MOBILE EQUIPMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM

This endorsement chan Endorsement Effective	 cy enective on	i tile incepti	Policy Number	illiess alloulei	uate is int	dicated below.
	•					
Named Insured						.(
e e e e		, jan				

SCHEDULE

Coverages	Covered Auto Vehicle Numbers	l imit o	f Insurance	Premium
	Numbers			
Liability		\$	Each Accident	\$
Auto Medical			E 1.0	_
Payments		\$	Each Person	\$
Personal Injury			Separately stated in each P.I.P.	
Protection			endorsement.	\$
Uninsured/				
Underinsured	-	\$	Each Accident	\$
Motorists			*'	
Comprehensive		REPAIR MINUS S AUTO B	UT NO DEDUCTIBLE APPLIES S CAUSED BY FIRE OR	\$
Collision		REPAIR MINUS \$	CASH VALUE OR COST OF WHICHEVER IS LESS, Ded. FOR EACH ED AUTO	\$
Specified Causes Of Loss		REPAIR, MINUS \$ AUTO F	CASH VALUE OR COST OF WHICHEVER IS LESS, 25 FOR EACH COVERED OR LOSS CAUSED BY FOR VANDALISM	\$
Limited Specified Causes Of Loss			CASH VALUE OR COST OF WHICHEVER IS LESS	\$

	Vehicle No.	Description of Vehicles that are Covered Autos
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- **A.** This endorsement provides only those coverages where a premium is shown in the Schedule or in the Declarations. Each of these coverages applies only to the vehicles shown as covered **autos**.
- **B.** The vehicles described in the Schedule or in the Declarations will be considered covered **autos** and not **mobile equipment**.
- **C.** LIABILITY COVERAGE does not apply to **Bodily Injury** or **Property Damage** resulting from the operation of any machinery that is on, attached to or part of any of these vehicles.