

FLEET SCHEDULE—LIABILITY AND PHYSICAL DAMAGE

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM**

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

Endorsement Effective	Policy Number
Named Insured	

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION					PURCHASED		TERRITORY		
	Year Model, Trade Name, Body Type Serial Number (S) Vehicle I.D. No. (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where the Covered Auto will be principally garaged.						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Covered Auto No.	CLASSIFICATION							Except for towing all physical damage loss is payable to you and the loss payee named below as interest may appear at the time of the loss		
	Radius of Operation	Business Use s-service r-retail c-commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor			Code
					Liab.	PhyD				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column of the Declarations applies instead)					
	LIABILITY		PERSONAL INJURY PROTECTION		AUTO MED PAY	
	Limit	Premium	Limit stated in each PIP end.	Premium	Limit	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Cov. Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column of the Declarations applies instead)											
	UNINSURED/ UNDERINSURED MOTORISTS		COMPREHENSIVE			SPECIFIED CAUSES OF LOSS		COLLISION			TOWING & LABOR	
	Limit	Pre-mium	Limit (Actual Cash Value or Stated Amt.)	Ded.	Pre-mium	Limit (Actual Cash Value or Stated Amt.)	Pre-mium	Limit (Actual Cash Value or Stated Amt.)	Ded.	Pre-mium	Limit Per Disable-ment	Pre-mium
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												