

REPOSSESSED AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO 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

Liability No.	Limit	Rating Basis	Rates	Premiums
		Estimated number of covered autos to be repossessed	\$	\$
		Minimum Premium	\$	

Coverages	Types of autos		Interests covered			
	New Autos	Used autos Demonstrators and Service Vehicles	Your interest in covered autos you own	Your interest only in financed covered autos	Your interest and the interest of any creditor named as a loss payee	All interests in any auto not owned by you or any creditor while in your possession on consignment for sale.
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Coverages	Limit of Insurance for Each Location	Rates	Premium
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$
	Specified Causes of Loss			\$
	Fire	\$		\$
	Fire & Theft	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL THEFT LOSS IN ANY ONE EVENT.		\$
	Limited Specified Causes of Loss			\$

Location No.	Coverages	Limit of Insurance for Each Location	Rates	Premium
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		
	Specified Causes of Loss			
	Fire	\$		\$
	Fire & Theft	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL THEFT LOSS IN ANY ONE EVENT.		\$
	Limited Specified Causes of Loss			\$
3	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$
	Specified Causes of Loss			\$
	Fire	\$		\$
	Fire & Theft	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL THEFT LOSS IN ANY ONE EVENT.		\$
	Limited Specified Causes of Loss			\$
		\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO		
		BLANKET ANNUAL COLLISION RATES		
		First \$50,000	\$50,001 to \$100,000	Over \$100,000
		Total Premium		

LOCATIONS WHERE YOU STORE REPOSSESSED AUTOS

Location No.	Address state your main location as Location No. 1.
1	
2	
3	

PREMIUM BASIS—Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by [x]).

REPORTING BASIS (Quarterly or Monthly as indicated below by [x]).

You must report to us on our form the locations of the autos you repossess and their total value at each such location. For your main location identified as location no. 1, you must include the total value of all autos you repossess, and autos you repossess that are temporarily stored at locations other than those stated in the Schedule or in the Declarations.

YOUR REPORTING BASIS IS:

QUARTERLY You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports contain the value for the last business day of every third month coming with the policy period.

MONTHLY You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

NONREPORTING BASIS Stated Limit of Liability shown in the Schedule or in the Declarations applies.

A. This endorsement provides only those coverages where a premium is shown in the Schedule or in the Declarations.

B. Any auto you repossess is a covered auto, but only while:

1. Being repossessed by you;
2. Held by you for sale after repossession; or
3. Pending delivery after sale.

C. LIABILITY and PHYSICAL DAMAGE COVERAGES are changed by adding the following exclusion:

This insurance does not apply to:

Any auto while used for other business or personal purposes.

D. WHO IS AN INSURED does not include anyone from whom an auto has been repossessed.