Insurer' in this procurement.

Named Insured - Those entities listed in the Scope of Work and those added during the Policy Period.

Policy Inception - The effective date of the Insurance Policy.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

Policy Period – The time between the exact hour and date of Policy Inception and the hour and date of expiration.

Premium – Has the same meaning as defined in section 627.041(2), F.S.

State – The State of Florida.

4. Named Insured

The master policyholder is the State of Florida, c/o the Department of Management Services, Division of State Purchasing, 4050 Esplanade Way, Suite 360, Tallahassee, FL 32399-0950.

The following entities are the current Named Insureds for whom coverage is being sought:

DCF	Department of Children and Families
DFS	Department of Financial Services
DHSMV	Department of Highway Safety and Motor Vehicles
FAMU	Florida Agricultural and Mechanical University
FAU	Florida Atlantic University
FIU	Florida International University
FPU	Florida Polytechnic University
FSDB	Florida School for the Deaf and Blind
FSU	Florida State University
FWC	Florida Fish and Wildlife Commission
JAC	Justice Administration Commission
NCF	New College of Florida
UF	University of Florida
UNF	University of North Florida
USF	University of South Florida
UWF	University of West Florida

NOTE: Named Insured may be requested to be added or removed during the Policy Period as outlined in this SOW.

5. Coverage Requirements

The State's current program provides for commercial automobile insurance for eligible users.

Insurance Policy coverage procured through this solicitation shall be the same or better as provided in Attachment G, Expiring Commercial Auto Policy No. GPNU-AU-0024153-00 and as set forth in this SOW. Key coverage requirements are provided in the sections below; however, the full Policy requirements are located in the expiring Policies.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

The Department reserves the right to request additions to or deletions from existing coverages or exposures stated in the Insurance Policy on behalf of the Named Insured when deemed to be in the State's best interest in accordance with Section 7.8, Additions/Deletions.

5.1 Locations of Covered Property

Locations of the vehicles operated by Named Insured vary throughout the State of Florida. Coverage may be modified by the State throughout the Policy Period as required by each Named Insured throughout the Policy term, but the Named Insured remain responsible for any Premium payment assessed while participating in the Policy coverage.

5.2. Commercial Automobile Coverage

Coverage will include combined single limit liability, personal injury property (PIP), medical payments, Collision and Other than Collision, as indicated in Attachment E, Price Sheet, and as provided by Attachment G, Expiring Policy GPNU-AU-0024153-00, auto coverage declarations page.

No Uninsured Motorist coverage is required.

5.3 Valuation

Policy valuation is actual cash value of the vehicle.

5.4 Historical Premium and Loss Information.

The historical premium and loss information for Attachment G, Expiring Commercial Auto Policy No. GPNU-AU-0024153-00 is included in ITB Attachment J, Historical Premium and Loss Information.

6. Premium Pricing

The Contractor shall adhere to the prices listed in the Price Sheet as submitted, which are incorporated by reference into the Contract. All coverage premiums assessed at Policy inception are to be fixed for the full Policy period.

6.1 Premium and Deductible Adjustments

Premium and deductible decreases issued by the Contractor are permissible at any time during the initial Policy Period and any additional Policy Periods.

For additional Policy Periods, the Broker should have identified in its insurer quotation the % loss ratio threshold which, if met or exceeded by the Named Insured during any Policy Period, will prompt the Insurer to reevaluate premium and/or deductible pricing for the next Policy Period. Any reevaluation of premiums and/or deductibles are subject to DMS written approval, must be adjusted equitably, and shall be based upon specific exposure risks and individual loss experience to the extent market conditions allow. If Contractor anticipates adjustments to premium pricing, deductibles, or Policy terms and



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

conditions, Contractor shall provide the Department with written notice four (4) months prior to the Policy Period expiration to the Department's Contract Manager

Notwithstanding Paragraph II of the Contract and Section 6.9 of the Special Contract Conditions included in ITB Attachment A, Draft Contract, adjustments in premiums and/or deductibles do not constitute a change to the Contract requiring an amendment executed by both Parties. After the Department provides written approval of any premium and/or deductible adjustments, the Department will incorporate such changes directly into the Contract documents.

7. Broker /Underwriter Responsibilities

The Broker will market and secure a commercial automobile insurance policy on behalf of the State of Florida and the Named Insureds, c/o the Department of Management Services, Division of State Purchasing, 4050 Esplanade Way, Suite 360, Tallahassee, FL 32399-0950.

7.1 Customer Service and Administration

The Contractor shall provide Customers all services during Business Days. State agencies observe holidays in accordance with section 110.117, Florida Statutes.

The Contractor shall have a single point of contact to serve as Contract Manager as provided on Attachment I, Broker Information. The Contract Manager may support multiple Customers and must respond to Customer calls and/or emails within one (1) Business Day. The Contract Manager must be able to provide or arrange for all aspects of Customer support and problem resolutions. Back-up coverage must be provided by an equally knowledgeable person.

In addition to a dedicated Contract Manager, the Contractor shall provide toll-free Customer service phone support from 8:00 a.m. Eastern Time to 5:00 p.m. Eastern Time, Monday through Friday, except for National and State-recognized holidays. TDD (Telecommunication Device for the Deaf) access must be made available during the above-named Customer service operating hours.

7.2 Policy Administration

The Broker must aid in the fulfillment of all obligations to the Department and its Named Insureds as provided for under the Insurance Policy. The Broker will, at a minimum: communicate with the Insurer on all changes to the Policy requested by the Department; provide endorsements for changes to the Policy schedule; forward premium payments to the Insurer, as appropriate; and assist in the filing of claims and claim settlement payments. Any failure by the Broker to provide Policy administration to the Department will constitute a breach of Contract.

7.3 Routine Communications

All routine communications and reports related to the Contract shall be sent to the Department's Contract Manager. If any information listed on the Broker Information Form



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

attachment changes during the life of the Contract, then the Contractor shall update the attachments and submit to the Department's Contract Manager. Routine communications may be by e-mail, regular mail, or telephone.

7.4 Broker License

The Broker, for the duration of the Contract term, must hold current and valid Florida resident or non-resident insurance license in the appropriate line of business for the insurance coverage provided under the Contract.

7.5 Insurance Policy Conditions

After Contract award, the Contractor must provide the Department an original and complete copy of the Insurance Policy, including declarations, insuring agreements, conditions, exclusions, schedule of coverage, and all necessary endorsements at Policy inception, or an insurance binder until such Insurance Policy is received. The Insurance Policy must include a manuscript endorsement, must conform to the requirements stated in the SOW, and may not take exception to terms in the SOW. Failure to submit a complete Insurance Policy will constitute sufficient grounds for termination.

7.6 Underwriting Information

- 7.6.1 The Department will coordinate all coverage requests on behalf of the Named Insureds.
- 7.6.2 Each Named Insured operates under its internal policies and procedures and must abide by and enforce all policies, State of Florida rules and statutes, and federal guidelines, as applicable.
- 7.6.3 DL provided by request only

7.7 Invoices for Insurance Premiums

In addition to the terms in Special Contract Conditions subsection 3.3, Payment Invoicing, the following applies to Contractor invoicing:

- 7.7.1 Premiums will be invoiced annually at Policy Inception for the Named Insured.
- 7.7.2 Premiums for additions added via Policy endorsement to either Policy shall be invoiced upon binding of the requested additional coverage.
- 7.7.3 Invoices are to contain enough detail for pre- and post-audit. Invoices must include an invoice number, the insurance company name, Federal Employer Identification Number, the Policy number, effective dates of coverage, a description of the coverage, payment due date, and a remittance address.
- 7.7.4 Invoices are to be issued in the name of the Named Insured and must be provided in writing to the Named Insured and to the Department's Contract Manager.
- 7.7.5 The Department's Contract Manager may, but is not obligated to, assist the Broker in securing these payments to the best of its ability.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

7.8 Additions/Deletions

The Department reserves the right to request additions to or deletions from existing coverages or exposures stated in the Insurance Policy on behalf of the Named Insured when deemed to be in the State's best interest. All requests for additions to or deletions from coverage will be made by the Department.

Additions in coverage or exposure must be consistent with current Contract Insurance Policy terms and conditions. However, the Insurer is not required to accept the State's addition if it can document that such addition results in an exposure change warranting a change in the Insurance Policy conditions or terms.

The Broker and Underwriter have 30 days from receipt of the Department's request to add coverage to the State Policy and receipt of all applicable previous and current coverage information to accept or reject the addition of a coverage under the Policy.

Upon acceptance by the Contactor and Underwriter, the Broker will invoice the Named Insured as indicated above.

The Broker or Underwriter will provide premium refund checks to the Named Insured, as appropriate, when changes are made to individual Named Insured's schedules. Refund checks may be provided directly to the Named Insured. The Broker will provide a copy of all refund checks to the Department's Contract Manager for the contract file.

7.9 Claims Settlement

Claims must be submitted by the Named Insured to the Broker as outlined in the Insurance Policy that results from this Contract. The Broker or Underwriter must notify the Department in writing at the time the Claim is submitted by a Named Insured during the Policy Period. The Broker must coordinate with the Named Insured filing the Claim on any details required by the Broker to ensure proper settlement.

The Broker is to track all Claims submitted and identify which Named Insured filed the Claim. Any settlement checks must be issued in the name of the Named Insured that filed the Claim, c/o State of Florida - Department of Management Services. Settlement checks are to include Policy name and number; the Named Insured who filed the Claim; date of loss; total Claim filed, deductible, check number, and check amount.

The Broker will provide Claim settlement checks directly to the Named Insured filing the Claim whenever possible, and the Broker will provide a copy of the settlement check to the Department's Contract Manager.

7.10 Historical Premium and Loss Information

The Broker must submit a Claim and loss summary report annually to the Department's Contract Manager. The Department reserves the right to request loss runs at any time during the Policy Period, and the Broker shall comply with such requests. The historical premium and loss information for the past five years is included in ITB Attachment J.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

This information is for informational purposes only and should not be construed as representing actual losses under a new Contract.

7.11 Broker Commission

The Broker will comply with section 287.022, Florida Statutes, which requires an insurer or agent that pays a commission or any portion thereof to any person, on insurance purchased by the Department, to report such payment to the Department in writing and under oath within 30 days thereafter.

7.12 Independent Broker

The Broker and its employees, agents, representatives, and subcontractors are not employees or agents of the Department and are not entitled to the benefits of State employees. The Department will not be bound by any acts or conduct of the Broker or its employees, agents, representatives, or subcontractors. The Broker agrees to include this provision in all of its subcontracts under the Contract.

7.13 Insurer Serviceability

The Broker will notify the Department's Contract Manager of any concerns regarding the ability to provide ongoing services, claims settlement, or any diminished actions including, but not limited to, the reduction in the financial rating of the Insurer providing coverage subsequent to Contract award. Failure to notify the Department of concerns may, at the Department's option result in termination of the Insurance Policy.

7.14 Insurance Policy Cancellation

In addition to the requirements of Special Contract Conditions subsection 3.9, Return of Funds, the following applies to cancellation of the Insurance Policy:

All cancellations must be calculated on a pro-rata basis and must adhere to the requirements of Florida law. For the purpose of this clause, pro-rata means, in the case of cancellation of an Insurance Policy, the return of the Premium for the unexpired term of the Policy, without penalty for interim cancellation. The Department reserves the right to cancel the Insurance Policy at any time by providing written notice to the Broker. Such cancellation request will be mailed to the Broker's Contract Manager. Cancellation notices from the Insurer will be as provided for in the Insurance Policy and must be mailed to the Department's Contract Manager.

8. Payments

Payments by Named Insured shall be made in accordance with sections 215.422 and 287.0585, F.S.

9. Ad-hoc Report

The Department reserves the right to require additional information pertaining to the Contract.



Solicitation No: 21-84131503-ITB
Commercial Automobile Insurance
Attachment F
Scope of Work (SOW)

10. Contract Transition

Upon Contract expiration or termination, the Contractor shall ensure a seamless transfer of Contract responsibilities with any subsequent broker/insurer necessary to transition the products and services of the Contract. The Contractor and subsequent broker/insurer assume all expenses related to the Contract transition.

11. Other Fees and Charges

The State requires additional assessments for specific insurance coverage types including, but not limited to, property and casualty insurance premiums except for those exempted by statute (workers' compensation, medical malpractice, and national flood insurance).

Brokers and/or Insurers shall not include surplus line tax fees in the cost of this coverage, in accordance with section 626.932(4), Florida Statutes.

Fees or charges not indicated on Attachment E, Price Sheet, unless provided by law, are prohibited.



Contract No. 84131503-21-ITB
Commercial Automobile Insurance
Exhibit E
ITB Attachments F, G, and D

Exhibit E, ITB Attachment G, Expiring Commercial Automobile Policy No. GPNU-AU-0024153-021 is provided on the following pages

Policy Number
GPNU-AU-0024153-00/021

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto
- General Liability
- Public Officials and Management Liability
-
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 252 HAS BEEN CHANGED FROM 1FMZK1Y89LK00829 TO 1FMZK1Y89LKB00829. LOCATED AT FSDB ZIP 32084

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 253 HAS BEEN CHANGED FROM 1FMZK1Y80LB74625 TO 1FMZK1Y80LKB74625. LOCATED AT FSDB ZIP 32084

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/021

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/021

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/021

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/021

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691

DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622

Loss Payee

MERCEDES BENZ FINANCIAL SERVICES

PO BOX 5209

CAROL STREAM, IL 60197

DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee

ACME AUTO LEASING

440 WASHINGTON

NORTH HAVEN, CT 06473

DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee

THE BANCORP

3755 PARK LAKE STREET

ORLANDO, FL 32803

DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee

NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA

10505 NORTH FLORIDA AVE

TAMPA, FL 33612

DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee

MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL

28739 SR 54 WEST

WESLEY CHAPEL, FL 33543

DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee

BARTOW FORD

280 US HWY 98N

BARTOW, FL 33830

DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee

THE BANCORP

PO BOX 4307

TIMONIUM, MD 21094

DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Addl Insured Lessor

GENERAL SERVICE ADMINISTRATION (GSA)

4010 GUNN HWY

TAMPA, FL 33618

DESCRIPTION APPLIES TO 2021 HYUNDAI #0594, 2021 HYUNDAI #0564

Addl Insured Lessor

DOERING LEASING COMPANY

15300 W

CAPITOL DRIVE, WI 53005

DESCRIPTION APPLIES TO 2021 TOYOTA SEQUOIA #6244

Policy Number
GPNU-AU-0024153-00/021

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 08-16-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/021
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 252

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2020

Use:

Make: FORD

Class Code: 620100

Model: TRASIT 8 PASS VAN

State: FL

V.I.N.: 1FMZK1Y89LKB00829

Territory: 138

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 253

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2020

Use:

Make: FORD

Class Code: 620100

Model: TRASIT 8 PASS VAN

State: FL

V.I.N.: 1FMZK1Y80LKB74625

Territory: 138

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/020

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- | | | |
|-------------------------------------|---|--------|
| <input type="checkbox"/> | Property | |
| <input type="checkbox"/> | Crime | |
| <input type="checkbox"/> | Inland Marine | |
| <input checked="" type="checkbox"/> | Auto | WAIVED |
| <input type="checkbox"/> | General Liability | |
| <input type="checkbox"/> | Public Officials and Management Liability | |
| <input type="checkbox"/> | | |

The following item(s):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Insured's Name | <input type="checkbox"/> | Insured's Mailing Address |
| <input type="checkbox"/> | Policy Number | <input type="checkbox"/> | Company |
| <input type="checkbox"/> | Effective/Expiration Date | <input type="checkbox"/> | Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> | Payment Plan | <input type="checkbox"/> | Premium Determination |
| <input type="checkbox"/> | Additional Interested Parties | <input type="checkbox"/> | Coverage Forms and Endorsements |
| <input type="checkbox"/> | Limits/Exposures | <input type="checkbox"/> | Deductibles |
| <input type="checkbox"/> | Covered Property/Location Description | <input type="checkbox"/> | Classification/Class Codes |
| <input type="checkbox"/> | Rates | <input type="checkbox"/> | Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional WAIVED Return

Tax and Surcharge Changes

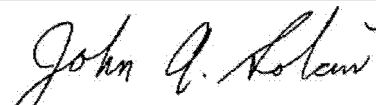
For New York, Tax and Surcharges do not apply.

For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/020

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

DOERING LEASING COMPANY
15300 W
CAPITOL DRIVE WI 53005
APPLIES TO 2021 TOYOTA SEQUOIA #6244

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0210 - FL 2018 TOYOTA VIN# 5TDKY5G17JS070185 LOCATED
AT FAU

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0261 - FL 2021 TOYOTA VIN# 5TDAY5A14MS076244 LOCATED AT
FAU ZIP 33432

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/020

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/020

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691

DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622

Loss Payee

MERCEDES BENZ FINANCIAL SERVICES

PO BOX 5209

CAROL STREAM, IL 60197

DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee

ACME AUTO LEASING

440 WASHINGTON

NORTH HAVEN, CT 06473

DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee

THE BANCORP

3755 PARK LAKE STREET

ORLANDO, FL 32803

DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee

NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA

10505 NORTH FLORIDA AVE

TAMPA, FL 33612

DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee

MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL

28739 SR 54 WEST

WESLEY CHAPEL, FL 33543

DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee

BARTOW FORD

280 US HWY 98N

BARTOW, FL 33830

DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee

THE BANCORP

PO BOX 4307

TIMONIUM, MD 21094

DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Addl Insured Lessor

GENERAL SERVICE ADMINISTRATION (GSA)

4010 GUNN HWY

TAMPA, FL 33618

DESCRIPTION APPLIES TO 2021 HYUNDAI #0594, 2021 HYUNDAI #0564

Addl Insured Lessor

DOERING LEASING COMPANY

15300 W

CAPITOL DRIVE, WI 53005

DESCRIPTION APPLIES TO 2021 TOYOTA SEQUOIA #6244

Policy Number
GPNU-AU-0024153-00/020

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/020
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 210 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2018

Make: TOYOTA

Model: SEQUOIA SPT UTILITY LTD

V.I.N.: 5TDKY5G17JS070185

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-289.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-21.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-16.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-48.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-378.00 R/P

Vehicle # 261 Insured's #: FAU

Vehicle Is: ADDED: Insured Entity:

Year: 2021

Make: TOYOTA

Model: SEQUOIA SR5 4X2

V.I.N.: 5TDAY5A14MS076244

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		301.00 A/P
Personal Injury Protection (PIP)	See Endorsement		21.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	17.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	56.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			399.00 A/P

Policy Number
GPNU-AU-0024153-00/019

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto WAIVED
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional **WAIVED** Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/019

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ADDING ADDITIONAL INSURED LESSOR TO 2021 HYUNDAI SONATA #0564
GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUNN HWY
TAMPA, FL 33618

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0222 - FL 2016 CHEVROLET VIN# 2G1WA5E38G1101849
LOCATED AT DFS

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0260 - FL 2021 HYUNDAI VIN# KMHL24JJ5MA030564 LOCATED AT
DFS ZIP 33618

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/019

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/019

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Addl Insured Lessor
GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUNN HWY
TAMPA, FL 33618
DESCRIPTION APPLIES TO 2021 HYUNDAI #0594, 2021 HYUNDAI #0564

Policy Number
GPNU-AU-0024153-00/019

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-08-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/019
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 222 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2016
Make: CHEVROLET
Model: IMPALA
V.I.N.: 2G1WA5E38G1101849
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-350.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-18.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-15.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-41.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-428.00 R/P

Vehicle # 260 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2021
Make: HYUNDAI
Model: SONATA HYBRID
V.I.N.: KMHL24JJ5MA030564
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		364.00 A/P
Personal Injury Protection (PIP)	See Endorsement		18.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	15.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	52.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			453.00 A/P

Policy Number
GPNU-AU-0024153-00/018

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 118.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 118.00	Return
-------------------------------------	--	----------------------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/018

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUNN HWY
TAMPA FL 33618
APPLIES TO 2021 HYUNDAI SONATA #0594

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0002 - FL 2017 CHEVROLET MALIBU LS VIN#
1G1ZC5ST5HF263203 LOCATED AT DFS

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0259 - FL 2021 HYUNDAI VIN# KMHL24JJ3MA030594 LOCATED AT
DFS ZIP 33618

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/018

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/018

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Addl Insured Lessor
GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUNN HWY
TAMPA, FL 33618
DESCRIPTION APPLIES TO 2021 HYUNDAI #0594

Policy Number
GPNU-AU-0024153-00/018

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/018
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 2 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2017
Make: CHEVROLET MALIBU LS
Model:
V.I.N.: 1G1ZC5ST5HF263203
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-284.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-7.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-10.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-39.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-344.00 R/P

Vehicle # 259 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2021
Make: HYUNDAI
Model: SONATA HYBRID
V.I.N.: KMHL24JJ3MA030594
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		371.00 A/P
Personal Injury Protection (PIP)	See Endorsement		18.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	16.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	53.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			462.00 A/P

Policy Number
GPNU-AU-0024153-00/017

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ -118.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- Insured's Name
- Insured's Mailing Address
- Policy Number
- Company
- Effective/Expiration Date
- Insured's Legal Status/Business of Insured
- Payment Plan
- Premium Determination
- Additional Interested Parties
- Coverage Forms and Endorsements
- Limits/Exposures
- Deductibles
- Covered Property/Location Description
- Classification/Class Codes
- Rates
- Underlying Exposure/Insurance

is (are) changed to read **{See Additional Page(s)}**

ENDORSEMENT # 16, EFFECTIVE 7/6/2021, IS HEREBY DECLARED NULL AND VOID.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$ -118.00
-------------------------------------	--	------------	-------------------

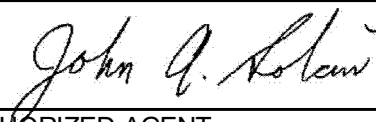
Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/017

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/017

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/017

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/017

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/017
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 2 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2017
Make: CHEVROLET MALIBU LS
Model:
V.I.N.: 1G1ZC5ST5HF263203
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		284.00 A/P
Personal Injury Protection (PIP)	See Endorsement		7.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	10.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	39.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			344.00 A/P

Vehicle # 259 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2021
Make: HYUNDAI
Model: SONATA HYBRID
V.I.N.: KMHL24JJ5MA030564
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-371.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-18.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-16.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-53.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-462.00 R/P

Policy Number
GPNU-AU-0024153-00/016

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 118.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 118.00	Return
-------------------------------------	--	----------------------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/016

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUN HWY
TAMPA FL 33618
APPLIES TO 2021 HYUNDAI SONATA HYBRID #0594

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0002 - FL 2017 CHEVROLET MALIBU LS VIN#
1G1ZC5ST5HF263203 LOCATED AT DFS

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0259 - FL 2021 HYUNDAI VIN# KMHL24JJ5MA030564 LOCATED AT
ZIP 33618 DFS

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/016

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/016

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Addl Insured Lessor
GENERAL SERVICE ADMINISTRATION (GSA)
4010 GUN HWY
TAMPA, FL 33618
DESCRIPTION APPLIES TO 2021 HYUNDAI SONATA HYBRID #0594

Policy Number
GPNU-AU-0024153-00/016

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/016
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 2 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2017
Make: CHEVROLET MALIBU LS
Model:
V.I.N.: 1G1ZC5ST5HF263203
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-284.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-7.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-10.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-39.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-344.00 R/P

Vehicle # 259 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2021
Make: HYUNDAI
Model: SONATA HYBRID
V.I.N.: KMHL24JJ5MA030564
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		371.00 A/P
Personal Injury Protection (PIP)	See Endorsement		18.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	16.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	53.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			462.00 A/P

Policy Number
GPNU-AU-0024153-00/015

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ -1,794.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$ -1,794.00
-------------------------------------	--	------------	---------------------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/015

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN DELETED FROM THE POLICY:

GT LEASING
PO BOX 10196
JACKSONSVILLE FL 32247

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0103 - FL 2018 CHEVROLET G3500 VIN# 1GAZGPF3J1235738
LOCATED AT UNF

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0104 - FL 2018 CHEVROLET G3500 VIN# 1GAZGPF1J1278197
LOCATED AT UNF

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0105 - FL 2018 CHEVROLET G3500 VIN# 1GAZGPF6J1281791
LOCATED AT UNF

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272,#0450,#9229,#8669

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/015

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/015

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/015

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/015
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 103

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2018

Use:

Make: CHEVROLET G3500

Class Code: 588200

Model: 15 PASSENGER VAN

State: FL

V.I.N.: 1GAZGPF3J1235738

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

-501.00 R/P

Personal Injury Protection (PIP)

See Endorsement

-29.00 R/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

-7.00 R/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

-20.00 R/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

-41.00 R/P

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

-598.00 R/P

Vehicle # 104

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2018

Use:

Make: CHEVROLET G3500

Class Code: 588200

Model: 15 PASSENGER VAN

State: FL

V.I.N.: 1GAZGPF1J1278197

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

-501.00 R/P

Personal Injury Protection (PIP)

See Endorsement

-29.00 R/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

-7.00 R/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

-20.00 R/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

-41.00 R/P

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

-598.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/015
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 105

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2018

Use:

Make: CHEVROLET G3500

Class Code: 588200

Model: 15 PASSENGER VAN

State: FL

V.I.N.: 1GAZGPF6J1281791

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

-501.00 R/P

Personal Injury Protection (PIP)

See Endorsement

-29.00 R/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

-7.00 R/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

-20.00 R/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

-41.00 R/P

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

-598.00 R/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/014

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ -198.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$	-198.00
-------------------------------------	--	------------	-----------	---------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/014

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0064 - FL 2006 CHEVROLET EXPRESS VIN#
1GBFG15T061196964 LOCTED AT UNF ZIP 32224

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0238 - FL 2020 GMC VIN# 1GKS2CKJ4LR143886 LOACATED AT
UNF ZIP 32224

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0258 - FL 2020 GMC VIN# 3GTP9EED6LG101895 LOCATED AT UNF
ZIP 32224

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/014

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/014

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/014

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/014

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 07-01-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/014
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 64 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2006
Make: CHEVROLET EXPRESS
Model: SERVICE
V.I.N.: 1GBFG15T061196964
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-171.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-3.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-2.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-8.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-14.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-198.00 R/P

Vehicle # 238 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2020
Make: GMC
Model: YUKON DENALI
V.I.N.: 1GKS2CKJ4LR143886
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-238.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-10.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-4.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-30.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-72.00 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-354.00 R/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/014
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 258

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: GMC

Class Code: 739800

Model: SIERRA

State: FL

V.I.N.: 3GTP9EED6LG101895

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		238.00 A/P
Personal Injury Protection (PIP)	See Endorsement		10.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		4.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	30.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	72.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			354.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Policy Number
GPNU-AU-0024153-00/013

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 06-25-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 715.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0257 - FL 2019 MOKE VIN# 5YNWAHGBXKS102528 LOCATED AT FAU
ZIP 33431

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	715.00	Return
-------------------------------------	--	---------------	--------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/013

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-25-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/013

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-25-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/013

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-25-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691

DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee

VT INC TRUSTEE OF WORLD OMNI

PO BOX 991817

MOBILE, AL 36691

DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee

MERCEDES BENZ FINANCIAL SERVICES

PO BOX 5209

CAROL STREAM, IL 60197

DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee

ACME AUTO LEASING

440 WASHINGTON

NORTH HAVEN, CT 06473

DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee

THE BANCORP

3755 PARK LAKE STREET

ORLANDO, FL 32803

DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee

NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA

10505 NORTH FLORIDA AVE

TAMPA, FL 33612

DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee

MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL

28739 SR 54 WEST

WESLEY CHAPEL, FL 33543

DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee

BARTOW FORD

280 US HWY 98N

BARTOW, FL 33830

DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee

THE BANCORP

PO BOX 4307

TIMONIUM, MD 21094

DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/013

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 06-25-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/013
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 257

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2019

Use:

Make: MOKE

Class Code: 588100

Model: STREET LEGAL LOW SPEED UNIT

State: FL

V.I.N.: 5YNWAHBGXKS102528

Territory: 120

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

609.00 A/P

Personal Injury Protection (PIP)

See Endorsement

52.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

4.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

15.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

35.00 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

715.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/012

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 6,042.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional \$ 6,042.00 Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/012

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0251 - FL 2020 FORD VIN# 1FMZK1Y87LKB00828 LOCATED AT FSDB
ZIP 32084

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0252 - FL 2020 FORD VIN# 1FMZK1Y89LK00829 LOCATED AT FSDB
ZIP 32084

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0253 - FL 2020 FORD VIN# 1FMZK1Y80LB74625 LOCATED AT FSDB
ZIP 32084

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0254 - FL 2021 BLUEBIRD VIN# 1BAKGCSA5MF375875 LOCATED AT
FSDB ZIP 32084

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0255 - FL 2022 BLUEBIRD VIN# 1BABNB6A3NF381105 LOCATED AT
FSDB ZIP 32084

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0256 - FL 2022 BLUEBIRD VIN# 1BABNB6A5NF381106 LOCATED AT
FSDB ZIP 32084

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/012

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/012

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/012

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/012

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-12-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/012
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 251 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: TRASIT 8 PASS VAN
V.I.N.: 1FMZK1Y87LKB00828
Valuation: Actual Cash Value

Use:
Class Code: 620100
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		637.00 A/P
Personal Injury Protection (PIP)	See Endorsement		28.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		7.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	15.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	29.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			716.00 A/P

Vehicle # 252 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: TRASIT 8 PASS VAN
V.I.N.: 1FMZK1Y89LK00829
Valuation: Actual Cash Value

Use:
Class Code: 620100
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		637.00 A/P
Personal Injury Protection (PIP)	See Endorsement		28.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		7.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	15.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	29.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			716.00 A/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/012
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 253

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: FORD

Class Code: 620100

Model: TRASIT 8 PASS VAN

State: FL

V.I.N.: 1FMZK1Y80LB74625

Territory: 138

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		637.00 A/P
Personal Injury Protection (PIP)	See Endorsement		28.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		7.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	15.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	29.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			716.00 A/P

Vehicle # 254

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2021

Use:

Make: BLUEBIRD

Class Code: 629400

Model: VISION 71 PASS SCHOOL BUS

State: FL

V.I.N.: 1BAKGCSA5MF375875

Territory: 138

Valuation: Actual Cash Value

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Liability (combined single limit)	\$ 1,000,000		1093.00 A/P
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		99.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	20.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	66.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1278.00 A/P

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/012
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 255

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2022

Use:

Make: BLUEBIRD

Class Code: 629400

Model: 84 PASS REAR ENG SCHOOL BUS

State: FL

V.I.N.: 1BABNB6A3NF381105

Territory: 138

Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		1093.00 A/P
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		99.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	24.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	92.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1308.00 A/P

Vehicle # 256

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2022

Use:

Make: BLUEBIRD

Class Code: 629400

Model: 84 PASS REAR ENG SCHOOL BUS

State: FL

V.I.N.: 1BABNB6A5NF381106

Territory: 138

Valuation: Actual Cash Value

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		1093.00 A/P
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		99.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	24.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	92.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1308.00 A/P

Policy Number
GPNU-AU-0024153-00/011

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 05-10-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- | | | | |
|-------------------------------------|---|----|----------|
| <input type="checkbox"/> | Property | | |
| <input type="checkbox"/> | Crime | | |
| <input type="checkbox"/> | Inland Marine | | |
| <input checked="" type="checkbox"/> | Auto | \$ | 1,440.00 |
| <input type="checkbox"/> | General Liability | | |
| <input type="checkbox"/> | Public Officials and Management Liability | | |
| <input type="checkbox"/> | | | |

The following item(s):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Insured's Name | <input type="checkbox"/> | Insured's Mailing Address |
| <input type="checkbox"/> | Policy Number | <input type="checkbox"/> | Company |
| <input type="checkbox"/> | Effective/Expiration Date | <input type="checkbox"/> | Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> | Payment Plan | <input type="checkbox"/> | Premium Determination |
| <input type="checkbox"/> | Additional Interested Parties | <input type="checkbox"/> | Coverage Forms and Endorsements |
| <input type="checkbox"/> | Limits/Exposures | <input type="checkbox"/> | Deductibles |
| <input type="checkbox"/> | Covered Property/Location Description | <input type="checkbox"/> | Classification/Class Codes |
| <input type="checkbox"/> | Rates | <input type="checkbox"/> | Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0250 - FL 2020 MERCEDES BENZ SPRINTER 9 PASSENGER VAN
VIN# W1X5EDHY4LP228829 LOCATED AT UNF ZIP 32224
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional \$ 1,440.00 Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-10-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-10-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/011

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-10-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/011

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 05-10-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/011
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 250

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: MERCEDES BENZ

Class Code: 560900

Model: SPRINTER 9 PASSENGER VAN

State: FL

V.I.N.: W1X5EDHY4LP228829

Territory: 136

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

1060.00 A/P

Personal Injury Protection (PIP)

See Endorsement

32.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

12.00 A/P

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

99.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

237.00 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

1440.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/010

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- | | | | |
|-------------------------------------|---|----|--------|
| <input type="checkbox"/> | Property | | |
| <input type="checkbox"/> | Crime | | |
| <input type="checkbox"/> | Inland Marine | | |
| <input checked="" type="checkbox"/> | Auto | \$ | 458.00 |
| <input type="checkbox"/> | General Liability | | |
| <input type="checkbox"/> | Public Officials and Management Liability | | |
| <input type="checkbox"/> | | | |

The following item(s):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Insured's Name | <input type="checkbox"/> | Insured's Mailing Address |
| <input type="checkbox"/> | Policy Number | <input type="checkbox"/> | Company |
| <input type="checkbox"/> | Effective/Expiration Date | <input type="checkbox"/> | Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> | Payment Plan | <input type="checkbox"/> | Premium Determination |
| <input type="checkbox"/> | Additional Interested Parties | <input type="checkbox"/> | Coverage Forms and Endorsements |
| <input type="checkbox"/> | Limits/Exposures | <input type="checkbox"/> | Deductibles |
| <input type="checkbox"/> | Covered Property/Location Description | <input type="checkbox"/> | Classification/Class Codes |
| <input type="checkbox"/> | Rates | <input type="checkbox"/> | Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional \$ 458.00 Return

Tax and Surcharge Changes

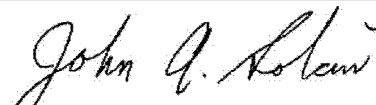
For New York, Tax and Surcharges do not apply.

For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/010

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (LOSS PAYEE) HAS BEEN ADDED TO THE POLICY:

THE BANCORP
PO BOX 4307
TIMONIUM MD 21094
APPLIES TO 2021 CHEVY SILVERADO

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0249 - FL 2021 CHEVY VIN# 3GCPYAEH2MG207986 LOCATED AT UF
AT ST LUCIE

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/010

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/010

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/010

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Loss Payee
THE BANCORP
PO BOX 4307
TIMONIUM, MD 21094
DESCRIPTION APPLIES TO 2021 CHEVY SILVERADO #7986

Policy Number
GPNU-AU-0024153-00/010

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 04-06-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/010
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 249

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2021

Use: Service

Make: CHEVY

Class Code: 014990

Model: SILVERADO

State: FL

V.I.N.: 3GCPYAEH2MG207986

Territory: 158

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		332.00 A/P
Personal Injury Protection (PIP)	See Endorsement		9.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		3.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	42.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	72.00 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			458.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Policy Number
GPNU-AU-0024153-00/009

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto WAIVED
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

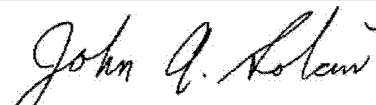
No Changes To be Adjusted at Audit Additional **WAIVED** Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/009

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ADDING LOSS PAYEE NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN OF
TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
APPLIES TO 2021 LINCOLN AVIATOR #3338

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0239 - FL 2020 LINCOLN VIN# 3LN6L5E98LR602439 LOCATED
AT USF

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0248 - FL 2021 LINCOLN VIN# 3LM5J7XC3MGL03338 LOCATED AT
USF ZIP 33626

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/009

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/009

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/009

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2021 LINCOLN #3338

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Policy Number
GPNU-AU-0024153-00/009

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 03-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/009
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # ~~239~~ Insured's #:
Vehicle Is: ~~DELETED:~~ Insured Entity:

Year: 2020
Make: LINCOLN
Model: MKZ
V.I.N.: 3LN6L5E98LR602439
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-757.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-38.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-9.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-48.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-126 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-978.00 R/P

Vehicle # ~~248~~ Insured's #:
Vehicle Is: ~~ADDED:~~ Insured Entity:

Year: 2021
Make: LINCOLN
Model: AVIATOR
V.I.N.: 3LM5J7XC3MGL03338
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		757.00 A/P
Personal Injury Protection (PIP)	See Endorsement		38.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		9.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	48.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	133 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			985.00 A/P

Policy Number
GPNU-AU-0024153-00/008

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 86.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 86.00	Return
-------------------------------------	--	---------------------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/008

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (LOSS PAYEE) HAS BEEN ADDED TO THE POLICY:

BARTOW FORD
280 US HWY 98N
BARTOW FL 33830
APPLIES TO 2020 FORD TRANSIT 350

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0203 - FL 2015 STARTRANS BUS VIN# 1FDFF4FSXFDA09801

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0247 - FL 2020 FORD TRANSIT 350 VIN# 1FBVU4X82LKA46181
LOCATED AT FPU ZIP 33805

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/008

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Loss Payee
BARTOW FORD
280 US HWY 98N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2020 FORD TRANSIT 350 #6181

Policy Number
GPNU-AU-0024153-00/008

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/008
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 203 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2015
Make: STARTRANS BUS
Model: FRRV-BUS
V.I.N.: 1FDDE4FSXFDA09801
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1106.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-65.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-10.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-48.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-71 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1300.00 R/P

Vehicle # 247 Insured's #:
Vehicle Is: ADDED: Insured Entity:

Year: 2020
Make: FORD
Model: TRANSIT 350
V.I.N.: 1FBVU4X82LKA46181
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		1106.00 A/P
Personal Injury Protection (PIP)	See Endorsement		65.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		10.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	71.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	134 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			1386.00 A/P

Policy Number
GPNU-AU-0024153-00/007

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- | | | | |
|-------------------------------------|---|----|--------|
| <input type="checkbox"/> | Property | | |
| <input type="checkbox"/> | Crime | | |
| <input type="checkbox"/> | Inland Marine | | |
| <input checked="" type="checkbox"/> | Auto | \$ | 894.00 |
| <input type="checkbox"/> | General Liability | | |
| <input type="checkbox"/> | Public Officials and Management Liability | | |
| <input type="checkbox"/> | | | |

The following item(s):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Insured's Name | <input type="checkbox"/> | Insured's Mailing Address |
| <input type="checkbox"/> | Policy Number | <input type="checkbox"/> | Company |
| <input type="checkbox"/> | Effective/Expiration Date | <input type="checkbox"/> | Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> | Payment Plan | <input type="checkbox"/> | Premium Determination |
| <input type="checkbox"/> | Additional Interested Parties | <input type="checkbox"/> | Coverage Forms and Endorsements |
| <input type="checkbox"/> | Limits/Exposures | <input type="checkbox"/> | Deductibles |
| <input type="checkbox"/> | Covered Property/Location Description | <input type="checkbox"/> | Classification/Class Codes |
| <input type="checkbox"/> | Rates | <input type="checkbox"/> | Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0246 - FL 2020 FEIGHTLINER MC WINNEBAGO VIN#
4UZACMFC1LCMG2470 LOCATED AT UWF ZIP 32514

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$	894.00	Return
-------------------------------------	--	---------------	--------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.

For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/007

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/007

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-09-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/007

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-09-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691

DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee

VT INC TRUSTEE OF WORLD OMNI

PO BOX 991817

MOBILE, AL 36691

DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee

MERCEDES BENZ FINANCIAL SERVICES

PO BOX 5209

CAROL STREAM, IL 60197

DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee

ACME AUTO LEASING

440 WASHINGTON

NORTH HAVEN, CT 06473

DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee

THE BANCORP

3755 PARK LAKE STREET

ORLANDO, FL 32803

DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee

NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA

10505 NORTH FLORIDA AVE

TAMPA, FL 33612

DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee

MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL

28739 SR 54 WEST

WESLEY CHAPEL, FL 33543

DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/007

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-09-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/007
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 246

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use: Service

Make: FEIGHTLINER MC

Class Code: 314990

Model: WINNEBAGO WK138S

State: FL

V.I.N.: 4UZACMFC1LCMG2470

Territory: 167

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

324.00 A/P

Personal Injury Protection (PIP)

See Endorsement

7.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

4.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

103.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

456 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

894.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/006

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 02-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ -1,033.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0212 - FL 2017 TOYOTA VIN# 4T1B11HK6JU061991 LOCATED
AT FAU
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$ -1,033.00
-------------------------------------	--	------------	---------------------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/006

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-02-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/006

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-02-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/006

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/006

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 02-02-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/006
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 212 Insured's #: FAU

Vehicle Is: DELETED: Insured Entity:

Year: 2017

Make: TOYOTA

Model: CAMRY LE/XLE/SE/XSE

V.I.N.: 4T1B11HK6JU061991

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-817.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-61.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-10.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-33.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-112 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1033.00 R/P

Vehicle # Insured's #:

Vehicle Is: Insured Entity:

Year:

Make:

Model:

V.I.N.:

Valuation:

Use:

Class Code:

State:

Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Policy Number
GPNU-AU-0024153-00/005

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ -1,802.00
- General Liability
- Public Officials and Management Liability
-
-

The following item(s):

- Insured's Name
- Insured's Mailing Address
- Policy Number
- Company
- Effective/Expiration Date
- Insured's Legal Status/Business of Insured
- Payment Plan
- Premium Determination
- Additional Interested Parties
- Coverage Forms and Endorsements
- Limits/Exposures
- Deductibles
- Covered Property/Location Description
- Classification/Class Codes
- Rates
- Underlying Exposure/Insurance

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0073 - FL 2016 FORD TRANSIT T-350 VIN#
1FBZX2YM2GKA60483 AT USF

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return \$	-1,802.00
-------------------------------------	--	------------	-----------	-----------

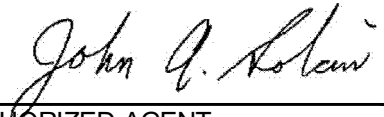
Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional

Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/005

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/005

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/005

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691

DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee

VT INC TRUSTEE OF WORLD OMNI

PO BOX 991817

MOBILE, AL 36691

DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee

MERCEDES BENZ FINANCIAL SERVICES

PO BOX 5209

CAROL STREAM, IL 60197

DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee

ACME AUTO LEASING

440 WASHINGTON

NORTH HAVEN, CT 06473

DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee

THE BANCORP

3755 PARK LAKE STREET

ORLANDO, FL 32803

DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee

NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA

10505 NORTH FLORIDA AVE

TAMPA, FL 33612

DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee

MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL

28739 SR 54 WEST

WESLEY CHAPEL, FL 33543

DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/005

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 01-20-21
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/005
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 73 Insured's #:
Vehicle Is: DELETED: Insured Entity:

Year: 2016
Make: FORD TRANSIT T-350
Model:
V.I.N.: 1FBZX2YM2GKA60483
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		-1526.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-119.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-51.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-93 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-1802.00 R/P

Vehicle # Insured's #:
Vehicle Is: Insured Entity:

Year:
Make:
Model:
V.I.N.:
Valuation:

Use:
Class Code:
State:
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Policy Number
GPNU-AU-0024153-00/004

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-15-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto \$ 1,091.00
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0245 - FL 2020 FEIGHTLINER MC WINNEBAGO WK1385 VIN#
4UZACMFC8LCMF0347 LOCATED AT UWF ZIP 32514

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

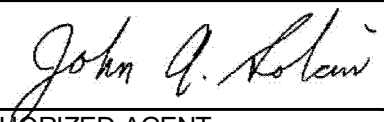
<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$ 1,091.00	Return
-------------------------------------	--	------------------------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/004

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-15-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/004

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-15-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/004

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-15-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/004

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-15-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/004
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 245

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use: Service

Make: FEIGHTLINER MC

Class Code: 314990

Model: WINNEBAGO WK138S

State: FL

V.I.N.: 4UZACMFC8LCMF0347

Territory: 167

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

396.00 A/P

Personal Injury Protection (PIP)

See Endorsement

8.00 A/P

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

5.00 A/P

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

125.00 A/P

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

557 A/P

Physical Damage – Towing and Labor

INCL

Other Auto Coverages

Total:

1091.00 A/P

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/003

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto **\$ 1,502.00**
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0243 - FL 2021 TOYOTA VIN# 4T3L6RFVXMU017277 LOCATED AT UF
ZIP 32611

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0244 - FL 2021 TOYOTA VIN# 4T3L6RFV2MU017015 LOCATED AT UF
ZIP 32611

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit **Additional \$ 1,502.00** Return

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/003

Policy Period: From 10-20-2020

COMMON POLICY CHANGE ENDORSEMENT To 10-20-2021

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20

Agency Name Glatfelter Underwriting Services, Inc.

12:01 A.M., Standard Time

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/003

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/003

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNV-AU-0024153-00/003

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/003

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 12-14-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/003
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 243
Vehicle Is: ADDED:

Insured's #:
Insured Entity:

Year: 2021
Make: TOYOTA
Model: RAV 4 HYBRID LE AWD SE
V.I.N.: 4T3L6RFVXMU017277
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		554.00 A/P
Personal Injury Protection (PIP)	See Endorsement		27.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	44.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	114 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			751.00 A/P

Vehicle # 244
Vehicle Is: ADDED:

Insured's #:
Insured Entity:

Year: 2021
Make: TOYOTA
Model: RAV 4 HYBRID LE AWD SE
V.I.N.: 4T3L6RFV2MU017015
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		554.00 A/P
Personal Injury Protection (PIP)	See Endorsement		27.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		12.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	44.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	114 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			751.00 A/P

Policy Number
GPNU-AU-0024153-00/002

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

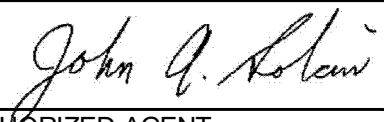
<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return
--	--	------------	--------

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional	Return
------------	--------

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/002

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (LOSS PAYEE) HAS BEEN DELETED FROM THE POLICY:

HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201
HUNT VALLEY MD 21065

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 36 HAS BEEN CHANGED FROM 1F645DY2E0A04347 TO 1F64F5DY2E0A04347 LOCATED AT HSMV

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 37 HAS BEEN CHANGED FROM 1F645DY9E0A03339 TO 1F64F5DY9E0A03339. LOCATED AT HSMV

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 75 HAS BEEN CHANGED FROM 4UZ6XBAX4CG90833 TO 4UZ6XFBAXYCG90833. LOCATED AT UWF

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 100 HAS BEEN CHANGED FROM 1FM5KB89JGA71381 TO 1FM5K8B89JGA71381. LOCATED AT JAC-PD06

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 101 HAS BEEN CHANGED FROM 2C4RDGBGJR176438 TO 2C4RDGBG0JR176438. LOCATED AT FSDB

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 172 HAS BEEN CHANGED FROM 2C4RDGB2KR654747 TO 2C4RDGBG2KR654747. LOCATED AT JAC-PD20

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 195 HAS BEEN CHANGED FROM 1FDEEFL5GDC23496 TO 1FDEE3FL5GDC23496. LOCATED AT FPU

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 205 HAS BEEN CHANGED FROM 1F66F5DY2K0A1176 TO 1F66F5DY2K0A01176. LOCATED AT HSMV

THE VEHICLE IDENTIFICATION NUMBER FOR VEHICLE NUMBER 234 HAS BEEN CHANGED FROM FDUF5GT6LDA01398 TO 1FDUF5GT6LDA01398. LOCATED AT FAU

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/002

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/002

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817

Policy Number
GPNU-AU-0024153-00/002

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/002

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/002
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 36

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2014

Use: Service

Make: FORD WINNEBAGO

Class Code: 314990

Model:

State: FL

V.I.N.: 1F64F5DY2E0A04347

Territory: 123

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 37

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2014

Use: Service

Make: FORD WINNEBAGO

Class Code: 314990

Model:

State: FL

V.I.N.: 1F64F5DY9E0A03339

Territory: 123

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/002
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 75

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2000

Use:

Make: FLEETWOOD DISCOVERY

Class Code: 560900

Model:

State: FL

V.I.N.: 4UZ6XFBAXYCG90833

Territory: 107

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 100

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2018

Use:

Make: FORD EXPLORER

Class Code: 739800

Model:

State: FL

V.I.N.: 1FM5K8B89JGA71381

Territory: 142

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/002
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 101

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2018

Make: DODGE

Model: CARAVAN

V.I.N.: 2C4RDGBG0JR176438

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 138

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 172

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2019

Make: DODGE

Model: CARAVAN SE

V.I.N.: 2C4RDGBG2KR654747

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss

Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/002
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 195

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2016

Use:

Make: FORD

Class Code: 589200

Model: E-SERIES BUS

State: FL

V.I.N.: 1FDEE3FL5GDC23496

Territory: 110

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit) \$ 1,000,000

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments \$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive ACV \$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision ACV \$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle # 205

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2019

Use: Service

Make: FORD

Class Code: 314990

Model: WINNEBAGO

State: FL

V.I.N.: 1F66F5DY2K0A01176

Territory: 149

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit) \$ 1,000,000

Personal Injury Protection (PIP) See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments \$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive ACV \$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision ACV \$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/002
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 234

Insured's #:

Vehicle Is: CHANGED:

Insured Entity:

Year: 2020

Use:

Make: ELDORADO

Class Code: 658300

Model: 24 PASSENGER

State: FL

V.I.N.: 1FDUF5GT6LDA01398

Territory: 120

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

\$ 1,000,000

Personal Injury Protection (PIP)

See Endorsement

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

\$ 5,000

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

ACV

\$ 500

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

ACV

\$ 500

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Vehicle #

Insured's #:

Vehicle Is:

Insured Entity:

Year:

Use:

Make:

Class Code:

Model:

State:

V.I.N.:

Territory:

Valuation:

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)

Personal Injury Protection (PIP)

Added Personal Injury Protection

Property Protection Insurance (MI only)

Auto Medical Payments

Medical Exp. And Income Loss
Benefits (VA only)

Uninsured Motorists (UM)

Underinsured Motorists (UIM)

Physical Damage – Comprehensive

Physical Damage – Specified Causes of Loss

Physical Damage – Collision

Physical Damage – Towing and Labor

Other Auto Coverages

Total:

Policy Number
GPNU-AU-0024153-00/001

THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 10-20-2020
PLEASE READ IT CAREFULLY. To 10-20-2021
COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Inland Marine
- Auto WAIVED
- General Liability
- Public Officials and Management Liability
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN DELETED:
0148 - FL 2016 JEEP VIN# 1C4PJMABXGW301868 LOCATED AT
UNIVERSITY OF FLORIDA

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0242 - FL 2020 TOYOTA VIN# 5TFCZ5AN9LX240234 LOCATED AT
UNIVERSITY OF FLORIDA ZIP 34142

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

No Changes To be Adjusted at Audit Additional Return WAIVED

Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/or NY Fire Fee may be included.

Additional Return

Countersigned By:



AUTHORIZED AGENT

Policy Number
GPNU-AU-0024153-00/001

Policy Period: From 10-20-2020
To 10-20-2021

COMMON POLICY CHANGE ENDORSEMENT

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
GPNU-AU-0024153-00/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPNU-AU-0024153-00/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/001

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 11-13-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/001
Policy Period: From: 10-20-2020
To: 10-20-2021

SCHEDULE OF AUTO CHANGES

Vehicle # 148

Insured's #:

Vehicle Is: DELETED:

Insured Entity:

Year: 2016

Use:

Make: JEEP

Class Code: 739800

Model: CHEROKEE

State: FL

V.I.N.: 1C4PJMABXGW301868

Territory: 145

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		-610.00 R/P
Personal Injury Protection (PIP)	See Endorsement		-30.00 R/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		-13.00 R/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	-36.00 R/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	-90 R/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			-779.00 R/P

Vehicle # 242

Insured's #:

Vehicle Is: ADDED:

Insured Entity:

Year: 2020

Use:

Make: TOYOTA

Class Code: 739800

Model: TACOMA SR5

State: FL

V.I.N.: 5TFCZ5AN9LX240234

Territory: 159

Valuation: Actual Cash Value

Coverages:

Limit of Insurance

Deductible

Premium

Liability (combined single limit)	\$ 1,000,000		539.00 A/P
Personal Injury Protection (PIP)	See Endorsement		35.00 A/P
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		13.00 A/P
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	\$ 500	35.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$ 500	122 A/P
Physical Damage – Towing and Labor			INCL
Other Auto Coverages			
Total:			744.00 A/P

Commercial Auto Policy

Epecially Designed For:

STATE OF FLORIDA
4050 ESPLANDE WAY
SUITE 360
TALLAHASSEE, FL 32399-0000



Underwritten by
National Union Fire Insurance Company of Pittsburgh, Pa.



National Union Fire Insurance Company of Pittsburgh, Pa.

RISK CONTROL POLICYHOLDER NOTICE

Dear Glatfelter Public Practice Client,

Safety and health is a major concern in organizations today. These issues are important because of the major impact that accidents can have on an organization. Morale can often be affected as well as an organization's finances. Insurance rarely covers all the expenses associated with accidents. There are often hidden costs that the organization must bear such as time spent reporting, documenting and investigating the accident.

Risk Control Guidelines Provided by Glatfelter Public Practice

As a valuable service to you, Glatfelter Public Practice provides risk control guidelines and programs to your organization in an effort to help you prevent and/or reduce the impact of accidents. Implementing Glatfelter Public Practice risk control measures could benefit your organization by reducing or eliminating the hidden costs of accidents while helping your organization to continue to serve your community.

Glatfelter Public Practice provides a number of programs and services to help you in your risk control effort. While most of these services are available to our clients at no additional cost, some may require a fee based on the scope of the service requested. Some of the services and programs that we provide to our clients include:

- On-site risk control consultations
- Recommendations to control identifiable hazards
- Loss experience analysis
- Consultation on specific risk control-related problems
- Sample standard operating guidelines for vehicle operations
- Accident investigation procedures and forms

Risk Control Publications

Glatfelter Public Practice has many resources that you can access at no charge on our Web site. These include Communiqués, which are a one-page fact sheet, that presents a specific hazard and provides procedures for controlling the hazard. Glatfelter Public Practice also provides numerous training programs that you can access through our Risk Control Services. Please visit www.GlatfelterPublicPractice.com to view and order these resources.

Inquire About Our Risk Control Services

If you would like information about some of the above services and publications, please call Glatfelter Public Practice Risk Control at (800) 233-1957.

National Union Fire Insurance Company of Pittsburgh, Pa.

(a capital stock company)

Administrative Office: 175 Water Street | New York, NY 10038 | 212.458.5000

Administered by:

Glatfelter Underwriting Services, Inc. | 183 Leader Heights Road | York, PA 17402
800.233.1957 | glatfelterpublicpractice.com



AUTO POLICY DECLARATIONS

Named Insured and Mailing Address:

STATE OF FLORIDA
4050 ESPLANDE WAY
SUITE 360
TALLAHASSEE FL 32399

Policy Number: GPNU-AU-0024153-00/000

Policy Period: From 10-20-2020
To 10-20-2021
at 12:01 AM Standard Time at your
mailing address shown above

Type of Entity: MUNICIPALITY
Business Description: MUNICIPALITY

Estimated Coverage Part Premium:	\$	293,389.00
Taxes, Fees and Surcharges:	\$	
Total Premium:	\$	293,389.00

The policy premium is payable on the dates and in the amounts shown below:

See Installment Schedule

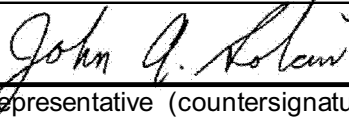
Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Common Forms

See Schedule of Forms and Endorsements.

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in the policy. These declarations, the schedule of forms and endorsements, and any forms and endorsements we may later attach to reflect changes, make up and complete the above numbered policy.

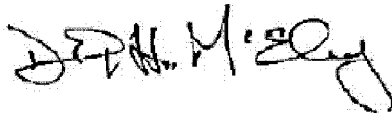


Authorized Representative (countersignature, where required)

10-27-2020

Date

The Company has caused this policy to be signed by its President and Secretary:



President



Secretary

Policy Number
GPNU-AU-0024153-00/000

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

COMMON POLICY FORMS AND ENDORSEMENTS

89644	06-13	ECONOMIC SANCTIONS ENDORSEMENT
GCO300	01-20	COMMON POLICY CONDITIONS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT

AUTOMOBILE FORMS AND ENDORSEMENTS

AU1001	01-20	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
AU1002	01-20	AGREED VALUE ENDORSEMENT
AU1003	01-20	AUTO LIABILITY EXTENSION ENDORSEMENT
AU1005	01-20	WAIVER OF GOVERNMENTAL OR CHARITABLE IMM
AU1006.	01-20	CARE, CUSTODY OR CONTROL EXCLUSION ENDOR
AU1007	01-20	COMMANDEERED AUTO DEFINITION ENDORSEMENT
AU1009	01-20	INCIDENTAL GARAGE OPERATIONS
AU1017	01-20	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
AU1029	01-20	MAXIMUM DEDUCTIBLE COMPREHENSIVE COVERAG
CA 00 01	03-10	BUSINESS AUTO COVERAGE FORM
CA 20 01	03-06	ADDL INSD-LESSOR
CA 01 28	02-16	FLORIDA CHANGES
CA 02 67	06-16	FL CHANGES - CANCELLATION AND NONRENEWAL
CA 22 10	02-18	FL PERSONAL INJURY PROTECTION
CA 20 02	03-10	SOUND RECEIVING EQUIP COVG -FIRE, POLICE
CA 20 18	12-93	PROFESSIONAL SERVICES NOT COVERED
CA 24 02	12-93	PUBLIC TRANSPORTATION AUTOS
CA 99 03	03-06	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 14	12-93	FIRE, FIRE/THEFT, FIRE/THEFT/WIND STORM
CA 99 15	12-93	GOVERNMENTAL BODIES AMENDATORY ENDT
CA 99 28	03-10	STATED AMOUNT INSURANCE
CA 99 44	12-93	LOSS PAYABLE CLAUSE
CA 99 48	03-06	POLLUTION LIAB BROAD COV FOR COV AUTO

POLICYHOLDER NOTICES

Policy Number
GPNU-AU-0024153-00/000

INSTALLMENT SCHEDULE

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

**IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS
PAYABLE ON INSTALLMENTS AS FOLLOWS:**

	DUE	PREMIUM	SURCHARGE	REVISED INSTALLMENT TOTAL
DEPOSIT	10/20/2020	\$293,389.00		\$293,389.00

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

Policy Number
GPNU-AU-0024153-00/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
SAINT LOUIS, MO 63105
DESCRIPTION APPLIES TO #9863

Loss Payee
BB&T
200 WEST FORSYTH ST #200
JACKSONSVILLE, FL 32202
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
GT LEASING
PO BOX 10196
JACKSONSVILLE, FL 32247
DESCRIPTION APPLIES TO VEHICLES #5738, #8197, #1791

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1034,#9208,#8857,#7163

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8690,#0920, #7136

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #9226,#0499,#9100,#9855

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #8722,#8849,#7286,#8902

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7198,#0646,#8753, #7459

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #1091,#1062,#7291,#0867

Addl Insured Lessor
ENTERPRISE FM TRUST

Policy Number
GPNU-AU-0024153-00/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #7272, #0450, #9229, #8669

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #2929, #4105, #5472, #4959

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 NISSAN ALTIMA #0136, #2911, #3552

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2018 DODGE GRAND CARAVAN #0343, #0342, #1908

Loss Payee
BARTOW FORD
2800 US HWY 98 N
BARTOW, FL 33830
DESCRIPTION APPLIES TO 2018 FORD F150 #3686

Loss Payee
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA SIENNA #6900

Addl Insured Lessor
ENTERPRISE FM TRUST
PO BOX 16805
ST LOUIS, MO 63105
DESCRIPTION APPLIES TO 2019 TOYOTA #6900

Addl Insured Lessor
VT INC
6150 OMNI PARK DRIVE
MOBILE, AL 36609
DESCRIPTION APPLIES TO 2019 TOYOTA RAV 4 #8921 #7806 2020 VAN #8419

Addl Insured Lessor
WARD INTERNATIONAL TRUCKS, INC
WARD IDEALEASE LLC AND THE OWNER(S)
2200 MICHIGAN AVE
MOBILE, AL 36615
DESCRIPTION APPLIES TO 2018 INTERNATIONAL 4300 #4924

Loss Payee
HONDA LEAST TRUST C/O PDP SERVICES
PO BOX 650201

Policy Number
GPNU-AU-0024153-00/000

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

HUNT VALLEY, MD 21065
DESCRIPTION APPLIES TO 2017 ACURA RLX #0341

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO VEHICLES TOYOTA #2477, #6372, #7515, #6786, #1573,

Loss Payee
VT INC TRUSTEE OF WORLD OMNI
PO BOX 991817
MOBILE, AL 36691
DESCRIPTION APPLIES TO TOYOTA #9143, #2835, #2263, #6759, #7622, #0185

Loss Payee
MERCEDES BENZ FINANCIAL SERVICES
PO BOX 5209
CAROL STREAM, IL 60197
DESCRIPTION APPLIES TO 2018 MERCEDES E300 #2934

Loss Payee
ACME AUTO LEASING
440 WASHINGTON
NORTH HAVEN, CT 06473
DESCRIPTION APPLIES TO 2020 CHEVY TAHOE #6828

Loss Payee
THE BANCORP
3755 PARK LAKE STREET
ORLANDO, FL 32803
DESCRIPTION APPLIES TO 2020 CHEVROLET SILVERADO #9613

Loss Payee
NORTHGATE LINCOLN MERCURY INC DBA PARKS LINCOLN TAMPA
10505 NORTH FLORIDA AVE
TAMPA, FL 33612
DESCRIPTION APPLIES TO 2020 LINCOLN #7651 AND 2020 LINCOLN #2439

Loss Payee
MUIRFIELD INC DBA PARKS FORD OF WESLEY CHAPEL
28739 SR 54 WEST
WESLEY CHAPEL, FL 33543
DESCRIPTION APPLIES TO 2020 FORD #5799

Policy Number
GPNU-AU-0024153-00/000

SCHEDULE OF NAMED INSURED(S)

Named Insured STATE OF FLORIDA

Effective Date: 10-20-20
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT OF FINANCIAL SERVICES

DEPARTMENT OF HEALTH

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

FLORIDA SCHOOL FOR THE DEAF AND BLIND

FLORIDA STATE UNIVERSITY

FLORIDA FISH & WILDLIFE COMMISSION

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

JUSTICE ADMINISTRATION
COMMISSION

NEW COLLEGE OF FLORIDA

UNIVERSITY OF FLORIDA

UNIVERSITY OF NORTH FLORIDA

UNIVERSITY OF SOUTH FLORIDA

UNIVERSITY OF WEST FLORIDA

DEPARTMENT OF TRANSPORTATION

FLORIDA POLYTECHNIC UNIVERSITY

FLORIDA INTERNATIONAL UNIVERSITY

FLORIDA ATLANTIC UNIVERSITY

ENDORSEMENT

This endorsement, effective 12:01 A.M. forms a part of

policy No. GPNU-AU-0024153-00/000

issued to STATE OF FLORIDA

By AMERICAN INTERNATIONAL GROUP, INC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

AUTHORIZED REPRESENTATIVE

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.
7. If this Condition conflicts with your state's requirements regarding cancellation or non-renewal, the provisions of any state-specific form attached to this policy will supersede this Condition to the extent of such conflict.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections and Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;
 - b. Give you reports on the conditions we find; and
 - c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations on our behalf.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Liberalization

If we revise any coverage included in this policy, and if such revision does not require a premium charge, your policy will automatically provide the additional coverage as of the date the revision is effective in your state.

F. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

G. Titles

Throughout this policy, titles are intended for ease of reference only. They do not extend or restrict any coverage beyond what is specifically stated in the policy had no titles been used.

H. Transfer of Your Rights and Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

AUTO COVERAGE PART DECLARATIONS

ITEM ONE: Named Insured - Refer to the Common or Auto Policy Declarations

ITEM TWO: Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Liability (combined single limit)	7	\$1,000,000 each accident	\$ 234,936
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	5	Refer to ITEM THREE and each PIP or added PIP endorsement	\$ 10,046
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	7	\$ 5,000 each person	\$ 3,278
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	N/A	Refer to ITEM THREE and the Uninsured Motorists endorsement	
Underinsured Motorists (UIM) (when not included in UM coverage)	N/A	Refer to ITEM THREE and the Underinsured Motorists endorsement	
Physical Damage – Comprehensive	7	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$ 11,456
Physical Damage – Specified Causes of Loss	7		\$ 142
Physical Damage – Collision	7		\$ 33,531
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			
Estimated Coverage Part Premium:			\$ 293,389.00
Taxes, Fees and Surcharges:			
Total Premium:			\$ 293,389.00

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
1	2015	PETERBILT	DUMP TRUCK	OTH	3BPZLJ0X6FF269695	ACV
2	2017	CHEVROLET MALIBU LS		OTH	1G1ZC5ST5HF263203	ACV
3	2016	TOYOTA CAMRY		OTH	4T1BF1FK3GU609863	ACV
4	2003	PREVOST HIGHWAY COAC		OTH	2PCH3349431014741	ACV
5	2015	FORD TRANSIT T-350	SERVICE	OTH	1FBZX2ZM2FKA24998	ACV
6	2014	LINCOLN NAVIGATOR		OTH	5LMJJ2H57EEL08363	ACV
7	2015	FORD E-450	SERVICE	OTH	1FDDE4FS2FDA16094	ACV
8	2015	FORD E-450	SERVICE	OTH	1FDDE4FSXGDC34415	ACV
9	2016	DODGE 5500	SERVICE	OTH	3C7WRNAL1GG342734	ACV
10	2015	GOSHEN COACH	SERVICE	OTH	1FDEE3FS3FDA35047	ACV
11	2015	THOMAS 141YS BUS		OTH	1T7YU4E24F1284036	ACV
12	2015	THOMAS 141YS BUS		OTH	1T7YU4E26F1284037	ACV
13	2015	THOMAS WHITE BUS		OTH	1T7YU4E27F1284127	ACV
14	2015	THOMAS WHITE BUS		OTH	1I7YU4E29F1284128	ACV
15	2016	DODGE CARAVAN SE		OTH	2C4RDGBG3GR365853	ACV
16	2016	DODGE CARAVAN SE		OTH	2C4RDGBG8GR364116	ACV
17	2016	DODGE CARAVAN SE		OTH	2C4RDGBG6GR364115	ACV
18	2017	BLUE BIRD BUS		OTH	1BABNBCA5HF331038	ACV
19	2017	BLUE BIRD BUS		OTH	1BABNBCA7HF331039	ACV
20	2018	BLUE BIRD BUS		OTH	1BAKFCPAXJF337419	ACV
21	2018	BLUE BIRD BUS		OTH	1BABNBCA9JF337415	ACV
22	2011	TOYOTA TACOMA	SERVICE	OTH	5TFMU4FN1BX002012	ACV
23	2011	GMC SIERRA	SERVICE	OTH	1GT12ZC84BF142324	ACV
24	2006	CHEVY EXPRESS	SERVICE	OTH	1GAHG39U361115869	ACV
25	2012	CHEVY SILVERADO	SERVICE	OTH	1GC4KZC86CF144915	ACV
26	2012	TOYOTA TACOMA	SERVICE	OTH	3TMMU4FNXCM046873	ACV
27	2012	TOYOTA PRIUS		OTH	JTDKDTB38C1505773	ACV
28	2013	DODGE CARAVAN		OTH	2C4RDGCG7DR693853	ACV
29	2015	FORD TRANSIT WAGON X		OTH	1FMZK1YM8FKA12680	ACV
30	2016	FORD TRANSIT CONNECT		OTH	NM0GE9F76G1241748	ACV
31	2016	FORD TRANSIT CONNECT		OTH	NM0GE9F78G1259457	ACV
32	2014	TOYOTA PRIUS		OTH	JTDKDTB36E1079875	ACV
33	2014	TOYOTA PRIUS		OTH	JTDKDTB3XE1081385	ACV
34	2016	NISSAN FRONTIER	SERVICE	OTH	1N6BD0CT8GN750498	ACV
35	2016	NISSAN FRONTIER	SERVICE	OTH	1N6BD0CT5GN750331	ACV
36	2014	FORD WINNEBAGO		OTH	1F645DY2E0A04347	ACV
37	2014	FORD WINNEBAGO		OTH	1F645DY9E0A03339	ACV
38	2006	CHEVY CHAMPION BUS		OTH	1GBG5V1246F421825	ACV
39	2006	CHEVY CHAMPION BUS		OTH	1GBG5V1206F421322	ACV
40	2005	CHEVY CHAMPION BUS		OTH	1GBE5V1285F509766	ACV
41	2005	CHEVY CHAMPION BUS		OTH	1GBE5V1275F509466	ACV
42	2006	FORD ECONOLINE E250	SERVICE	OTH	1FTNS24W76DA85155	ACV
43	2012	FORD FOCUS		OTH	1FAHP3F27CL106365	ACV
44	2011	FORD 138 ECONOLINE E	SERVICE	OTH	1FMNE1BW8BDB31473	ACV
45	2003	FORD FREIGHTLINER MT	SERVICE	OTH	4UZAARBW43CL84659	ACV
46	2012	FORD FUSION		OTH	3FAHP0GA6CR418893	ACV
47	2012	FORD FUSION		OTH	3FAHP0GA0CR418890	ACV
48	2009	FORD CROWN VIC POLIC		OTH	2FAHP71V39X142655	ACV
49	2011	FORD TAURUS SE		OTH	1FAHP2DW2BG183250	ACV
50	2013	FORD FUSION		OTH	3FA6P0G71DR138537	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
51	2013	TOYOTA	COROLLA	OTH	JTDBU4EEXDJ119957	ACV
52	2014	FORD	EXPORER	OTH	1FM5K8B85EGA92010	ACV
53	2014	FORD	EXPORER	OTH	1FM5K8B87EGA92011	ACV
54	2012	FORD	EDGE	OTH	2FMDK3JC1CBA34470	ACV
55	2015	CHEVORLET	TRAVERSE L	OTH	1GNKRFED5FJ192720	ACV
56	2015	CHEVORLET	SILVERADO	OTH	3GCPCPEC7FG145431	ACV
57	2016	FORD	TAURUS SE	OTH	1FAHP2D86GG100413	ACV
58	2016	FORD	EXPLORER	OTH	1FM5K8B85GG97570	ACV
59	2016	CHEVY	IMPALA LIMITED	OTH	2G1WA5E33G1154877	ACV
60	2016	FORD	FUSION S	OTH	3FA6P0G76GR398002	ACV
61	2017	FORD	FUSION	OTH	3FA6P0G70HR108175	ACV
62	2016	FORD	F-150	SERVICE	1FTEW1EG2GKD82434	ACV
63	2016	FORD	F-350	SERVICE	1FT8W3CVT8GED29096	ACV
64	2006	CHEVROLET	EXPRESS	SERVICE	1GBFG15T061196964	ACV
65	2011	MERCEDES BENZ	SPRINT	OTH	WD4PE8CC2B5566158	ACV
66	2012	FORD	ESCAPE	OTH	1FMCUODG7CKA30223	ACV
67	2012	FORD	ESCAPE	OTH	1FMCU0DG9CKA30224	ACV
68	2006	DODGE	CARAVAN	OTH	1D4GP24E76B612661	ACV
69	2016	FORD	ESCAPE	OTH	1FMCU0F7XGUA85966	ACV
70	2017	FARBER	S753 SERVICE	OTH	1512E9569HE533278	ACV
71	2016	DODGE	GRAND CARAVAN	OTH	2C4RDGBG1GR285094	ACV
72	2016	DODGE	GRAND CARAVAN	OTH	2C4RDGBG9GR372161	ACV
73	2016	FORD	TRANSIT T-350	OTH	1FBZX2YM2GKA60483	ACV
74	2000	FLEETWOOD	DISCOVERY	OTH	4UZ6XFBASYCH31191	ACV
75	2000	FLEETWOOD	DISCOVERY	OTH	4UZ6XBAX4CG90833	ACV
76	2016	FORD	TRANSIT T-350	SERVICE	1FBZX2CM1GKB57343	ACV
77	2017	DODGEN	32' GOOSENECK	TRAILER	1J9GN3227GH030709	ACV
78	2015	HD	FLHP	MOTORCYCLE	1HD1FHM1XFB622928	ACV
79	2005	KENT		TRAILER	1KKVE53385L216541	ACV
80	2017	FORD	SUPER DUTY E450	OTH	1FDFE4FS9HDC31975	ACV
81	2017	TOYOTA	RAV 4 HV	OTH	JTMRJREV6HD077456	ACV
82	2017	TOYOTA	RAV 4	OTH	JTMRJREV1HD077753	ACV
83	2016	VOLVO	VNL64T	OTH	4V4NC9EJ8GN948571	ACV
84	2015	FORD	EDGE SEL AWD	OTH	2FMTK4J96FBC18054	ACV
85	2016	FORD	TAURUS SE	OTH	1FAHP2D87GG123179	ACV
86	2017	NISSAN	ALTIMA	OTH	1N4AL3AP4HC297542	ACV
87	2017	FORD	EXPLORER	OTH	1FM5K8B80HGC78705	ACV
88	2016	FVXL	KITCHEN TRAILER	OTH	4U3J04827GL015336	ACV
89	2017	FREEDOM	TRAILER	OTH	5WKBE1014H1045810	ACV
90	2017	FORD	EXPLORER	OTH	1FM5K7B88HGB33941	ACV
91	2017	FORD	TRANSIT	OTH	1FMZK1YM0HKA34983	ACV
92	2017	FORD	EXPLORER 2	OTH	1FM5K7B87HGB33932	ACV
93	2017	FORD	FUSION 1	OTH	3FA6P0G72HR236174	ACV
94	2017	FORD	FUSION 2 (HYBRI	OTH	3FA6P0UJ3HR236176	ACV
95	2017	FORD	FUSION 3 (HYBRI	OTH	3FA6P0UJ1HR236175	ACV
96	2017	FORD	FUSION 4	OTH	3FA6P0G70HR236173	ACV
97	2018	TOYOTA	CAMRY	OTH	4T1B31HKXJU501463	ACV
98	2018	NISSAN	ALTIMA 2.5	OTH	1N4AL3APX1JC138823	ACV
99	2018	NISSAN	ALTIMA 2.5	OTH	1N4AL3AP0JC139964	ACV
100	2018	FORD	EXPLORER	OTH	1FM5KB89JGA71381	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
101	2018	DODGE	CARAVAN	OTH	2C4RDGBGJR176438	ACV
102	2017	GOSHEN COACH		OTH	1FDDE4FS0HDC31976	ACV
103	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF3J1235738	ACV
104	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF6J1278197	ACV
105	2018	CHEVROLET G3500	15 PASSENGER VAN	OTH	1GAZGPF6J1281791	ACV
106	2018	HYUNDAI	SONATA	OTH	5NPE24AA5JH707274	ACV
107	2018	FORD TAURUS		OTH	1FAHP2D88JG123909	ACV
108	2017	CHEVROLET	BOLT	OTH	1G1FX6S06H4183309	ACV
109	2018	FORD TRANSIT		OTH	1FBZX2ZG6JKA62723	ACV
110	2018	NISSAN ALTIMA		OTH	1N4AL3AP0JC251034	ACV
111	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC249208	ACV
112	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC248857	ACV
113	2018	NISSAN ALTIMA		OTH	1N4AL3AP2JC247163	ACV
114	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248690	ACV
115	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250920	ACV
116	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC247136	ACV
117	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC249226	ACV
118	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC250499	ACV
119	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC249100	ACV
120	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC249855	ACV
121	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC248722	ACV
122	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248849	ACV
123	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC247286	ACV
124	2018	NISSAN ALTIMA		OTH	1N4AL3AP8JC248902	ACV
125	2018	NISSAN ALTIMA		OTH	1N4AL3APXJC247198	ACV
126	2018	NISSAN ALTIMA		OTH	1N4AL3AP4JC250646	ACV
127	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC248753	ACV
128	2018	NISSAN ALTIMA		OTH	1N4AL3AP1JC247459	ACV
129	2018	NISSAN ALTIMA		OTH	1N4AL3AP1JC251091	ACV
130	2018	NISSAN ALTIMA		OTH	1N4AL3AP5JC251062	ACV
131	2018	NISSAN ALTIMA		OTH	1N4AL3AP0JC247291	ACV
132	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250867	ACV
133	2018	NISSAN ALTIMA		OTH	1N4AL3AP7JC247272	ACV
134	2018	NISSAN ALTIMA		OTH	1N4AL3AP9JC250450	ACV
135	2018	NISSAN ALTIMA		OTH	1N4AL3AP5JC249229	ACV
136	2018	NISSAN ALTIMA		OTH	1N4AL3AP6JC248669	ACV
137	2018	NISSAN SENTRA		OTH	3N1AB7AP5JY302929	ACV
138	2018	NISSAN SENTRA		OTH	3N1AB7AP2JY304105	ACV
139	2018	NISSAN SENTRA		OTH	3N1AB7AP1JY305472	ACV
140	2018	NISSAN SENTRA		OTH	3N1AB7AP2JY304959	ACV
141	2018	NISSAN SENTRA		OTH	3N1AB7AP4JY300136	ACV
142	2018	NISSAN SENTRA		OTH	3N1AB7AP8JY302911	ACV
143	2018	NISSAN SENTRA		OTH	3N1AB7AP0JY303552	ACV
144	2016	CHEVROLET MALIBU		OTH	1G1ZC5ST2GF260385	ACV
145	2018	DODGE GRAND CARAVAN		OTH	2C4RDGBG3JR310343	ACV
146	2018	DODGE GRAND CARAVAN		OTH	2C4RDGBG1JR310342	ACV
147	2018	DODGE GRAND CARAVAN		OTH	2C4RDGBG8JR311908	ACV
148	2016	JEEP	CHEROKEE	OTH	1C4PJMABXGW301868	ACV
149	2017	FORD	F150	OTH	1FTMF1EF5HKD56835	ACV
150	2012	FORD	F150	OTH	1FTEX1EM8CFC22581	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
151	2014	FORD	EXPLORER	OTH	1FM5K8B89EGC60389	ACV
152	2017	TOYOTA	TUNDRA	OTH	5TFUM5F10HX072306	ACV
153	2017	JEEP	CHEROKEE	OTH	1C4PJMAB1HW513723	ACV
154	2018	WINNEBAGO/RV		OTH	1F66F5DY210A10975	ACV
155	2018	FORD	F150	OTH	1FTEW1E50JFA65122	ACV
156	2018	FORD	F150	OTH	1FTEW1E54JFA65124	ACV
157	2018	FORD	F150	OTH	1FTEW1E56JFA65125	ACV
158	2018	FORD	F150	OTH	1FTEW1E59JFA65121	ACV
159	2018	FORD	F150	OTH	1FTEW1E50JFA65119	ACV
160	2018	FORD	F150	OTH	1FTEW1EFXJKE95666	ACV
161	2018	FORD	F150	OTH	1FTEW1E58JKE95665	ACV
162	2018	GOSHEN COACH		OTH	1FD4E4FS4JDC01465	ACV
163	2017	FORD	F250	OTH	1FT7W2B69HEE58256	ACV
164	2011	FORD	F250 FWC	OTH	1FT7W2B68BEB76147	ACV
165	2018	EXPLORER		OTH	1FM5K7D89JGC76030	ACV
166	2008	FORD	F250	OTH	1FTSW21Y18EC82672	ACV
167	2018	HYUNDAI	SONATA	OTH	5NPE24AA0JH673941	ACV
168	2019	FORD	TRANSIT	OTH	1FTYR1YM0KKA16194	ACV
169	2019	FORD	TRANSIT WAGON	OTH	1FBVU4XM3KKA11595	ACV
170	2019	CHEVY	CRUZ	OTH	1G1BC5SM6K7100328	ACV
171	2018	TOYOTA	RAV 4	OTH	JTMRJREV6JD242430	ACV
172	2019	DODGE	CARAVAN SE	OTH	2C4RDGB2KR654747	ACV
173	2019	FORD	EXPLORER	OTH	1FM5K7B87KGA37483	ACV
174	2019	HYUNDAI	GENESIS	OTH	KMHG54JH0KU050528	ACV
175	2019	CHEVY	IMPALA	OTH	2G11X5S30K9143651	ACV
176	2019	CHEVY	IMPALA	OTH	2G11X56S31K9144503	ACV
177	2019	CHEVY	IMPALA	OTH	2G11X5S3XK9143818	ACV
178	2019	CHEVROLET	MALIBU	OTH	1G1ZC5ST6KF208198	ACV
179	2019	CHEVROLET	MALIBU	OTH	1G1ZC5ST4KF209687	ACV
180	2018	FORD	F150	OTH	1FTEW1EG5JFA33686	ACV
181	2019	TOYOTA	SIENNA	OTH	5TDZZ3DC5KS006900	ACV
182	2019	FORD	ESCAPE	OTH	1FMCU0F77KUC07157	ACV
183	2012	HONDA	CIVIC	OTH	19XFB5F53CE000140	ACV
184	2019	DODGE	CARAVAN	OTH	2C4RDGBG3KR665000	ACV
185	2019	DODGE	CARAVAN	OTH	2C4RDGBG9KR664997	ACV
186	2019	DODGE	CARAVAN	OTH	2CYRDGBG2KR668999	ACV
187	2019	DODGE	CARAVAN	OTH	2C4RDGBG5KR665001	ACV
188	2019	DODGE	CARAVAN	OTH	2C4RDGBG0KR664998	ACV
189	2019	DODGE	CARAVAN	OTH	2C4RDGBG9KR502917	ACV
190	2019	FORD	ESCAPE	OTH	1FMCU0F74KUC35210	ACV
191	2019	TOYOTA RAV4		OTH	2T3H1RFV4KW038921	ACV
192	2019	TOYOTA RAV4		OTH	2T3H1RFV7KC017806	ACV
193	2020	TOYOTA SIENNA	8 PASSENGER VAN	OTH	5TDKZ3DC2LS028419	ACV
194	2012	CHEVROLET	VAN	OTH	1GAZGYFG7C1181899	ACV
195	2016	FORD	E-SERIES BUS	OTH	1FDEEFL5GDC23496	ACV
196	2014	GEM	6 PASS	OTH	52CG6SGA2E0010750	ACV
197	2014	GEM	6 PASS	OTH	52CG6SGA2E0010747	ACV
198	2006	FORD	F150	OTH	1FTPW14V06KC79424	ACV
199	2006	FORD	E-250	OTH	1FTNS2EL2ADA34059	ACV
200	2011	CHRYSLER	TOWN-N-COUNTRY	OTH	2A4RR5DG4BR607538	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
201	2005	FORD	EXPLORER XLS 4X4 4D	OTH	1FMZU72K45ZA48845	ACV
202	2011	FORD	ESCAPE	OTH	1FMCU9DG2BKC12284	ACV
203	2015	STARTTRANS BUS	FRRV-BUS	OTH	1FD4E4F5XFDA09801	ACV
204	2019	FORD	WINNEBAGO	OTH	1F66F6DY2K0A00772	ACV
205	2019	FORD	WINNEBAGO	OTH	1F66F5DY2K0A1176	ACV
206	2019	FORD	156 TRANSIT 350 HD	OTH	1FDES8PM2KKA38355	ACV
207	2019	FORD	TRANSIT VAN	OTH	1FBZX2CM7KKB39437	ACV
208	2018	INTERNATIONAL	4300	OTH	1HTMMML2JH674920	ACV
209	2019	FORD	F-250 CREW DIESEL 4X	OTH	1FT7W2BT4KEF87499	ACV
210	2018	TOYOTA	SEQUOIA SPT UTILITY	OTH	5TDKY5G17JS070185	ACV
211	2018	MERCEDES	E 300	OTH	WDDZF4JB7JA482934	ACV
212	2017	TOYOTA	CAMRY LE/XLE/SE/XSE	OTH	4T1B11HK6JU061991	ACV
213	2019	FORD	TRANSIT CV350 MED RO	OTH	1FTBW1DM1KKA70799	ACV
214	2009	FORD	ECONOLINE E250	OTH	1FDXE45S19DA06490	ACV
215	2019	TOYOTA	TUNDRA	OTH	5TFDM5F1XKX083840	ACV
216	2019	TOYOTA	TUNDRA	OTH	5TFDM5F13KX083856	ACV
217	2020	CHEVY	TAHOE	OTH	2GNSKAKC9LR206828	ACV
218	2020	TOYOTA	COROLLA	OTH	JTDDPRAE0LJ079630	ACV
219	2020	TOYOTA	COROLLA	OTH	JTDDPRAE0L1080938	ACV
220	2020	TOYOTA	COROLLA	OTH	JTDDPRAE0L1081690	ACV
221	2020	CHEVROLET	TRAVERSE LS FWD	OTH	1GNERFKW3LJ181729	ACV
222	2016	CHEVROLET	IMPALA	OTH	2G1WA5E38G1101849	ACV
223	2020	FORD	FUSION	OTH	3FA6P0G73LR104047	ACV
224	2020	FORD	FUSION	OTH	3FA6P0G76LR104236	ACV
225	2019	FORD	FLEX	OTH	2FMGK5B88KBA17893	ACV
226	2020	ACURA RLX		OTH	JH4KC2F96LC000278	ACV
227	2020	FORD	TRANSIT 350 WAGON	OTH	1FBAX2Y82LKA04974	ACV
228	2020	GMC	TERRAIN	OTH	3GKALMEV2LL205340	ACV
229	2020	FORD	EXPLORER	OTH	1FMSK7BH1LGB61205	ACV
230	2018	FORD	TRANSIT 250 AMBULANC	BLS	1FDYR2CM5JKB40808	\$ 75,000
231	2019	ASPT	GT4	OTH	FLA108390	ACV
232	2019	CHEVROLET	SILVERADO 4X4	OTH	1GC1KREG9KF179521	ACV
233	2020	ELDORADO	24 PASSENGER	OTH	1FDAF5GYXKEG59491	ACV
234	2020	ELDORADO	24 PASSENGER	OTH	FDUF5GT6LDA01398	ACV
235	2020	CHEVROLET	SILVERADO	OTH	3GCUYAEFXLG289613	ACV
236	2020	FORD	SUPER CREW	OTH	1FTFW1E53LKD06248	ACV
237	2019	GMC	ACADIA	OTH	IGKKNMLS1KZ202802	ACV
238	2020	GMC	YUKON DENALI	OTH	1GKS2CKJ4LR143886	ACV
239	2020	LINCOLN	MKZ	OTH	3LN6L5E98LR602439	ACV
240	2020	LINCOLN	AVIATOR	OTH	5LM5J7XC8LGL27651	ACV
241	2020	FORD	EXPLORER	OTH	1FM5K8GC1LGC75799	ACV

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 1

Insured's #:

Insured Entity:

Year: 2015

Make: PETERBILT

Model: DUMP TRUCK

V.I.N.: 3BPZLJ0X6FF269695

Valuation: Actual Cash Value

Use:

Class Code: 404990

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,099
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 10
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 124
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 714
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,971

Vehicle # 2

Insured's #:

Insured Entity:

Year: 2017

Make: CHEVROLET MALIBU LS

Model:

V.I.N.: 1G1ZC5ST5HF263203

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 3

Insured's #:

Insured Entity:

Year: 2016
Make: TOYOTA CAMRY
Model:
V.I.N.: 4T1BF1FK3GU609863
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,175

Vehicle # 4

Insured's #:

Insured Entity:

Year: 2003
Make: PREVOST HIGHWAY COACH
Model:
V.I.N.: 2PCH3349431014741
Valuation: Actual Cash Value

Use:
Class Code: 560900
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,372
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 202
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 612
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 3,284

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 5

Insured's #:

Insured Entity:

Year: 2015
Make: FORD TRANSIT T-350
Model: SERVICE
V.I.N.: 1FBZX2ZM2FKA24998
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 111
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 625

Vehicle # 6

Insured's #:

Insured Entity:

Year: 2014
Make: LINCOLN NAVIGATOR
Model:
V.I.N.: 5LMJJ2H57EEL08363
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 121
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,177

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 7

Insured's #:

Insured Entity:

Year: 2015
Make: FORD E-450
Model: SERVICE
V.I.N.: 1FDDE4FS2FDA16094
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 608

Vehicle # 8

Insured's #:

Insured Entity:

Year: 2015
Make: FORD E-450
Model: SERVICE
V.I.N.: 1FDDE4FSXGDC34415
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 608

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 9

Insured's #:

Insured Entity:

Year: 2016
Make: DODGE 5500
Model: SERVICE
V.I.N.: 3C7WRNAL1GG342734
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 657

Vehicle # 10

Insured's #:

Insured Entity:

Year: 2015
Make: GOSHEN COACH
Model: SERVICE
V.I.N.: 1FDDEE3FS3FDA35047
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 608

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 11

Insured's #:

Insured Entity:

Year: 2015

Make: THOMAS 141YS BUS

Model:

V.I.N.: 1T7YU4E24F1284036

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 185
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,959

Vehicle # 12

Insured's #:

Insured Entity:

Year: 2015

Make: THOMAS 141YS BUS

Model:

V.I.N.: 1T7YU4E26F1284037

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 185
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,959

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 13

Insured's #:

Insured Entity:

Year: 2015

Make: THOMAS WHITE BUS

Model:

V.I.N.: 1T7YU4E27F1284127

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 185
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,959

Vehicle # 14

Insured's #:

Insured Entity:

Year: 2015

Make: THOMAS WHITE BUS

Model:

V.I.N.: 1I7YU4E29F1284128

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 185
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,959

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 15

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE CARAVAN SE

Model:

V.I.N.: 2C4RDGBG3GR365853

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 141
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,397

Vehicle # 16

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE CARAVAN SE

Model:

V.I.N.: 2C4RDGBG8GR364116

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 141
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,397

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 17

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE CARAVAN SE

Model:

V.I.N.: 2C4RDGBG6GR364115

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 141
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,397

Vehicle # 18

Insured's #:

Insured Entity:

Year: 2017

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA5HF331038

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 187
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,962

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 19

Insured's #:

Insured Entity:

Year: 2017

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BABNBCA7HF331039

Valuation: Actual Cash Value

Use:

Class Code: 620300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,634
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 187
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,962

Vehicle # 20

Insured's #:

Insured Entity:

Year: 2018

Make: BLUE BIRD BUS

Model:

V.I.N.: 1BAKFCPAXJF337419

Valuation: Actual Cash Value

Use:

Class Code: 628300

State: FL

Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,330
Personal Injury Protection (PIP)	See Endorsement		\$ 59
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 15
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 119
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,561

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 21

Insured's #:

Insured Entity:

Year: 2018
Make: BLUE BIRD BUS
Model:
V.I.N.: 1BABNBCA9JF337415
Valuation: Actual Cash Value

Use:
Class Code: 628300
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,330
Personal Injury Protection (PIP)	See Endorsement		\$ 59
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 15
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 45
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 166
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,615

Vehicle # 22

Insured's #:

Insured Entity:

Year: 2011
Make: TOYOTA TACOMA
Model: SERVICE
V.I.N.: 5TFMU4FN1BX002012
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 74
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 579

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 23

Insured's #:

Insured Entity:

Year: 2011
Make: GMC SIERRA
Model: SERVICE
V.I.N.: 1GT12ZC84BF142324
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 45
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 104
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 617

Vehicle # 24

Insured's #:

Insured Entity:

Year: 2006
Make: CHEVY EXPRESS
Model: SERVICE
V.I.N.: 1GAHG39U361115869
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 29
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 59
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 556

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 25

Insured's #:

Insured Entity:

Year: 2012
Make: CHEVY SILVERADO
Model: SERVICE
V.I.N.: 1GC4KZC86CF144915
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 61
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 582

Vehicle # 26

Insured's #:

Insured Entity:

Year: 2012
Make: TOYOTA TACOMA
Model: SERVICE
V.I.N.: 3TMMU4FNXCM046873
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 589

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 27

Insured's #:

Insured Entity:

Year: 2012

Make: TOYOTA PRIUS

Model:

V.I.N.: JTDKDTB38C1505773

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 20
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,117

Vehicle # 28

Insured's #:

Insured Entity:

Year: 2013

Make: DODGE CARAVAN

Model:

V.I.N.: 2C4RDGCG7DR693853

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 27
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 97
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,140

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 29

Insured's #:

Insured Entity:

Year: 2015
Make: FORD TRANSIT WAGON XL
Model:
V.I.N.: 1FMZK1YM8FKA12680
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,294
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 106
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,550

Vehicle # 30

Insured's #:

Insured Entity:

Year: 2016
Make: FORD TRANSIT CONNECT XLT
Model:
V.I.N.: NMOGE9F76G1241748
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,132
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 89
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,350

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 31

Insured's #:

Insured Entity:

Year: 2016
Make: FORD TRANSIT CONNECT XLT
Model:
V.I.N.: NM0GE9F78G1259457
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,132
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 89
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,350

Vehicle # 32

Insured's #:

Insured Entity:

Year: 2014
Make: TOYOTA PRIUS
Model:
V.I.N.: JTDKDTB36E1079875
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 97
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,138

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 33

Insured's #:

Insured Entity:

Year: 2014

Make: TOYOTA PRIUS

Model:

V.I.N.: JTDKDTB3XE1081385

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 97
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,138

Vehicle # 34

Insured's #:

Insured Entity:

Year: 2016

Make: NISSAN FRONTIER

Model: SERVICE

V.I.N.: 1N6BD0CT8GN750498

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 591

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 35

Insured's #:

Insured Entity:

Year: 2016
Make: NISSAN FRONTIER
Model: SERVICE
V.I.N.: 1N6BD0CT5GN750331
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 591

Vehicle # 36

Insured's #:

Insured Entity:

Year: 2014
Make: FORD WINNEBAGO
Model:
V.I.N.: 1F645DY2E0A04347
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 527
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 208
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 801

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 37

Insured's #:

Insured Entity:

Year: 2014
Make: FORD WINNEBAGO
Model:
V.I.N.: 1F645DY9E0A03339
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 527
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 208
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 801

Vehicle # 38

Insured's #:

Insured Entity:

Year: 2006
Make: CHEVY CHAMPION BUS
Model:
V.I.N.: 1GBG5V1246F421825
Valuation: Actual Cash Value

Use:
Class Code: 580900
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,253
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 83
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,534

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 39

Insured's #:

Insured Entity:

Year: 2006

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBG5V1206F421322

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,253
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 83
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,534

Vehicle # 40

Insured's #:

Insured Entity:

Year: 2005

Make: CHEVY CHAMPION BUS

Model:

V.I.N.: 1GBE5V1285F509766

Valuation: Actual Cash Value

Use:

Class Code: 580900

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,253
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 83
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,534

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 41

Insured's #:

Insured Entity:

Year: 2005
Make: CHEVY CHAMPION BUS
Model:
V.I.N.: 1GBE5V1275F509466
Valuation: Actual Cash Value

Use:
Class Code: 580900
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,253
Personal Injury Protection (PIP)	See Endorsement		\$ 68
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 25
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 83
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,534

Vehicle # 42

Insured's #:

Insured Entity:

Year: 2006
Make: FORD ECONOLINE E250
Model: SERVICE
V.I.N.: 1FTNS24W76DA85155
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 883
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 55
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,003

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 43

Insured's #:

Insured Entity:

Year: 2012

Make: FORD FOCUS

Model:

V.I.N.: 1FAHP3F27CL106365

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 20
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,117

Vehicle # 44

Insured's #:

Insured Entity:

Year: 2011

Make: FORD 138 ECONOLINE E150

Model: SERVICE

V.I.N.: 1FMNE1BW8BDB31473

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 883
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 52
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 88
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,055

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 45

Insured's #:

Insured Entity:

Year: 2003
Make: FORD FREIGHTLINER MT55
Model: SERVICE
V.I.N.: 4UZAARBW43CL84659
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 154

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 744
Personal Injury Protection (PIP)	See Endorsement		\$ 22
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 56
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 871

Vehicle # 46

Insured's #:

Insured Entity:

Year: 2012
Make: FORD FUSION
Model:
V.I.N.: 3FAHP0GA6CR418893
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 154

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 915
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 72
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,101

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 47

Insured's #:

Insured Entity:

Year: 2012

Make: FORD FUSION

Model:

V.I.N.: 3FAHP0GA0CR418890

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 106

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,116
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 28
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 76
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,298

Vehicle # 48

Insured's #:

Insured Entity:

Year: 2009

Make: FORD CROWN VIC POLICE

Model:

V.I.N.: 2FAHP71V39X142655

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 19
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 51
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,060

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 49

Insured's #:

Insured Entity:

Year: 2011
Make: FORD TAURUS SE
Model:
V.I.N.: 1FAHP2DW2BG183250
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 21
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 62
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,073

Vehicle # 50

Insured's #:

Insured Entity:

Year: 2013
Make: FORD FUSION
Model:
V.I.N.: 3FA6P0G71DR138537
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 25
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 76
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,091

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 51

Insured's #:

Insured Entity:

Year: 2013

Make: TOYOTA COROLLA

Model:

V.I.N.: JTDBU4EEXDJ119957

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 163

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 586
Personal Injury Protection (PIP)	See Endorsement		\$ 37
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 22
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 740

Vehicle # 52

Insured's #:

Insured Entity:

Year: 2014

Make: FORD EXPORER

Model:

V.I.N.: 1FM5K8B85EGA92010

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 106
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,153

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 53

Insured's #:

Insured Entity:

Year: 2014
Make: FORD EXPORER
Model:
V.I.N.: 1FM5K8B87EGA92011
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 106
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,153

Vehicle # 54

Insured's #:

Insured Entity:

Year: 2012
Make: FORD EDGE
Model:
V.I.N.: 2FMDK3JC1CBA34470
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 106

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,116
Personal Injury Protection (PIP)	See Endorsement		\$ 64
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 83
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,312

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 55

Insured's #:

Insured Entity:

Year: 2015

Make: CHEVORLET TRAVERSE LS

Model:

V.I.N.: 1GNKRFED5FJ192720

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 124
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,173

Vehicle # 56

Insured's #:

Insured Entity:

Year: 2015

Make: CHEVORLET SILVERADO 1500

Model:

V.I.N.: 3GCPCPEC7FG145431

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 111
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 625

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 57

Insured's #:

Insured Entity:

Year: 2016

Make: FORD TAURUS SE

Model:

V.I.N.: 1FAHP2D86GG100413

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,184

Vehicle # 58

Insured's #:

Insured Entity:

Year: 2016

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5K8B85GGB97570

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,184

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 59

Insured's #:

Insured Entity:

Year: 2016
Make: CHEVY IMPALA LIMITED LS
Model:
V.I.N.: 2G1WA5E33G1154877
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,184

Vehicle # 60

Insured's #:

Insured Entity:

Year: 2016
Make: FORD FUSION S
Model:
V.I.N.: 3FA6P0G76GR398002
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,175

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 61

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION

Model:

V.I.N.: 3FA6P0G70HR108175

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Vehicle # 62

Insured's #:

Insured Entity:

Year: 2016

Make: FORD F-150

Model: SERVICE

V.I.N.: 1FTEW1EG2GKD82434

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 366
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 109
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 540

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 63

Insured's #:

Insured Entity:

Year: 2016
Make: FORD F-350
Model: SERVICE
V.I.N.: 1FT8W3CVT8GED29096
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 366
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 50
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 109
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 540

Vehicle # 64

Insured's #:

Insured Entity:

Year: 2006
Make: CHEVROLET EXPRESS
Model: SERVICE
V.I.N.: 1GBFG15T061196964
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 561
Personal Injury Protection (PIP)	See Endorsement		\$ 11
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 26
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 47
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 653

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 65

Insured's #:

Insured Entity:

Year: 2011

Make: MERCEDES BENZ SPRINTER

Model:

V.I.N.: WD4PE8CC2B5566158

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,599
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 55
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 102
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,876

Vehicle # 66

Insured's #:

Insured Entity:

Year: 2012

Make: FORD ESCAPE

Model:

V.I.N.: 1FMCUODG7CKA30223

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 91
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,428

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 67

Insured's #:

Insured Entity:

Year: 2012

Make: FORD ESCAPE

Model:

V.I.N.: 1FMCU0DG9CKA30224

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 91
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,428

Vehicle # 68

Insured's #:

Insured Entity:

Year: 2006

Make: DODGE CARAVAN

Model:

V.I.N.: 1D4GP24E76B612661

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 24
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 63
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,392

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 69

Insured's #:

Insured Entity:

Year: 2016
Make: FORD ESCAPE
Model:
V.I.N.: 1FMCU0F7XGUA85966
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 136
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,487

Vehicle # 70

Insured's #:

Insured Entity:

Year: 2017
Make: FARBER S753 SERVICE
Model:
V.I.N.: 1512E9569HE533278
Valuation: Actual Cash Value

Use:
Class Code: 694990
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		INCL
Personal Injury Protection (PIP)	See Endorsement		INCL
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		INCL
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 76
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 408
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 484

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 71

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE GRAND CARAVAN

Model:

V.I.N.: 2C4RDGBG1GR285094

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 136
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,487

Vehicle # 72

Insured's #:

Insured Entity:

Year: 2016

Make: DODGE GRAND CARAVAN

Model:

V.I.N.: 2C4RDGBG9GR372161

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 136
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,487

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 73

Insured's #:

Insured Entity:

Year: 2016
Make: FORD TRANSIT T-350
Model:
V.I.N.: 1FBZX2YM2GKA60483
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,040
Personal Injury Protection (PIP)	See Endorsement		\$ 159
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 68
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 124
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,409

Vehicle # 74

Insured's #:

Insured Entity:

Year: 2000
Make: FLEETWOOD DISCOVERY
Model:
V.I.N.: 4UZ6XFBASYCH31191
Valuation: Actual Cash Value

Use:
Class Code: 560900
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,372
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 109
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 202
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,781

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 75

Insured's #:

Insured Entity:

Year: 2000

Make: FLEETWOOD DISCOVERY

Model:

V.I.N.: 4UZ6XBAX4CG90833

Valuation: Actual Cash Value

Use:

Class Code: 560900

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,372
Personal Injury Protection (PIP)	See Endorsement		\$ 72
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 109
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 202
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,781

Vehicle # 76

Insured's #:

Insured Entity:

Year: 2016

Make: FORD TRANSIT T-350

Model: SERVICE

V.I.N.: 1FBZX2CM1GKB57343

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 118
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 632

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 77

Insured's #:

Insured Entity:

Year: 2017

Make: DODGEN 32' GOOSENECK

Model: TRAILER

V.I.N.: 1J9GN3227GH030709

Valuation: Actual Cash Value

Use:

Class Code: 684990

State: FL

Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 76
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 208
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 336

Vehicle # 78

Insured's #:

Insured Entity:

Year: 2015

Make: HD FLHP

Model: MOTORCYCLE

V.I.N.: 1HD1FHM1XFB622928

Valuation: Actual Cash Value

Use:

Class Code: 798500

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,045
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss	\$ 19,000	FULL	\$ 142
Physical Damage – Collision	ACV	500	\$ 101
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,350

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 79

Insured's #:

Insured Entity:

Year: 2005
Make: KENT
Model: TRAILER
V.I.N.: 1KKVE53385L216541
Valuation: Actual Cash Value

Use:
Class Code: 684990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 94
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 14
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 30
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 141

Vehicle # 80

Insured's #:

Insured Entity:

Year: 2017
Make: FORD SUPER DUTY E450
Model:
V.I.N.: 1FDDE4FS9HDC31975
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 476
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 141
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 678

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 81

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4 HV

Model:

V.I.N.: JTMRJREV6HD077456

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Vehicle # 82

Insured's #:

Insured Entity:

Year: 2017

Make: TOYOTA RAV 4

Model:

V.I.N.: JTMRJREV1HD077753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 83

Insured's #:

Insured Entity:

Year: 2016
Make: VOLVO VNL64T
Model:
V.I.N.: 4V4NC9EJ8GN948571
Valuation: Actual Cash Value

Use:
Class Code: 404990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,364
Personal Injury Protection (PIP)	See Endorsement		\$ 21
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 10
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 85
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 396
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,876

Vehicle # 84

Insured's #:

Insured Entity:

Year: 2015
Make: FORD EDGE SEL AWD
Model:
V.I.N.: 2FMTK4J96FBC18054
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 124
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,173

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 85

Insured's #:

Insured Entity:

Year: 2016

Make: FORD TAURUS SE

Model:

V.I.N.: 1FAHP2D87GG123179

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,184

Vehicle # 86

Insured's #:

Insured Entity:

Year: 2017

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP4HC297542

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 87

Insured's #:

Insured Entity:

Year: 2017

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5K8B80HGC78705

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 55
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 152
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,512

Vehicle # 88

Insured's #:

Insured Entity:

Year: 2016

Make: FVXL

Model: KITCHEN TRAILER

V.I.N.: 4U3J04827GL015336

Valuation: N/A

Use:

Class Code: 674990

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 94
Personal Injury Protection (PIP)	See Endorsement		\$ 2
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 1
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 97

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 89

Insured's #:

Insured Entity:

Year: 2017

Make: FREEDOM

Model: TRAILER

V.I.N.: 5WKBE1014H1045810

Valuation: Actual Cash Value

Use:

Class Code: 684990

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 169
Personal Injury Protection (PIP)	See Endorsement		\$ 4
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 2
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 13
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 19
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 207

Vehicle # 90

Insured's #:

Insured Entity:

Year: 2017

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5K7B88HGB33941

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 91

Insured's #:

Insured Entity:

Year: 2017

Make: FORD TRANSIT

Model:

V.I.N.: 1FMZK1YM0HKA34983

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,294
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 57
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,577

Vehicle # 92

Insured's #:

Insured Entity:

Year: 2017

Make: FORD EXPLORER 2

Model:

V.I.N.: 1FM5K7B87HGB33932

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 93

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 1

Model:

V.I.N.: 3FA6P0G72HR236174

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Vehicle # 94

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 2 (HYBRID)

Model:

V.I.N.: 3FA6P0UU3HR236176

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 95

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 3 (HYBRID)

Model:

V.I.N.: 3FA6P0UU1HR236175

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 37
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 142
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Vehicle # 96

Insured's #:

Insured Entity:

Year: 2017

Make: FORD FUSION 4

Model:

V.I.N.: 3FA6P0G70HR236173

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 135
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,185

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 97

Insured's #:

Insured Entity:

Year: 2018

Make: TOYOTA CAMRY

Model:

V.I.N.: 4T1B31HKXJU501463

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,206

Vehicle # 98

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA 2.5

Model:

V.I.N.: 1N4AL3APX1JC138823

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 123
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 997

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 99

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA 2.5

Model:

V.I.N.: 1N4AL3AP0JC139964

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 123
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 997

Vehicle # 100

Insured's #:

Insured Entity:

Year: 2018

Make: FORD EXPLORER

Model:

V.I.N.: 1FM5KB89JGA71381

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 136
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,018

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 101

Insured's #:

Insured Entity:

Year: 2018
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBGJR176438
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 46
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 113
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 953

Vehicle # 102

Insured's #:

Insured Entity:

Year: 2017
Make: GOSHEN COACH
Model:
V.I.N.: 1FD4E4FS0HDC31976
Valuation: Actual Cash Value

Use:
Class Code: 658300
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,102
Personal Injury Protection (PIP)	See Endorsement		\$ 142
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 20
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 72
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 235
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,571

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 103

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF3J1235738

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,663
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 68
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 137
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,988

Vehicle # 104

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF3J1278197

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,663
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 68
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 137
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,988

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 105

Insured's #:

Insured Entity:

Year: 2018

Make: CHEVROLET G3500

Model: 15 PASSENGER VAN

V.I.N.: 1GAZGPF6G6J1281791

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,663
Personal Injury Protection (PIP)	See Endorsement		\$ 98
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 22
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 68
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 137
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,988

Vehicle # 106

Insured's #:

Insured Entity:

Year: 2018

Make: HYUNDAI

Model: SONATA

V.I.N.: 5NPE24AA5JH707274

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 35
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,195

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 107

Insured's #:

Insured Entity:

Year: 2018
Make: FORD TAURUS
Model:
V.I.N.: 1FAHP2D88JG123909
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 761
Personal Injury Protection (PIP)	See Endorsement		\$ 47
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 123
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 977

Vehicle # 108

Insured's #:

Insured Entity:

Year: 2017
Make: CHEVROLET
Model: BOLT
V.I.N.: 1G1FX6S06H4183309
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 653
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 60
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 122
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 881

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 109

Insured's #:

Insured Entity:

Year: 2018
Make: FORD TRANSIT
Model:
V.I.N.: 1FBZX2ZG6JKA62723
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,040
Personal Injury Protection (PIP)	See Endorsement		\$ 159
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 18
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 81
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 147
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,445

Vehicle # 110

Insured's #:

Insured Entity:

Year: 2018
Make: NISSAN ALTIMA
Model:
V.I.N.: 1N4AL3AP0JC251034
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 111

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC249208

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 112

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC248857

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 113

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP2JC247163

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 114

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248690

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 115

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250920

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 116

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC247136

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 117

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC249226

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 118

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC250499

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 119

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC249100

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 120

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC249855

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 121

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248722

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 122

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248849

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 123

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC247286

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 124

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP8JC248902

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 125

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3APXJC247198

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 126

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP4JC250646

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 127

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248753

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 128

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC247459

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 129

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP1JC251091

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 130

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC251062

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 131

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP0JC247291

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 132

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250867

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 133

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP7JC247272

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 134

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP9JC250450

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 135

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP5JC249229

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 136

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN ALTIMA

Model:

V.I.N.: 1N4AL3AP6JC248669

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 137

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP5JY302929

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 138

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP2JY304105

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 139

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP1JY305472

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 140

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP2JY304959

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 141

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP4JY300136

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 142

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP8JY302911

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 143

Insured's #:

Insured Entity:

Year: 2018

Make: NISSAN SENTRA

Model:

V.I.N.: 3N1AB7AP0JY303552

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 181

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 786
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 139
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,012

Vehicle # 144

Insured's #:

Insured Entity:

Year: 2016

Make: CHEVROLET MALIBU

Model:

V.I.N.: 1G1ZC5ST2GF260385

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 32
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,175

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 145

Insured's #:

Insured Entity:

Year: 2018
Make: DODGE GRAND CARAVAN SE
Model:
V.I.N.: 2C4RDGBG3JR310343
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,017
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,245

Vehicle # 146

Insured's #:

Insured Entity:

Year: 2018
Make: DODGE GRAND CARAVAN SE
Model:
V.I.N.: 2C4RDGBG1JR310342
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,017
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,245

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 147

Insured's #:

Insured Entity:

Year: 2018
Make: DODGE GRAND CARAVAN SE
Model:
V.I.N.: 2C4RDGBG8JR311908
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,017
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 151
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,245

Vehicle # 148

Insured's #:

Insured Entity:

Year: 2016
Make: JEEP
Model: CHEROKEE
V.I.N.: 1C4PJMABXGW301868
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 653
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 39
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 96
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 834

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 149

Insured's #:

Insured Entity:

Year: 2017
Make: FORD
Model: F150
V.I.N.: 1FTMF1EFCHKD56835
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 366
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 123
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 560

Vehicle # 150

Insured's #:

Insured Entity:

Year: 2012
Make: FORD
Model: F150
V.I.N.: 1FTEX1EM8CFC22581
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 366
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 44
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 75
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 500

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 151

Insured's #:

Insured Entity:

Year: 2014
Make: FORD
Model: EXPLORER
V.I.N.: 1FM5K8B89EGC60389
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 653
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 803

Vehicle # 152

Insured's #:

Insured Entity:

Year: 2017
Make: TOYOTA
Model: TUNDRA
V.I.N.: 5TFUM5F10HX072306
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 366
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 123
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 560

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 153

Insured's #:

Insured Entity:

Year: 2017
Make: JEEP
Model: CHEROKEE
V.I.N.: 1C4PJMAB1HW513723
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 653
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 103
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 844

Vehicle # 154

Insured's #:

Insured Entity:

Year: 2018
Make: WINNEBAGO/RV
Model:
V.I.N.: 1F66F5DY210A10975
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 527
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 72
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 366
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 980

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 155

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E50JFA65122
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 561
Personal Injury Protection (PIP)	See Endorsement		\$ 11
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 94
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 716

Vehicle # 156

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E54JFA65124
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 106

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 87
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 933

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 157

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E56JFA65125
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 153

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 400
Personal Injury Protection (PIP)	See Endorsement		\$ 14
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 548

Vehicle # 158

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E59JFA65121
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 507
Personal Injury Protection (PIP)	See Endorsement		\$ 14
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 79
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 654

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 159

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E50JFA65119
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 132

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 396
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 525

Vehicle # 160

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1EFXJKE95666
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 453
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 38
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 92
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 598

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 161

Insured's #:

Insured Entity:

Year: 2018
Make: FORD
Model: F150
V.I.N.: 1FTEW1E58JKE95665
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 169

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 361
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 53
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 86
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 517

Vehicle # 162

Insured's #:

Insured Entity:

Year: 2018
Make: GOSHEN COACH
Model:
V.I.N.: 1FD4E4FS4JDC01465
Valuation: Actual Cash Value

Use:
Class Code: 658300
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,102
Personal Injury Protection (PIP)	See Endorsement		\$ 142
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 20
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 76
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 248
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,588

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 163

Insured's #:

Insured Entity:

Year: 2017
Make: FORD
Model: F250
V.I.N.: 1FT7W2B69HEE58256
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 132

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 396
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 56
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 105
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 572

Vehicle # 164

Insured's #:

Insured Entity:

Year: 2011
Make: FORD
Model: F250 FWC
V.I.N.: 1FT7W2B68BEB76147
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 132

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 396
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 59
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 511

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 165

Insured's #:

Insured Entity:

Year: 2018

Make: EXPLORER

Model:

V.I.N.: 1FM5K7D89JGC76030

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 167

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 39
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 64
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 153
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,048

Vehicle # 166

Insured's #:

Insured Entity:

Year: 2008

Make: FORD

Model: F250

V.I.N.: 1FTSW21Y18EC82672

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 133

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 676
Personal Injury Protection (PIP)	See Endorsement		\$ 23
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 33
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 52
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 795

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 167

Insured's #:

Insured Entity:

Year: 2018
Make: HYUNDAI
Model: SONATA
V.I.N.: 5NPE24AA0JH673941
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 134

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,176
Personal Injury Protection (PIP)	See Endorsement		\$ 82
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 52
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 177
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,501

Vehicle # 168

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT
V.I.N.: 1FTYR1YM0KKA16194
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 106

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 110
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 965

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 169

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT WAGON
V.I.N.: 1FBVU4XM3KKA11595
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 167

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,005
Personal Injury Protection (PIP)	See Endorsement		\$ 80
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 84
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 131
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,313

Vehicle # 170

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVY
Model: CRUZ
V.I.N.: 1G1BC5SM6K7100328
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 165
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,519

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 171

Insured's #:

Insured Entity:

Year: 2018
Make: TOYOTA
Model: RAV 4
V.I.N.: JTMRJREV6JD242430
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 52
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 155
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,512

Vehicle # 172

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN SE
V.I.N.: 2C4RDGB2KR654747
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,024

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 173

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: EXPLORER
V.I.N.: 1FM5K7B87KGA37483
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 54
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 173
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,532

Vehicle # 174

Insured's #:

Insured Entity:

Year: 2019
Make: HYUNDAI
Model: GENESIS
V.I.N.: KMHG54JH0KU050528
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 107
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 279
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,691

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 175

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVY
Model: IMPALA
V.I.N.: 2G11X5S30K9143651
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,024

Vehicle # 176

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVY
Model: IMPALA
V.I.N.: 2G11X56S31K9144503
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,024

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 177

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVY
Model: IMPALA
V.I.N.: 2G11X5S3XK9143818
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 142

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 778
Personal Injury Protection (PIP)	See Endorsement		\$ 48
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 40
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,024

Vehicle # 178

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVROLET
Model: MALIBU
V.I.N.: 1G1ZC5ST6KF208198
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 143

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 827
Personal Injury Protection (PIP)	See Endorsement		\$ 53
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 122
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,047

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 179

Insured's #:

Insured Entity:

Year: 2019

Make: CHEVROLET

Model: MALIBU

V.I.N.: 1G1ZC5ST4KF209687

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 761
Personal Injury Protection (PIP)	See Endorsement		\$ 47
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 31
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 131
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 984

Vehicle # 180

Insured's #:

Insured Entity:

Year: 2018

Make: FORD

Model: F150

V.I.N.: 1FTEW1EG5JFA33686

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 166

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 516
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 78
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 144
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 755

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 181

Insured's #:

Insured Entity:

Year: 2019
Make: TOYOTA
Model: SIENNA
V.I.N.: 5TDZZ3DC5KS006900
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,017
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 168
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,265

Vehicle # 182

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: ESCAPE
V.I.N.: 1FMCU0F77KUC07157
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 145

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 653
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 116
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 857

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 183

Insured's #:

Insured Entity:

Year: 2012
Make: HONDA
Model: CIVIC
V.I.N.: 19XFB5F53CE000140
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 16
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 73
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,105

Vehicle # 184

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG3KR665000
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 969

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 185

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG9KR664997
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 969

Vehicle # 186

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2CYRDGBG2KR668999
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 969

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 187

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG5KR665001
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 969

Vehicle # 188

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG0KR664998
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 138

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 745
Personal Injury Protection (PIP)	See Endorsement		\$ 35
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 48
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 127
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 969

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 189

Insured's #:

Insured Entity:

Year: 2019
Make: DODGE
Model: CARAVAN
V.I.N.: 2C4RDGBG9KR502917
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,278
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 61
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 181
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,596

Vehicle # 190

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: ESCAPE
V.I.N.: 1FMCU0F74KUC35210
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 165
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,519

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 191

Insured's #:

Insured Entity:

Year: 2019

Make: TOYOTA RAV4

Model:

V.I.N.: 2T3H1RFV4KW038921

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 54
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 169
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,052

Vehicle # 192

Insured's #:

Insured Entity:

Year: 2019

Make: TOYOTA RAV4

Model:

V.I.N.: 2T3H1RFV7KC017806

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 54
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 169
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,052

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 193

Insured's #:

Insured Entity:

Year: 2020

Make: TOYOTA SIENNA

Model: 8 PASSENGER VAN

V.I.N.: 5TDKZ3DC2LS028419

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 174

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 54
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 169
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,052

Vehicle # 194

Insured's #:

Insured Entity:

Year: 2012

Make: CHEVROLET

Model: VAN

V.I.N.: 1GAZGYFG7C1181899

Valuation: Actual Cash Value

Use:

Class Code: 589200

State: FL

Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,578
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 158
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 64
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 81
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,881

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 195

Insured's #:

Insured Entity:

Year: 2016
Make: FORD
Model: E-SERIES BUS
V.I.N.: 1FDEEFL5GDC23496
Valuation: Actual Cash Value

Use:
Class Code: 589200
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 2,578
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 158
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 74
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 118
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,928

Vehicle # 196

Insured's #:

Insured Entity:

Year: 2014
Make: GEM
Model: 6 PASS
V.I.N.: 52CG6SGA2E0010750
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,244
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 54
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,426

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 197

Insured's #:

Insured Entity:

Year: 2014
Make: GEM
Model: 6 PASS
V.I.N.: 52CG6SGA2E0010747
Valuation: Actual Cash Value

Use:
Class Code: 588100
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,244
Personal Injury Protection (PIP)	See Endorsement		\$ 76
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 11
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 41
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 54
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,426

Vehicle # 198

Insured's #:

Insured Entity:

Year: 2006
Make: FORD
Model: F150
V.I.N.: 1FTPW14V06KC79424
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 499
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 36
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 53
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 603

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 199

Insured's #:

Insured Entity:

Year: 2006
Make: FORD
Model: E-250
V.I.N.: 1FTNS2EL2ADA34059
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 499
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 42
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 586

Vehicle # 200

Insured's #:

Insured Entity:

Year: 2011
Make: CHRYSLER
Model: TOWN-N-COUNTRY
V.I.N.: 2A4RR5DG4BR607538
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 499
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 67
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 628

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 201

Insured's #:

Insured Entity:

Year: 2005
Make: FORD
Model: EXPLORER XLS 4X4 4DR 6 CYLINDER
V.I.N.: 1FMZU72K45ZA48845
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 499
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 30
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 42
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 586

Vehicle # 202

Insured's #:

Insured Entity:

Year: 2011
Make: FORD
Model: ESCAPE
V.I.N.: 1FMCU9DG2BKC12284
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 997
Personal Injury Protection (PIP)	See Endorsement		\$ 32
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 18
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 62
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,123

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 203

Insured's #:

Insured Entity:

Year: 2015

Make: STARTRANS BUS

Model: FRRV-BUS

V.I.N.: 1FDFF4FSXFDA09801

Valuation: Actual Cash Value

Use:

Class Code: 588200

State: FL

Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,479
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 64
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 95
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,738

Vehicle # 204

Insured's #:

Insured Entity:

Year: 2019

Make: FORD

Model: WINNEBAGO

V.I.N.: 1F66F6DY2K0A00772

Valuation: Actual Cash Value

Use: Service

Class Code: 314990

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 951
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 99
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 411
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,489

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 205

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: WINNEBAGO
V.I.N.: 1F66F5DY2K0A1176
Valuation: Actual Cash Value

Use: Service
Class Code: 314990
State: FL
Territory: 149

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 510
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 88
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 316
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 931

Vehicle # 206

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: 156 TRANSIT 350 HD
V.I.N.: 1FD58PM2KKA38355
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,345
Personal Injury Protection (PIP)	See Endorsement		\$ 87
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 12
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 76
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 199
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,719

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 207

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT VAN
V.I.N.: 1FBZX2CM7KKB39437
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 168
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,226

Vehicle # 208

Insured's #:

Insured Entity:

Year: 2018
Make: INTERNATIONAL
Model: 4300
V.I.N.: 1HTMMML2JH674920
Valuation: Actual Cash Value

Use: Service
Class Code: 214990
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 495
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 49
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 148
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 707

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 209

Insured's #:

Insured Entity:

Year: 2019

Make: FORD

Model: F-250 CREW DIESEL 4X4

V.I.N.: 1FT7W2BT4KEF87499

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 182

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 397
Personal Injury Protection (PIP)	See Endorsement		\$ 12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 82
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 206
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 702

Vehicle # 210

Insured's #: FAU

Insured Entity:

Year: 2018

Make: TOYOTA

Model: SEQUOIA SPT UTILITY LTD

V.I.N.: 5TDKY5G17JS070185

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 63
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 191
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,501

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 211

Insured's #: FAU

Insured Entity:

Year: 2018
Make: MERCEDES
Model: E 300
V.I.N.: WDDZF4JB7JA482934
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 63
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 191
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,501

Vehicle # 212

Insured's #: FAU

Insured Entity:

Year: 2017
Make: TOYOTA
Model: CAMRY LE/XLE/SE/XSE
V.I.N.: 4T1B11HK6JU061991
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 47
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 158
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,452

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 213

Insured's #: USF

Insured Entity:

Year: 2019
Make: FORD
Model: TRANSIT CV350 MED ROOF
V.I.N.: 1FTBW1DM1KKA70799
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 818
Personal Injury Protection (PIP)	See Endorsement		\$ 20
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 8
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 76
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 162
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,084

Vehicle # 214

Insured's #: FAU

Insured Entity:

Year: 2009
Make: FORD
Model: ECONOLINE E250
V.I.N.: 1FDXE45S19DA06490
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 85
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 23
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 69
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,339

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 215

Insured's #:

Insured Entity:

Year: 2019
Make: TOYOTA
Model: TUNDRA
V.I.N.: 5TFDM5F1XKX083840
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 615
Personal Injury Protection (PIP)	See Endorsement		\$ 16
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 59
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 99
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 794

Vehicle # 216

Insured's #:

Insured Entity:

Year: 2019
Make: TOYOTA
Model: TUNDRA
V.I.N.: 5TFDM5F13KX083856
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 615
Personal Injury Protection (PIP)	See Endorsement		\$ 16
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 59
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 99
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 794

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 217

Insured's #:

Insured Entity:

Year: 2020
Make: CHEVY
Model: TAHOE
V.I.N.: 2GNSKAKC9LR206828
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 123

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 978
Personal Injury Protection (PIP)	See Endorsement		\$ 24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 53
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 191
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,260

Vehicle # 218

Insured's #:

Insured Entity:

Year: 2020
Make: TOYOTA
Model: COROLLA
V.I.N.: JTDDPRAE0LJ079630
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 170
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,429

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 219

Insured's #:

Insured Entity:

Year: 2020

Make: TOYOTA

Model: COROLLA

V.I.N.: JTDDPRAE0L1080938

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 170
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,429

Vehicle # 220

Insured's #:

Insured Entity:

Year: 2020

Make: TOYOTA

Model: COROLLA

V.I.N.: JTDDPRAE0L1081690

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 170
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,429

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 221

Insured's #:

Insured Entity:

Year: 2020

Make: CHEVROLET

Model: TRAVERSE LS FWD

V.I.N.: 1GNERFKW3LJ181729

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 119

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,188
Personal Injury Protection (PIP)	See Endorsement		\$ 74
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 60
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 200
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,536

Vehicle # 222

Insured's #:

Insured Entity:

Year: 2016

Make: CHEVROLET

Model: IMPALA

V.I.N.: 2G1WA5E38G1101849

Valuation: Actual Cash Value

Use:

Class Code: 739800

State: FL

Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 143
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,499

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 223

Insured's #:

Insured Entity:

Year: 2020
Make: FORD
Model: FUSION
V.I.N.: 3FA6P0G73LR104047
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,149

Vehicle # 224

Insured's #:

Insured Entity:

Year: 2020
Make: FORD
Model: FUSION
V.I.N.: 3FA6P0G76LR104236
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 34
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 125
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,149

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 225

Insured's #:

Insured Entity:

Year: 2019
Make: FORD
Model: FLEX
V.I.N.: 2FMGK5B88KBA17893
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 138
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,170

Vehicle # 226

Insured's #: FAU

Insured Entity:

Year: 2020
Make: ACURA RLX
Model:
V.I.N.: JH4KC2F96LC000278
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 66
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 213
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,496

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 227

Insured's #:

Insured Entity:

Year: 2020
Make: FORD
Model: TRANSIT 350 WAGON
V.I.N.: 1FBAX2Y82LKA04974
Valuation: Actual Cash Value

Use:
Class Code: 588200
State: FL
Territory: 144

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,331
Personal Injury Protection (PIP)	See Endorsement		\$ 121
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 13
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 57
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 115
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,637

Vehicle # 228

Insured's #:

Insured Entity:

Year: 2020
Make: GMC
Model: TERRAIN
V.I.N.: 3GKALMEV2LL205340
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 146
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,026

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 229

Insured's #:
Insured Entity:

Year: 2020
Make: FORD
Model: EXPLORER
V.I.N.: 1FMSK7BH1LGB61205
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 918
Personal Injury Protection (PIP)	See Endorsement		\$ 58
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 42
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 138
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,170

Vehicle # 230

Insured's #:
Insured Entity:

Year: 2018
Make: FORD
Model: TRANSIT 250 AMBULANCE
V.I.N.: 1FDYR2CM5JKB40808
Valuation: Agreed Value

Use:
Class Code: 791900
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 970
Personal Injury Protection (PIP)	See Endorsement		\$ 26
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	\$ 75,000	500	\$ 54
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	\$ 75,000	500	\$ 199
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,255

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 231

Insured's #:

Insured Entity:

Year: 2019
Make: ASPT
Model: GT4
V.I.N.: FLA108390
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,148
Personal Injury Protection (PIP)	See Endorsement		\$ 55
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	1,000	\$ 62
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	1,000	\$ 194
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,473

Vehicle # 232

Insured's #:

Insured Entity:

Year: 2019
Make: CHEVROLET
Model: SILVERADO 4X4
V.I.N.: 1GC1KREG9KF179521
Valuation: Actual Cash Value

Use: Service
Class Code: 014990
State: FL
Territory: 167

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 403
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 6
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 76
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 138
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 633

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 233

Insured's #:

Insured Entity:

Year: 2020

Make: ELDORADO

Model: 24 PASSENGER

V.I.N.: 1FDAF5GYXKEG59491

Valuation: Actual Cash Value

Use:

Class Code: 658300

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 3,523
Personal Injury Protection (PIP)	See Endorsement		\$ 301
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 70
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 258
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 4,178

Vehicle # 234

Insured's #:

Insured Entity:

Year: 2020

Make: ELDORADO

Model: 24 PASSENGER

V.I.N.: FDUF5GT6LDA01398

Valuation: Actual Cash Value

Use:

Class Code: 658300

State: FL

Territory: 120

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 3,523
Personal Injury Protection (PIP)	See Endorsement		\$ 301
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 26
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 70
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 258
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 4,178

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 235

Insured's #:

Insured Entity:

Year: 2020

Make: CHEVROLET

Model: SILVERADO

V.I.N.: 3GCUYAEFXLG289613

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 158

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 615
Personal Injury Protection (PIP)	See Endorsement		\$ 16
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 77
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 134
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 847

Vehicle # 236

Insured's #:

Insured Entity:

Year: 2020

Make: FORD

Model: SUPER CREW

V.I.N.: 1FTFW1E53LKD06248

Valuation: Actual Cash Value

Use: Service

Class Code: 014990

State: FL

Territory: 110

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 499
Personal Injury Protection (PIP)	See Endorsement		\$ 10
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 5
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 72
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 133
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 719

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 237

Insured's #:

Insured Entity:

Year: 2019
Make: GMC
Model: ACADIA
V.I.N.: IGKKNMLS1KZ202802
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 51
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 146
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,026

Vehicle # 238

Insured's #:

Insured Entity:

Year: 2020
Make: GMC
Model: YUKON DENALI
V.I.N.: 1GKS2CKJ4LR143886
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 136

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 782
Personal Injury Protection (PIP)	See Endorsement		\$ 33
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 100
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 236
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,165

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 239

Insured's #:

Insured Entity:

Year: 2020
Make: LINCOLN
Model: MKZ
V.I.N.: 3LN6L5E98LR602439
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 78
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 205
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,588

Vehicle # 240

Insured's #:

Insured Entity:

Year: 2020
Make: LINCOLN
Model: AVIATOR
V.I.N.: 5LM5J7XC8LGL27651
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 107
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 279
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,691

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

Vehicle # 241

Insured's #:

Insured Entity:

Year: 2020
Make: FORD
Model: EXPLORER
V.I.N.: 1FM5K8GC1LGC75799
Valuation: Actual Cash Value

Use:
Class Code: 739800
State: FL
Territory: 107

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		\$ 1,229
Personal Injury Protection (PIP)	See Endorsement		\$ 62
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments	\$ 5,000		\$ 14
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive	ACV	500	\$ 78
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	500	\$ 205
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$ 1,588

Vehicle #

Insured's #:

Insured Entity:

Year:
Make:
Model:
V.I.N.:
Valuation:

Use:
Class Code:
State:
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Personal Injury Protection (PIP)			
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss Benefits (VA only)			
Uninsured Motorists (UM)			
Underinsured Motorists (UIM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM FOUR: Hired, Borrowed, and Commandeered Coverage (if applicable)

Liability Coverage

Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Coverage is Primary)	Premium

TOTAL PREMIUM: NOT APPLICABLE

Liability Coverage

Rating Basis, Number of Days-
(For Mobile or Farm Equipment – Rental Period Basis)

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium

TOTAL PREMIUM:

State:

Physical Damage

Coverage	Valuation and Deductible	Estimated Cost of Hire	Premium
Comprehensive	Actual cash value or the cost of repair, whichever is less, minus a deductible for each covered auto		
Collision	Actual cash value or the cost of repair, whichever is less, minus a deductible for each covered auto		

Such insurance as is afforded by hired auto physical damage coverage also applies to autos you Commandeer.

Named Insured:
STATE OF FLORIDA

Policy Number: GPNU-AU-0024153-00/000
Policy Period: From 10-20-2020
To 10-20-2021

ITEM FIVE: Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
MUNICIPALITY	Number of volunteers / employees		
Extended coverage			

Auto Forms

See Schedule of Forms and Endorsements

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT

BUSINESS AUTO COVERAGE FORM

The following revisions are made to **Section III - Physical Damage Coverage**:

TOWING

Coverage A.2., Towing, is replaced by the following:

For any "auto" listed in Item Three of the Auto Coverage Part Declarations for which a premium charge has been made for Comprehensive Coverage:

- a. We will pay reasonable labor costs incurred to make necessary repairs to the "auto" so it can be driven from the scene of disablement. This labor must be performed at a scene of disablement other than your normal garaging location for such "auto"; or
- b. We will pay for all reasonable towing costs incurred for towing the disabled "auto" from the scene of disablement to an appropriate repair facility. This includes the costs to tow the disabled "auto" to multiple facilities as necessary, prior to delivery to the final repair facility.

The most we will pay for each "auto" under this extension is \$2,500.

GLASS BREAKAGE

Coverage A.3., Glass Breakage – Hitting a Bird or Animal – Falling Objects or Missiles, replaced by the following:

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Full window glass breakage, without deductible;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

DEDUCTIBLE WAIVER

The following is added to paragraph **D. Deductible**:

If a "loss" covered under this policy also involves a "loss" under an Emergency Service Organization Portable Equipment, Inland Marine or Property coverage part issued by us, only one deductible, the largest, will be applied. The deductible under the other coverage parts will be waived.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AGREED VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

For covered "autos" designated in the schedule as being insured on an agreed value basis, the following provisions of **SECTION III - PHYSICAL DAMAGE COVERAGE**, are changed:

A. COVERAGE

The first sentence is deleted and replaced with the following:

1. We will pay for "loss" to a covered "auto" or its "permanently attached equipment" under:

C. LIMIT OF INSURANCE

The most we will pay for "loss" to any one covered "auto" in any one accident is the least of:

1. the cost of repairing the damaged property; or
2. the cost to replace a part or parts of the damaged property as of the time of the "loss" with a part or parts of like kind and quality, without deduction for depreciation; or
3. the cost to replace the entire covered "auto" and its "permanently attached equipment" as of the time of the "loss" with a comparable new "auto" and "permanently attached equipment" manufactured to current specifications or standards set by nationally recognized organizations such as NFPA or the U.S. Department of Transportation; or
4. the limit stated in the Declarations as applicable to the damaged or stolen property.

In addition to the costs of repairs or replacements as referenced in paragraphs C.1., or C.2., above, we will pay up to an additional 25% of the "loss" for the actual costs you incur to render the lost or damaged parts of the covered "auto" in compliance with the latest safety or equipment standards mandated by governmental agencies or other nationally recognized standards setting organizations. If, as a result of a covered cause of "loss", an agency or organization requires recertification of the replaced, lost or damaged parts, we shall also pay those costs.

In the event the estimated costs to repair a damaged covered "auto" exceed 75% of the limit shown in the schedule of vehicles as the agreed value, and you choose not to accept payment under paragraphs C.1. or C.2. above, we will pay the lesser of the amounts due you under paragraphs C.3. or C.4. above. Should we make settlement under C.3. or C.4., we shall have the rights to all recovery and salvage.

All other provisions of **SECTION III - PHYSICAL DAMAGE COVERAGE** - are unchanged.

Additional definitions applicable to this endorsement:

- "Auto" shall include its equipment other than portable firefighting and rescue related equipment.
- "Permanently attached equipment" means equipment that is welded, bolted or permanently screwed to the dashboard, firewall or body of the "auto." Equipment inserted on permanently installed slide brackets with or without the use of setscrews or tension, or portable firefighting and rescue related equipment, shall not be construed as "permanently attached equipment."

The following is added to item **B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS** of **Section I – COVERED AUTOS**:

3. If symbols 2, 7 or 8 are entered next to a coverage in Item Two of the Declarations, for owned “autos” or “autos” you lease for a period of six months or more, acquired after the policy begins and not described in the Declarations, we will pay under the Comprehensive or Collision coverages the least of the following:
 - a. the cost of repairing the damaged property; or
 - b. the cost to replace a part or parts of the damaged property as of the time of the "loss" with a part or parts of like kind and quality, without deduction for depreciation; or
 - c. the actual cash value of the newly acquired “auto” or your actual cost of purchase of the newly acquired “auto,” whichever is more;

provided that the newly acquired “auto” is an emergency vehicle and you agree to notify us as soon as possible. This coverage will cease at the end of the policy period during which the “auto” was acquired.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AUTO LIABILITY EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following revisions are made to **Section II - Covered Autos Liability Coverage** and **Section IV - Business Auto Conditions**:

VOLUNTEERS, EMPLOYEES, AND ELECTED OR APPOINTED OFFICIALS AS INSURED - NON-OWNED AUTO LIABILITY COVERAGE

- a. **Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraphs **d.**, **e.** and **f.**, as follows:
 - d. Any volunteer or "employee" of yours while using a covered "auto" you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".
 - e. Your elected or appointed officials while using a covered "auto" you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".
 - f. Your commissions, authorities, boards or agencies, their commissioners, officers and members while using a covered "auto" you don't own, hire or borrow, but only while acting within the authority granted by you and only while performing duties related to the conduct of your business. Anyone else who furnished that "auto" is also an "insured".

OWNER OF TEMPORARY SUBSTITUTE AUTO AS AN INSURED - PRIMARY BASIS

- b. **Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraph **g.**, as follows:
 - g. The owner or anyone else from whom you rent, lease or borrow a substitute "auto" is an "insured" but only for that covered "auto". The substitute must be for a similar scheduled "auto" which is out of normal use because of its breakdown, repair, servicing, loss or destruction.
- c. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:
 - e. Notwithstanding condition **5.a.** and **5.d.** above, a substitute "auto" as described under paragraph **g.** of **Section II - Covered Autos Liability Coverage, Coverage A.1., Who Is An Insured**, is deemed a covered "auto" you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such "auto".

OWNER OF COMMANDEERED AUTO AS AN INSURED - PRIMARY BASIS

- d. Coverage A.1., Who Is An Insured**, under **Section II - Covered Autos Liability Coverage** is modified by the addition of paragraph **h.**, as follows:
 - h.** The owner of a “commandeered auto” is an “insured” while the “auto” is in your temporary care, custody or control and is being used as part of an “emergency situation”.
- e.** The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:
 - f.** Notwithstanding condition **5.a.** and **5.d.** above, a “commandeered auto” is deemed a covered “auto” you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such “auto”.

2. The following revisions are made to **Section II - Covered Autos Liability Coverage:**

ADDITIONAL INSURED - AUTOMATIC STATUS

- a. Coverage A.1., Who Is An Insured**, is modified by the addition of paragraph **i.**, as follows:
 - i.** Any person or organization for whom you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional “insured” on your policy, but only to the extent that person or organization qualifies as an “insured” under **Coverage A.1., Who Is An Insured**.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional “insured” whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be primary in which case any other insurance available to the additional “insured” shall be considered excess and non-contributing.

ADDITIONAL EXPENSES YOU INCUR AT OUR REQUEST

- b. Coverage A.2.a.(4), Coverage Extensions, Supplementary Payments**, is replaced by the following:
 - (4)** All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$300 a day because of time off from work.

EXPECTED OR INTENDED INJURY

- c. Exclusion B.1., Expected Or Intended Injury**, is replaced by the following:

“Bodily injury” or “property damage” expected or intended from the standpoint of the “insured”. This exclusion does not apply to expected or intended “bodily injury” or “property damage” resulting from actions taken to protect persons or property and arising out of the use of a covered “auto”.

BODILY INJURY TO VOLUNTEER EMERGENCY SERVICE PROVIDERS

- d. Exclusion B.4., Employee Indemnification And Employer's Liability**, is amended by the addition of paragraphs **c.** and **d.**, as follows:
 - c.** Any volunteer, if you provide or are required to provide any benefits for such volunteer under any Workers' Compensation or disability benefits law or under any similar law.
 - d.** The spouse, child, parent, brother or sister of that volunteer as a consequence of paragraph **c.** above.

BODILY INJURY TO FELLOW VOLUNTEERS OR EMPLOYEES

- e. Exclusion B.5., Fellow Employee**, is deleted.

3. The following revision is made to **Section IV - Business Auto Conditions:**

KNOWLEDGE OF ACCIDENT

The following paragraph is added to Paragraph **A.2. Duties In The Event Of Accident, Claim, Suit Or Loss:**

- d. The failure of any agent, volunteer or “employee” of the “insured”, other than an “employee” authorized by you to give or receive notice of an “accident”, claim, “suit” or “loss”, to notify us of any “accident” of which he or she has knowledge, shall not invalidate insurance afforded by this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF GOVERNMENTAL OR CHARITABLE IMMUNITY
ENDORSEMENT – PROPERTY DAMAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

We will waive, both in the adjustment of claims and in the defense of any "property damage" suit against the "insured", any charitable or governmental immunity of the "insured", unless the "insured" requests in writing that we not do so.

Waiver of immunity as a defense will not subject us to liability for any portion of a claim or judgment in excess of the applicable limit of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CARE, CUSTODY OR CONTROL EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

LIABILITY COVERAGE is changed as follows:

B. Exclusion 6., CARE CUSTODY OR CONTROL, is deleted and replaced by:

6. CARE, CUSTODY OR CONTROL

This insurance does not apply to "property damage" to or "covered pollution cost or expense" involving property owned, transported by, or in the care, custody or control of the Named Insured.

The exclusion does not apply to "property damage" to a building and its contents or garage and its contents rented to, used by, or in the care, custody or control of the Named Insured. This exclusion also does not apply to property owned by an "insured" other than the Named Insured or to property transported by or in the care, custody or control of an "insured."

The amount payable for "property damage" to a building and its contents or garage and its contents, rented to, used by, or in the care, custody or control of the Named Insured will be subject to a \$250 deductible.

This exclusion does not apply to liability assumed under a sidetrack agreement.

The provisions of this endorsement are subject to item B.5., OTHER INSURANCE, included as a part of BUSINESS AUTO CONDITIONS.

Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMANDEERED AUTO DEFINITION ENDORSEMENT

Named Insured STATE OF FLORIDA	Endorsement Number
Policy Number GPNU-AU-0024153-00/000	Endorsement Effective 10/20/20
Countersigned by (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION V - DEFINITIONS

The following definition is added:

“Commandeered auto” means an “auto” belonging to someone else that you seize, confiscate or take arbitrarily by force, into your temporary care, custody or control while using it as part of an “emergency situation.” “Commandeered auto” does not include an “auto” owned by or available to an employee or volunteer of your organization from whom you have tacit approval to use the “auto”.

“Emergency Situation” means an unexpected situation demanding immediate official action.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCIDENTAL GARAGE OPERATIONS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE LIABILITY

The following paragraph is hereby inserted following the first paragraph of item **A. COVERAGE** of **SECTION II – LIABILITY COVERAGE**:

Any “auto” you do not own, lease, hire, rent or borrow that is used in connection with your “garage operations” is considered a covered “auto”. This includes “autos” used by your volunteers or employees, or members of their households, while used in your “garage operations”.

With respect only to the coverage provided by the above paragraph:

- item **10. COMPLETED OPERATIONS** of **B. EXCLUSIONS** is deleted; and
- item **b.(3)** of **1. WHO IS AN INSURED** of **A. COVERAGE** is deleted.

GARAGEKEEPERS INSURANCE

The following Coverage Extension is hereby added under item **A. COVERAGE** of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay for “loss” to any “autos” while left with your “garage operations”. Coverage under this extension is provided only to the extent indicated below.

COVERAGE	DEDUCTIBLE	LIMIT PER “LOSS”
Comprehensive (primary basis)	\$250	\$50,000
Collision (primary basis)	\$500	\$50,000

For the purpose of this endorsement, “garage operations” means your use of one or more locations for the service, repair, parking or storage of “autos” other than your own, including all operations necessary or incidental thereto. Parking or storage of “autos” is a “garage operation” only when the “autos” are parked by you and are in your care, custody or control.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT - PUBLIC ENTITY AND EMERGENCY SERVICE ORGANIZATIONS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following coverages are added to **Section III - Physical Damage Coverage**, Paragraph **A. Coverage**:

PHYSICAL DAMAGE TO VOLUNTEERS' OR EMPLOYEES' PERSONAL AUTOS

5. Physical Damage to Personal Autos

- a. At your request, we will pay up to the actual cash value for an "auto" not covered for physical damage, or the amount of the deductible under any policy covering an "auto" owned or used by a volunteer or "employee" of your insured law enforcement, firefighting, ambulance and/or rescue organization for "loss" that occurs:
 - (1) While enroute to, during and returning directly from an emergency; or
 - (2) While enroute to, during and returning from activities that are performed at the direction and knowledge of an officer of the insured law enforcement, firefighting, ambulance and/or rescue organization.
- b. At your request, we will pay the lesser of \$1,000, or the amount of the deductible under any policy covering an "auto" owned or used by your elected or appointed official, officer, volunteer or "employee" of your organization, other than your insured law enforcement, firefighting, ambulance and/or rescue organization, for "loss" that occurs while enroute to, during and returning from activities that are performed at the direction and knowledge of your elected or appointed official or officer.
- c. At your request, we will pay the rental reimbursement expenses incurred by your volunteer or "employee" for the rental of an "auto" because of "loss" sustained under Paragraph **a.(1)** to their owned "auto". The most we will pay is \$30 per day for a maximum of 30 days.
- d. Proof of statutory limits of financial responsibility as of the date of "loss" for an "auto" that is covered under this extension must be provided before payment is made for "loss" under this extension.
- e. In no event will we pay for any "loss" under this coverage to any "auto" owned, hired or borrowed by your organization.

RENTAL REIMBURSEMENT COVERAGE FOR FIREFIGHTING/RESCUE VEHICLES

6. Rental Reimbursement Coverage for Firefighting/Rescue Vehicles

- (1) This extension only applies to covered "autos" listed in Item Three of the Auto Coverage Part Declarations that are used for firefighting/rescue purposes, which are designated with a 7909 class code in the Declarations. The coverage provided under this extension does not apply to any other covered "autos" on the schedule.
- (2) We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductible applies to this coverage.
- (3) We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - (a) The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.
 - (b) 40 days.
- (4) Our payment is limited to the lesser of the following amounts:
 - (a) Necessary and actual expenses incurred.
 - (b) \$250 for any one day.
- (5) This coverage does not apply while there are spare or reserve "autos" available to you for your operations.

TEMPORARY SUBSTITUTE FIREFIGHTING OR RESCUE AUTO

7. Temporary Substitute Firefighting or Rescue Autos

- a. We will provide coverage for temporary substitute firefighting and rescue "autos" you do not own. The temporary substitute "auto" must replace a covered "auto" for which a premium charge has been made for Comprehensive and/or Collision coverage. The replaced "auto" must be out of service for a period of less than six months because of its:
 - (1) Breakdown;
 - (2) Repair;
 - (3) Servicing;
 - (4) "Loss"; or
 - (5) Destruction.
- b. For temporary substitute firefighting and rescue "autos" you do not own described in paragraph a. above, Paragraph **C. Limit Of Insurance** is replaced by the following:
 - C. Limit Of Insurance**
 1. If the owner has physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The amount that would have been paid by the owner's insurance policy insuring the temporary substitute firefighting or rescue "autos"; or
 - b. \$1,000,000.
 2. If the owner does not have physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the least of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. \$1,000,000.
- c. The deductible assigned to the temporary substitute "auto" will be the same as the firefighting or rescue covered "auto" that is being replaced.

- d. For the purpose of this coverage, Paragraph d. of **B.5., Other Insurance**, is deleted. The temporary substitute "auto" is deemed to be a covered "auto" you own and with no consideration of or contribution from other valid and collectible insurance for the "auto".

FORESTRY VEHICLES AND FORESTRY EQUIPMENT

8. Any "auto" that is a "forestry vehicle" and is not scheduled for physical damage is a covered "auto". Any equipment that is "forestry equipment" and is installed on a covered "auto" is covered equipment. For the purpose of this extension, "forestry vehicle" means an "auto" you don't own, used for firefighting purposes, that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program. "Forestry equipment" means any firefighting equipment you don't own that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program and is installed on an "auto" you own or on a "forestry vehicle".

The following replaces paragraph **C. Limit of Insurance**:

The most we will pay for "loss" to a "forestry vehicle" or "forestry equipment" in any one "accident" is the lesser of:

- a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss". No payment will be made under this extension unless the damaged or stolen property is actually repaired or replaced. Repairs to or replacement of the damaged or stolen property with the same kind of property must be done within a year of the date of "loss". If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

For any Comprehensive "losses" covered by this extension, we will use the smallest Comprehensive deductible applying to any of your scheduled "autos". For any Collision "losses" covered by this extension, we will use the smallest Collision deductible applying to any of your scheduled "autos".

We shall have no salvage rights to any "forestry vehicle" or "forestry equipment".

2. The following revisions are made to **Section III - Physical Damage Coverage**:

AIRBAG COVERAGE

- a. The exclusion for "loss" caused by mechanical breakdown in sub-paragraph **3.a. of B. Exclusions** does not apply to the accidental discharge of an airbag.

FREEZING COVERAGE ON EMERGENCY VEHICLES

- b. The exclusion for "loss" caused by freezing in sub-paragraph **3.a. of B. Exclusions** does not apply to permanently attached special equipment common to a firefighting or rescue vehicle caused by freezing, unless the "loss" is caused by your failure to properly maintain such equipment. Such equipment shall include but is not limited to pumps, gauges and tanks. In no event will the "loss" to a vehicle's engine caused by freezing be covered by this policy.

CUSTOMIZED VEHICLE EXTENSION

- c. For scheduled customized covered "autos" not covered on an agreed value basis that are owned by your law enforcement, firefighting, ambulance and/or rescue organization, the following is added to paragraph **C. Limit Of Insurance**:

5. We will pay the additional repair or replacement costs necessary to customize the damaged "auto" with permanently installed equipment of like kind and quality, without deduction for depreciation. We will also include the cost of installation onto a replacement "auto" if the covered "auto" is not repairable. Permanently installed means equipment that is permanently installed in the covered "auto" at the time of the "loss" or equipment that is removable from a

housing unit which 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". This customization will include, but is not limited to, the following:

- a. custom painting and gold leaf lettering,
- b. light bars and sirens,
- c. permanently installed communications equipment, Global Positioning Systems (GPS), traffic signal control systems, electronic license plate readers, and radar equipment, and
- d. computer or electronic equipment that receives or transmits audio, visual or data signals.

In addition, we will pay for property owned by you that is permanently installed in an "auto" not owned by you.

DEDUCTIBLE WAIVER

- d. The following is added to paragraph **D. Deductible**:

Regardless of the number of covered "autos" suffering a physical damage "loss" while engaged in a single law enforcement, firefighting, ambulance and/or rescue emergency, only one deductible, the largest, shall apply to the entire event.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

MAXIMUM DEDUCTIBLE COMPREHENSIVE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Maximum Deductible: \$5,000

The following is added to paragraph **D. Deductible of Section III – Physical Damage Coverage:**

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage for all "loss" resulting from any one event is the Maximum Deductible amount shown in the above Schedule.

BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
-----------	--	---

B. Owned Autos You Acquire After The Policy Begins

1. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" 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 when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:

(1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
 - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
 - (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) 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.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "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.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed we will:

- (1) Increase the Limit of Insurance for Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph a. above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

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

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
 - (2) Theft;
 - (3) Windstorm, hail or earthquake;
 - (4) Flood;
 - (5) Mischief or vandalism; or
 - (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

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

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. **Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
 - b. "Loss" caused by hitting a bird or animal; and

- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

- a. **Transportation Expenses**

We will pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
 - (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
 - (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

- a. **Nuclear Hazard**

- (1) The explosion of any weapon employing atomic fission or fusion; or
 - (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

- 2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
- 3. We will not pay for "loss" due and confined to:
 - a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

- 4. We will not pay for "loss" to any of the following:
 - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
 - b. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed-measurement equipment.
 - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
 - d. Any accessories used with the electronic equipment described in Paragraph c. above.
- 5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto";

- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
 - c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
 - d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.
- 6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limit Of Insurance

- 1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- 2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
 - c. An integral part of such equipment.
- 3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- 4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
 - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
 - (4) Authorize us to obtain medical records or other pertinent information.

- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

- c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this coverage form.

2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

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

3. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this coverage form.

5. Other Insurance

- a. For any covered "auto" you own, this coverage form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this coverage form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this coverage form provides for the "trailer" is:
 - (1) Excess while it is connected to a motor vehicle you do not own.
 - (2) Primary while it is connected to a covered "auto" you own.
- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
- c. Regardless of the provisions of Paragraph a. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:
 - (a) A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
 - (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION V – DEFINITIONS

A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".

B. "Auto" means:

1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.

D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
 - 1. A lease of premises;
 - 2. A sidetrack agreement;
 - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
 - 6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
 - J. "Loss" means direct and accidental loss or damage.
 - K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
 - 1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - 3. Vehicles that travel on crawler treads;
 - 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
 - 5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or

6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

M. "Property damage" means damage to or loss of use of tangible property.

N. "Suit" means a civil proceeding in which:

- 1. Damages because of "bodily injury" or "property damage"; or
- 2. A "covered pollution cost or expense"; to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.

O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 103 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF3J1235738	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 104 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF1J1278197	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): GT LEASING Address: PO BOX 10196 JACKSONSVILLE, FL 32247	
Designation Or Description Of "Leased Autos": FL 105 2018 CHEVROLET G3500 15 PASSENGER VAN 1GAZGPF6J1281791	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 110 2018 NISSAN ALTIMA 1N4AL3AP0JC251034 FL 111 2018 NISSAN ALTIMA 1N4AL3AP8JC249208

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 112 2018 NISSAN ALTIMA 1N4AL3AP7JC248857 FL 113 2018 NISSAN ALTIMA 1N4AL3AP2JC247163

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 114 2018 NISSAN ALTIMA 1N4AL3AP8JC248690 FL 115 2018 NISSAN ALTIMA 1N4AL3AP9JC250920

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 116 2018 NISSAN ALTIMA 1N4AL3APXJC247136	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 117 2018 NISSAN ALTIMA 1N4AL3APXJC249226 FL 118 2018 NISSAN ALTIMA 1N4AL3AP6JC250499

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 119 2018 NISSAN ALTIMA 1N4AL3APXJC249100 FL 120 2018 NISSAN ALTIMA 1N4AL3AP8JC249855

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 121 2018 NISSAN ALTIMA 1N4AL3AP6JC248722 FL 122 2018 NISSAN ALTIMA 1N4AL3AP8JC248849

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 123 2018 NISSAN ALTIMA 1N4AL3AP7JC247286 FL 124 2018 NISSAN ALTIMA 1N4AL3AP8JC248902

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 125 2018 NISSAN ALTIMA 1N4AL3APXJC247198 FL 126 2018 NISSAN ALTIMA 1N4AL3AP4JC250646

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 127 2018 NISSAN ALTIMA 1N4AL3AP6JC248753 FL 128 2018 NISSAN ALTIMA 1N4AL3AP1JC247459

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 129 2018 NISSAN ALTIMA 1N4AL3AP1JC251091 FL 130 2018 NISSAN ALTIMA 1N4AL3AP5JC251062

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 131 2018 NISSAN ALTIMA 1N4AL3AP0JC247291 FL 132 2018 NISSAN ALTIMA 1N4AL3AP9JC250867

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 133 2018 NISSAN ALTIMA 1N4AL3AP7JC247272 FL 134 2018 NISSAN ALTIMA 1N4AL3AP9JC250450

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 135 2018 NISSAN ALTIMA 1N4AL3AP5JC249229 FL 136 2018 NISSAN ALTIMA 1N4AL3AP6JC248669

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 137 2018 NISSAN SENTRA 3N1AB7AP5JY302929 FL 138 2018 NISSAN SENTRA 3N1AB7AP2JY304105

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 139 2018 NISSAN SENTRA 3N1AB7AP1JY305472 FL 140 2018 NISSAN SENTRA 3N1AB7AP2JY304959

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 141 2018 NISSAN SENTRA 3N1AB7AP4JY300136 FL 142 2018 NISSAN SENTRA 3N1AB7AP8JY302911

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 143 2018 NISSAN SENTRA 3N1AB7AP0JY303552	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 145 2018 DODGE GRAND CARAVAN SE 2C4RDGBG3JR310343

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos":	FL 146 2018 DODGE GRAND CARAVAN SE 2C4RDGBG1JR310342

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 147 2018 DODGE GRAND CARAVAN SE 2C4RDGBG8JR311908	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): ENTERPRISE FM TRUST Address: PO BOX 16805 ST LOUIS, MO 63105	
Designation Or Description Of "Leased Autos": FL 181 2019 TOYOTA SIENNA 5TDZZ3DC5KS006900	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): VT INC Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609	
Designation Or Description Of "Leased Autos":	FL 191 2019 TOYOTA RAV4 2T3H1RFV4KW038921 FL 192 2019 TOYOTA RAV4 2T3H1RFV7KC017806

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNV-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE	FL 32399-0000
Additional Insured (Lessor): VT INC Address: 6150 OMNI PARK DRIVE MOBILE, AL 36609	
Designation Or Description Of "Leased Autos":	FL 193 2020 TOYOTA SIENNA 8 PASSENGER VAN 5TDKZ3DC2LS028419

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: National Union Fire Ins. Co. of Pittsburgh, Pa.	
Policy Number: GPNU-AU-0024153-00/00	Effective Date: 10-20-2020
Expiration Date: 10-20-2021	
Named Insured: STATE OF FLORIDA	
Address: 4050 ESPLANDE WAY TALLAHASSEE FL 32399-0000	
Additional Insured (Lessor): WARD INTERNATIONAL TRUCKS, INC Address: WARD IDEALEASE LLC AND THE OWNER(S) 2200 MICHIGAN AVE MOBILE, AL 36615	
Designation Or Description Of "Leased Autos": FL 208 2018 INTERNATIONAL 4300 1HTMMML2JH674920	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- a. You;
- b. Any of your "employees" or agents; or
- c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Liability Coverage is changed as follows:

Paragraph (5) of **a. Supplementary Payments** under **Coverage Extensions** in the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms is replaced by the following:

We will pay for the "insured":

- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

B. Physical Damage Coverage is changed as follows:

1. No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.
2. All other **Physical Damage Coverage** provisions will apply.

C. Paragraph 1. of Loss Conditions, Appraisal For Physical Damage Loss, is replaced by the following:

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". Upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute in accordance with the Mediation provision contained in this endorsement. The mediation must be completed before a demand for appraisal can be made. In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and

- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

D. The General Conditions are amended as follows:

1. The following is added to the **Other Insurance** Condition in the Business Auto and Garage Coverage Forms, and **Other Insurance – Primary And Excess Provisions** Condition in the Truckers and Motor Carrier Coverage Forms:

- a. When this Coverage Form and any other Coverage Form or policy providing liability coverage applies to an "auto" and:

- (1) One provides coverage to a lessor of "autos" for rent or lease; and
- (2) The other provides coverage to a person not described in Paragraph **D.1.a.(1)**;

then the Coverage Form or policy issued to the lessor described in Paragraph **D.1.a.(1)** is excess over any insurance available to a person described in **D.1.a.(2)** if the face of the lease or rental agreement contains, in at least 10 point type, the following language:

The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by FLA. STAT. SECTION 324.021(7) and FLA. STAT. SECTION 627.736.

2. The following condition is added to the Business Auto, Garage, Truckers and Motor Carrier Coverage Forms:

Mediation

1. In any claim filed by an "insured" with us for:
 - a. "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";

- b. "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or

- c. "Loss" to a covered "auto" or its equipment, in any amount;

either party may make a written demand for mediation of the claim prior to the institution of litigation.

2. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
3. The request must state:
 - a. Why mediation is being requested.
 - b. The issues in dispute, which are to be mediated.
4. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
5. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.
6. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Paragraphs **A.2.** and **A.3.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

2. We may cancel this policy by mailing or delivering to the Named Insured written notice of cancellation, stating the reason(s) for cancellation, at least:

- a.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b.** 45 days before the effective date of cancellation if we cancel for any other reason.

3. We will mail or deliver our notice to the Named Insured's last mailing address known to us.

B. Paragraphs **A.4.** and **A.5.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:

4. Notice of cancellation will state the effective date of, and reason(s) for, the cancellation. The policy period will end on that date.

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

C. The following is added to Paragraph **A.** of the Common Policy Conditions, **Cancellation**:

7. If this policy provides Personal Injury Protection, Property Damage Liability Coverage or both and:

a. It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days immediately following the effective date of the policy or renewal, except for one of the following reasons:

- (1)** The covered "auto" is completely destroyed such that it is no longer operable;
- (2)** Ownership of the covered "auto" is transferred; or
- (3)** The Named Insured has purchased another policy covering the motor vehicle insured under this policy.

b. It is a new policy, we may not cancel it during the first 60 days immediately following the effective date of the policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.

D. The following condition is added:

Nonrenewal

1. If we decide not to renew or continue this policy, we will mail you notice at least 45 days before the end of the policy period. If we offer to renew or continue and you do not accept, this policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.
2. If we fail to mail proper notice of nonrenewal and you obtain other insurance, this policy will end on the effective date of that insurance.
3. Notice of nonrenewal will state the reason(s) for the nonrenewal and the effective date of nonrenewal. The policy period will end on that date.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA PERSONAL INJURY PROTECTION

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

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

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured: STATE OF FLORIDA
Endorsement Effective Date: 10/20/2020

We agree with the "named insured", subject to all the provisions of this endorsement and to all of the provisions of the Policy except as modified herein, as follows that:

SCHEDULE

Any Personal Injury Protection deductible shown in the Declarations of is applicable to <input type="checkbox"/> the following "named insured" only: <div style="margin-left: 40px;"><input type="checkbox"/> each "named insured" and each dependent "family member".</div> <input type="checkbox"/> Work loss for "named insured" does not apply. <input type="checkbox"/> Work loss for "named insured" and dependent "family member" does not apply.	
Benefits	Limit Per Person
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000
Death Benefits	\$5,000
Medical Expenses	80% of medical expenses subject to the total aggregate limit and the provisions of Paragraphs D.2.a. and b. under Limit Of Insurance.
Work Loss	60% of work loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

We will pay Personal Injury Protection benefits in accordance with the Florida Motor Vehicle No-fault Law to or for an "insured" who sustains "bodily injury" in an "accident" arising out of the ownership, maintenance or use of a "motor vehicle". Subject to the limits shown in the Schedule, these Personal Injury Protection benefits consist of the following:

1. Medical Expenses

a. All reasonable "medically necessary" expenses for medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services, including prosthetic devices. However, we will pay for these benefits only if the "insured" receives initial services and care within 14 days after the "motor vehicle" "accident" that are:

- (1) Lawfully provided, supervised, ordered or prescribed by a licensed physician, dentist or chiropractic physician;
- (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
- (3) Provided by a person or entity licensed to provide emergency transportation and treatment;

as authorized by the Florida Motor Vehicle No-fault Law.

b. Upon referral by a licensed health care provider described in Paragraph **A.1.a.(1)**, **(2)** or **(3)**, follow-up services and care consistent with the underlying medical diagnosis rendered pursuant to Paragraph **A.1.a.**, if provided, supervised, ordered or prescribed only by a licensed:

- (1) Physician, osteopathic physician, chiropractic physician or dentist; or
- (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician chiropractic physician or dentist;

as authorized by the Florida Motor Vehicle No-fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;

(4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;

(5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;

(6) A licensed physical therapist, based upon referral by a provider described in Paragraph **A.1.b.**; or

(7) A health care clinic licensed under the Florida Health Care Clinic Act:

(a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities or the Accreditation Association for Ambulatory Health Care, Inc.; or

(b) Which:

(i) Has a licensed medical director;

(ii) Has been continuously licensed for more than three years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(iii) Provides at least four of the following medical specialties:

i. General medicine;

ii. Radiography;

iii. Orthopedic medicine;

iv. Physical medicine;

v. Physical therapy;

vi. Physical rehabilitation;

vii. Prescribing or dispensing outpatient prescription medication; or

viii. Laboratory services;

as authorized by the Florida Motor Vehicle No-fault Law.

However, with respect to Paragraph **A.1.**, medical expenses do not include massage or acupuncture, regardless of the person, entity or licensee providing the massage or acupuncture;

2. Replacement Services Expenses

With respect to the period of disability of the injured person, all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for such injury, the injured person would have performed without income for the benefit of his or her household;

3. Work Loss

With respect to the period of disability of the injured person, any loss of income and earning capacity from inability to work proximately caused by the injury sustained by the injured person; and

4. Death Benefits

B. Who Is An Insured

1. The "named insured".
2. If the "named insured" is an individual, any "family member".
3. Any other person while "occupying" a covered "motor vehicle" with the "named insured's" consent.
4. A "pedestrian" if the "accident" involves the covered "motor vehicle".

C. Exclusions

We will not pay Personal Injury Protection benefits for "bodily injury":

1. Sustained by the "named insured" or any "family member" while "occupying" any "motor vehicle" owned by the "named insured" that is not a covered "motor vehicle";
2. Sustained by any person while operating the covered "motor vehicle" without the "named insured's" expressed or implied consent;
3. Sustained by any person, if such person's conduct contributed to his or her "bodily injury" under any of the following circumstances:
 - a. Causing "bodily injury" to himself or herself intentionally; or
 - b. While committing a felony;
4. To the "named insured" or any "family member" for work loss if an entry in the Schedule or Declarations indicates that coverage for work loss does not apply;
5. To any "pedestrian", other than the "named insured" or any "family member", not a legal resident of the state of Florida;

6. To any person, other than the "named insured", if that person is the "owner" of a "motor vehicle" for which security is required under the Florida Motor Vehicle No-fault Law;

7. To any person, other than the "named insured", or any "family member", who is entitled to personal injury protection benefits from the owner of a "motor vehicle" that is not a covered "motor vehicle" under this insurance or from the "owner's" insurer; or

8. To any person who sustains "bodily injury" while "occupying" a "motor vehicle" located for use as a residence or premises.

D. Limit Of Insurance

1. Regardless of the number of persons insured, policies or bonds applicable, premiums paid, vehicles involved or claims made, the total aggregate limit of personal injury protection benefits, available under the Florida Motor Vehicle No-fault Law from all sources combined, including this Policy, for or on behalf of any one person who sustains "bodily injury" as the result of any one "accident", shall be:

- a. \$10,000 for medical expenses, work loss and replacement services; and
- b. \$5,000 for death benefits.

2. Subject to Paragraph **D.1.a.**, we will pay:

- a. Up to \$10,000 for medical expenses, if a licensed physician, dentist, physician assistant or an advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-fault Law has determined that the "insured" had an "emergency medical condition"; or
- b. Up to \$2,500 for medical expenses, if any health care provider described in Paragraph **A.1.a.** or **A.1.b.** has determined that the "insured" did not have an "emergency medical condition".

3. Any amount paid under this coverage will be reduced by the amount of benefits an injured person has been paid or is entitled to be paid for the same elements of "loss" under any workers' compensation law.

4. If personal injury protection benefits, under the Florida Motor Vehicle No-fault Law, have been received from any insurer for the same elements of loss and expense benefits available under this Policy, we will not make duplicate payments to or for the benefit of the injured person. The insurer paying the benefits shall be entitled to recover from us its pro rata share of the benefits paid and expenses incurred in handling the claim.
5. The deductible amount shown in the Schedule will be deducted from the total amount of expenses and losses listed in Paragraphs **A.1.**, **A.2.** and **A.3.** of this endorsement before the application of any percentage limitation for each "insured" to whom the deductible applies. The deductible does not apply to the death benefit.
6. Any amount paid under this coverage for medical expenses shall be limited by the medical fee schedule prescribed by the Florida Motor Vehicle No-fault Law.

E. Changes In Conditions

The **Conditions** are changed for **Personal Injury Protection** as follows:

1. Duties In The Event Of Accident, Claim, Suit Or Loss is replaced by the following:

Compliance with the following duties is a condition precedent to receiving benefits:

In the event of an "accident", the "named insured" must give us or our authorized representative prompt written notice of the "accident".

If any injured person or his or her legal representative institutes a legal action to recover damages for "bodily injury" against a third party, a copy of the summons, complaint or other process served in connection with that legal action must be forwarded to us as soon as possible by the injured person or his or her legal representative.

A person seeking personal injury protection benefits must, as soon as possible, give us written proof of claim, under oath if required, containing full particulars concerning the injuries and treatment received and/or contemplated, and send us any other information that will assist us in determining the amount due and payable.

A person seeking personal injury protection benefits must submit to an examination under oath. The scope of questioning during the examination under oath is limited to relevant information or information that could reasonably be expected to lead to relevant information.

2. Legal Action Against Us is replaced by the following:

Legal Action Against Us

- a. No legal action may be brought against us until there has been full compliance with all terms of this Policy. In addition, no legal action may be brought against us:
 - (1) Until the claim for benefits is overdue in accordance with Paragraph **F.2.** of this endorsement; and
 - (2) Until we are provided with a demand letter in accordance with the Florida Motor Vehicle No-fault Law sent to us via U.S. certified or registered mail; and
 - (3) With respect to the overdue claim specified in the demand letter, if, within 30 days of receipt of the demand letter, we:
 - (a) Pay the overdue claim; or
 - (b) Agree to pay for future treatment not yet rendered;

in accordance with the requirements of the Florida Motor Vehicle No-fault Law.
- b. If legal action is brought against us, all claims related to the same health care provider or facility shall be brought in a single action, unless good cause can be shown why such claims should be brought separately.

3. Transfer Of Rights Of Recovery Against Others To Us is replaced by the following:

Transfer Of Rights Of Recovery Against Others To Us

Unless prohibited by the Florida Motor Vehicle No-fault Law, in the event of payment to or for the benefit of any injured person under this coverage:

- a. We will be reimbursed for those payments, not including reasonable attorneys' fees and other reasonable expenses, from the proceeds of any settlement or judgment resulting from any right of recovery of the injured person against any person or organization legally responsible for the "bodily injury" from which the payment arises. We will also have a lien on those proceeds.
- b. If any person to or for whom we pay benefits has rights to recover benefits from another, those rights are transferred to us. That person must do everything necessary to secure our rights and must do nothing after loss to impair them.
- c. The insurer providing personal injury protection benefits on a private passenger "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, shall be entitled to reimbursement to the extent of the payment of personal injury protection benefits from the "owner" or the insurer of the "owner" of a commercial "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, if such injured person sustained the injury while "occupying", or while a "pedestrian" through being struck by, such commercial "motor vehicle". However, such insurer's right of reimbursement under this Paragraph c. does not apply to an "owner" or registrant of a "motor vehicle" used as a taxicab.

4. Concealment, Misrepresentation Or Fraud is replaced by the following:

Concealment, Misrepresentation Or Fraud

We do not provide coverage under this endorsement for an "insured" if that "insured" has committed, by a material act or omission, insurance fraud relating to personal injury protection coverage under this form, if fraud is admitted to in a sworn statement by the "insured" or if the fraud is established in a court of competent jurisdiction. Any insurance fraud voids all personal injury protection coverage arising from the claim with respect to the "insured" who committed the fraud. Any benefits paid prior to the discovery of the fraud are recoverable from that "insured".

5. Policy Period, Coverage Territory is replaced by the following:

Policy Period, Coverage Territory

The insurance under this section applies only to "accidents" which occur during the policy period:

- a. In the state of Florida;
- b. As respects the "named insured" or any "family member", while "occupying" the covered "motor vehicle" outside the state of Florida but within the United States of America, its territories or possessions or Canada; and
- c. As respects the "named insured", while "occupying" a "motor vehicle" of which a "family member" is the "owner" and for which security is maintained under the Florida Motor Vehicle No-fault Law outside the state of Florida but within the United States of America, its territories or possessions or Canada.

F. Additional Conditions

The following conditions are added:

1. Mediation

- a. In any claim filed by an "insured" with us for:
 - (1) "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
 - (2) "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
 - (3) "Loss" to a covered "auto" or its equipment, in any amount,either party may make a written demand for mediation of the claim prior to the institution of litigation.
- b. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.
- c. The request must state:
 - (1) Why mediation is being requested.
 - (2) The issues in dispute, which are to be mediated.
- d. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
- e. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.

- f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

2. Payment Of Benefits

Personal injury protection benefits payable under this Coverage Form, whether the full or partial amount, may be overdue if not paid within 30 days after we are furnished with written notice of the covered loss and the amount of the covered loss in accordance with the Florida Motor Vehicle No-fault Law.

However, if we have a reasonable belief that a fraudulent insurance act has been committed relating to personal injury protection coverage under this Coverage Form, we will notify the "insured" in writing, within 30 days after the submission of the claim, that the claim is being investigated for suspected fraud. No later than 90 days after the submission of the claim, we will either deny or pay the claim, in accordance with the Florida Motor Vehicle No-fault Law.

If we pay only a portion of a claim or reject a claim due to an alleged error in the claim, we, at the time of the partial payment or rejection, will provide an itemized specification or explanation of benefits due to the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which will be considered a timely submission of written notice of a claim.

3. Modification Of Policy Coverages

Any Automobile Medical Payments Coverage and any Uninsured Motorists Coverage afforded by the Policy shall be excess over any personal injury protection benefits paid or payable.

Regardless of whether the full amount of personal injury protection benefits has been exhausted, any Medical Payments Coverage afforded by the Policy shall pay the portion of any claim for personal injury protection medical expenses which are otherwise covered but not payable due to the limitation of 80% of medical expense benefits but shall not be payable for the amount of the deductible selected.

**4. Medical Reports And Examinations;
Payment Of Claim Withheld**

As soon as practicable, the person making the claim shall submit to mental and physical examinations at our expense when and as often as we may reasonably require and a copy of the medical report shall be forwarded to such person if requested. If the person unreasonably refuses to submit to, or fails to appear at, an examination, we will not be liable for subsequent personal injury protection benefits. Such person's refusal to submit to, or failure to appear at, two examinations, raises a rebuttable presumption that such person's refusal or failure was unreasonable.

Whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony, we shall withhold benefits until, at the trial level, the prosecution makes a formal entry on the record that it will not prosecute the case against the person, the charge is dismissed or the person is acquitted.

5. Provisional Premium

In the event of any change in the rules, rates, rating plan, premiums or minimum premiums applicable to the insurance afforded, because of an adverse judicial finding as to the constitutionality of any provisions of the Florida Motor Vehicle No-fault Law providing for the exemption of persons from tort liability, the premium stated in the Declarations for any Liability, Medical Payments and Uninsured Motorists insurance shall be deemed provisional and subject to recomputation. If this Policy is a renewal policy, such recomputation shall also include a determination of the amount of any return premium previously credited or refunded to the "named insured" pursuant to the Florida Motor Vehicle No-fault Law with respect to insurance afforded under a previous policy.

If the final premium thus recomputed exceeds the premium shown in the Declarations, the "named insured" shall pay to us the excess as well as the amount of any return premium previously credited or refunded.

6. Special Provisions For Rented Or Leased Vehicles

Notwithstanding any provision of this coverage to the contrary, if a person is injured while "occupying", or through being struck by, a "motor vehicle" rented or leased under a rental or lease agreement which does not specify otherwise in language required by FLA. STAT. SECTION 627.7263(2) in at least 10-point type on the face of the agreement, the personal injury protection benefits available under the Florida Motor Vehicle No-fault Law and afforded under the lessor's policy shall be primary.

7. Insured's Right To Personal Injury Protection Information

- a. In a dispute between us and an "insured", or between us and an assignee of the "insured's" personal injury protection benefits, we will, upon request, notify such "insured" or assignee that the limits for Personal Injury Protection have been reached. We will provide such information within 15 days after the limits for Personal Injury Protection have been reached.
- b. If legal action is commenced, we will, upon request, provide an "insured" with a copy of a log of personal injury protection benefits paid by us on behalf of the "insured". We will provide such information within 30 days of receipt of the request for the log from the "insured".

G. Additional Definitions

As used in this endorsement:

- 1. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - a. Serious jeopardy to "insured's" health;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ part.

2. "Motor vehicle" means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of Florida and any trailer or semitrailer designed for use with such vehicle.

However, "motor vehicle" does not include:

- a. A mobile home;
 - b. Any "motor vehicle" which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.
3. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the same household as the "named insured".
4. "Named insured" means the person or organization named in the Declarations of the Policy and, if an individual, shall include the spouse if a resident of the same household.
5. "Occupying" means in or upon or entering into or alighting from.
6. "Owner" means a person or organization who holds the legal title to a "motor vehicle" and also includes:
- a. A debtor having the right to possession, in the event a "motor vehicle" is the subject of a security agreement;

- b. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease with option to purchase and such lease agreement is for a period of six months or more; and

- c. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease without option to purchase, and such lease is for a period of six months or more, and the lease agreement provides that the lessee shall be responsible for securing insurance.

7. "Pedestrian" means a person while not an occupant of any self-propelled vehicle.

8. "Medically necessary" refers to a medical service or supply that a prudent physician would provide for the purpose of preventing, diagnosing or treating an illness, injury, disease or symptom in a manner that is:

- a. In accordance with generally accepted standards of medical practice;
- b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
- c. Not primarily for the convenience of the patient, physician or other health care provider.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE – FIRE, POLICE AND EMERGENCY VEHICLES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Physical Damage Coverage is changed as follows:

A. The exclusion relating to Audio, Visual and Data Electronic Equipment in Paragraphs **B.4.c.** and **B.4.d.** of the Business Auto and **B.2.c.** and **B.2.d.** of the Business Auto Physical Damage Coverage Forms does not apply to any equipment that is installed in or upon a covered "auto" which is:

1. Owned by a police or fire department;

2. Equipped as an emergency vehicle and owned by a political body or any of its agencies; or

3. Equipped as an emergency vehicle and owned by a volunteer fire department, volunteer rescue squad or volunteer ambulance corps.

B. For covered "autos" described above, the **Limit Of Insurance** provision in Paragraph **C.2.** does not apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROFESSIONAL SERVICES NOT COVERED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

LIABILITY COVERAGE is changed by adding the following exclusions:

This insurance does not apply to:

1. "Bodily injury" resulting from the providing or the failure to provide any medical or other professional services.
2. "Bodily injury" resulting from food or drink furnished with these services.
3. "Bodily injury" or "property damage" resulting from the handling of corpses.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUBLIC TRANSPORTATION AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

LIABILITY COVERAGE for a covered "auto" licensed or used to transport the public is changed as follows:

The CARE, CUSTODY OR CONTROL exclusion does not apply to "property damage" to or "covered pollution cost or expense" involving property of the "insured's" passengers while such property is carried by the covered "auto".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.
3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

E. Changes In Conditions

The Conditions are changed for Auto Medical Payments Coverage as follows:

1. The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply.
2. The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance – Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FIRE, FIRE AND THEFT, FIRE, THEFT AND
WINDSTORM AND LIMITED SPECIFIED CAUSES
OF LOSS COVERAGES**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Coverages	Designation or Description of Covered "Autos" to which this coverage applies	Limit of Insurance	Premium
Fire		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Fire and Theft		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Fire, Theft and Windstorm		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$
Limited Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is Less	\$ \$

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

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the "autos" shown as covered "autos".
- B.** We will pay for "loss" to a covered "auto" or its equipment under:
 - 1.** Fire Coverage. Caused by:
 - a.** Fire, lightning or explosion; or
 - b.** The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".



2. Fire and Theft Coverage. Caused by:

- a. Fire, lightning or explosion;
- b. Theft; or
- c. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

3. Fire, Theft and Windstorm Coverage. Caused by:

- a. Fire, lightning or explosion;
- b. Theft;
- c. Windstorm, hail or earthquake; or
- d. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

4. Limited Specified Causes of Loss Coverage. Caused by:

- a. Fire, lightning or explosion; or
- b. Theft; or
- c. Windstorm, hail or earthquake; or
- d. Flood; or
- e. The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

C. The policy's PHYSICAL DAMAGE COVERAGE provisions apply to the coverage indicated in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GOVERNMENTAL BODIES AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Any land motor vehicle or "trailer" you own or lease that is designed for travel on public roads is an "auto" and not "mobile equipment" if the sole reason for considering it "mobile equipment" is such vehicle is used solely on roads you own.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STATED AMOUNT INSURANCE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

Named Insured:
Endorsement Effective Date:

SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
SEE SCHEDULE		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
Total Premium			\$

NOTE:

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
SEE SCHEDULE		

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".
- B.** For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

Limit Of Insurance

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
 - c. The Limit of Insurance shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

C. Deductible

1. For each covered "auto", our obligation to pay:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule;
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule; or
 - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
 - B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
 - C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.
 - D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO, MOTOR CARRIER AND TRUCKERS COVERAGE FORMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Liability Coverage is changed as follows:

1. Paragraph **a.** of the **Pollution** Exclusion applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

B. Changes In Definitions

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

- D.** "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
 2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraphs **a.** and **b.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

FLORIDA ADDENDUM TO THE DECLARATIONS

If you have questions about your insurance policy, or questions about claims relating to your insurance policy, please contact your insurer at the following:

AIG
175 Water Street
New York, NY 10038
(212) 458-5000

CLAIM REPORTING

Successful claim handling begins with prompt notification. Incidents that will or might give rise to a claim should be immediately reported to your agent. The agent will relay pertinent information to Glatfelter Claims Management, Inc. (GCM). Minimum information needed is:

- Name and telephone number of insured contact person.
- Date, time and location of the accident or incident.
- Description of how the incident occurred.
- Description of the vehicle or property involved.
- Description of the damage and/or injuries.
- Description of any other automobiles, property, persons and witnesses involved, including addresses and telephone numbers, if available.
- If known, the name and incident report number of the responding police department or other authority.

Do not delay reporting an incident to your agent waiting on information such as a police report, repair estimate, or other claim details. When additional information is obtained, it should be promptly reported to your agent or the claim handler assigned by GCM.

Should a claim arise, some important points to remember are:

- Provide assistance to injured persons.
- Protect property from further damage.
- Do not divulge information to anyone other than the assigned claim handler or GCM's authorized representative.
- If a lawsuit is filed, contact your agent immediately who will transmit copies to GCM.

If an after-hours emergency should arise, please contact our office for assistance.

Glatfelter Claims Management, Inc.
P.O. Box 5126
York, PA 17405
Telephone: (800) 233-1957
Claims Fax: (717) 747-7051
E-Mail: claims@glatfelters.com

License Number: 2D89880 (California only)

Glatfelter Claims Management, Inc., a division of Glatfelter Insurance Group, is a wholly owned, third-party claims administrator charged with the handling of claims for Glatfelter Public Practice, on behalf of National Union Fire Insurance Company of Pittsburgh, Pa.

Glatfelter
Public
PracticeSM
A Division of Glatfelter Insurance Group

(800) 233-1957

www.GlatfelterPublicPractice.com

POLICYHOLDER NOTICE

Taxes, Assessments and/or Surcharges

The taxes, assessments and/or surcharges shown on the declarations page or any premium schedule are collected on behalf of the applicable State(s) and in accordance with such State's laws and regulations. The payment of these taxes, assessments and/or surcharges is the responsibility of the Named Insured. In the event the applicable State implements a new tax, assessment and/or surcharge or increases such tax, assessment and/or surcharge during the term of this policy, the Named Insured shall remain responsible for the payment of all amounts due under the policy, including those newly implemented or increased taxes, assessments and/or surcharges.

Any newly implemented or increased taxes, assessments and/or surcharges shall apply on the effective date dictated by the applicable State regardless:

1. Of when the Insurance Company implements the new or increased tax, assessment or surcharge into its systems; or
2. If the Insurance Company recalculates the Named Insured's premium in accordance with the policy's terms and conditions as part of a premium audit after the end of the policy period.

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

FACTS

Why?

What?

How?

WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

• *Our affiliates include the member companies of American International Group, Inc.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

• *AIG does not share with nonaffiliates so they can market to you.*

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

• *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.



Contract No. 84131503-21-ITB
Commercial Automobile Insurance
Exhibit E
ITB Attachments F, G, and D

Exhibit E, ITB Attachment D, Certification Requirements for Responsiveness, is provided on the following pages



Solicitation No. 21-84131503-ITB
Commercial Automobile Insurance
Attachment D
Certification Requirements for Responsiveness

The Bidder certifies that the Bidder is not on the Suspended Vendor List maintained pursuant to section 287.042(1)(a), F.S., and neither the Bidder nor any supplier, subcontractor, nor consultant included in its Bid are on the Convicted Vendor, Discriminatory Vendor, or Antitrust Violator Vendor Lists specified in Sections 7 and 8 of the PUR1001 form, as modified by section 3.2 of the ITB.

The Bidder certifies it is in compliance with Section 9 of the [PUR1001 form](#), as modified by the ITB Special Instructions.

The Bidder certifies that it is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and is not engaged in a boycott of Israel.

The Bidder certifies that if awarded a Contract it will provide a PDF file of its current and active registration with the Florida Department of State, Division of Corporations, or, if exempt from registration, a statement to that effect noting the basis for the exemption, prior to Contract execution. For additional information, please visit <https://dos.myflorida.com/sunbiz/>.

NOTE: Foreign entities are required to obtain a Florida Certificate of Authority pursuant to applicable Florida Statutes from the Florida Department of State, Division of Corporations, to transact business in the State of Florida.

The Bidder certifies that within the last year (i.e., within the last 365 days), it has not had a contract terminated under section 448.095(2)(c), F.S., by a public employer, as defined by section 448.095(1)(i), F.S.

The Bidder certifies that the Broker's key management personnel assigned to securing the Insurance Policy will maintain current and active insurance license(s) required to provide the services contemplated herein.

The Bidder certifies that the Bidder and the selected Insurer possess a valid and current certificate of authority to transact insurance, in accordance with section 624.404, Florida Statutes, or are an eligible surplus lines insurer in accordance with section 626.918, Florida Statutes.

The Bidder certifies that the Bidder and the selected Insurer each have 10 years of experience in the placement and account management of the insurance coverage described in this ITB.

Respondent should note the other responsiveness requirements indicated in section 2.5, Mandatory Responsiveness Requirements, of the ITB.

Signature below certifies that the signatory has the authority to respond to this solicitation on the Bidder's behalf and certifies conformance with all Responsiveness Requirements listed above.

Bidder's Name

Signature of Bidder's Authorized Representative

Date