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SPECIMEN ONLY

# TRUCKERS DECLARATIONS

COMPANY NAME AREA	PRODUCER NAME AREA
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**ITEM ONE**

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address
<b>Previous Policy Number:</b>	

**Form Of Business:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

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

<b>Premium shown is payable at inception:</b> \$
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

**Countersignature Of Authorized Representative**

**Name:**

**Title:**

**Signature:**

**Date:**

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**ITEM TWO**

**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages 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 Autos Section of the Truckers Coverage Form next to the name of the coverage.**

<b>Coverages</b>	<b>Covered Autos</b>	<b>Limit</b>	<b>Premium</b>
<b>Liability</b>		\$	\$
<b>Personal Injury Protection (Or Equivalent No-Fault Coverage)</b>		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
<b>Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)</b>		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
<b>Property Protection Insurance (Michigan Only)</b>		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
<b>Medical Payments</b>		\$	\$
<b>Uninsured Motorists</b>		\$	\$
<b>Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)</b>		\$	\$

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

<b>Trailer Interchange Comprehensive Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ \$ \$ Whichever Is Less.	\$
<b>Trailer Interchange Specified Causes Of Loss Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ \$ \$ Whichever Is Less, Minus Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
<b>Trailer Interchange Collision Coverage</b>		Actual Cash Value, Cost Of Repair, Or \$ \$ \$ Whichever Is Less, Minus Deductible For Each Covered Auto.	\$
<b>Physical Damage Comprehensive Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ \$ \$ Deductible For Each Covered Auto, But No De- ductible Applies To Loss Caused By Fire Or Lightning.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ \$ \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$
<b>Physical Damage Collision Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ \$ \$ Deductible For Each Covered Auto.	\$
<b>Physical Damage Towing And Labor</b>		\$ \$ \$ For Each Disable- ment Of A Private Passenger Auto.	\$
			\$
<b>Premium For Endorsements</b>			\$
<b>Estimated Total Premium*</b>			\$
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Schedule Of Covered Autos You Own**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement		\$			
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
<b>Auto Medical Payments</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Towing And Labor</b>		\$		Per Disablement		\$	

**ITEM THREE**

**Schedule Of Covered Autos You Own (Cont'd)**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement		\$			
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
<b>Auto Medical Payments</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Towing And Labor</b>		\$		Per Disablement		\$	

**ITEM THREE**

**Schedule Of Covered Autos You Own (Cont'd)**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
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.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement		\$			
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
<b>Auto Medical Payments</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Towing And Labor</b>		\$		Per Disablement		\$	

**ITEM THREE**

**Schedule Of Covered Autos You Own (Cont'd)**

Total Premiums	
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Liability Coverage – Rating Basis, Cost Of Hire – Autos Used In Your Trucking Operations			
Estimated Cost Of Hire	Rate Per Each \$100 Cost Of Hire	Total Estimated Premium	
\$	\$	\$	
Liability Coverage – Rating Basis, Cost Of Hire – Autos Not Used In Your Trucking Operations			
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary) Premium
	\$	\$	\$
<b>Total Premium</b>			<b>\$</b>
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
		\$	\$
<b>Total Premium</b>			<b>\$</b>

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)**

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

**Physical Damage Coverage**

Coverages	Limit Of Insurance		
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ _____ Deductible For Each Covered Auto		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$ _____	\$ _____	\$ _____
<b>Total Premium:</b>			\$ _____

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

Rating Basis	Number	Premium
Number Of Employees		\$ _____
Number Of Partners		\$ _____
<b>Total Premiums</b>		<b>\$ _____</b>

**ITEM SIX**

**Trailer Interchange Coverage**

Coverages	Limit Of Insurance	Daily Rate	Estimated Premium
Comprehensive	Stated In Item Two	\$	\$
Specified Causes Of Loss		\$	\$
Collision		\$	\$
<b>Total Premium</b>			\$

**ITEM SEVEN**

**Schedule For Gross Receipts Rating Basis – Liability Coverage**

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/Per \$100)</b>	
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$
<b>Premiums</b>	
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/Per \$100)</b>	
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$
<b>Premiums</b>	
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

**ITEM SEVEN**

**Schedule For Gross Receipts Rating Basis – Liability Coverage (Cont'd)**

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/Per \$100)</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Medical Expense Benefits (VA Only)</b>	\$
<b>Income Loss Benefits (VA Only)</b>	\$
<b>Premiums</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Medical Expense Benefits (VA Only)</b>	\$
<b>Income Loss Benefits (VA Only)</b>	\$

<b>Total Premiums</b>	
<b>Minimum Liability</b>	\$
<b>Minimum Auto Medical Payments</b>	\$
<b>Minimum Medical Expense Benefits (VA Only)</b>	\$
<b>Minimum Income Loss Benefits (VA Only)</b>	\$
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Medical Expense Benefits (VA Only)</b>	\$
<b>Income Loss Benefits (VA Only)</b>	\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.