

EFFECTIVE DATE: 06/30/2019

Policy Number: BA 9733247	Prior Policy: 9733247
Billing Type: AGENCY BILL	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured and Mailing Address: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT 6855 DRAKE ROAD CINCINNATI OH 45243 REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY 1060 NIMITZVIEW DR STE 120 CINCINNATI OH 45230-4351 Agent Code: 0021251 Agent Phone: (513)-684-7900

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 06/30/2019 To: 06/30/2020 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: SCHOOL

BUSINESS DESCRIPTION: SCHOOL

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Auto Coverage Part	\$ 30,650.00
Total Policy Premium	\$ 30,650.00

FORMS AND ENDORSEMENTS**Forms and Endorsements made a part of this policy at time of issue:**

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0003	- 0907 CALCULATION OF PREMIUM
IL0017	- 1198 COMMON POLICY CONDITIONS
IL0021	- 0702 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0244	- 0907 OHIO CHANGES - CANCELLATION AND NONRENEWAL
17-58	- 0694 NAMED INSURED SCHEDULE

COMMON POLICY DECLARATIONS (continued)

17-57 (01/08)

Countersigned: By _____
Authorized Representative Date

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Includes copyrighted material of Insurance Services Office, Inc. with its permission. Copyright, Insurance Services Office, Inc. 1982,1983, 1984, 1985.

Date Issued: 06/28/2019

Forming a part of

Policy Number: BA 9733247

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:

INDIAN HILL EXEMPTED VILLAGE
SCHOOL DISTRICT
REFER TO NAMED INSURED SCHEDULE

Agent:

CIC/LICKDYKE INSURANCE AGENCY

Agent Code: 0021251

Agent Phone: (513)-684-7900

NAMED INSURED SCHEDULE

First Named Insured:

Name/Address

Form of Business: SCHOOL

INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
INDIAN HILL BOARD OF EDUCATION AND INDIAN HILLS PUBLIC
SCHOOLS FOUNDATION
6855 DRAKE ROAD
CINCINNATI OH 45243

Date Issued: 06/28/2019

ITEM ONE

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS**

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of the coverages below will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMITS The most we will pay for any one accident or loss	PREMIUM
LIABILITY	1	\$ 1,000,000	\$ 21,327.00
AUTO MEDICAL PAYMENTS	2	See Declarations Extension.	\$ 1,325.00
UNINSURED MOTORISTS	2	Bodily Injury Liability \$ 350,000 Each Accident	\$ 464.00
UNDERINSURED MOTORISTS	2	Bodily Injury Liability \$ 350,000 Each Accident	\$ 2,992.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for hired or borrowed "autos."	\$ 555.00
PHYSICAL DAMAGE COLLISION COVERAGE	2, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto. See ITEM FOUR for hired or borrowed "autos."	\$ 3,634.00
PREMIUM FOR ENDORSEMENTS			\$ 353.00
ESTIMATED TOTAL PREMIUM This policy may be subject to final audit.			\$ 30,650.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made a part of this policy:

Form Number	Description
16-131 - 0311	CHANGES IN WHO IS AN INSURED
16-66 - 0296	QUICK REFERENCE BUSINESS AUTO
16-67OH - 0108	SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT OHIO
AC0031 - 0114	CHANGES IN YOUR POLICY
AC2117 - 0817	OH UNINSURED & UNDERINSURED MOTORISTS COV-BODILY INJURY
CA0001 - 1001	BUSINESS AUTO COVERAGE FORM
CA0038 - 1202	WAR EXCLUSION
CA2384 - 0106	EXCLUSION OF TERRORISM
CA9903 - 0797	AUTO MEDICAL PAYMENTS COVERAGE
IL0003 - 0907	CALCULATION OF PREMIUM

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
001	2002	INTERNATI	CINCINNATI OH	1HVBBAAN92H517394
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 57,000
Coverages	Deductibles/Limits		Premiums	
LIABILITY	See ITEM TWO for Limits		\$ 478.00	
AUTO MEDICAL PAYMENTS	\$ 5,000		\$ 30.00	
UNINSURED MOTORISTS	See ITEM TWO for Limits		\$ 9.00	
UNDERINSURED MOTORISTS	See ITEM TWO for Limits		\$ 59.00	
COMPREHENSIVE	1,000 Deductible		\$ 5.00	
COLLISION	1,000 Deductible		\$ 35.00	

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
002	2002	INTERNATL	CINCINNATI OH	1HVBBAAN02H517395
		Class: 6184	Stated Amount:	Size or Seating Capacity: 70 OCN: \$ 57,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 5.00
COLLISION	1,000 Deductible	\$ 35.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
003	2002	INTERNATL	CINCINNATI OH	1HVBBAAN22H517396
		Class: 6184	Stated Amount:	Size or Seating Capacity: 70 OCN: \$ 57,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 5.00
COLLISION	1,000 Deductible	\$ 35.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
004	2002	INTERNATL	CINCINNATI OH	1HVBBAAN42H517397
		Class: 6184	Stated Amount:	Size or Seating Capacity: 70 OCN: \$ 57,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 5.00
COLLISION	1,000 Deductible	\$ 35.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
005	2003	GMC SAVANNA COMML BOX TR	CINCINNATI OH	1GDJG31U631193008
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 22,826

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 30.00
COLLISION	500 Deductible	\$ 111.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
006	2005	THOMAS SCHOOL BUS	CINCINNATI OH	4UZAAXDC85CU22341
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 52,355

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 5.00
COLLISION	1,000 Deductible	\$ 35.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
007	2005	THOMAS SCHOOL BUS	CINCINNATI OH	4UZAAXDCX5CU22339
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 52,355

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 5.00
COLLISION	1,000 Deductible	\$ 35.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
008	2005	THOMAS SCHOOL BUS	CINCINNATI OH	4UZAAXDC85CU22338
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 74,390

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
009	2008	THOMAS 311TS BUS	CINCINNATI OH	4UZABRCS28CY46619
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 66,335

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
010	2008	THOMAS 311TS BUS	CINCINNATI OH	4UZABRCS98CY46620
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 66,335

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
011	2008	THOMAS 311TS BUS	CINCINNATI OH	4UZABRCS08CY46621
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 66,335

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
012	2008	THOMAS 311TS HANDICAPPED BU	CINCINNATI OH	4UZABRCS28CY46622
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 74,235

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
013	2006	GMC SIERRA W/DUMP BED	CINCINNATI OH	1GDJK34D768281430
Class: 21479		Stated Amount:	Size or Seating Capacity: 15,000	OCN: \$ 45,975

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 545.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 23.00
COLLISION	500 Deductible	\$ 164.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
014	2008	FRGTLINER - THOMAS BUS	CINCINNATI OH	4UZABRDJX8CZ67081
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 66,335

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
015	2008	FRGTLINER - THOMAS BUS	CINCINNATI OH	4UZABRDJ18CZ67082
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 66,335

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 6.00
COLLISION	1,000 Deductible	\$ 47.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
016	2010	THOMAS SCHOOL BUS	CINCINNATI OH	4UZABRDJ0ACAK5937
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 78,370

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 56.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
017	2010	THOMAS SCHOOL BUS	CINCINNATI OH	4UZABRDJ3ACAP6591
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 79,100

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 56.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
018	2010	THOMAS SCHOOL BUS	CINCINNATI OH	4UZABRDJ1ACAP6590
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 79,100

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 436.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 56.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
019	2009	FORD F350	CINCINNATI OH	1FTWW31R09EB16967
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 41,376

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 40.00
COLLISION	500 Deductible	\$ 243.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
020	2012	FREIGHTLINER THOMAS BUS	CINCINNATI OH	4UZABDT9CCBE0200
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 83,700

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 61.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
021	2012	FREIGHTLINER THOMAS BUS	CINCINNATI OH	4UZABRDT0CCBE0201
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 83,700

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 61.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
022	2012	INTERNATL BUS	CINCINNATI OH	4DRBUAAN3B629883
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 84,187

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 61.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
023	2011	FORD F250	CINCINNATI OH	1FTBF28T8BED01695
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 38,429

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 38.00
COLLISION	500 Deductible	\$ 164.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
024	2012	INTERNATL BUS	CINCINNATI OH	4DRBUAAN5CB629884
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 84,187

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 7.00
COLLISION	1,000 Deductible	\$ 61.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
025	2013	INTERNATL	CINCINNATI OH	4DRBUAAN3DB307794
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 85,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 8.00
COLLISION	1,000 Deductible	\$ 66.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
026	2013	INTERNATL	CINCINNATI OH	4DRBUAAN7DB307832
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 85,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 8.00
COLLISION	1,000 Deductible	\$ 66.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
027	2014	IC BUS	CINCINNATI OH	4DRBUAAN8EB793116
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 88,470

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 8.00
COLLISION	1,000 Deductible	\$ 66.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
028	2014	IC BUS	CINCINNATI OH	4DRBUAANXEB793117
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 88,470

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 8.00
COLLISION	1,000 Deductible	\$ 66.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
029	2014	GMC SAVANA G2500	CINCINNATI OH	1GTW7FCA5E1213864
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 26,059

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 43.00
COLLISION	500 Deductible	\$ 191.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
030	2015	THOMAS BUS	CINCINNATI OH	4UZABRDT9FCGN4816
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 84,958

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 9.00
COLLISION	1,000 Deductible	\$ 75.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
031	2016	FORD TRANSIT F150	CINCINNATI OH	1FMZK1ZMXGKB02347
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 27,790

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 52.00
COLLISION	500 Deductible	\$ 232.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
032	2017	THOMAS BUS	CINCINNATI OH	4UZABRDT3HCHR9501
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 89,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
033	2017	THOMAS BUS	CINCINNATI OH	4UZABRDT3HCHR9502
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 89,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
034	2013	GMC PICKUP	CINCINNATI OH	1GT02ZC81DZ360752
Class: 01499		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 28,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 573.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 35.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 20.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 124.00
COMPREHENSIVE	250 Deductible	\$ 43.00
COLLISION	500 Deductible	\$ 191.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
035	2017	THOMAS BUS	CINCINNATI OH	4UZABRDT0HCJA5341
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 89,830

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
036	2017	THOMAS BUS	CINCINNATI OH	4UZABRDT9HCJA5340
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 89,830

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
037	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N9JB426915
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 90,775

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
038	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N5JB426914
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 90,775

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
039	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N9JB426916
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 84,763

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
040	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N1JB426912
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 90,775

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
041	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N3JB426913
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 90,775

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
042	2018	IC BUS SERIES CESB	CINCINNATI OH	4DRBUC8N0JB426917
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$105,490

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 11.00
COLLISION	1,000 Deductible	\$ 108.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
043	2019	INTERNATI	CINCINNATI OH	4DRBUC8N3KB562816
Class: 6184		Stated Amount:	Size or Seating Capacity: 70	OCN: \$ 89,871

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 478.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 30.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 9.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 59.00
COMPREHENSIVE	1,000 Deductible	\$ 10.00
COLLISION	1,000 Deductible	\$ 94.00

RENEWAL

Forming a part of

Policy Number: BA 9733247	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT REFER TO NAMED INSURED SCHEDULE	Agent: CIC/LICKDYKE INSURANCE AGENCY Agent Code: 0021251 Agent Phone: (513)-684-7900

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for service performed by motor carriers of property or passengers.

LIABILITY COVERAGE				
State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. Is Primary)	Premium
OH	\$ IF ANY ALL OTHERS	\$ INC		\$ 19.00
OH	\$ IF ANY SCHOOL BUSES	\$ INC		\$ INCL
TOTAL PREMIUM				\$ 19.00 MP

PHYSICAL DAMAGE COVERAGE				
Coverages	Limit of Insurance The most we will pay minus deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
COMPREHENSIVE	Actual cash value, cost of repairs or \$ 100,000, whichever is less, minus \$ 100 deductible for each covered auto, but no deductible applies to loss caused by fire or lightning.	\$ IF ANY	\$ INCL	\$ INCL
COLLISION	Actual cash value, cost of repairs or \$ 100,000, whichever is less, minus \$ 500 deductible for each covered auto.	\$ IF ANY	\$ INCL	\$ INCL
TOTAL PREMIUM				\$INCLD MP

RENEWAL

Forming a part of

Policy Number: BA 9733247

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:

INDIAN HILL EXEMPTED VILLAGE
SCHOOL DISTRICT
REFER TO NAMED INSURED SCHEDULE

Agent:

CIC/LICKDYKE INSURANCE AGENCY

Agent Code: 0021251

Agent Phone: (513)-684-7900

COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees	101 - 500	\$ 159.00
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL PREMIUM			\$ 159.00

Date Issued: 06/28/2019

Copyright, Insurance Services Office, Inc., 1990

Policy Number: BA 9733247

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:

INDIAN HILL EXEMPTED VILLAGE
SCHOOL DISTRICT
REFER TO NAMED INSURED SCHEDULE

Agent:

CIC/LICKDYKE INSURANCE AGENCY

Agent Code: 0021251

Agent Phone: (513)-684-7900

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT

(Ohio)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

The following endorsement provisions do not apply when an "X" is shown in the space provided below:

_____	Provision 2.	BROAD FORM INSURED
_____	Provision 3.	SCHOOL EMPLOYEES AS INSUREDS
_____	Provision 4.	VOLUNTEERS AS INSUREDS
_____	Provision 5.	ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT
_____	Provision 7.	AMENDED FELLOW EMPLOYEE EXCLUSION
_____	Provision 8.	HIRED AUTO PHYSICAL DAMAGE
_____	Provision 21.	BODILY INJURY REDEFINED
_____	Provision 22.	EXTENDED CANCELLATION CONDITION

The per "loss" deductible for Comprehensive Coverage for Provision 18 is \$ 11,000 .

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

COVERAGE INDEX

Description	Page
TEMPORARY SUBSTITUTE FOR AUTO PHYSICAL DAMAGE	2
BROAD FORM INSURED	2
SCHOOL EMPLOYEES AS INSUREDS	2
VOLUNTEERS AS INSUREDS	3
ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT	3
SUPPLEMENTARY PAYMENTS	3
AMENDED FELLOW EMPLOYEE EXCLUSION	4
HIRED AUTO PHYSICAL DAMAGE	4
TOWING AND LABOR	5
PHYSICAL DAMAGE – ADDITIONAL TRANSPORTATION EXPENSE COVERAGE	5
RENTAL REIMBURSEMENT	5
EXTRA EXPENSE – BROADENED COVERAGE	5
PERSONAL EFFECTS COVERAGE	5
AIRBAG COVERAGE	6
AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE	6
LOAN / LEASE GAP COVERAGE	6
GLASS REPAIR – WAIVER OF DEDUCTIBLE	7
PHYSICAL DAMAGE – COMPREHENSIVE COVERAGE – PER EVENT DEDUCTIBLE	7
UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS	7
AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS	8
BODILY INJURY REDEFINED	8
EXTENDED CANCELLATION CONDITION	8

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Copyright, Insurance Services Office, Inc., 2001 and 2002

16-67OH (01/08)

AGENT COPY

SECTION I – COVERED AUTOS is amended as follows:

1. TEMPORARY SUBSTITUTE AUTO PHYSICAL DAMAGE

SECTION I – COVERED AUTOS, paragraph **C.** is changed by adding the following:

If Physical Damage coverage is provided under the Business Auto Coverage Form for an “auto” you own, the Physical Damage coverages provided for that owned “auto” are extended to any “auto” you do not own, while used with the expressed or implied permission of its owner as a temporary substitute for the covered “auto” you own that is out of service because of its breakdown, repair, servicing, “loss” or destruction.

SECTION II – LIABILITY COVERAGE is amended as follows:

2. BROAD FORM INSURED

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include the following as an insured:

d. Any legally incorporated entity of which you own more than 50 percent of the voting stock on the effective date of this Coverage Form, if there is no similar insurance available to that organization. However, the Named Insured does not include any organization that:

- (1)** is a partnership or joint venture;
- (2)** is an insured under any other automobile policy; or
- (3)** Has exhausted its Limit of Insurance under any other policy.

Paragraph **d.(2)** of this provision does not apply to a policy written to apply specifically in excess of this policy.

e. Any organization you newly acquire or form other than a partnership or joint venture of which you own more than 50 percent of the voting stock. This automatic coverage is afforded only for 180 days from the date of the acquisition or formation. However, coverage under this provision does not apply:

- (1)** If there is similar insurance or a self-insured retention plan available to that organization; or
- (2)** To “bodily injury” or “property damage” that occurred before you acquired or formed the organization.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

3. SCHOOL EMPLOYEES AS INSUREDS

A. Paragraph **1, Coverage A – Who Is An Insured** is amended to include as an insured:

f. Any “employee” of yours while using a covered “auto” you do not own, hire or borrow in your business or your personal affairs but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.

With respect to the insurance provided by this provision **3.**, any student teacher teaching as part of their educational requirements is included as an “employee”.

B. GENERAL CONDITIONS – OTHER INSURANCE, paragraph **5.a.** is replaced by:

1. 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:

a. While any “employee” of yours is using a covered “auto” you don’t own, hire or borrow in your business or your personal affairs, the Liability Coverage this Coverage Form provides is primary.

b. 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 do own.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

4. VOLUNTEERS AS INSUREDS

Paragraph **1. Coverage A. – Who Is An Insured** is amended to include as an insured:

g. A "volunteer worker" of yours while using a covered "auto" you do not own, hire or borrow in your business or your personal affairs or while performing duties related to the conduct of your business. Insurance provided by this endorsement is excess over any other collectible insurance available to any "volunteer worker".

For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding the following:

"Volunteer worker" means a person who donates their services to you with your knowledge and consent and who is not paid a fee, salary or other remuneration.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

5. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include as an insured:

h. Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided that you and such person or organization have agreed in a written contract, agreement or permit issued to you by governmental or public authority, to add such person or organization, or governmental or public authority to this policy as an "insured".

However, such person or organization is an "insured":

- (1) Only with respect to the operation, maintenance or use of a covered "auto";
- (2) Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written contractor agreement, or after the permit has been issued to you; and
- (3) Only for the duration of that contract, agreement or permit, provided the "bodily injury" or "property damage" is caused, in whole or in part, by you or by those acting or your behalf.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

6. SUPPLEMENTARY PAYMENTS

SECTION II – LIABILITY COVERAGE, **2.a.** Supplementary Payments, paragraphs **(2)** and **(4)** are replaced by the following:

- (2) Up to \$ 2,500 for the cost or bail bonds (including bonds for related traffic violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$ 500 a day because of time off from work.

7. AMENDED FELLOW EMPLOYEE EXCLUSION

In those states where Workers Compensation laws have not been legally determined to be the sole remedy for employee injuries, the following provision is added:

SECTION II – LIABILITY COVERAGE, exclusion 5. FELLOW EMPLOYEE does not apply if the “bodily injury” results from the use of a covered “auto” you own or hire, and arising out of and in the course of the fellow “employee’s” employment or while performing duties related to the conduct of your business.

This insurance provided under this provision 7. is excess over any other collectible insurance.

In those states where Workers Compensation insurance has been determined to be the sole remedy for employee injuries, this provision does not apply and exclusion 5. remains in force.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

SECTION III – PHYSICAL DAMAGE COVERAGE is amended as follows:

8. HIRED AUTO PHYSICAL DAMAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, 4. Coverage Extensions, is amended by adding the following:

If hired “autos” are covered “autos” for liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any “auto” you own, then Physical Damage coverages provided are extended to “autos” you hire, rent or borrow, subject to the following limit and deductible:

(a) The most we will pay for “loss” in any one “accident” is the smallest of:

- (1) \$50,000;
- (2) The actual cash value of the damaged or stolen property as of the time of the “loss”; or
- (3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality

minus a \$500 deductible. No deductible applies to “loss” caused by fire or lightning.

(b) Subject to the limit of insurance, deductible and excess provisions described in this provision, we will provide coverage equal to the broadest coverage applicable to any covered “auto” you own.

(c) Subject to a maximum of \$750 per “accident”, we will also cover the actual loss of use of the hired “auto” if it results from an “accident”, you are legally liable and the lessor incurs an actual financial loss.

(d) An adjustment for depreciation and physical condition will be made in determining the actual cash value of a “total loss”. This adjustment is not applicable in Texas.

(e) If a repair or replacement results in better than like kind and quality, we will not pay for the amount of betterment.

(f) This coverage extension does not apply to:

- (1) Any “auto” that is hired, rented or borrowed with a driver; or
- (2) Any “auto” that is hired, rented or borrowed from your “employee”.

The insurance provided under this provision 8. is excess over any other collectible insurance.

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

“Total loss” means a “loss” in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
Copyright, Insurance Services Office, Inc., 2001 and 2002

9. TOWING AND LABOR

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.2.** Towing, is replaced by the following:

If Physical Damage Coverage is provided under the Business Auto Coverage Form for an “auto” you own, we will pay towing and labor costs incurred, up to the limits shown below, each time a covered “auto” classified and rated as a private passenger type, “light truck” or “medium truck” is disabled:

- a. For private passenger type vehicles, we will pay up to \$50 per disablement.
- b. For “light trucks” that have a gross vehicle weight (GVW) of 10,000 pounds or less as defined by the manufacturer as the maximum loaded weight the “auto” is designed to carry, we will pay up to \$50 per disablement.
- c. For “medium trucks” that have a gross vehicle weight (GVW) of 10,001 - 20,000 pounds as defined by the manufacturer as the maximum loaded weight the “auto” is designed to carry, we will pay up to \$ 150 per disablement.

However, the labor must be performed at the place of disablement.

10. PHYSICAL DAMAGE – ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.4.** Coverage Extension, is amended to provide a limit of \$50 per day and a maximum limit of \$1,500.

11. RENTAL REIMBURSEMENT

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, is amended by adding the following:

We will pay up to \$75 per day for rental reimbursement expenses incurred by you for the rental of an “auto” because of an “accident” or “loss”, to a covered “auto”. We will pay only for those expenses incurred after the first 24 hours following the “accident” or “loss” to the covered “auto”.

Rental Reimbursement will be based on the rental of a comparable vehicle, which may be substantially less than \$75 per day, and will only be allowed for the period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum period of 30 days.

We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your tools and equipment from the covered “auto”.

This coverage does not apply while there are spare or reserve “autos” available to you for your use and operation.

If “loss” results from the total theft of a covered “auto” of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Section III – PHYSICAL DAMAGE, paragraph **A.4.** Coverage Extension of the Business Auto Coverage Form.

No deductible applies to this coverage.

For the purposes of this endorsement provision, “tools and equipment” does not include “personal effects”.

12. EXTRA EXPENSE – BROADENED COVERAGE

Under SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, we will pay for the expense of returning a stolen covered “auto” to you. The maximum amount we will pay is \$1,000.

13. PERSONAL EFFECTS COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, 4. is amended by adding the following:

If you have purchased Comprehensive Coverage on this policy for an “auto” you own and that “auto” is stolen, we will pay, without application of deductible, up to \$600 for “personal effects” stolen with the “auto”.

For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding:

“Personal effects” means tangible property that is worn or carried by an “insured”. “Personal effects” does not include tools, jewelry, money or securities.

The insurance provided under provision **13**. is excess over any other collectible insurance.

14. AIRBAG COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **B. EXCLUSIONS** is amended by adding the following:

If you have purchased Comprehensive or Collision Coverage under this policy, the exclusion for “loss” relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

Any insurance we provide shall be excess over any other collectible insurance or reimbursement by manufacturer's warranty. However, we agree to pay any deductible applicable to the other coverage or warranty.

15. AUDIO, VISUAL AND ELECTRONIC EQUIPMENT COVERAGE COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **B. EXCLUSIONS**, exception paragraph **a.** to exclusions **4.c.** and **4.d.** is deleted and replaced with the following:

Exclusions **4.c.** and **4.d.** do not apply to:

- a.** Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment 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” and physical damage coverages are provided for the covered “auto”; or

If a “loss” occurs solely to audio, visual or data electronic equipment or accessories used with this equipment, then our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

16. LOAN / LEASE GAP COVERAGE

A. SECTION III – PHYSICAL DAMAGE COVERAGE – LIMIT OF INSURANCE is amended by adding the following:

The most we will pay for a “total loss” in any one “accident” is the greater of the:

- 1.** Balance due under the terms of the loan or lease to which the damaged covered “auto” is subject at the time of the “loss” less the amount of:
 - a.** Overdue payments and financial penalties associated with those payments as of the date of the “loss”;
 - b.** Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear;
 - c.** Costs for extended warranties, Credit Life Insurance, or Health, Accident or Disability Insurance purchased with the loan or lease;
 - d.** Transfer or roll-over balances from previous loans or leases;
 - e.** Final payments due under a “Balloon Loan”;
 - f.** The dollar amount of any unrepaired damage which occurred prior to the “total loss” of a covered “auto”;
 - g.** Security deposits not refunded by a lessor;

- h. All refunds payable or paid to you as a result of the early termination of a lease agreement or as a result of the early termination of any warranty or extended service agreement on a covered "auto";
 - i. Any amounts representing taxes;
 - j. Loan or lease termination fees; or
2. The actual cash value of the damaged or stolen property as of the time of the "loss".

An adjustment for depreciation and physical condition will be made in determining the actual cash value at the time of the "loss". This adjustment is not applicable in Texas.

B. ADDITIONAL CONDITIONS

This coverage applies only to the original loan for which the covered "auto" serves as collateral, or lease written on a covered "auto".

C. SECTION V – DEFINITIONS

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

"Balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

17. GLASS REPAIR – WAIVER OF DEDUCTIBLE

SECTION III – PHYSICAL DAMAGE COVERAGE is amended by adding the following to **D. DEDUCTIBLE**:

No deductible for a covered "auto" applies to glass damage if the glass is repaired rather than replaced.

18. PHYSICAL DAMAGE – COMPREHENSIVE COVERAGE – PER EVENT DEDUCTIBLE

SECTION III – PHYSICAL DAMAGE COVERAGE, paragraph **D. Deductible** is amended by adding the following:

Regardless of the number of covered "autos" damaged or stolen, the per "loss" deductible for Comprehensive Coverage shown in this endorsement's schedule is the maximum deductible applicable for all "loss" in any one event.

SECTION IV – BUSINESS AUTO CONDITIONS is amended as follows:

19. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **B.2.** is amended by adding the following:

If you unintentionally fail to disclose any hazards, exposures or material facts existing as of the inception date of the Business Auto Coverage Part, concerning:

- a. The Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form

the coverage afforded by this policy will not be prejudiced.

However, you must report the undisclosed hazard or exposure as soon as practicable after its discovery, and we have the right to collect additional premium for any such hazard or exposure.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
Copyright, Insurance Services Office, Inc., 2001 and 2002

20. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **A.2.** is replaced in its entirety by the following:

- a. You must promptly notify us. Your duty to promptly notify us is effective when any of your executive officers, partners, members or legal representatives are aware of the “accident”, claim, “suit” or “loss”. Knowledge of an “accident”, claim, “suit” or “loss” by other “employees” does not imply you also have such knowledge.

To the extent possible, notice to us should include:

- (1) How, when and where the “accident” or “loss” took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the “accident” or “loss”.

SECTION V – DEFINITIONS is amended as follows:

21. BODILY INJURY REDEFINED

Under SECTION V – DEFINITIONS, definition **C.** is replaced by the following:

“Bodily injury” means physical injury, sickness or disease sustained by a person including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

SECTION VI – COMMON POLICY CONDITIONS is amended as follows:

22. EXTENDED CANCELLATION CONDITION

The COMMON POLICY CONDITIONS, paragraph **A.** – CANCELLATION provision applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision **22.** does not apply in those states which require more than 60 days prior notice of cancellation.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.



Policy Number: BA 9733247	Prior Policy: 9733247
Policy Period: 06/30/2019 To: 06/30/2020 12:01 am Standard Time at the Mailing Address of the Named Insured	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Billing Type: AGENCY BILL - QUARTERLY	
Named Insured and Mailing Address: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT 6855 DRAKE ROAD CINCINNATI OH 45243	Agent: CIC/LICKDYKE INSURANCE AGENCY 1060 NIMITZVIEW DR STE 120 CINCINNATI OH 45230-4351 Agent Code: 0021251 Agent Phone: (513)-684-7900

Reason for Amendment: RENEWAL

Transaction Effective Date: 06/30/2019

Premium for this Transaction: \$ 30,650.00

STATEMENT OF ACCOUNT

Acct Date	Premium	Commission Percent	Surcharge/ Assessment	Commission Percent	Total Due
06/2019	\$ 7,662.50	10.00%	\$ 0.00	0.00%	\$ 7,662.50
09/2019	\$ 7,662.50	10.00%	\$ 0.00	0.00%	\$ 7,662.50
12/2019	\$ 7,662.50	10.00%	\$ 0.00	0.00%	\$ 7,662.50
03/2020	\$ 7,662.50	10.00%	\$ 0.00	0.00%	\$ 7,662.50
Total Premium Charged:					\$ 30,650.00

Date Issued: 06/28/2019