PGIT
Auto & GL

INSURANCE PROPOSAL

PREPARED FOR:

Sumter County Board of County Commissioners

09 – 10 PGIT

Automobile
General Liability

PRESENTED BY:

Travis Lee Childers, CIC

Brown & Brown of Florida, Inc.

900 N 14th Street
Leesburg, FL 34749-1636
Business Phone: (352)787-2431
Fax Phone: (352)787-9922

This presentation is designed to give you an overview of the insurance coverage's we recommend for your company, based upon information provided by you. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverage's, conditions and exclusions. Specimen copies of all policies are available upon request prior to binding of coverage. If there are any other areas that need to be evaluated prior to binding of coverage, please bring this to our attention. Should any of your exposures change after coverage is bound, such as operations, hiring employees in new states, buying additional property etc. please let us know as proper coverage can be discussed.

Introduction

Your business represents a considerable investment of time, effort and money. It warrants the service of a company that can provide a comprehensive analysis of all your insurance needs, offer insurance programs that are competitively priced and extend full protection to meet your specific needs.

You need an Insurance Agency that is large enough to market your account to more than one leading insurance carrier, yet focused on providing professional, personalized service.

Our agency **Brown & Brown of Florida, Inc.** is that caliber of an agency. We provide the kind of quality attention and protection you and your company deserve. Representing more than 15 major carriers, specializing in every type of insurance coverage, we are able, and honored, to assume the responsibility of meeting your insurance needs.

Our recommendations are based on a careful analysis of the risks unique to you and your company. To this end, we have prepared a sound, competitively priced, insurance proposal for your review.

We appreciate the opportunity to evaluate you and your company and provide this proposal to cover your insurance and asset management needs.

Resources

Claims Management

At **Brown & Brown of Florida, Inc.,** we take an active role in the management of your claims. Our Service Team is committed to assuring you receive prompt and fair treatment for any claim involving coverage extended by our agency, to you or your company.

Loss Control/Risk Management

A successful Loss Control/Risk Management Program is based on a successful partnership between **Brown & Brown of Florida, Inc.,** you and your insurance carrier. As a team, all parties must work together to protect you, your business, your assets and to prevent future loss.

We will provide you with technical advice, resources, and assistance in developing, improving and monitoring an effective Loss Control/Risk Management program by:

- Reviewing your current Loss Control/Risk Management program;
- Analyzing loss data to identify specific areas which generate the greatest claim frequency;
- Reviewing your current environment and operations, including your physical assets, personnel practices, and organization of management;
- Conducting visits to all locations to develop a risk profile and to define management and insurance carrier responsibilities;
- Developing, improving, and implementing a Loss Control/Risk Management program with a written plan of expectations. (This program will be consistent with your management style and easily implemented);
- Establishing a meeting schedule to review and discuss safety and loss analysis reports with management and/or staff as required by your insurance carrier.

Employee Benefits

Brown & Brown of Florida, Inc. offers a full range of Employee Benefits that may be tailored to fit the needs of your company. With access to virtually all the major benefit companies in the US, we have the resources, knowledge and experience to help customize your benefits program to include any or all the following:

Medical – Health Care
Dental Coverage
Life Insurance
Long and Short-Term Disability
Group Retirement Plans
Pension and/or Profit Sharing

Brown & Brown of Florida, Inc. also has the experience to advise and administer both fully insured or partially self-insured plans.

Quote No.: QK FL1 0601060 09-01

Effective: 10/01/2009

Quote Expiration Date:10/01/2009 12:00 AM

Quote Reference Number: 25686

Portal Reference Number:204054

QUOTATION FOR

Sumter County Board of County Commissioners

910 North Main Street
Bushnell, FL 33513

Presented by Public Risk Underwriters for:

Brown & Brown of Florida, Inc.

P. O. Box 491636
Leesburg, FL 34749-1636

8/31/2009 1:27 PM

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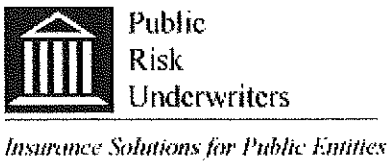
Named Covered Party:	**Sumter County Board of County Commissioners**
Term:	**10/01/2009 to 10/01/2010**
Coverage Provided By:	**Preferred Governmental Insurance Trust**
Quote No.:	**QK FL1 0601060 09-01**

To protect members of the fund from large losses and to protect the financial security of the fund, the Preferred Governmental Insurance Trust (PGIT) board of trustees has elected to purchase an extremely conservative excess of loss insurance structure. We stress PGIT excess of loss structure because an excess structure provides PGIT members several levels of protection that reinsurance does not.

Foremost among these is the fact that PGIT's excess of loss policies list every individual member a named insured, giving every member direct access to the insurance company for payment of claims. Reinsurers are only responsible to the trust itself. Therefore, if a trust became financially troubled, there is no guarantee from an insurance company that any individual claim will be paid or even that a reimbursement will go towards the originating claim.

PGIT is a non-assessable Trust authorized under Florida Statute and is not rated by AM Best. PGIT is not protected by the Florida Guarantee Association in the event it becomes unable to meet its claims payment oblications. PGIT members are not constrained by notice requirements or punitive run-off claims costs to exit. PGIT is a non-admitted pool in the state of Florida.



Public Risk Underwriters (PRU), as part of Brown & Brown, is one of the premier insurance service organizations for public entities in the United States. Our exclusive focus and in-depth understanding of the unique risk exposures and operating environment of the public sector allows us to tailor customized products and services to meet our clients' needs.

Preferred Governmental Claims Services (PGCS) is dedicated to exclusively serving Florida governmental agencies. PGCS administers and closely controls all claims from start to finish. This team of full-time, licensed adjusters understands federal laws and state statutes governing actions against public entities. A toll-free telephone number is provided to facilitate reporting of claims.

Compensation Disclosure

We appreciate the opportunity to assist with your insurance needs. Information concerning compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

Our office is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

For the Coverage Term referenced above, your insurance was placed through Preferred Governmental Insurance Trust (PGIT). PGIT is an independent entity formed by Florida public entities through an Interlocal Agreement for the purpose of providing its members with an array of insurance coverages and services. PGIT has contracted with entities owned by Brown & Brown, Inc. to perform various services. As explained below, those Brown & Brown entities are compensated for their services.

PGIT has contracted with Public Risk Underwriters (PRU), a company owned by Brown & Brown, Inc., to administer PGIT's operations. The administrative services provided by PRU to PGIT include:

Underwriting / Coverage review / Marketing / Policy Review / Accounting / Issuance of PGIT Coverage Agreements / PGIT Member Liaison / Risk Assessment and Control

Pursuant to its contract with PGIT, Public Risk Underwriters (PRU) receives an administration fee, based on the size and complexity of the account, of up to 12.0% of the PGIT premiums billed and collected.

PGIT has also contracted with Preferred Governmental Claims Solutions (PGCS), a company owned by Brown & Brown, Inc., for purposes of administering the claims of PGIT members. The services provided by PGCS to PGIT may include:

Claims Liaison with Insurance Company / Claims Liaison with PGIT Members / Claims Adjustment

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Pursuant to its contract with PGIT, PGCS receives a claims administration fee for those accounts which PGCS services of up to 5% of the non-property portion of the premiums you pay to PGIT.

PGIT also utilizes wholesale insurance brokers, some of which (such as Peachtree Special Risk Brokers and MacDuff Underwriters) are owned by Brown & Brown, Inc., for the placement of PGIT's insurance policies, and for individual risk placements for some PGIT members (excess and surplus lines, professional liability coverage, etc.) The wholesale insurance broker may provide the following services:

- Risk Placement
- Coverage review
- Claims Liaison with Insurance Company
- Policy Review
- Current Market Intelligence

The wholesale insurance broker's compensation is derived from your premium, and is largely dictated by the insurance company. It typically ranges between 10% and 17% of the premiums you pay to PGIT for your coverage. Some wholesale brokers used by Brown to place your coverage may also act as Managing General Agents for various insurance companies, and may be compensated directly by those insurance companies for their services in placing and maintaining coverage with those particular companies.

The wholesale insurance brokerage utilized in the placement of your property insurance was Peachtree Special Risk Brokers, which is a company owned by Brown & Brown Inc. Furthermore, any professional liability coverage afforded by the package of insurance you purchased was acquired through Apex Insurance Services, which is also a company owned by Brown & Brown Inc.

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Named Covered Party: **Sumter County Board of County Commissioners**

Term: **10/01/2009 to 10/01/2010**
Coverage Provided By: **Preferred Governmental Insurance Trust**
Quote No.: **QK FL1 0601060 09-01**

PROPERTY COVERAGE

Building & Contents Limit, per attached schedule	Not Included
Extensions of Coverage	
Accounts Receivable	Not Included
Additional Expense	Not Included
Animals	Not Included
Loss of Business Income	Not Included
Debris Removal	Not Included
Demolition, Ordinance and ICC	Not Included
Fire Department Charges	Not Included
Fungus Cleanup Expense	Not Included
Lawns, Plants, Trees and Shrubs	Not Included
New Locations	Not Included
Personal Property of Employees	Not Included
Pollution Cleanup Expense	Not Included
Recertification	Not Included
Service Interruption Coverage	Not Included
Transit	Not Included
Errors and Omissions	Not Included
Vehicle Property Coverage	Not Included
Buildings Under Construction	If Shown on Property Schedule
Flood Limit - Per Occurrence and Aggregate Excess of NFIP, (whether purchased or not)	Not Included
Earthquake Limit - Per Occurrence and Aggregate	Not Included
TRIA (Including Inland Marine if applicable)	Not Included
Boiler & Machinery	Not Included
Deductibles	
Per Occurrence Building & Contents and Extensions of Coverage	Not Included
Per Occurrence for Named Windstorm	Not Included %
Subject to Minimum of:	Not Included
Per Excess Flood	Not Included
Per Earthquake	Not Included

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INLAND MARINE COVERAGE

Communication Equipment	Not Included
Contractor's / Mobile Equipment	Not Included
Electronic Data Processing Equipment	Not Included
Emergency Services Portable Equipment	Not Included
Fine Arts	Not Included
Other Inland Marine	Not Included
Rented, Borrowed, Leased Equipment	Not Included
Valuable Papers	Not Included
Watercraft	Not Included
Inland Marine Deductible	Not Included

CRIME COVERAGE

Coverage Description:	Limit	Deductible
Forgery and Alteration	Not Included	Not Included
Theft, Disappearance or Destruction	Not Included	Not Included
Computer Fraud	Not Included	Not Included
Employee Dishonesty, per loss	Not Included	Not Included

GENERAL LIABILITY COVERAGE (Occurrence Basis)

Bodily Injury and Property Damage Limit	$1,000,000
Personal Injury and Advertising Injury	Included
Products & Completed Operations Aggregate Limit	Included
General Aggregate Limit	$1,000,000
Employee Benefits Liability Limit, per person (Claims Made)	$3,000,000
Employee Benefits Liability Aggregate Limit (Claims Made)	$1,000,000
Retroactive Date	10/01/2009
Medical Payments Limit	$2,500
Fire Damage Limit	$50,000
No Fault Sewer Backup Limit	$1,000/$5,000
Herbicide & Pesticide Aggregate Limit	$1,000,000
General Liability Deductible	$1,000
Payroll (Excluding Police)	$12,194,960
Liquor Liability	Not Included

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LAW ENFORCEMENT LIABILITY COVERAGE (Occurrence)

Law Enforcement Liability Limit:	Per Person	Not Included
	Per Occurrence	Not Included
	Aggregate	Not Included
Law Enforcement Liability Deductible		Not Included
#of FT Officers		
#of PT Officers		
#of Volunteer Officers		

PUBLIC OFFICIALS LIABILITY COVERAGE (Claims Made)

Public Officials Liability Limit	Per Claim	$1,000,000
	Aggregate	$1,000,000
Public Officials Liability Deductible		$2,500
Revenue		
Public Officials Liability Defense Coverage		Included
Payroll		$12,310,033

Supp Payments: Pre-termination $2,500 per employee - $5,000 annual aggregate
Non-Monetary $10,000 aggregate

EMPLOYMENT RELATED PRACTICES LIABILITY COVERAGE (Claims Made)

Employment Related Practices Liability Limit:	Per Claim	$1,000,000
	Aggregate	$1,000,000
Employment Related Practices Liability Deductible		$2,500
#of FT Employees	870	
#of PT Employees	12	
#of Volunteer Employees	0	

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Named Covered Party:	**Sumter County Board of County Commissioners**
Term:	**10/01/2009 to 10/01/2010**
Coverage Provided By:	**Preferred Governmental Insurance Trust**
Quote No.:	**QK FL1 0601060 09-01**

EXCESS WORKERS' COMPENSATION COVERAGE

Part I Worker's Compensation Limit		N/A
Part II Employers' Liability Limit		
Bodily Injury by Accident	Each Accident	N/A
Bodily Injury by Disease	Agreement Limit	N/A
Bodily Injury by Disease	Each Employee	N/A
Self Insured Retention		

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Named Covered Party: **Sumter County Board of County Commissioners**

Term: **10/01/2009 to 10/01/2010**
Coverage Provided By: **Preferred Governmental Insurance Trust**
Quote No.: **QK FL1 0601060 09-01**

AUTOMOBILE COVERAGE

COVERAGE	SYMBOL	LIMIT	DEDUCTIBLE
Liability	1	$1,000,000	$0
Personal Injury Protection	5	Statutory	$0
Added PIP	N/A	Not Included	
Auto Medical Payments	N/A	Not Included	
Uninsured / Underinsured Motorist	2	$20,000	
Physical Damage Comprehensive Coverage	2	Actual cash value or cost of repair, whichever is less, minus deductible.	Per attached schedule
Physical Damage Collision Coverage	2	Actual cash value or cost of repair, whichever is less, minus deductible.	Per attached schedule

AUTOMOBILE SYMBOLS*

1	Any "Auto"
2	Owned "Autos" only
3	Owned private passenger "Autos" only
4	Owned "Autos" other than private passenger "Autos" only
5	Owned "Autos" subject to No-Fault
6	Owned "Autos" subject to a Compulsory Uninsured Motorist Law
7	Scheduled "Autos" only
8	Hired "Autos" only
9	Non-owned "Autos" only

* These are abbreviated descriptions. A full description of symbols is included in the coverage agreements

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Quote No.:	**QK FL1 0601060 09-01**

TOTAL PREMIUM DUE

QUOTATION TERMS & CONDITIONS INCLUDING BUT NOT LIMITED TO

1.All coverages requested may not be offered in this renewal quote.
2.Renewal quote is subject to review and acceptance by PGIT Board of Trustees
3.The Coverage Agreement shall be **25% minimum earned** as of the first day of the "Coverage Period".
4.Total premium is late if not paid in full within 30 days of inception, unless otherwise stated.
5.Deletion of any coverage presented, Package and/or Workers' Compensation, will result in repricing of account.
6.Request to bind must be received in writing via email prior to the effective date of coverage. If request is not received prior to that date there is no coverage and the file is closed.
7.Coverage is not bound until confirmation is received from a licensed representative of Public Risk Underwriters.

Additional terms and conditions, including but not limited to:

1) Quote is subject to receipt of the following information by October 30, 2009:
   a) Signed first page of the PGIT Application (Florida Fraud Statement)
   b) Initialed and signed PGIT POL/EPLI Application
   c) Signed UM form
   d) Signed Signature Page

2) OPTIONS:

   Public Officials Liability / Employment Practices Liability

   a) Coverage Non-Monetary increased limit option of $100,000 additional premium cost of $2,495.

   Auto Physical Damage:

   a) $2,000 Comprehenseive/$2,000 Collision Deductibles = $43,162 Annual Auto Physical Damage Premium
   b) $5,000 Comprehenseive/$5,000 Collision Deductibles = $28,360 Annual Auto Physical Damage Premium

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AGENCY INFORMATION RECAP

Quote Reference Number: 25686
8/31/2009 1:27 PM

Named Covered Party:	**Sumter County Board of County Commissioners**
Term:	**10/01/2009 to 10/01/2010**
Coverage Provided By:	**Preferred Governmental Insurance Trust**
Quote No.:	**QK FL1 0601060 09-01**

PREMIUM BREAKDOWN

Property (includes Flood/Boiler & Machinery if applicable)	Not Included
Inland Marine	Not Included
Crime	Not Included
General Liability	$57,072
Public Officials Liability	$14,973
Public Officials Liability Defense Coverage	$3,300
Public Officials Increased Non-Monetary Limit	Not Included
Educators Legal Liability	Not Included
Employment Practices Liability	$9,982
Law Enforcement Liability	Not Included
Automobile Liability	$103,345
Automobile Physical Damage	$50,516
Garage/Garage Keepers	Not Included
Excess Workers' Compensation	Not Included
TOTAL PREMIUM DUE	**$239,188**

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

COVERED PARTY: **Sumter County Board of County Commissioners**

AGREEMENT NO.: **QK FL1 0601060 09-01**

AGREEMENT PERIOD: **10/01/2009** To **10/01/2010**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the Coverage Agreement. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability coverage agreements include Uninsured Motorist coverage at limits equal to the Bodily Injury limits in your coverage agreement unless you select a lower limit offered by the Trust, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your Coverage Agreement:

☐ a. I hereby reject Uninsured Motorist coverage.

☑ b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability Limits:
each person (enter limit if applicable):
$20,000 each accident.

☐ c. I hereby select Uninsured Motorist coverage limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this Coverage Agreement will apply only to the extent of coverage (if any) which applies to that vehicle in this Coverage Agreement. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a Named Covered Party, covered family member, or covered resident of the Named Covered Party's household. This Coverage Agreement will not apply if you select the coverage available under any other Coverage Agreement issued to you or the Coverage Agreement of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your Coverage Agreement limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Coverage Agreement limits would automatically change during the Coverage Agreement term if you increase or decrease the number of autos covered under the Coverage Agreement.

☑ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability Coverage Agreement and future renewals or replacements of such Coverage Agreement which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Trust or my agent know in writing.

Signed _____
(Covered Party)

Signed _____ Date: _____
(Covered Party)

PGIT 398 (07 05)

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PGIT
PREFERRED GOVERNMENTAL INSURANCE TRUST

PUBLIC ENTITY
SIGNATURE PAGE

Covered Party: **Sumter County Board of County Commissioners**

Agreement Number: **QK FL1 0601060 09-01**

Coverage Period: From: 10/01/2009 To: 10/01/2010

I hearby confirm that limits/coverages as shown hereunder, corresponding with the Coverage Agreement, are correct:

N/A	Property TIV	Buildings & Contents Combined
N/A	Inland Marine	Not Included Communication Equipment Not Included Contractor's / Mobile Equipment Not Included Electronic Data Processing Equipment Not Included Emergency Services Portable Equipment Not Included Fine Arts Not Included Other Inland Marine Not Included Rented, Borrowed, Leased Equipment Not Included Valuable Papers Not Included Watercraft
N/A	I reject property TRIA (Terrorism Risk Insurance Act) coverage	
X	Automobile	

X	I hereby confirm that I have received a copy of PGIT's Current Interlocal Agreement (effective October 1, 2004)
X	I confirm having read and agreed to the terms as laid out in the attached PGIT Participation Agreement (which also requires a signature)

Please remember that a signed copy of the following are also required:

- First Page of PGIT application
- Uninsured Motorist Rejection / Election form, if applicable
- Professional Liability (POL / EPLI or ELL / EPLI) application, if applicable.

Signature _____ Title _____ Date _____

Name _____

Please note: Failure to return this signature page could result in cancellation of coverage.

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ReferenceNumber

PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
001	Valcan	Trailer w/5000 tank	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$45,000
1	2005	VT459079	Trailer	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$45,000
002	Ford	C-800 Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1961	218435C80FU130242	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
003	Military	Military Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1962	M55148	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
004	Military	Military Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1964	164606	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
005	Military	Military Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1964	165486	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
006	Military	Military Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$12,500
1	1969	K11004251058369	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,500
007	Rogers	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1969	13798	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
008	AM General	Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1970	NK01A411618	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
009	Heil	Heil Dual Axle Trailler	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$3,500
1	1970	922231	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$3,500
J10	Homemade	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1973	162	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
011	American LaFrance	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$25,000
1	1974	P163638	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,000
012	Sutphen	Aerial Platform	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$80,000
1	1980	8VA404730	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$80,000
013	GMC	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$7,000
1	1980	T17DGAV603519	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$7,000
014	Ford	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	1983	1FDYD8OU3DVA08915	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
015	Chevrolet	Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$12,000
1	1985	1GCGD34J0GF322698	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,000
016	Airgator	Air Boat Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$1,200
1	1985	8501430	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$1,200
017	GMC	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$110,000
1	1986	1GDM7D1G4G511977	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$110,000
018	Ford	F350 Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1986	1FDKF38L5GNB47494	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
019	Kaiser Jeep	PPT/Bruch Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1986	418910022519892	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
020	Chevrolet	PU	Solid Waste	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1986	1GBHC34M3GS119270	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
021	Chevrolet	C30	Solid Waste	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1986	1GBHC34M9GS114770	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
022	Ford	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$14,658
1	1987	1FDKF38LXHNA31466	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,658
023	International	S Series F2674 Semi	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$25,000
1	1987	1HTZVGDT9HH468833	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,000
024	Ford	F350 Pumper Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$25,200
1	1987	1FDKF38L9HNB16024	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,200
025	Ford	F800 Fire Truck	FireSvcs	10/01/09	$1,000	10/01/09	10/01/10		$32,000
1	1987	1FDXT84A9HVA63387	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$32,000
026	GMC	Tanker Truck	FireSvcs	10/01/09	$1,000	10/01/09	10/01/10		$20,000
1	1988	1GDM7D1F3JV521348	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,000
027	Kaiser Jeep	PPT/Utility vehicle	FireSvcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1988	4L3331022528308	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
028	Mack	Truck	Innovative Grant	10/01/09	$1,000	10/01/09	10/01/10		$35,000
1	1988	IM2B198C9JM003882	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$35,000
029	Ford	Bronco	FireSvcs	10/01/09	$1,000	10/01/09	10/01/10		$6,000
1	1989	1FMEU15H6KLA23875	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$6,000
030	GMC	Brush Truck	FireSvcs	10/01/09	$1,000	10/01/09	10/01/10		$6,000
1	1989	12710444	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$6,000
031	Sutphen	Fire Truck TS-100	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$400,000
1	1990	1S9A3JFE9L1003781	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$400,000
032	Chevrolet	Kodiak C7H042	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1990	1GBL7H1P6LJ204209	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
033	E-One	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$75,000
1	1991	1HTSDTPBR1MH367825	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$75,000
034	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$8,000
1	1991	2FACP72G9MX177154	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$8,000
035	International	Series 3000 Series 3800 School Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1991	1HVBBNKN0MH374411	Bus >20 Pass, No Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
036	International	Series 3000 Series 3800 School Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1991	1HVBBNKN2MH374412	Bus >20 Pass, No Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
037	International	Series 3000 Series 3800 School Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1991	1HVBBNKN0MH374416	Bus >20 Pass, No Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
038	International	Series 3000 Series 3800 School Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1991	1HVBBNKN8MH374415	Bus >20 Pass, No Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
039	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$8,000
1	1992	2FACP72W1NX196600	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$8,000
040	Homemade	Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$1,683
1	1992	FLT2730EE	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$1,683
041	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1993	2FACP71WPX147282	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
042	Ford	Bronco	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1993	1FMEU15N2PLA51900	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
043	Homemade	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$2,500
1	1993	FLT2728F	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$2,500
044	Ford	F150	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1994	1FTEF14N4RNA38928	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
045	Ford	PPT Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1994	2FALP71W4RX150492	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
046	Ford	PPT Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1994	2FALP71WYTX192819	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
047	Kenworth	Roll off truck	Solid Waste	10/01/09	$1,000	10/01/09	10/01/10		$55,000
1	1994	1NKDL50X4RS634690	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$55,000
048	Ford	F150	Transit	10/01/09	$1,000	10/01/09	10/01/10		$5,000
1	1994	1FTDF15Y6RNA43536	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$5,000
049	GMC	Safari Van	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1995	1GKDM19W7SB544526	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
050	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1995	2FALP71W6SX193964	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
051	Ford	Ford F350 Ambulance	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$12,000
1	1995	1FDKF37F2SNA61189	Ambulance	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,000
052	Mack	Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$46,000
1	1995	1M1AA12Y0SW043117	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$46,000
053	Ford	Explorer	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	1996	1FMDU34X8TUA44738	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
054	Ford	F350	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1996	1FDKF37F7TEA27153	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
055	GMC	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$130,000
1	1996	1GDP7H1M9TJ1503689	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$130,000
056	Freightliner	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$130,000
1	1996	1FV6HLCB8T619456	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$130,000
057	Homemade	Low Ground F Lift Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$2,700
1	1996	11102JJ	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$2,700
058	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1997	2FALP71WXVX127552	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
059	Ford	Ambulance	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$35,000
1	1997	1FDKF37F6VEC82220	Ambulance	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$35,000
060	Chevrolet	K1500	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$13,000
1	1997	1GCEK14M8VZ145728	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$13,000
061	Chevrolet	K1500	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$13,000
1	1998	1GCEK14M7WZ206424	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$13,000
062	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$16,000
1	1998	2FAFP71W5WC158554	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,000
063	Ford	E Super Duty Wheelchair Bus	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1998	1FDXE40F0WHA84483	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
064	Ford	E Super Duty Wheelchair Bus	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1998	1FDXE40F9WHA84482	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
065	Dodge	Ram Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$12,000
1	1998	3B6MF3667XM524528	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,000
066	Ford	PPT Tauras	Info. Technology	10/01/09	$1,000	10/01/09	10/01/10		$13,000
1	1998	1FAFP52UXWA257520	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$13,000
067	Chevrolet	C2500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1998	1GBGC24R4WZ206439	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
068	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	1998	1GCEK14R2WZ205645	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
069	Chevrolet	C2500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$14,300
1	1998	1GBGC24R0WZ206552	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,300
070	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	1998	1GBL7HIP3WJ113189	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
071	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	1998	1GBL7H1POWJ113067	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
072	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	1998	1GBL7HIP3WJ113018	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
073	Chevrolet	K1500	Solid Waste	10/01/09	$1,000	10/01/09	10/01/10		$13,000
1	1998	1GCEK14R4WZ207039	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$13,000
074	Ford	97 Bus	Sup. of Elections	10/01/09	$1,000	10/01/09	10/01/10		$33,500
1	1998	1FDXE40F8WHA74185	Bus >20 Pass, No Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$33,500
075	Ford	Ranger	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$11,000
1	1999	1FTYR14V9XPB95411	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,000
076	Ford	Ranger	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$11,000
1	1999	1FTYR14V9XPB92671	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,000
077	Ford	Ranger	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$11,000
1	1999	1FTYR14V2XPC03204	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,000
078	Chevrolet	Tahoe	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$3,500
1	1999	3GNEK18ROVG147633	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$3,500
079	Chevrolet	Tahoe	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$3,500
1	1999	3GNEK18R8VG147802	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$3,500
080	Dodge	Ram Van B3500	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$27,000
1	1999	2B6LB31Z7XK548743	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$27,000
081	Ford	Ranger	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,000
1	1999	1FTYR14V8XPB95609	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,000
082	Ford	Tauras	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1999	1FAFP58S1XA205460	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
083	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$16,000
1	1999	2FAFP71W4XX113551	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,000
084	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$16,000
1	1999	2FAFP71W5XX238767	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit # / Qty	Make / Year	Model/Description / VIN #	Department / Vehicle Type	AL Eff / AL Term	Comp Ded / Coll Ded	Comp Eff / Coll Eff	Term / Coll Term	Value: Valuation Type	Value: APD Rptd
085	Ford	Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$16,700
1	1999	1FDWF37F7XED68513	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,700
086	Dodge	Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$31,000
1	1999	3B6WF3661XM560661	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$31,000
087	GMC	Sonoma	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$9,700
1	1999	1GTCS14X1XK520386	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$9,700
088	Ford	Ranger	Housing	10/01/09	$1,000	10/01/09	10/01/10		$10,600
1	1999	1FTYR14V3XPCO1946	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,600
089	Ford	Ranger PU	Info. Technology	10/01/09	$1,000	10/01/09	10/01/10		$10,600
1	1999	1FTYR14V8XPB95643	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,600
090	Ford	Ranger	Library Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,600
1	1999	1FTYR14VIXPB95578	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,600
091	Ford	Ranger	Library Svcs	10/01/09	$1,000	10/01/09	10/01/10		$10,600
1	1999	1FTYR14V4XPC06833	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,600
092	Chevrolet	G3500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$15,900
1	1999	1GCHG39RXX1029978	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,900
093	Ford	Ranger	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$10,600
1	1999	1FTYR14V9XPC01997	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$10,600
094	Chevrolet	K1500 Silverado	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$12,900
1	1999	1GCEK14V6X5149702	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,900
095	Chevrolet	C3500	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	1999	1GBKC34J8XF080227	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
096	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$25,000
1	1999	1GBL7H1D7XJ104342	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,000
097	Eager Beaver	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$12,000
1	1999	112BLX376XL054178	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$12,000
098	Dodge	Ram Van B3500	Transit	10/01/09	$1,000	10/01/09	10/01/10		$25,500
1	1999	2B6LB31Z9XK548744	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,500
099	Dodge	Ram Van B3500	Transit	10/01/09	$1,000	10/01/09	10/01/10		$27,000
1	1999	2B6LB31Z0XK549331	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$27,000
100	Ford	Ranger	Transit	10/01/09	$1,000	10/01/09	10/01/10		$11,000
1	1999	1FTYR14VXXPC10286	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,000
101	Ford	Ranger	VSO	10/01/09	$1,000	10/01/09	10/01/10		$11,000
1	1999	1FTYR14V8XPB95383	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,000
102	Chevrolet	2500	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	1999	1GBGC24R2XF032017	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
103	Dodge	Fire Brush Truck 3500	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$20,000
1	1999	3B6MF3667XM520723	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,000
104	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$16,000
1	2000	2FAFP71W6YX118672	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,000
105	International	4000 Series Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$130,000
1	2000	1HTSCAAR2YH247751	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$130,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
106	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$230,000
1	2000	ZNKMHZ8X3YM850184	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$230,000
107	Chevrolet	C2500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	2000	1GCGC24U4YZ295030	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
108	Chevrolet	C2500 Silverado	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$18,000
1	2000	1GCGC24U3YZ298288	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,000
109	Chevrolet	C1500	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$14,300
1	2000	1GCEK14V9YZ246368	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,300
110	Homemade	Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$1,500
1	2000	FLT11152MM	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$1,500
111	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	2000	1GBL7H1D3YJ500589	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
112	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	2000	1GBL7H1D1YJ500574	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
113	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$28,000
1	2000	1GBL7H1D4YJ515263	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$28,000
114	Chevrolet	C3500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,100
1	2000	1GBJK34R6YF476842	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,100
115	Chevrolet	C3500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,100
1	2000	1GBKC34J2YF468328	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,100
116	Chevrolet	C3500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	2000	1GBHC33RDYF468829	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
117	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	2000	1GCEK14T8YZ248983	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
118	Hardee	Dump Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$18,000
1	2000	9AADE29Y4127717	Trailer	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,000
119	Chevrolet	K1500 Silverado	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	2000	1GCEK14T9YE281661	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
120	Homemade	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$1,200
1	2000	FLT2012NN	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$1,200
121	Homemade	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$1,200
1	2000	FLT2013NN	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$1,200
122	Dodge	Ram Van B3500	Transit	10/01/09	$1,000	10/01/09	10/01/10		$29,000
1	2000	2B6LB31Z6YK181173	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$29,000
123	Chevrolet	S10 PU	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	2001	1GCDT19W618155399	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
124	Chevrolet	Malibu	County Adm	10/01/09	$1,000	10/01/09	10/01/10		$14,000
1	2001	61NE52J616234998	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,000
125	GMC	Sonoma	County Agent	10/01/09	$1,000	10/01/09	10/01/10		$14,300
1	2001	1GTDT19WX18227222	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,300
126	Dodge	Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$25,000
1	2001	3B6MF36651M278232	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$25,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
127	American LaFrance	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$190,000
1	2001	423AADBS72RJ71306	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$190,000
128	Freightliner	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$180,000
1	2001	1FVD8X3561HH50547	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$180,000
129	Dodge	Ram 1500	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$4,000
1	2001	1B7HC13Y51J211515	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$4,000
130	Dodge	Caravan	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,000
1	2001	2B4GP44301R341523	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,000
131	Chevrolet	C1500	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$18,500
1	2001	1GCEC19V31Z225754	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,500
132	Chevrolet	C3500	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$16,500
1	2001	GBKC340G81M107759	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,500
133	Homemade	Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$2,100
1	2001	FLT0063PP	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$2,100
134	Chevrolet	Impala	Property Appraiser	10/01/09	$1,000	10/01/09	10/01/10		$15,000
1	2001	2G1WF55E719208760	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,000
135	Chevrolet	S10 PU	Property Appraiser	10/01/09	$1,000	10/01/09	10/01/10		$13,500
1	2001	1GCCS19W11K165839	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$13,500
136	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$29,000
1	2001	1GBL7H1E71J507074	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$29,000
137	Dodge	Ram Van B350	Transit	10/01/09	$1,000	10/01/09	10/01/10		$29,900
1	2001	2B6LB31Z01K557470	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$29,900
138	Dodge	Ram Van B350	Transit	10/01/09	$1,000	10/01/09	10/01/10		$29,900
1	2001	2B6LB31Z91K557466	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$29,900
139	American LaFrance	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$270,000
1	2002	1FYABSX2HH57425	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$270,000
140	Kenworth	Pierce Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$120,000
1	2002	2NKMHZ8X12M892957	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$120,000
141	Ford	Crown Victoria	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$18,000
1	2002	2FAFP71W02X153733	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,000
142	Dodge	Durango	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$21,500
1	2002	1B4HS38NX2F185900	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,500
143	Dodge	Durango	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$21,500
1	2002	1B4HS38N72F185899	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,500
144	International	4000 Series Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$72,000
1	2002	1HTMKAAR62H501674	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$72,000
145	Ford	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$48,000
1	2002	1FDWF37F42EC79457	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$48,000
146	Chevrolet	S10 PU	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$15,500
1	2002	1GCDT19W928216360	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,500
147	Buick	PPT Century	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$15,800
1	2002	2G4WS52J121269845	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,800

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
148	Chevrolet	PPT Trail Blazer SUV	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$22,000
1	2002	1GNDT13W42K202806	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$22,000
149	Chevrolet	C3500	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$19,500
1	2002	3GBKC34G82M109433	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,500
150	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	2002	1GCEK14V02Z132217	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
151	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	2002	1GCEK14V42Z130034	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
152	Mack	Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$70,000
1	2002	1M1AAI3YX2W148794	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$70,000
153	Chevrolet	C2500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$17,000
1	2002	1HVHV24U92Z277078	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,000
154	Chevrolet	C2500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$30,000
1	2002	1GBL7H1E02J516166	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$30,000
155	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$32,000
1	2002	1GBL7H1E32J516131	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$32,000
156	Ford	SUV Expedition	Community Svc	10/01/09	$1,000	10/01/09	10/01/10		$27,500
1	2003	1FMPU16L13LA84838	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$27,500
157	Ford	Expedition	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$27,500
1	2003	1FMPU15L83LC24952	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$27,500
158	Chevrolet	PPT Malibu	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$14,500
1	2003	1GIND52J63M674107	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,500
159	Chevrolet	PPT Astro Van	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$17,500
1	2003	1GNDM19X43B136238	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,500
160	Chevrolet	PPT Malibu	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$14,500
1	2003	1GIND52JXM699351	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$14,500
161	Chevrolet	S-10 PU	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$16,000
1	2003	1GCDT19XX38240869	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,000
162	Chevrolet	S10 PU	Property Appraiser	10/01/09	$1,000	10/01/09	10/01/10		$11,600
1	2003	1GCCS14H138226244	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$11,600
163	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$19,500
1	2003	1GCEK14TGX3Z168500	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,500
164	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$18,500
1	2003	1GCEK14T53Z205887	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,500
165	Chevrolet	C1500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$18,500
1	2003	1GCEK14T33Z202552	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,500
166	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$35,000
1	2003	1GB37J1E43F513211	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$35,000
167	Chevrolet	C-70 Dump Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$35,000
1	2003	1GBJ7J1E53F512858	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$35,000
168	Chevrolet	Van	Sup. of Elections	10/01/09	$1,000	10/01/09	10/01/10		$21,500
1	2003	1GAHG39U831148040	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,500

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
169	Chevrolet	K1500 Silverado	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$18,900
1	2004	1GCEK14T54Z225106	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,900
170	Chevrolet	K1500 Silverado	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$18,900
1	2004	1GCEK14T44Z230216	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,900
171	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$20,000
1	2004	1GCDT196548118848	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,000
172	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$20,000
1	2004	1GCDT196048121091	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,000
173	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$20,000
1	2004	1GCDT196548119255	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,000
174	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$17,400
1	2004	1GCDT19634B121344	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,400
175	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$22,600
1	2004	1GCDT136048124968	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$22,600
176	Ford	F550 Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$67,000
1	2004	1FDAX57PO4ED12436	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$67,000
177	Chevrolet	C2500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$21,900
1	2004	1GCHK24U64E234075	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,900
178	Chevrolet	K1500 Silverado	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$18,900
1	2004	1GCEK14T94Z227876	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,900
179	U-Dump	Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$6,700
1	2004	43ZDN24B50000200	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$6,700
180	Chevrolet	Police PPT	Public Works Force	10/01/09	$1,000	10/01/09	10/01/10		$18,000
1	2004	2G1WF52E649243329	Police Car	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,000
181	Chevrolet	C3500 Silverado	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$21,500
1	2004	1GBJC34G24E246923	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,500
182	Chevrolet	C1500	Solid Waste	10/01/09	$1,000	10/01/09	10/01/10		$18,800
1	2004	1GCEK14T742230193	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,800
183	Ford	E40 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$48,000
1	2004	1FDXE45S84HA24783	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$48,000
184	Ford	E40 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$47,000
1	2004	1FDXE45594HA36435	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$47,000
185	Ford	E40 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$47,000
1	2004	1FDXE45S04HA36436	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$47,000
186	Ford	E40 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$47,000
1	2004	1FDXE45S84HA21523	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$47,000
187	Chevrolet	K1500 Silverado	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$21,000
1	2005	1GCEL14Z75Z214713	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,000
188	Triple Crown	6X12 Dump	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$3,700
1	2005	1XND612L651009307	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$3,700
189	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT19665820850	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
190	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196458200667	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
191	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT19358201664	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
192	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196658201559	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
193	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196858200431	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
194	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196X58274885	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
195	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196358273948	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
196	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196158273592	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
197	Chevrolet	Colorado	Building Dept	10/01/09	$1,000	10/01/09	10/01/10		$19,600
1	2005	1GCDT196558273496	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,600
198	Ford	F550 Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$60,900
1	2005	1FDAX57P75EC45853	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$60,900
199	Highway	Cargo Trailer	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$7,131
1	2005	1H9CB24235F384383	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$7,131
200	Ford	Tauras	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$18,000
1	2005	1FAFP53U35A309664	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$18,000
201	Dodge	Ram 1500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$44,000
1	2005	1D7HA18N55J570606	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$44,000
202	Mack	Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$59,000
1	2005	1M1AJ0685N001695	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$59,000
203	Chevrolet	G3500 Van	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$26,700
1	2005	1GAHG39U151148237	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$26,700
204	Chevrolet	K1500 Silverado	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$20,100
1	2005	1GCEK14T35Z282860	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,100
205	Chevrolet	K1500 Silverado	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$20,100
1	2005	1GCEK14T15Z249016	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$20,100
206	Homemade	Trailer	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$2,000
1	2005	FLT6018UU717RB	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$2,000
207	Ford	E40 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$49,000
1	2006	1FDXE45SX4HA36427	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$49,000
208	Ford	F550 Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$78,700
1	2006	1FDAX57P56ED91007	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$78,700
209	Ford	F-550 Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$75,000
1	2006	1FDAX57P77EA84956	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$75,000
210	Chevrolet	C2500	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$26,000
1	2006	1GCHK24U96E212820	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$26,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
211	Chevrolet	C1500	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$21,600
1	2006	3GCEK14ZX6G16609	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,600
212	Chevrolet	C1500	Property Appraiser	10/01/09	$1,000	10/01/09	10/01/10		$16,500
1	2006	3GCEC14X16G173640	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$16,500
213	Universal	Semi Trailer Fire Simulator	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$350,000
1	2006	1U9SV53296S078002	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$350,000
214	Chevrolet	Cut away bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$56,000
1	2006	1GBE4V1G96F406436	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$56,000
215	Chevrolet	Challenger Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$65,000
1	2006	1GBE5V1G06F411621	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$65,000
216	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$143,000
1	2007	2NKMHZ8XX7M138805	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$143,000
217	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$143,000
1	2007	2NKMHZ8XX7M138804	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$143,000
218	Kenworth	Pumper Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$166,500
1	2007	2NKMHZ8X27M170422	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$166,500
219	Kenworth	Pumper Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$166,500
1	2007	2NKMHZ8X97M170420	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$166,500
220	Kenworth	Pumper Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$166,500
1	2007	2NKMHZ8X07M170421	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$166,500
221	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$122,000
1	2007	2NKMHZ8X87M138803	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$122,000
222	Ford	F550 Brush Truck 4x4	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$81,200
1	2007	1FDAX57PX7EB31493	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$81,200
223	Ford	Ranger Ext Cab Truck	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$17,900
1	2007	1FTZR15E57PA82266	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$17,900
224	Chevrolet	PPT Malibu	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$15,900
1	2007	1G1ZS57N47F273572	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,900
225	Chevrolet	PPT Malibu	Health Dept	10/01/09	$1;000	10/01/09	10/01/10		$15,900
1	2007	1G12ZS57NX7F271485	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$15,900
226	Chevrolet	Impala	Library Svcs	10/01/09	$1,000	10/01/09	10/01/10		$19,500
1	2007	2G1WB55K179406132	Private Passenger	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$19,500
227	FORD	F550 BOOKS ON WHEELS MOBILE	Library Svcs	10/01/09	$1,000	10/01/09	10/01/10		$180,000
1	2007	1FDAF56P97EA65460	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$180,000
228	Chevrolet	C2500	Maintenance	10/01/09	$1,000	10/01/09	10/01/10		$26,600
1	2007	1GBHC24K57E551852	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$26,600
229	Chevrolet	Silverado Truck	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$27,800
1	2007	1GBJC33U37F194532	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$27,800
230	Homemade	Trailer	Parks and Rec.	10/01/09	$1,000	10/01/09	10/01/10		$4,000
1	2007	FLT6003YY	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$4,000
231	Chevrolet	C3500 Pickup	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$24,000
1	2007	1GBJC34U47E174245	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$24,000

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PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
232	Chevrolet	C3500 Truck	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$23,585
1	2007	1GBJC34K77E548863	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$23,585
233	Chevrolet	C7500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$46,535
1	2007	1GBL7C1G97F422186	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$46,535
234	Chevrolet	C7500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$46,535
1	2007	1GBL7C1G17F422196	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$46,535
235	Vermeer	Brush Chipper	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$40,732
1	2007	1VRY131Z171002004	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$40,732
236	Chevrolet	Challenger 4500 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$73,450
1	2007	1GBE4V1257F404642	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$73,450
237	Chevrolet	Challenger 4500 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$73,450
1	2007	1GBE4V12X7F404572	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$73,450
238	Chevrolet	Challenger 4500 Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$73,450
1	2007	1GBE4V12X7F404510	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$73,450
239	Chevrolet	Challenger 4500	Transit	10/01/09	$1,000	10/01/09	10/01/10		$73,450
1	2007	1GBE4V1217F404444	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$73,450
240	Chevrolet	Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$76,384
1	2007	1GBE4V1267F404553	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$76,384
241	Chevrolet	Bus	Transit	10/01/09	$1,000	10/01/09	10/01/10		$76,384
1	2007	1GBJG31U271133905	Bus >20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$76,384
242	Cargomate	Cargomate Trailer	Animal Control	10/01/09	$1,000	10/01/09	10/01/10		$2,659
1	2008	5NHUEH2178U215772	Trailer - NO CHARGE	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$2,659
243	Ford	F550Foaminator Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$95,100
1	2008	1FDAX57R78EA69912	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$95,100
244	Ford	F550 Foaminator Brush Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$95,100
1	2008	1FDAX57R98EA69913	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$95,100
245	Kenworth	T300 Tanker	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$173,250
1	2008	2NKMLN9X58M216638	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$173,250
246	Kenworth	T300 Tanker	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$168,210
1	2008	2NKMHN8X08M216663	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$168,210
247	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$203,850
1	2008	1NKMHN8X28M220858	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$203,850
248	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$203,850
1	2008	2NKMHN8X48M220859	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$203,850
249	Kenworth	Fire Truck	Fire Svcs	10/01/09	$1,000	10/01/09	10/01/10		$203,850
1	2008	2NKMHN8X08M220857	Fire Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$203,850
250	Ford	Fusion	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$21,445
1	2008	3FAHP07138R260035	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,445
251	Ford	Ranger	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$21,565
1	2008	1FTZR45E38PA97304	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$21,565
252	Chevrolet	C5C042 5500	Health Dept	10/01/09	$1,000	10/01/09	10/01/10		$78,000
1	2008	1GBE5C1G28F406363	Heavy Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$78,000

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.

ReferenceNumber

PGIT PREFERRED GOVERNMENTAL INSURANCE TRUST

Vehicle Schedule

Scheduled Vehicles Effective As of : 08/31/2009

Sumter County Board of County Commissioners

Agreement No.: QK FL1 0601060 09-01

Agreement Period: 10/01/2009 through 10/01/2010

Agent: Brown & Brown of Florida, Inc. (Leesburg, FL)

Unit #	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Term	Value	
Qty	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type	APD Rptd
253	Chevrolet	Silverado	Mosquito Control	10/01/09	$1,000	10/01/09	10/01/10		$26,955
1	2008	1GCEK14C99Z217273	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$26,955
254	Chevrolet	Express G3500	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$30,700
1	2008	1GAHG39K381172929	Medium Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$30,700
255	Chevrolet	K1500 Silverado	Road and Bridge	10/01/09	$1,000	10/01/09	10/01/10		$26,955
1	2008	1GCEK14008Z221315	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$26,955
256	Chevrolet	Uplander	Transit	10/01/09	$1,000	10/01/09	10/01/10		$35,960
1	2008	1GBDV13WX8D161084	Light Truck	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$35,960
257	Chevrolet	Bus 6 passengers, 2 ambulatory.	Transit	10/01/09	$1,000	10/01/09	10/01/10		$53,885
1	2008	1GBJG31K381218199	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$53,885
258	Chevrolet	Bus 6 passengers, 2 ambulatory.	Transit	10/01/09	$1,000	10/01/09	10/01/10		$53,885
1	2009	1GBJG31K781234393	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$53,885
259	Chevrolet	Bus 6 passengers, 2 ambulatory.	Transit	10/01/09	$1,000	10/01/09	10/01/10		$53,885
1	2009	1GBJG31K781232641	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$53,885
260	Chevrolet	Bus 6 passengers, 2 ambulatory.	Transit	10/01/09	$1,000	10/01/09	10/01/10		$53,885
1	2009	1GBJG31K781232575	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$53,885
261	Chevrolet	Champion 21' Crusader 5 Seats & 4 fold away	Transit	10/01/09	$1,000	10/01/09	10/01/10		$150,887
1	2009	1GBJG31K381215156	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$150,887
262	Chevrolet	Champion 21' Crusader 5 Seats & 4 fold away	Transit	10/01/09	$1,000	10/01/09	10/01/10		$150,887
1	2009	1GBJG31KX81214697	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$150,887
263	Chevrolet	Champion 21' Crusader 5 Seats & 4 fold away	Transit	10/01/09	$1,000	10/01/09	10/01/10		$150,887
1	2009	1GBJG31K281215424	Bus <20 Pass, w/ Lift	10/01/10	$1,000	10/01/09	10/01/10	Actual Cash	$150,887
								Total	$10,376,777
								APD Rptd	$10,376,777

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.

PARTICIPATION AGREEMENT

Application for Membership in the Preferred Governmental Insurance Trust

The undersigned local governmental entity, certifying itself to be a public agency of the State of Florida as defined in Section 163.01, Florida Statutes, hereby formally makes application with the Trust for continuing workers' compensation, liability, property and/or casualty coverage through membership in the Preferred Governmental Insurance Trust, to become effective 12:01 a.m. _____ (effective date of coverage agreement), and if accepted by the Fund's duly authorized representative, does hereby agree as follows:

(a) To accept and be bound by the provisions of the Florida Workers' Compensation Act;

(b) That, by this reference, the terms and provisions of the Amended Interlocal Agreement creating the Preferred Governmental Insurance Trust date October 1, 2004 are hereby adopted, approved and ratified by the undersigned local governmental entity. The undersigned local governmental entity certifies that it has received a copy of the aforementioned Amended Interlocal Agreement and further agrees to be bound by the provisions and obligations of the Amended Interlocal Agreement as provided therein;

(c) To pay all premiums on or before the date the same shall become due and, in the event Applicant fails to do so, to pay any reasonable late penalties and charges arising therefrom, and all costs of collection thereof, including reasonable attorneys' fees;

(d) To abide by the rules and regulations adopted by the Board of Trustees of the Fund;

(e) That should either the Applicant or the Fund desire to cancel coverage, it will give not less than thirty (30) days prior written notice of cancellation;

(f) That all information contained in the underwriting application provided to the Fund as a condition precedent to participation in the Fund is true, correct and accurate in all respects.

_____.
(Name of Local Governmental Entity)

_____
Witness Signature

By: _____
Signature

_____
Printed Name

_____
Printed Name

_____
Witness Signature

Title: _____

_____
Printed Name

IS HEREBY APPROVED FOR MEMBERSHIP IN THIS FUND, AND COVERAGE IS EFFECTIVE THE _____ DAY OF _____, 20 _____. SIGNED THIS _____ DAY OF _____, 20 ____.

By: _____.
Administrator/Trustee

AMENDED INTERLOCAL AGREEMENT CREATING THE PREFERRED GOVERNMENTAL INSURANCE TRUST

This Amended Interlocal Agreement, restating and modifying the Preferred Governmental Insurance Trust, is made and entered into effective October 1, 2004, by and among the Local Governmental Entities who have executed Participation Agreements (Application for Membership in the Preferred Governmental Insurance Trust) to become effective October 1, 2004, such Local Governmental Entities representing one hundred percent (100%) of the Governmental Entities participating in the Preferred Governmental Insurance Trust, together with such other Local Governmental Entities who hereafter become members of the Fund, for the purposes and subject to the conditions and restrictions, as hereinafter set forth.

WITNESSETH:

WHEREAS, Article VIII, Section 2, Florida Constitution, provides municipalities shall have governmental, corporate and proprietary powers to enable them to conduct municipal government, perform municipal functions, and render municipal services, and may exercise any power for municipal purposes except as otherwise provided by law; and

WHEREAS, Section 125.01, Florida Statutes, provides that counties shall have the power to carry on county government and to exercise all powers and privileges not specifically prohibited by law; and

WHEREAS, Section 166.021, Florida Statutes, provides in part that "...municipalities shall have the governmental, corporate, and proprietary powers to enable them to conduct municipal government, perform municipal functions, and render municipal services, and may exercise any power for municipal purposes, except when expressly prohibited by law."; and

WHEREAS, Section 163.01, Florida Statutes, commonly known as the "Florida Interlocal Cooperation Act of 1969", provides that Local Governmental Entities may enter into interlocal agreements in order to make the most efficient use of their powers by enabling them to cooperate with other Local Governmental Entities on a basis of mutual advantage, thereby providing services

and facilities in a manner, and pursuant to forms of governmental organization, that will best accord with geographic, economic, population, and other factors influencing the needs and development of Local Communities; and

WHEREAS, Section 624.4622, Florida Statutes, provides that any two or more Local Governmental Entities may enter into an interlocal agreement for the purpose of securing the payment of benefits under Chapter 440, Florida Statutes, provided such local governmental self-insurance fund created thereby has an annual normal premium in excess of five million dollars ($5,000,000.00), maintains a continuing program of excess insurance coverage, submits annual audited year-end financial statements, and has a governing body which is comprised entirely of local elected officials; and

WHEREAS, Section 768.28, Florida Statutes, provides that the state and its agencies and subdivisions are authorized to be self-insured, to enter into risk management programs, or to purchase liability insurance for whatever coverage they may choose, or to have any combination thereof, in anticipation of any claim, judgment, and claims bill which they may be liable to pay pursuant to such section; and

WHEREAS, Section 111.072, Florida Statutes, authorizes any county, municipality, or political subdivision to be self-insured, to enter into risk management programs, or to purchase liability insurance for whatever coverage it may choose, or to have any combination thereof in anticipation of any judgment or settlement which its officers, employees, or agents may be liable to pay pursuant to a civil or civil rights lawsuit described in s. 111.07, Florida Statutes; and

WHEREAS, Section 624.462, Florida Statutes, provides that a governmental self-insurance pool created pursuant to Section 768.28(16), Florida Statutes, shall not be considered a commercial self-insurance fund; and

WHEREAS, each of the participating Local Governmental Entities which are party to this Agreement, and all subsequent Local Governmental Entities which become party to this Agreement, are public agencies as defined in Section 163.01, Florida Statutes, and are authorized to enter into this Interlocal Agreement by executing a Participation Agreement; and

WHEREAS, each of the Local Governmental Entities which are a party to this Agreement have the powers and authorities to establish, operate and maintain their own individual self-insured programs for the purpose of securing payment of benefits under Chapter 440, Florida Statutes; and

WHEREAS, each of the Local Governmental Entities which are a party to this Agreement have the powers and authorities to establish, operate and maintain their own individual self-insured programs for the purpose of securing payment of benefits under risk management programs or liability insurance programs; and

WHEREAS, it is in the public interest, and in the best interest of the parties hereto, that they join together to establish a consolidated and comprehensive Fund for the payment of benefits under the Florida Workers' Compensation Law, payment of claims, judgments and claims bills which they may become liable to pay, payment of certain civil rights liabilities, payment of casualty and property losses, and the purchase of appropriate policies of insurance, excess insurance and reinsurance to provide protection against such claims and liabilities; and

WHEREAS, the governing authority of each of the Local Governmental Entities which are a party to this Agreement have duly authorized the execution and delivery of a Participation Agreement obligating such Governmental Entity to full performance of this Agreement; and

WHEREAS, it is the intent of this Agreement to allow participation by additional Local Governmental Entities in the self-insurance fund created hereby, pursuant to the terms and conditions of this Interlocal Agreement;

NOW, THEREFORE, by virtue of the execution and delivery of a Participation Agreement, the parties hereto do hereby covenant and agree as follows

SECTION I

INCORPORATION OF RECITALS

The foregoing WHEREAS clauses are incorporated in, and made a part of, this Amended Interlocal Agreement.

SECTION II

DEFINITIONS

The following definitions shall apply to the provisions of this Amended Interlocal Agreement:

2.1 ADMINISTRATOR. An individual, partnership or corporation engaged by the Fund to carry out the policies of the Fund and provide the day-to-day executive management and oversight of the Fund's operations, including, but not limited to, administration, marketing, underwriting, quoting, issuance, maintenance and auditing of coverage terms, coordinating other third party service providers retained by the Fund and ensuring that the policies and decisions of the Board of Trustees are implemented.

2.2 CLAIMS MANAGEMENT. "Claims Management" shall mean the process of identifying, receiving, handling, adjusting, reserving, resolving and planning for the funding of eligible claims made by or against any Member of the Trust and any other necessary risk management operations.

2.3 CONTRIBUTION(S). "Contribution(s)" shall mean any premium charge or other consideration imposed or collected by, or on behalf of the Trust, from its Members based on criteria adopted from time to time by the Board of Trustees. Contributions may be determined and set with respect to all Members, any individual Member or otherwise. The terms "Contribution(s)", "Premium(s)" and "Premium Contribution(s)" are used interchangeably and synonymously throughout this Agreement.

2.4 COVERAGE TERMS. "Coverage Terms" or "Coverage Agreements" shall mean the terms and conditions of certificates of insurance, policies of insurance, endorsements to policies of insurance, excess insurance policies and reinsurance policies which are provided to Fund Members from time to time which comprehensively set forth the insurance coverages provided to the Fund Members, as may be modified or altered from time to time with respect to all Members, any individual Member, or otherwise, within the applicable notice and procedural requirements of law, or in any other rules and regulations adopted by the Board of Trustees.

2.5 FUND. "Fund" shall mean the group self-insurer's fund or trust fund which is hereby created for the purposes set forth herein, known as the Preferred Governmental

Insurance Trust. The terms "Fund", "Trust" and "Trust Fund" are used interchangeably and synonymously throughout this Agreement.

2.6 LOCAL GOVERNMENTAL ENTITY OR ENTITIES. "Local Governmental Entity or Entities" shall mean any "public agency" as defined by Section 163.01(3)(b), Florida Statutes.

2.7 MEMBER. "Member" shall mean a Local Governmental Entity which has duly executed a Participation Agreement and otherwise has complied with all provisions of this Agreement, and which thereafter is entitled to all the rights and benefits conferred by, and subject to all conditions and obligations imposed by, this Agreement, the Coverage Terms, or any rules and regulations which may be adopted by the Board of Trustees.

2.8 NON-COMPLIANCE. "Non-Compliance" shall mean the failure to comply with the terms of this Agreement, the Coverage Terms, or any rules and regulations which may be adopted by the Board of Trustees, but only to the extent that such Non-Compliance is deemed material by, and within the sole discretion of, the Board of Trustees.

2.9 PARTICIPATION AGREEMENT. "Participation Agreement" shall mean the application for membership in the Preferred Governmental Insurance Trust pursuant to which an applying member agrees to be bound by the provisions of the Florida Workers' Compensation Act, this Amended Interlocal Agreement, the rules and regulations adopted by the Board of Trustees of the Fund, and when accepted by the Board of Trustees or their duly authorized representative, becomes a part of the Interlocal Agreement between the applying member and the Fund.

2.10 PREMIUM(S). "Premium(s)" shall mean "Contribution(s)".

2.11 PREMIUM CONTRIBUTION(S). "Premium Contribution(s)" shall mean Contribution(s).

2.12 THIRD-PARTY CLAIMS MANAGER. "Third-Party Claims Manager" shall mean an individual or organization providing claims management services to the Fund.

2.13 TRUST. "Trust" shall mean the "Fund".

2.14 TRUSTEES. "Trustees" or "Board of Trustees" shall mean the collegial body charged with the operation and administration of the Fund pursuant to the provisions of this Agreement.

2.15 TRUST FUND. "Trust Fund" shall mean the "Fund".

SECTION III

ESTABLISHMENT OF "PREFERRED GOVERNMENTAL INSURANCE TRUST"

AS A SELF-INSURED FUND

3.1 ESTABLISHMENT. The Preferred Governmental Insurance Trust is hereby established and created pursuant to the provisions of Article VIII, Section 2, of the Florida Constitution, Sections 125.01, 163.01, 624.4622, 768.28(15)(a) and 111.072, Florida Statutes, for the purposes, and with the powers, duties and obligations, as herein set forth.

3.2 LOCATION. The location of the principal office of the Trust shall be determined from time to time by the Board of Trustees.

3.3 PURPOSES. This Amended Interlocal Agreement is made and executed, and the Fund created hereby is established for the purposes of:

(a) Pooling Member's resources to fulfill Members' legal liabilities and obligations, including, but not limited to, providing for the payment of benefits under the Florida Workers' Compensation Law;

(b) To minimize the cost of providing workers' compensation coverage by developing and refining specialized claim services, by developing and refining, internally or through third party service providers, a managed care system, together with the development and refining of loss prevention programs for the Members;

(c) To pay or provide for general liability and casualty coverage to participating Members, including, but not limited to, public officials errors and omissions, employment practices liability and law enforcement liability claims;

(d) To pay or provide for property coverage to participating Members;

(e) To pay for or provide to its participating Members coverage in anticipation of any judgment or settlement resulting from a civil rights action arising under federal law;

(f) To pay for or provide to participating Members coverage in anticipation of any claims bill passed by the Legislature;

(g) To pay for or provide to participating Members coverage for any other risk authorized under Florida law to be self-insured;

(h) To pay for or provide to participating Members all or a part of such coverages.

This Agreement is not intended to create a partnership or other legal entity whereby one Member assumes the obligations of another Member, or the obligations of the Fund in general.

3.4 NON-ASSESSABILITY. Should a deficit develop in the Trust, after excess reinsurance recoveries, whereby claims or other expenses cannot be paid, each individual Member shall assume liability for the costs of claims brought against that Member as if such Member were individually self-insured. Each individual Member shall thereafter be responsible for its individual costs including, but not limited to, claims administration without an obligation to, or a right of contribution from, other Members.

3.5 POWERS. The Trust shall have all the rights, powers, duties and privileges as set forth in Article VIII, Section 2 of the Florida Constitution, and Sections 163.01, et seq., 624.4622, 768.28(15)(a) and 111.072, Florida Statutes, and any other applicable Florida Statutes, which are necessary to accomplish the purposes described in Section 3.3, including but not limited to the following:

(a) Securing the payment of benefits under Chapter 440, Florida Statutes.

(b) Collecting premiums from Members for the purpose of paying for or providing casualty, property, and liability coverage, and securing the payment of claims associated therewith.

(c) Paying for or providing coverage for any other risk authorized under Florida law to be self-insured.

(d) Paying for or providing all or a part of such coverages.

(e) To make, enter into, and arrange for insurance, reinsurance, excess insurance, catastrophic insurance, stop-loss insurance, or any other coverage as the Fund shall deem necessary and appropriate, without such purchase being deemed a waiver of sovereign immunity.

(f) To pay, or approve the payment of, any expenses and fees associated with the operation of the Fund.

(g) To indemnify and hold harmless any Trustee, officer of the Fund, or any person acting on behalf of the Fund, to the fullest extent such indemnification is permitted by law, against (1) reasonable expenses actually and necessarily incurred in

connection with any threatened, pending or completed action, suit or proceeding, whether civil, administrative or civil investigative, including any action, suit or proceeding by or on behalf of the Fund, seeking to hold said person liable by reason of the fact that he or she was acting in such capacity, and (2) reasonable payments made by him or her in satisfaction of any judgment, monetary decree or settlement for which he or she may have become liable in any such action, suit or proceeding by reason of the fact that he or she was acting in such capacity. This indemnification is not intended to, and does not, waive any immunities provided to Members of the Fund, Trustees serving in their capacity as Trustees to the Fund, or to officers or employees of the Fund, by virtue of the laws of the state of Florida, but is merely in addition to such rights, privileges and immunities. (Ref. 624.489 and 768.28, FS).

SECTION IV
ADMINISTRATION OF FUND

4.1 MEETINGS. The Board of Trustees shall meet at such time and in such location as may be acceptable to a majority of the Board of Trustees. The Chairman of the Board of Trustees or his designee shall set the date, time and location of each meeting, and notice thereof shall be furnished to each Trustee by the Chairman or his designee not less than ten (10) days prior to the date of such meeting. Such notice shall specify the date, time and location of such meeting and may specify the purpose thereof, and any action proposed to be taken there at. Such notice shall be directed to each Trustee by mail to the address of such Trustee as is recorded in the office or offices of the Fund. In no event shall the Board of Trustees meet less than quarterly.

The Chairman of the Board or any three (3) Trustees may call a special meeting and direct the Administrator to send the prerequisite notice for any special meeting of the Board of Trustees. Special meetings of the Board of Trustees may be held at any time and place without notice, or with less than the prerequisite notice, provided all Trustees execute a waiver of notice and consent to said meeting.

For purposes of a duly called meeting of the Board of Trustees, a quorum shall exist if a majority of the members of the Board of Trustees are present.

The Administrator shall keep minutes of all meetings, proceedings and acts of the Board of Trustees, but such minutes need not be verbatim. Copies of all minutes of the Board of Trustees shall be sent by the Administrator to all Trustees.

4.2 VOTING. All actions by, and decisions of, the Board of Trustees shall be by vote of a majority of the Trustees attending a duly called meeting of the Board of Trustees at which a quorum is present; however, in the event of a duly called special meeting, all actions by, and decisions of, the Board of Trustees may be by vote of a majority of the Trustees present and attending such special meeting if a proper waiver of notice and consent was obtained as provided herein.

4.3 OFFICE OF THE FUND. The Board of Trustees shall establish, maintain and provide adequate funding for an office or offices for the administration of the Fund. The address of such office or offices shall be made known to the units of local governments eligible to participate in, or participating in, the Fund. The books and records pertaining to the Fund and its administration shall be kept and maintained at the office or offices of the Fund.

4.4 EXECUTION OF DOCUMENTS. A certificate, document, or other instrument signed by the Chairman or the Administrator of the Fund shall be evidence of the action of the Board of Trustees and any such certificate, document, or other instrument so signed shall conclusively be presumed to be authentic. Likewise, all acts and matters stated therein shall conclusively be presumed to be true.

4.5 APPOINTMENT OF ADMINISTRATOR. The trustees shall designate and provide compensation for an Administrator to administer the affairs of the Fund. Any Administrator so designated shall furnish the board of Trustees with a fidelity bond with the Trustees as named obligee. The amount of such bond shall be determined by the Trustees and the evidence thereof shall be available to all units of government eligible to participate, or participating in, the Fund.

4.6 COMPENSATION AND REIMBURSEMENT OF TRUSTEES. The Board of Trustees may from time to time establish a reasonable amount of compensation to cover attendance at a duly called meeting by the Board of Trustees, or to cover the performance of the normal duties of a Trustee. Such compensation shall include reimbursement for reasonable and necessary expenses incurred therewith.

SECTION V

NUMBER, QUALIFICATION, TERM OF OFFICE AND POWER AND DUTIES OF TRUSTEES

5.1 NUMBER AND QUALIFICATION OF TRUSTEES. The operation and administration of the Trust shall be the joint responsibility of a Board of Trustees consisting of seven (7) Trustees. No Trustee may be elected who is, or continue to serve as a Trustee after becoming, an owner, officer, or employee of a service provider to the Fund. Each Trustee shall be an elected official of a Member. No two (2) Trustees may be elected officials from the same Member. Each Trustee shall serve for a period of four (4) years, or the balance of such Trustee's term of office as an elected official of the Member, whichever shall first occur. A Trustee may serve successive four (4) year terms provided such Trustee continues to remain an elected official of a Member. Each and every Trustee named, and each successor Trustee, shall acknowledge and consent to their election as a Trustee by giving written notice of acceptance of such appointment to the chairman, or acting chairman of the Board of Trustees.

5.2 RESIGNATION AND REMOVAL OF A TRUSTEE. A Trustee may resign and become and remain fully discharged from all further duties or responsibilities hereunder, by giving at least sixty (60) days prior written notice sent by certified mail, overnight delivery or other appropriate method of delivery to the chairman or acting chairman of the Board of Trustees. Such notice shall state the date said resignation shall take effect, and such resignation shall take effect on the date designated unless a successor Trustee has been elected at an earlier date as herein provided, in which event resignation shall take effect immediately upon the election of such successor Trustee. Additionally, oral notice of resignation may be given at any duly convened meeting of the Trustees, which said oral notice of resignation shall be incorporated, and made a part of, the minutes of such duly convened meeting. A Trustee may be removed by a majority vote of the Board of Trustees or by a majority vote of the Members. Any Trustee, upon leaving office, shall forthwith turn over and deliver to the chairman or the secretary of the Trustees at the principal office of the Trust any and all records, books, documents or other property in such Trustees possession, or under such Trustees control, which belongs to the Trust.

5.3 ELECTION OF SUCCESSOR TRUSTEES. Successor Trustees shall be elected by a majority vote of the Board of Trustees. Nominations for the election of Trustees may be made by the Board of Trustees or by any Member of the Fund.

5.4 TRUSTEE TITLE. In the event of death, resignation, refusal or inability to act by any one or more of the Trustees, the remaining Trustees shall have all the powers, rights, estates and interests of this Trust and shall be charged with its duties and responsibilities; provided, however, that in such case(s), no action may be taken unless it is concurred in by a majority of the remaining Trustees.

5.5 TRUSTEE OFFICERS. The Trustees shall elect from among themselves a chairman, vice-chairman and secretary of the Board of Trustees. Such officers shall be elected annually at the end of the fiscal year of the Trust, and may succeed themselves.

5.6 POWER AND AUTHORITY. The Board of Trustees shall be charged with the duty of the general supervision and operation of the Fund, and shall conduct the business activities of the Fund in accordance with this Agreement, its by-laws, rules and regulations and applicable federal and state statutes and rules and regulations. In connection therewith, the Board of Trustees may exercise the following authority and powers:

(a) To collect premiums from participating Members in an amount individually agreed to by the Fund and said Members for the purpose of paying for or providing the coverages provided in this Agreement to participating Members.

(b) To pay for or provide such excess insurance or reinsurance coverage as is necessary to accomplish the purpose of the Fund.

(c) To borrow funds, issue bonds and other certificates of indebtedness, and arrange for lines or letters of credit to assist in providing the coverages provided in this Agreement to participating Members.

(d) To pay for or provide appropriate liability and other types of insurance to cover the acts of the Board of Trustees of the Fund.

(e) To contract with appropriate professional service providers to meet the purposes of the Fund, and to expend funds for the reasonable operating and administrative expenses of the Fund, including but not limited to, all reasonable and necessary expenses which may be incurred in connection with the establishment of the Fund, in connection with the employment of such administrative, legal, accounting, and other expert or clerical assistance to the Fund, and in connection with

the leasing and purchase of such premise, material, supplies and equipment as the Board, in its discretion, may deem necessary for or appropriate to the performance of its duties, or the duties of the Administrator or the other agents or employees of the Fund.

(f) To pay claims the Fund becomes legally obliged to pay pursuant to the Coverage Agreements entered into by and between the Fund and participating Members.

(g) To establish and accumulate as part of the Fund adequate reserves to carry out the purposes of the Fund.

(h) To pay premiums on, and to otherwise secure or provide, insurance products that are ancillary to the coverages authorized by this Agreement.

(i) To invest and reinvest funds that may come into the possession of the Fund.

(j) To assume the assets and liabilities of the Fund.

(k) To take such actions and expend such funds as are reasonably necessary to facilitate the cessation of the business of the Fund.

(l) To exercise such powers that are authorized to be exercised by trustees under and pursuant to the laws of Florida.

(m) To take such other action and expend such funds as are reasonably necessary to accomplish the purposes of the Fund.

5.7 APPROVAL OF MEMBERS. The Board of Trustees, after the inception of the Fund, shall receive applications for membership from prospective new participants in the Fund and shall approve applications for membership in accordance with the terms of this Agreement, any Participation Agreement, applicable federal and state statutes and rules and regulations, and the rules and regulations established by the Board of Trustees for the admission of new members into the Fund; provided, however, no prospective member may participate in the Fund unless such prospective member is a public agency of the state. As used herein, the phrase "public agency" includes, but is not limited to, the state, its agencies, counties, municipalities, special districts, school districts, and other governmental entities; the independent establishments and constitutional officers of the state, counties, municipalities, school districts, special districts, and other governmental entities; and corporations primarily acting as instrumentalities or agencies of the state, counties, municipalities, special districts, school districts, and other governmental entities. The Board of Trustees shall be the

sole judge of whether or not an applicant for membership shall be eligible to participate in the Fund; provided, however, the Board of Trustees may delegate the functions associated with approval of Members to the Administrator.

5.8 REPORTING. The Board of Trustees shall be responsible for and shall cause to be prepared and filed such annual or other periodic audits, reports and disclosures as may be required from time to time pursuant to applicable federal and state statutes and rules and regulations, including, but not limited to, periodic payroll audits, periodic summary loss reports, periodic statements of financial condition, certified audits, appropriate applications filed by prospective new members, reports as to financial standings, payroll records, reports relating to coverage, experience, loss and compensation payments, summary loss data statements, periodic status reports, and any other such reports as may be required from time to time to accomplish the purpose of the Fund or to satisfy the requirements of appropriate governmental entities.

5.9 TRUSTEES' LIABILITY. The Trustees and their agents and employees shall not be liable for any act of omission or commission taken pursuant to this Agreement unless such act constitutes a willful breach of fiduciary duties nor shall any Trustee be liable for any act of omission or commission by any other Trustee or by any employee or agent of the Fund. The Fund hereby agrees to save, hold harmless and indemnify the Trustees and their agents and employees for any loss, damage or expense incurred by said persons or entities while acting in their official capacity on behalf of the Fund, unless such action constitutes a willful breach of fiduciary duties.

5.10 RELIANCE ON COUNSEL'S OPINION. The Board of Trustees may employ and consult with legal counsel concerning any questions which may arise with reference to the duties and powers of the Board of Trustees or with reference to any other matter pertaining to this Agreement or the Fund created thereby; and the opinion of such counsel shall be full and complete authorization and protection from liability arising out of or in respect to any action taken or suffered by the Board of Trustees or an individual Trustee acting hereunder in good faith and in accordance with the opinion of such counsel.

5.11 BY-LAWS, RULES AND REGULATIONS. The Board of Trustees may adopt and enforce such by-laws, rules and regulations as between the Members of the Fund and the

Fund governing the operation of the Fund as are consistent with the terms of this Agreement and as are reasonably necessary to accomplish the purposes of the Fund.

SECTION VI
POWERS AND DUTIES OF THE ADMINISTRATOR

6.1 RESPONSIBILITIES. The Administrator shall have the power and authority to implement the directives of the Board of Trustees and the policy matters set forth by the Board of Trustees as they relate to the on-going operation and supervision of the Fund, the by-laws, rules and regulations established by the Board of Trustees, the provisions of this Agreement, and applicable federal and state statutes, rules and regulations. The powers, duties and responsibilities of the Administrator retained by the Board of Trustees shall be set forth in an Administrative Agreement executed between the Board of Trustees and the Administrator.

6.2 CONTRIBUTIONS. The Administrator shall deposit into the account or accounts designated by the Board of Trustees, at the financial institution or institutions designated by the Board of Trustees, all contributions as and when collected from the Members and said monies shall be disbursed only in the manner provided by this Agreement, the Coverage Agreements, the rules, regulations and by-laws of the Board of Trustees, and the Agreement entered into by and between the Board of Trustees and the Administrator.

SECTION VII
MEMBERS

7.1 MEMBERSHIP CANCELLATION, SUSPENSION OR EXPULSION. The Board of Trustees shall be the sole judge of whether membership in the Fund may be cancelled, or whether a member may be suspended or expelled from the Fund; provided, however, the Board of Trustees may delegate the functions associated with cancellation, suspension or expulsion of a Member to the Administrator. Written notice of any such cancellation, suspension or expulsion shall be provided by the Fund to the member no less than thirty (30) days prior to the effective date of such cancellation, suspension or expulsion, and no liability under this Agreement or any other

agreement, certificate, document, or other instrument executed by the Fund and the member pursuant to this Agreement, shall accrue to the Fund following the effective date of such cancellation, suspensions or expulsion. The minimal notice provisions of this paragraph shall not apply in the event a member fails to make the requisite contributions for coverages under this Agreement when such contributions are due.

7.2 RESPONSIBILITIES OF MEMBERS. By execution of a Participation Agreement agreeing to be bound by the terms and conditions of this Amended Interlocal Agreement, each Member agrees to abide by the following rules and regulations:

(a) The Trustees have the sole responsibility to govern and direct the affairs of the Fund pursuant to this Agreement.

(b) Any Member who formally applies for Membership in this Fund, and who is accepted by the Board of Trustees, shall thereupon become a party to this Amended Interlocal Agreement and shall be bound by all of the terms and conditions contained herein. The Participation Agreement shall constitute a counterpart of this Amended Interlocal Agreement, and this Amended Interlocal Agreement shall constitute a counterpart of the Participation Agreement.

(c) To maintain a reasonable loss prevention program in order to provide the maximum in safety and lawful practices as such may relate to the potential liability assumed by the Fund under this Agreement or any other agreement, certificate, document, or other instrument executed by the Fund and the Member pursuant to this Agreement.

(d) To comply with the conditions of the Florida Workers' Compensation Law.

(e) To provide immediate notification in the event an accident or incident occurs which is likely to give rise to a claim within the scope of this Agreement, or any other agreement, certificate, document, or other instrument executed by the Fund and the Member pursuant to this Agreement.

(f) To promptly make all contributions for coverages arising under this Agreement, or any other agreement, certificate, document, or other instrument executed by the Fund and the Member pursuant to this Agreement, at the time and in the manner directed by the Board of Trustees. Said contributions may be reduced by any discount, participation credit, or other contribution reduction program established by the Board of Trustees.

(g) In the event of the payment of any loss by the Fund on behalf of the Member, the Fund shall be subrogated to the extent of such payment to all the rights of the Member against any party or other entity legally responsible for damages resulting from said loss, and in such event, the Member hereby agrees, on behalf of itself, its officers, employees and agents, to execute and deliver such instruments and papers as is required, and do whatever else is reasonably necessary, to secure such right to the Fund, and to cooperate with and otherwise assist the Fund as may be necessary to effect any recovery sought by the Fund pursuant to such subrogated rights.

(h) The Board of Trustees, its Administrator, and any of their agents, servants, employees or attorneys, shall be permitted at all reasonable times and upon reasonable notice to inspect the property, work places, plants, works, machinery and appliance covered pursuant to this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, and shall be permitted at all reasonable times while the Member participates in the Fund, and up to and including two (2) years following the termination of its membership in the Fund, to examine the Members' books, vouchers, contracts, documents and records of any and every kind which show or tend to show or verify any loss that may be paid or may have been paid by the Fund on behalf of the Member pursuant to this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, or which show or verify the accuracy of any contribution which is paid or payable by the Member pursuant to the terms of this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement.

(i) The Fund is to defend in the name and on behalf of the Member any claims, suits or other legal proceedings which may at any time be instituted against the Member on account of bodily injury liability, property damage, property damage liability, errors and omissions liability or any other such liability, monetary or otherwise, to the extent such defense and liability has been assumed by the Fund pursuant to his Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, subject to any and all of the definitions, terms, conditions and exclusion contained in said agreements, or any other agreement, certificate, document, or other instruments,

although such claims, suits, allegations or demands are wholly groundless, false, fraudulent, and to pay all costs taxed against the Member in any such legal proceedings defended by the Fund or the Member, all interest, if any, legally accruing before and after entry of judgment in such proceedings, and all expense incurred in the investigation, negotiation or defense of such claims, suits, allegations or demands. Such defense shall be subject to the control of the Fund and its Administrator, which may make such investigations and settlement of any such claim, suit, or other legal proceeding, monetary or otherwise, as they deem expedient. The Member agrees to cooperate fully with the Fund, its administrator and their agents, with respect to the investigation, adjustment, litigation, settlement and defense of any claim, suit, or other legal proceeding, monetary or otherwise, which would be covered by the terms of this Agreement and/or any policies of insurance, excess insurance or re-insurance which have been purchased to provide protection against such claims and liabilities. The Member acknowledges that failure to cooperate fully in the investigation, defense or litigation of such claims, suits, or liabilities may constitute grounds for denial of coverage pursuant to this Agreement and/or the applicable policies of insurance.

(j) The liability of the Fund is specifically limited to the discharge of the liability of its Members assumed pursuant to this Agreement or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement; the coverage of the Fund does not apply to punitive or exemplary damages.

(k) Unless the Fund and the Member otherwise expressly agree in writing, coverage by the Fund for a Member under the terms of this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, shall expire automatically on the last day of September of each calendar year, and no liability under this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, shall accrue to the Fund beyond such expiration date unless such Member renews its coverage.

(l) Except as otherwise provided herein, a Member's coverage may be cancelled by the Fund or the Member at any time upon no less than thirty (30) days prior written notice by the Board of Trustees or Administrator to the Member, or by the

Member to the Board of Trustees. The notice shall state the date such cancellation shall become effective.

(m) Excess monies remaining after the payment of claims and claims expenses, and after provision has been made for the payment of open claims and outstanding reserves, may be distributed by the Board of Trustees to the Members participating in the Fund in such manner as the Board of Trustees shall deem to be equitable.

(n) There will be no disbursements out of the reserve fund established by the Fund by way of dividends or distributions of accumulated reserves to Members until after provision has been made for all obligations against the Fund and except at the discretion of the Board of Trustees.

(o) Qualified service providers, including attorneys selected by the Fund, shall defend, investigate, settle and otherwise process and dispose of all claims, suits, allegations or demands that may result in liability assumed by the Fund on behalf of the Member pursuant to this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement.

(p) The Member, through the Board of Trustees, does hereby appoint the Administrator as its agent and attorney-in-fact, to act on its behalf and to execute all necessary contracts, reports, waivers, agreements, excess insurance contracts, service contracts, and other documents reasonably necessary to accomplish the purposes and to fulfill the responsibilities of the Fund; to make or arrange for the payment of claims, claims expenses, and all other matters required or necessary insofar as they affect the matters covered pursuant to the terms of this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, and the rules and regulations now or hereafter promulgated by the Board of Trustees.

(q) To make prompt payment of all contributions and penalties as required by the Board of Trustees, said contributions or penalties to be determined by the Board of Trustees. Any disputes concerning contributions or penalties shall be resolved after the payment of said contributions or penalties.

(r) To pay reasonable penalties as determined by the Board of Trustees for late payment of contributions required under this Agreement, or any other agreement,

certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement.

(s) Coverage by the Fund under the terms of this Agreement, or any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement, shall expire and be cancelled, upon no less than ten (10) days prior written notice from the Fund to the Member, for nonpayment of contributions.

(t) To abide by all the terms and conditions of this Agreement, the Participation Agreement, the Fund's by-laws, the rules and regulations, the terms of any coverage document issued by the Fund to the Member, and any other agreement, certificate, document, or other instrument executed by the Member and the Fund pursuant to this Agreement.

(u) Each Member voluntarily transfers to the Trust any rights and privileges such Member enjoys under the laws of the State of Florida, including Sections 163.01, and 768.28, Florida Statutes, and specifically those statutory provisions pertaining to such Member's sovereign immunity and the applicable limitations of the Member's liability to $100,000.00 per individual claim, and to $200,000.00 for multiple claims, arising out of the same transaction. The purchase of insurance or indemnity hereunder shall not be deemed or be construed as a waiver of sovereign immunity by the Members.

SECTION VIII
ACCOUNTING

True and complete accounts shall be kept of all transactions and of all assets and liabilities of the Trust. The accounts of the Trust shall be audited annually by a firm of independent certified public accountants, which shall be selected by the Board of Trustees.

SECTION IX
DURATION

This Agreement shall continue in full force and effect until it is terminated by the mutual consent of all the Members; provided, however, that this Section IX shall not be construed to preclude the termination and winding up of the Trust within the discretion of the Board of Trustees, or the amendment of this Agreement pursuant to Section X.

SECTION X

AMENDMENT

This Agreement may be amended upon the written consent of the Members of the Fund. Execution of a Participation Agreement or renewal of coverages provided by the Fund shall constitute such written consent.

SECTION XI

STATUTES, RULES AND REGULATIONS

The Trust shall at all times act in accordance with the provisions of statutes, rules and regulations of the State of Florida.

SECTION XII

MISCELLANEOUS PROVISIONS

12.1 PROHIBITION AGAINST ASSIGNMENT. No Member may assign any right, claim, or interest it may have under this Agreement, or any coverage term, and no creditor, assignee, or third-party beneficiary of any Member shall have any right, claim, or title to any part, share, interest, funds, or assets of the Trust except as specifically may be agreed to by the Trust.

12.2 APPLICABLE LAW. This Agreement shall be governed by and construed in accordance with the statutes, rules and regulations of the State of Florida, and all questions pertaining to its validity, construction, and administration shall be determined in accordance with the laws of the State of Florida.

12.3 ENFORCEMENT. The Trust and its Members shall have the power to enforce this Agreement by action brought in any court of appropriate jurisdiction within the State of Florida.

12.4 SEVERABILITY. If any term or provision of this Agreement, or the application of such term or provision to any person or circumstance, shall to any extent be invalid or unenforceable, the remainder of this Agreement and the application of such term or provision to persons or circumstances other than those to which it is held invalid or

unenforceable shall not be effected, and each term or provision of this Agreement shall be valid and enforceable to the full extent permitted by law.

12.5 CONSTRUCTION. Whenever any words are used in this Agreement in the masculine gender, they shall be construed as thought they were also used in the feminine or neutral gender in all situations where they would so apply. Whenever any words are used in this Agreement in the singular, they shall be construed as though they were also used in the plural from in all situations where they would so apply. Whenever any words are used in this Agreement in the plural form, they shall be construed as they thought were used in the singular form in all situations where they would so apply.

12.6 FISCAL YEAR. The Fund shall operate on a fiscal year from 12:01 a.m., October 1, to midnight the last day of September of the succeeding year. Application for membership, when approved in writing by the Board of Trustees or its designee, shall constitute a continuing contract for each succeeding fiscal year unless cancelled by the Board of Trustees or the participating Member in the manner herein provided.

By execution of the attached Participation Agreement or renewal of coverages provided by the Fund, and upon acceptance by the Board of Trustees, or their designated agent, the Member agrees to be fully bound by the terms and conditions of the Amended Interlocal Agreement, effective October 1, 2004, and thereafter.

PREMIUM SUMMARY

Named Insured: Sumter County Board of County Commissioners

Dates: 10/01/2009 to 10/01/2010

DESCRIPTION OF COVERAGE	PREMIUM
General Liability	$ 85,327.00
Automobile Liability	$103,345.00
Automobile Physical Damage	$ 50,516.00
Total Estimated Premium	$239,188.00

Preferred Governmental Insurance Trust is not rated by A M Best, and they are not protected by the Florida Guarantee Association in the event it becomes unable to meet its claims payment obligations.

Statements to be added for non-admitted carriers:

Public Risk Underwriters an intermediary is owned in whole or part by Brown & Brown, Inc., the parent company of Brown & Brown of Florida, Inc.. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc. but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/ Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance.

The compensation received by the Wholesale Insurance Broker/Managing General Agent for the services above is based upon commission The commission for the services above is typically in the range of 10% to 17% of policy premium.

25% Minimum earned

SUMMARY OF PROPOSED PREMIUMS AND RELATED INFORMATION

Premiums as Proposed: **$239,188.00**

Payment Plan: **Agency Bill**

This proposal is based upon the exposures to loss made known to the Agency. Any changes in these exposures (i.e., new operations, new products, additional states of hire, etc.) need to be promptly reported to us in order that proper coverage(s) may be put into place.

Any "subject to" or "warranty" should also be mentioned here. These might be detailed loss information, signed applications, inspections, etc. Specific time schedules should be established for compliance with this needed data.

We appreciate the opportunity to assist your insurance needs. Information concerning additional compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

Our office is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

For the 2008 policy year your insurance was placed with Preferred Governmental Insurance Trust (PGIT). PGIT is an insurance trust formed by Florida public entities through an Interlocal Agreement for the purpose of providing its members with an array of insurance coverages and services. PGIT has contracted with entities owned by Brown & Brown, Inc. to perform various services. As explained below, those Brown & Brown entities are compensated for their services.

PGIT has contracted with Public Risk Underwriters (PRU), a company owned by Brown & Brown, Inc. to administer PGIT's operations. The administrative services provided by PRU to PGIT include:

- **Underwriting**
- **Coverage Review**
- **Marketing**
- **Policy Review**
- **Accounting**
- **Issuance of PGIT Coverage Agreements**
- **PGIT Member Liaison**
- **Risk Assessment and Control**

Pursuant to its contract with PGIT, PRU receives an administration fee, based on the size and complexity of the account, of up to 12.5% of the premium you pay to PGIT. PRU may also receive commissions from insurance companies with whom it places your coverage, which commissions are derived from the premium you pay to PGIT. Multiple underwriters may be involved in the placement of your coverage. If so, they also may be compensated for their services from the premium you pay to PGIT.

PGIT has also contracted with Preferred Governmental Claims Solutions (PGCS), a company owned by Brown & Brown, Inc., for purposes of administering the claims of PGIT members. The services provided by PGCS to PGIT may include:

- Claims Liaison with Insurance Company
- Claims Liaison with PGIT Members
- Claims Adjustment

Pursuant to its contract with PGIT, PGCS receives a claims administration fee for those accounts which PGSC services of up to 5% of the nonproperty portion of the premiums you pay to PGIT.

PGIT also utilizes wholesale insurance brokers, some of which (such as Peachtree Special Risk Broker and MacDuff Underwriters) are owned by Brown & Brown, Inc., for the placement of PGIT's insurance policies, and for individual risk placements for some PGIT members (excess and surplus lines, professional liability coverages, etc.) The wholesale insurance broker may provide the following services:

- Risk Placement
- Coverage review
- Claims Liaison with Insurance Company
- Policy Review
- Current Market Intelligence

The wholesale insurance broker's compensation is derived from your premium, and is largely dictated by the insurance company. It typically ranges between 10% and 17% of the premiums you pay to PGIT for your coverage. Some wholesale brokers used by Brown & Brown to place your coverage may also act as Managing General Agents for various insurance companies, and may be compensated directly by those insurance companies for their services in placing and maintaining coverage with those particular companies.

The wholesale insurance brokerage utilized in the placement of your property insurance was Peachtree Special Risk Brokers, which is a company owned by Brown & Brown, Inc. Furthermore, any professional liability coverage afforded by the package of insurance you purchased was acquired through Brown & Brown Public Entity Services (BBPES), which is also a company affiliated with Brown & Brown, Inc.

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown, Inc., its subsidiaries and affiliates including Brown & Brown of Florida, Inc. ("Brown & Brown") do not certify the financial stability of any insurance carrier or coverage provider. We were unable to obtain a quotation with a carrier with an "A-" or better rating. While Brown & Brown cannot predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of coverage. Accordingly, we inform you of the following:

- Coverage is being placed with Preferred Governmental Insurance Trust ("PGIT"), which is as a Florida local government self-insurance fund established pursuant to section 624.4622, Florida Statutes (Fla. Stat.), as such PGIT is not rated by the A.M. Best Company.
- The financial condition of insurance companies and other coverage providers including local government self-insurance funds like PGIT may change rapidly and that such changes are beyond the control of Brown & Brown.
- You should review the financial and membership information from PGIT and agree to abide by the conditions of membership established by PGIT.
- You should consider the information provided, including the PGIT coverage quote and review it with your accountants, legal counsel and advisors.

*** A.M. Best Rating Guide:** **Rating for Stability: A++ to D = Highest to lowest rating**
Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

FACT
GL/Auto BI
Bituminous Phy D

INSURANCE PROPOSAL

PREPARED FOR:

Sumter County Board of County Commissioners

FACT General Liability
FACT Auto Bodily Injury
Bituminous Physical Damage

PRESENTED BY:

Travis Childers, CIC

Brown & Brown of Florida, Inc.

900 N 14th Street
Leesburg, FL 34749-1636
Business Phone: (352)787-2431
Fax Phone: (352)787-9922

This presentation is designed to give you an overview of the insurance coverage's we recommend for your company, based upon information provided by you. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverage's, conditions and exclusions. Specimen copies of all policies are available upon request prior to binding of coverage. If there are any other areas that need to be evaluated prior to binding of coverage, please bring this to our attention. Should any of your exposures change after coverage is bound, such as operations, hiring employees in new states, buying additional property etc. please let us know as proper coverage can be discussed.

Introduction

Your business represents a considerable investment of time, effort and money. It warrants the service of a company that can provide a comprehensive analysis of all your insurance needs, offer insurance programs that are competitively priced and extend full protection to meet your specific needs.

You need an Insurance Agency that is large enough to market your account to more than one leading insurance carrier, yet focused on providing professional, personalized service.

Our agency **Brown & Brown of Florida, Inc.** is that caliber of an agency. We provide the kind of quality attention and protection you and your company deserve. Representing more than 15 major carriers, specializing in every type of insurance coverage, we are able, and honored, to assume the responsibility of meeting your insurance needs.

Our recommendations are based on a careful analysis of the risks unique to you and your company. To this end, we have prepared a sound, competitively priced, insurance proposal for your review.

We appreciate the opportunity to evaluate you and your company and provide this proposal to cover your insurance and asset management needs.

Resources

Claims Management

At **Brown & Brown of Florida, Inc.,** we take an active role in the management of your claims. Our Service Team is committed to assuring you receive prompt and fair treatment for any claim involving coverage extended by our agency, to you or your company.

Loss Control/Risk Management

A successful Loss Control/Risk Management Program is based on a successful partnership between **Brown & Brown of Florida, Inc.,** you and your insurance carrier. As a team, all parties must work together to protect you, your business, your assets and to prevent future loss.

We will provide you with technical advice, resources, and assistance in developing, improving and monitoring an effective Loss Control/Risk Management program by:

- Reviewing your current Loss Control/Risk Management program;
- Analyzing loss data to identify specific areas which generate the greatest claim frequency;
- Reviewing your current environment and operations, including your physical assets, personnel practices, and organization of management;
- Conducting visits to all locations to develop a risk profile and to define management and insurance carrier responsibilities;
- Developing, improving, and implementing a Loss Control/Risk Management program with a written plan of expectations. (This program will be consistent with your management style and easily implemented);
- Establishing a meeting schedule to review and discuss safety and loss analysis reports with management and/or staff as required by your insurance carrier.

Employee Benefits

Brown & Brown of Florida, Inc. offers a full range of Employee Benefits that may be tailored to fit the needs of your company. With access to virtually all the major benefit companies in the US, we have the resources, knowledge and experience to help customize your benefits program to include any or all the following:

Medical – Health Care
Dental Coverage
Life Insurance
Long and Short-Term Disability
Group Retirement Plans
Pension and/or Profit Sharing

Brown & Brown of Florida, Inc. also has the experience to advise and administer both fully insured or partially self-insured plans.

General Liability

General Liability

This coverage protects your business from claims arising from alleged bodily injury, personal injury or property damage liability. It includes protection for services you render or products you sell. Coverage payments can include judgments, attorney fees, court costs, or other related expenses.

Personal and Advertising Injury Liability

This coverage is used to insure against claims of libel, slander, product disparagement, piracy, infringement of copyrights, etc. that arise out of the advertising of your goods, products, or services.

Medical Payments

This coverage reimburse, without regard to your liability, all reasonable medical expenses incurred by persons as a result of bodily injury sustained by accident as defined in your policy.

Premises/Operations

This coverage is used to insure against claims arising out of your ownership, maintenance or use of premises including any operations that are in progress.

Products/Completed Operations

This coverage is used to insure against claims arising out of bodily injury and property damage that result from products you have sold, manufactured, handled, distributed or disposed of; or for work you have performed, provided the accident occurs away from premises you own or rent.

General Coverage Information

Occurrence/Claims Made Occurrence

GL Cov/Limits

Coverage	Limit1	Ded
General Aggregate	3,000,000	1,000
Personal & Advertising Injury	1,000,000	
Each Occurrence	1,000,000	
Fire Damage	50,000	

Higher Limits of Liability may be Available

This policy is SUBJECT TO AUDIT

Endorsements:

Employee Benefits Liability: $1,000,000 Each Employee
$1,000,000 Aggregate Limit
$1,000 Deductible
Retro Date
This insurance does not apply to negligent Acts, Error or omissions which occurred before the Retro Date

Exclusions, but not limited to the following:

War
Pollution
Employee Related Practices
Fungi & Bacteria
Asbestos
Lead
Excluded Sheriff Law Enforcement Liability
Nuclear energy
EFIS

Commercial General Liability Conditions and Exclusions

Special Limitations or Exclusions under Commercial General Liability include:

- If you are an architect, engineer or surveyor; or the indemnitor of an architect, engineer or surveyor; there is no coverage for the rendering or failure to render professional services.
- There is no coverage (including defense) arising out of the actual, alleged, or threatened discharge, dispersal, release or escape of pollutants.
- Current, past or future partnerships and joint ventures are not insured unless they are shown as a named insured in the policy.
- Coverage for Employment Practice Liability is strictly excluded under your Commercial General Liability policy. Examples of Employment Practices Liability would be age or racial discrimination, sexual harassment, or any other discriminatory act in hiring, firing or supervision of employees.

Business Auto

Automobile

This policy may provide a combination of Liability Protection and Physical Damage coverage for loss due to damage to vehicles owned, maintained, or used by you. Additional coverages, such as Medical Payments and Uninsured Motorist Protection, may be purchased to "customize" the policy.

Automobile Liability

This coverage is provided to protect against claims made against your company which allege bodily injury and property damage arising from the ownership, maintenance or use of any covered auto.

Non-Owned Automobile Liability

This coverage provides liability protection for autos used in your business that are not owned, leased, hired, rented or borrowed. This includes automobiles of employees and subcontractors that are used on behalf of the business.

Hired Automobile Coverage

This coverage protects against claims arising out of the use of vehicles leased, hired, rented or borrowed by you or your employees while in the course of business.

Medical Payments

This coverage pays for medical expenses incurred by a covered person who is injured while driving or riding in a covered automobile. It provides coverage, regardless of fault, for all reasonable medical costs incurred for up to one year from the date of the accident. It does not cover injury to an employee.

Uninsured/Underinsured Motorist

Uninsured and Underinsured Motorist coverage protects you and your passengers against bodily injury expenses if you are hit by another driver who has no automobile liability insurance or has less than the minimum limits required by your state.

Comprehensive Perils Coverage

This coverage insures against damage to a covered vehicle resulting from loss, excluding collision or upset.

Collision Coverage

This coverage insures against loss or damage to a covered vehicle resulting from collision or upset.

Liability-Covered Auto Symbols

Liability	1
Personal Injury Protection	5
Medical Payments	
Uninsured Motorist	2

(1) Any Auto

(2) All Owned Autos

(3) Owned Private Passenger Autos

(4) Owned Autos Other Than Private Passenger

(5) All Owned Autos Which Require No-Fault Coverage

(6) Owned Autos Subject To Compulsory U.M. Law

(7) Autos Specified On Schedule

(8) Hired Autos

(9) Non-Owned Autos

Physical Damage-Covered Auto Symbols

Comprehensive	1,000
Collision	1,000

Coverages/Limits

Coverage	Limit 1	Deductible
Combined single limit	1,000,000	
PIP-Basic	10,000	0
Uninsured motorist combined single limit	20,000	

Business Automobile Conditions and Exclusions

New acquisitions or changes in automobiles must be reported within 30 days. Failure to do so will result in an unpaid claim if loss occurs.

Special Limitations or Exclusions under Business Automobile include:

- There is no coverage for contents of vehicles, or equipment mounted on vehicles, unless specifically stated and assessed.
- There is no Physical Damage coverage for rented autos.
- Current, past and future partnerships and join ventures are not insured unless they are shown as a named insured in the policy.

Hired/Borrowed Liability

State	Class
FL	FL

Non-Owned Liability

State	Class
FL	FL

PREMIUM SUMMARY

Named Insured: Sumter County Board of County Commissioners

DESCRIPTION OF COVERAGE	PREMIUM
FACT General Liability	$187,482.00
FACT Automobile Bodily Injury	$147,457.00
Bituminous Physical Damage	$ 54,947.03
	$389,886.03

Florida League of Cities is not rated by A M Best, and they are not protected by the Florida Guarantee Association in the event it becomes unable to meet its claims payment obligations.

Bituminous is a Admitted Carrier Rated A+ IX

Statements to be added for non-admitted carriers:

Florida League of Cities, Inc., is not owned in whole or part by Brown & Brown, Inc., the parent company of Brown & Brown of Florida, Inc.. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc. but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/ Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance.

The compensation received by the Wholesale Insurance Broker/Managing General Agent for the services above is based upon commission The commission for the services above is typically in the range of 7% - 10% of policy premium.

***No* Minimum earned disclosed on the quote**

SUMMARY OF PROPOSED PREMIUMS AND RELATED INFORMATION

Premiums as Proposed: $389,886.03

Payment Plan: Agency Bill

This proposal is based upon the exposures to loss made known to the Agency. Any changes in these exposures (i.e., new operations, new products, additional states of hire, etc.) need to be promptly reported to us in order that proper coverage(s) may be put into place.

Any "subject to" or "warranty" should also be mentioned here. These might be detailed loss information, signed applications, inspections, etc. Specific time schedules should be established for compliance with this needed data.

We appreciate the opportunity to assist your insurance needs. Information concerning additional compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

Our office is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown, Inc., its subsidiaries and affiliates including Brown & Brown of Florida, Inc. ("Brown & Brown") do not certify the financial stability of any insurance carrier or coverage provider. We were unable to obtain a quotation with a carrier with an "A-" or better rating. While Brown & Brown cannot predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of coverage. Accordingly, we inform you of the following:

Information to Follow

*** A.M. Best Rating Guide:** **Rating for Stability: A++ to D = Highest to lowest rating**
Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

FACT

Automobile Liability

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
1	1969 ROGERS TRAILER 13798 RB	055 BUSHNELL, FL
2	1986 CHEVROLET TRUCK 119270 SOLID WASTE	055 BUSHNELL, FL
3	1990 CHEVROLET TRUCK 204209 PARKS	055 BUSHNELL, FL
4	1973 HOMEMADE TRAILER 162 RB	055 BUSHNELL, FL
5	1992 HOMEMADE TRAILER 2730EE PARKS	055 BUSHNELL, FL
6	1993 HOMEMADE TRAILER T2728F RB	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
1	68499					
2	01499					
3	23499	9,623				
4	68499					
5	69499	1,683				
6	68499	5,700				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
1	1000/1000/FACT	58	NONE		20	10	X	
2	1000/1000/FACT	376	NONE		20	10	X	
3	1000/1000/FACT	432	NONE		20	10	X	
4	1000/1000/FACT	58	NONE		20	10	X	
5	1000/1000/FACT	INCL	NONE		20	10	X	
6	1000/1000/FACT	58	NONE		20	10	X	
Total Premium		982				60		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
1	SEE FORM(S)	1			See Schedule(s)
2	SEE FORM(S)	7			
3	SEE FORM(S)	7			
4	SEE FORM(S)	1			
5	SEE FORM(S)	INCL			
6	SEE FORM(S)	1			
Total Premium		17			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
1								69
2								393
3								449
4								69
5								10
6								69
Total Premium								1,059

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
7	1994 FORD TRUCK A38928 FIRE SERV.	055 BUSHNELL, FL
8	1995 GMC VAN/BUS 544526 FIRE SERV	055 BUSHNELL, FL
9	1996 HOMEMADE TRAILER 11102JJ RB	055 BUSHNELL, FL
10	1997 CHEVROLET TRUCK 145728 MOSQ CTRL	055 BUSHNELL, FL
11	1998 CHEVROLET TRUCK 205645 RB	055 BUSHNELL, FL
12	1998 CHEVROLET TRUCK 206552 RB	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
7	01499	14,414				
8	5881	15,367				
9	68499	4,500				
10	01499	18,700				
11	01499	20,980				
12	01499	21,487				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
7	1000/1000/FACT	376	NONE		20	10	X	
8	1000/1000/FACT	1,076	NONE		20	10	X	
9	1000/1000/FACT	58	NONE		20	10	X	
10	1000/1000/FACT	376	NONE		20	10	X	
11	1000/1000/FACT	376	NONE		20	10	X	
12	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		3,620				120		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
7	SEE FORM(S)	7			See Schedule(s)
8	SEE FORM(S)	37			
9	SEE FORM(S)	1			
10	SEE FORM(S)	7			
11	SEE FORM(S)	7			
12	SEE FORM(S)	7			
Total Premium		83			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
7								393
8								1,123
9								69
10								393
11								393
12								393
Total Premium								3,823

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
13	1998 CHEVROLET TRUCK 206424 FIRE SERV.	055 BUSHNELL, FL
14	1998 CHEVROLET TRUCK 206439 MAINT	055 BUSHNELL, FL
15	1998 CHEVROLET TRUCK 207039 LF	055 BUSHNELL, FL
16	1998 FORD PPT 257520 IT	055 BUSHNELL, FL
17	1997 FORD BUS A74185 SUPV ELEC	055 BUSHNELL, FL
18	1999 CHEVROLET TRUCK 029978 MAINT.	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
13	01499	18,666				
14	01499	22,654				
15	01499	20,786				
16	7398	20,610				
17	5882	50,000				
18	01499	22,000				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
13	1000/1000/FACT	376	NONE		20	10	X	
14	1000/1000/FACT	376	NONE		20	10	X	
15	1000/1000/FACT	376	NONE		20	10	X	
16	1000/1000/FACT	395	NONE		20	19	X	
17	1000/1000/FACT	1,345	NONE		20	10	X	
18	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		6,864				189		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
13	SEE FORM(S)	7			See Schedule(s)
14	SEE FORM(S)	7			
15	SEE FORM(S)	7			
16	SEE FORM(S)	11			
17	SEE FORM(S)	46			
18	SEE FORM(S)	7			
Total Premium		168			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
13								393
14								393
15								393
16								425
17								1,401
18								393
Total Premium								7,221

FLORIDA ASSOC. OF COUN ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
19	1988 MACK TRUCK 003882 INNOV GRANT	055 BUSHNELL, FL
20	1998 CHEVROLET DUMP TRUCK 113189 RB	055 BUSHNELL, FL
21	1998 CHEVROLET DUMP TRUCK J113067 RB	055 BUSHNELL, FL
22	1998 CHEVROLET DUMP TRUCK 113018 RB	055 BUSHNELL, FL
23	1999 CHEVROLET TRUCK 149702 PARKS	055 BUSHNELL, FL
24		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
19	33499	51,000				
20	33479					
21	33479					
22	33479					
23	01499					
24						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
19	1000/1000/FACT	476	NONE		20	10	X	
20	1000/1000/FACT	437	NONE		20	10	X	
21	1000/1000/FACT	437	NONE		20	10	X	
22	1000/1000/FACT	437	NONE		20	10	X	
23	1000/1000/FACT	376	NONE		20	10	X	
24								
Total Premium		9,027				239		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
19	SEE FORM(S)	7			See Schedule(s)
20	SEE FORM(S)	7			
21	SEE FORM(S)	7			
22	SEE FORM(S)	7			
23	SEE FORM(S)	7			
24					
Total Premium		203			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
19								493
20								454
21								454
22								454
23								393
24								
Total Premium								9,469

FLORIDA ASSOC. OF COUI)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
25	1999 CHEVROLET DUMP TRUCK 104342 RB	055 BUSHNELL, FL
26	1999 CHEVROLET TRUCK 080227 PARKS	055 BUSHNELL, FL
27		
28	1999 DODGE BUS 548743 FIRE SR	055 BUSHNELL, FL
29	1999 DODGE BUS 548744 TRANSIT	055 BUSHNELL, FL
30	1999 DODGE BUS 549331 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
25	33479					
26	01499	21,500				
27						
28	5882	36,441				
29	5882	36,441				
30	5882	36,441				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
25	1000/1000/FACT	437	NONE		20	10	X	
26	1000/1000/FACT	376	NONE		20	10	X	
27								
28	1000/1000/FACT	1,345	NONE		20	10	X	
29	1000/1000/FACT	1,345	NONE		20	10	X	
30	1000/1000/FACT	1,345	NONE		20	10	X	
Total Premium		13,875				289		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
25	SEE FORM(S)	7			See Schedule(s)
26	SEE FORM(S)	7			
27					
28	SEE FORM(S)	46			
29	SEE FORM(S)	46			
30	SEE FORM(S)	46			
Total Premium		355			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
25								454
26								393
27								
28								1,401
29								1,401
30								1,401
Total Premium								14,519

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
31	1999 FORD TRUCK B95578 LIBRARY	055 BUSHNELL, FL
32	1999 FORD TRUCK B95643 IT	055 BUSHNELL, FL
33	1999 FORD TRUCK B95609 FIRE SERV	055 BUSHNELL, FL
34	1999 FORD TRUCK B95411 AC	055 BUSHNELL, FL
35	1999 FORD TRUCK B95383 VSO	055 BUSHNELL, FL
36	1999 FORD TRUCK C01997 MAINT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
31	01499	15,056				
32	01499	15,056				
33	01499	15,056				
34	01499	14,969				
35	01499	14,969				
36	01499	15,056				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
31	1000/1000/FACT	376	NONE		20	10	X	
32	1000/1000/FACT	376	NONE		20	10	X	
33	1000/1000/FACT	376	NONE		20	10	X	
34	1000/1000/FACT	376	NONE		20	10	X	
35	1000/1000/FACT	376	NONE		20	10	X	
36	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		16,131				349		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
31	SEE FORM(S)	7			See Schedule(s)
32	SEE FORM(S)	7			
33	SEE FORM(S)	7			
34	SEE FORM(S)	7			
35	SEE FORM(S)	7			
36	SEE FORM(S)	7			
Total Premium		397			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
31								393
32								393
33								393
34								393
35								393
36								393
Total Premium								16,877

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
37	1999 FORD TRUCK C01946 HOUSING	055 BUSHNELL, FL
38	1999 FORD TRUCK C06833 LIBRRY	055 BUSHNELL, FL
39	1999 FORD TRUCK B92671 BLDG	055 BUSHNELL, FL
40	1999 FORD TRUCK C03204 BLDG	055 BUSHNELL, FL
41	1999 FORD TRUCK C102 86 TRANS	055 BUSHNELL, FL
42		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
37	01499	15,056				
38	01499	14,629				
39	01499	14,629				
40	01499	14,629				
41	01499	14,750				
42						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
37	1000/1000/FACT	376	NONE		20	10	X	
38	1000/1000/FACT	376	NONE		20	10	X	
39	1000/1000/FACT	376	NONE		20	10	X	
40	1000/1000/FACT	376	NONE		20	10	X	
41	1000/1000/FACT	376	NONE		20	10	X	
42								
Total Premium		18,011				399		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
37	SEE FORM(S)	7			See Schedule(s)
38	SEE FORM(S)	7			
39	SEE FORM(S)	7			
40	SEE FORM(S)	7			
41	SEE FORM(S)	7			
42					
Total Premium		432			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
37								393
38								393
39								393
40								393
41								393
42								
Total Premium								18,842

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
43	1993 FORD FIRE PPT 147282 FIRE SERV	055 BUSHNELL, FL
44	1999 EAGER BEAVER TRAILER 054178 RB	055 BUSHNELL, FL
45	1999 GMC TRUCK 520386 HEALTH	055 BUSHNELL, FL
46	1999 2ORD PPT 205460 FIRE SERV	055 BUSHNELL, FL
47	2000 CHEVROLET DUMP TRUCK 500589 RB	055 BUSHNELL, FL
48	2000 CHEVROLET DUMP TRUCK 500574 RB	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
43	7908					
44	69499	17,477				
45	01499	13,861				
46	7398	21,300				
47	33479	37,924				
48	33479	37,924				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
43	1000/1000/FACT	395	NONE		20	19	X	
44	1000/1000/FACT	INCL	NONE		20	INCL	X	
45	1000/1000/FACT	376	NONE		20	10	X	
46	1000/1000/FACT	395	NONE		20	19	X	
47	1000/1000/FACT	437	NONE		20	10	X	
48	1000/1000/FACT	437	NONE		20	10	X	
Total Premium		20,051				467		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
43	SEE FORM(S)	11			See Schedule(s)
44	SEE FORM(S)	INCL			
45	SEE FORM(S)	7			
46	SEE FORM(S)	11			
47	SEE FORM(S)	7			
48	SEE FORM(S)	7			
Total Premium		475			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
43								425
44								
45								393
46								425
47								454
48								454
Total Premium								20,993

FLORIDA ASSOC. OF COUI)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
49	1970 HEIL TRAILER 922231 RB	055 BUSHNELL, FL
50	2000 CHEVROLET TRUCK 515263 RB	055 BUSHNELL, FL
51	2000 CHEVROLET TRUCK 476842 RB	055 BUSHNELL, FL
52	2000 CHEVROLET TRUCK 468328 RB	055 BUSHNELL, FL
53	2000 CHEVROLET TRUCK 468829 RB	055 BUSHNELL, FL
54	HOMEMADE TRAILER 2012NN RB	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
49	67499	3,500				
50	33499	37,924				
51	01499	23,545				
52	01499	23,634				
53	01499	22,315				
54	69499	1,657				

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
49	1000/1000/FACT	96	NONE		20	INCL	X	
50	1000/1000/FACT	476	NONE		20	10	X	
51	1000/1000/FACT	376	NONE		20	10	X	
52	1000/1000/FACT	376	NONE		20	10	X	
53	1000/1000/FACT	376	NONE		20	10	X	
54	1000/1000/FACT	INCL	NONE		20	INCL	X	
Total Premium		21,751				507		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
49	SEE FORM(S)	2			See Schedule(s)
50	SEE FORM(S)	7			
51	SEE FORM(S)	7			
52	SEE FORM(S)	7			
53	SEE FORM(S)	7			
54	SEE FORM(S)	INCL			
Total Premium		505			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
49								98
50								493
51								393
52								393
53								393
54								
Total Premium								22,763

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
55	HOMEMADE TRAILER 2013NN RB	055 BUSHNELL, FL
56	2000 CHEVROLET TRUCK 246368 MOS CTRL	055 BUSHNELL, FL
57	2000 CHEVROLET TRUCK 248983 RB	055 BUSHNELL, FL
58	2000 HOMEMADE TRAILER 1152MM PARKS	055 BUSHNELL, FL
59	2000 HARDEE DUMP TRAILER 127717 RB	055 BUSHNELL, FL
60	2000 CHEVROLET TRUCK 295030 MAINT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
55	69499	1,639				
56	01499	19,469				
57	01499	22,960				
58	69499	1,969				
59	68479	23,519				
60	01499	19,397				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
55	1000/1000/FACT	INCL	NONE		20	INCL	X	
56	1000/1000/FACT	376	NONE		20	10	X	
57	1000/1000/FACT	376	NONE		20	10	X	
58	1000/1000/FACT	INCL	NONE		20	INCL	X	
59	1000/1000/FACT	19	NONE		20	INCL	X	
60	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		22,898				537		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
55	SEE FORM(S)	INCL			See Schedule(s)
56	SEE FORM(S)	7			
57	SEE FORM(S)	7			
58	SEE FORM(S)	INCL			
59	SEE FORM(S)	1			
60	SEE FORM(S)	7			
Total Premium		527			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
55								
56								393
57								393
58								
59								20
60								393
Total Premium								23,962

FLORIDA ASSOC. OF COUN)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
61	2000 DODGE VAN/BUS 181173 TRANSIT	055 BUSHNELL, FL
62	2001 CHEVROLET TRUCK 155399 BLDG	055 BUSHNELL, FL
63	2000 CHEVROLET TRUCK 298288 MAINT	055 BUSHNELL, FL
64	2001 CHEVROLET PPT 208760 PROP APPR	055 BUSHNELL, FL
65	2001 CHEVROLET TRUCK 165839 PRP APPR	055 BUSHNELL, FL
66	2001 CHEVROLET TRUCK 225754 PARKS	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
61	5882	37,833				
62	01499					
63	01499					
64	7398	18,552				
65	01499	18,001				
66	01499	21,527				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
61	1000/1000/FACT	1,345	NONE		20	10	X	
62	1000/1000/FACT	376	NONE		20	10	X	
63	1000/1000/FACT	376	NONE		20	10	X	
64	1000/1000/FACT	395	NONE		20	19	X	
65	1000/1000/FACT	376	NONE		20	10	X	
66	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		26,142				606		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
61	SEE FORM(S)	46			See Schedule(s)
62	SEE FORM(S)	7			
63	SEE FORM(S)	7			
64	SEE FORM(S)	11			
65	SEE FORM(S)	7			
66	SEE FORM(S)	7			
Total Premium		612			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
61								1,401
62								393
63								393
64								425
65								393
66								393
Total Premium								27,360

FLORIDA ASSOC. OF COUI)IES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
67	2001 CHEVROLET PPT 234998 CO ADMIN	055 BUSHNELL, FL
68	2001 CHEVROLET TRUCK 107759 PARKS	055 BUSHNELL, FL
69	2001 CHEVROLET DUMP TRUCK 507074 RB	055 BUSHNELL, FL
70	2001 GMC TRUCK 227222 CTY AGENT	055 BUSHNELL, FL
71	2001 DODGE UTILITY VAN 341523 HD	055 BUSHNELL, FL
72	2001 HOMEMADE TRAILER 0063PP PARKS	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
67	7398	19,300				
68	01499	19,999				
69	33479	32,124				
70	01499	18,920				
71	01499	24,275				
72	68499	2,770				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
67	1000/1000/FACT	395	NONE		20	19	X	
68	1000/1000/FACT	376	NONE		20	10	X	
69	1000/1000/FACT	437	NONE		20	10	X	
70	1000/1000/FACT	376	NONE		20	10	X	
71	1000/1000/FACT	376	NONE		20	10	X	
72	1000/1000/FACT	58	NONE		20	INCL	X	
Total Premium		28,160				665		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
67	SEE FORM(S)	11			See Schedule(s)
68	SEE FORM(S)	7			
69	SEE FORM(S)	7			
70	SEE FORM(S)	7			
71	SEE FORM(S)	7			
72	SEE FORM(S)	1			
Total Premium		652			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
67								425
68								393
69								454
70								393
71								393
2								59
...nium								29,477

FLORIDA ASSOC. OF COUI IES TRUST

BI ISINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
73	1994 KENTWORTH ROLL OFF TRUCK 634690	LF	055 BUSHNELL, FL
74	2002 CHEVROLET TRUCK 132217	RB	055 BUSHNELL, FL
75	2002 CHEVROLET TRUCK 130034	RB	055 BUSHNELL, FL
76	2001 DODGE VAN/BUS 557470 TRANSIT		055 BUSHNELL, FL
77	2001 DODGE VAN/BUS 557466 TRANS		055 BUSHNELL, FL
78			

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
73	33499	36,000				
74	01499	20,322				
75	01499	20,322				
76	5882					
77	5882					
78						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
73	1000/1000/FACT	476	NONE		20	10	X	
74	1000/1000/FACT	376	NONE		20	10	X	
75	1000/1000/FACT	376	NONE		20	10	X	
76	1000/1000/FACT	1,345	NONE		20	10	X	
77	1000/1000/FACT	1,345	NONE		20	10	X	
78								
Total Premium		32,078				715		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
73	SEE FORM(S)	7			See Schedule(s)
74	SEE FORM(S)	7			
75	SEE FORM(S)	7			
76	SEE FORM(S)	46			
77	SEE FORM(S)	46			
78					
Total Premium		765			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
73								493
74								393
75								393
76								1,401
77								1,401
78								
Total Premium								33,558

FLORIDA ASSOC. OF COUI)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
79		
80	2002 MACK DUMP TRUCK 148794 RB	055 BUSHNELL, FL
81	2002 CHEVROLET TRUCK 277078 RB	055 BUSHNELL, FL
82		
83		
84	2002 CHEVROLET TRUCK 216360 HEALTH	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
79						
80	33479	65,795				
81	01499	19,500				
82						
83						
84	01499	15,549				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
79								
80	1000/1000/FACT	437	NONE		20	10	X	
81	1000/1000/FACT	376	NONE		20	10	X	
82								
83								
84	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		33,267				745		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
79					See Schedule(s)
80	SEE FORM(S)	7			
81	SEE FORM(S)	7			
82					
83					
84	SEE FORM(S)	7			
Total Premium		786			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
79								
80								454
81								393
82								
83								
84								393
Total Premium								34,798

FLORIDA ASSOC. OF COUI)ES TRUST)

B'SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
85	2002 CHEVROLET TRUCK 109433 PARKS	055 BUSHNELL, FL
86	2002 BUICK PPT 269845 HEALTH	055 BUSHNELL, FL
87	2002 CHEVROLET PPT 202806 HEALTH	055 BUSHNELL, FL
88		
89	1970 AM GENERAL FIRE TANKER 411618 FIRE	055 BUSHNELL, FL
90	2002 CHEVROLET TRUCK 516166 RB	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
85	01499	24,671				
86	7398					
87	7398					
88						
89	7909	8,500				
90	01499	32,674				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
85	1000/1000/FACT	376	NONE		20	10	X	
86	1000/1000/FACT	395	NONE		20	19	X	
87	1000/1000/FACT	395	NONE		20	19	X	
88								
89	1000/1000/FACT	537	NONE		20	10	X	
90	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		35,346				813		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
85	SEE FORM(S)	7			See Schedule(s)
86	SEE FORM(S)	11			
87	SEE FORM(S)	11			
88					
89	SEE FORM(S)	10			
90	SEE FORM(S)	7			
Total Premium		832			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
85								393
86								425
87								425
88								
89								557
90								393
Total Premium								36,991

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
91	2002 CHEVROLET DUMP TRUCK 516131 RB	055 BUSHNELL, FL
92	1986 GMC FIRE TRUCK 511977 FIRE	055 BUSHNELL, FL
93	1988 GMC FIRE TRUCK 521348 FIRE	055 BUSHNELL, FL
94	2002 KENWORTH PIERCE FIRE TRUCK 892957 FIRE	055 BUSHNELL, FL
95	2001 AM LaFRANCE FIRE TRUCK J71306 FIRE	055 BUSHNELL, FL
96	1991 E-ONE FIRE TRUCK 367825 FIRE	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
91	33479	39,549				
92	7909					
93	7909					
94	7909					
95	7909					
96	7909					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
91	1000/1000/FACT	437	NONE		20	10	X	
92	1000/1000/FACT	537	NONE		20	10	X	
93	1000/1000/FACT	537	NONE		20	10	X	
94	1000/1000/FACT	537	NONE		20	10	X	
95	1000/1000/FACT	537	NONE		20	10	X	
96	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		38,468				873		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
91	SEE FORM(S)	7			See Schedule(s)
92	SEE FORM(S)	10			
93	SEE FORM(S)	10			
94	SEE FORM(S)	10			
95	SEE FORM(S)	10			
96	SEE FORM(S)	10			
Total Premium		889			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
91								454
92								557
93								557
94								557
95								557
96								557
Total Premium								40,230

FLORIDA ASSOC. OF COUI IES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
97	2001 DODGE FIRE TRUCK 278232 FIRE	055 BUSHNELL, FL
98	2003 CHEVROLET TRUCK 168500 RB	055 BUSHNELL, FL
99	2003 CHEVROLET TRUCK 205887 RB	055 BUSHNELL, FL
100	2003 CHEVROLET TRUCK 202552 RB	055 BUSHNELL, FL
101	1995 MACK DUMP TRUCK 043117 RB	055 BUSHNELL, FL
102	1997 FORD FIRE PPT 127552 FIRE SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
97	7909					
98	01499					
99	01499					
100	01499					
101	33479					
102	7908					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
97	1000/1000/FACT	537	NONE		20	10	X	
98	1000/1000/FACT	376	NONE		20	10	X	
99	1000/1000/FACT	376	NONE		20	10	X	
100	1000/1000/FACT	376	NONE		20	10	X	
101	1000/1000/FACT	437	NONE		20	10	X	
102	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		40,965				942		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
97	SEE FORM(S)	10			See Schedule(s)
98	SEE FORM(S)	7			
99	SEE FORM(S)	7			
100	SEE FORM(S)	7			
101	SEE FORM(S)	7			
102	SEE FORM(S)	11			
Total Premium		938			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
97								557
98								393
99								393
100								393
101								454
102								425
Total Premium								42,845

FLORIDA ASSOC. OF COUI)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
103		
104	2003 CHEVROLET DUMP TRUCK 513211 RB	055 BUSHNELL, FL
105	2003 CHEVROLET DUMP TRUCK 512858 RB	055 BUSHNELL, FL
106	2003 CHEVROLET PPT 674107 HEALTH	055 BUSHNELL, FL
107	2003 CHEVROLET VAN 148040 SDE	055 BUSHNELL, FL
108	2003 CHEVROLET VAN 136238 HEALTH	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
103						
104	33479					
105	33479					
106	7398					
107	5881					
108	01499					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
103								
104	1000/1000/FACT	437	NONE		20	10	X	
105	1000/1000/FACT	437	NONE		20	10	X	
106	1000/1000/FACT	395	NONE		20	19	X	
107	1000/1000/FACT	1,076	NONE		20	10	X	
108	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		43,686				1,001		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
103					See Schedule(s)
104	SEE FORM(S)	7			
105	SEE FORM(S)	7			
106	SEE FORM(S)	11			
107	SEE FORM(S)	37			
108	SEE FORM(S)	7			
Total Premium		1,007			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
103								
104								454
105								454
106								425
107								1,123
108								393
Total Premium								45,694

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
109	2003 CHEVROLET PICKUP TRUCK 226244 PA	055 BUSHNELL, FL
110	2003 CHEVROLET PPT M699351 HEALTH	055 BUSHNELL, FL
111	2003 CHEVROLET PICKUP TRUCK 240869 HEALTH	055 BUSHNELL, FL
112		
113	1986 FORD TRUCK B47494 FIRE SERV	055 BUSHNELL, FL
114	1997 FORD AMBULANCE 82220 FIRE	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
109	01499					
110	7398					
111	01499					
112						
113	7909					
114	7919					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
109	1000/1000/FACT	376	NONE		20	10	X	
110	1000/1000/FACT	395	NONE		20	19	X	
111	1000/1000/FACT	376	NONE		20	10	X	
112								
113	1000/1000/FACT	537	NONE		20	10	X	
114	1000/1000/FACT	670	NONE		20	10	X	
Total Premium		46,040				1,060		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
109	SEE FORM(S)	7			See Schedule(s)
110	SEE FORM(S)	11			
111	SEE FORM(S)	7			
112					
113	SEE FORM(S)	10			
114	SEE FORM(S)	12			
Total Premium		1,054			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
109								393
110								425
111								393
112								
113								557
114								692
Total Premium								48,154

FLORIDA ASSOC. OF COUN)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
115	2004 CHEVROLET PRIV. PASS 243329 FORCE	055 BUSHNELL, FL
116	2004 CHEVROLET 234075 MAINT	055 BUSHNELL, FL
117	2004 CHEVROLET 225106 AN CTRL	055 BUSHNELL, FL
118	2004 CHEVROLET 230193 S WASTE	055 BUSHNELL, FL
119	2004 CHEVROLET 230216 AN CTRL	055 BUSHNELL, FL
120	2004 CHEVROLET 227876 MOSQ CTRL	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
115	7398					
116	01499	26,475				
117	01499	22,573				
118	01499	22,573				
119	01499	22,573				
120	01499	22,573				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
115	1000/1000/FACT	395	NONE		20	19	X	
116	1000/1000/FACT	376	NONE		20	10	X	
117	1000/1000/FACT	376	NONE		20	10	X	
118	1000/1000/FACT	376	NONE		20	10	X	
119	1000/1000/FACT	376	NONE		20	10	X	
120	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		48,315				1,129		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
115	SEE FORM(S)	11			See Schedule(s)
116	SEE FORM(S)	7			
117	SEE FORM(S)	7			
118	SEE FORM(S)	7			
119	SEE FORM(S)	7			
120	SEE FORM(S)	7			
Total Premium		1,100			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
115								425
116								393
117								393
118								393
119								393
120								393
Total Premium								50,544

FLORIDA ASSOC. OF COUN)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
121	2004 CHEVROLET PICKUP TRUCK 118848 BLDG	055 BUSHNELL, FL
122	2004 CHEVROLET PICKUP TRUCK 121091 BLDG	055 BUSHNELL, FL
123	2004 CHEVROLET PICKUP TRUCK 119255 BLDG	055 BUSHNELL, FL
124	2004 CHEVROLET PICKUP TRUCK 121344 BLDG	055 BUSHNELL, FL
125	2004 CHEVROLET PICKUP TRUCK 124968 BLDG	055 BUSHNELL, FL
126	1986 KAISER JEEP FIRE PPT 519892 FIRE SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
121	01499	19,702				
122	01499	19,702				
123	01499	19,702				
124	01499	19,702				
125	01499	24,460				
126	7908					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
121	1000/1000/FACT	376	NONE		20	10	X	
122	1000/1000/FACT	376	NONE		20	10	X	
123	1000/1000/FACT	376	NONE		20	10	X	
124	1000/1000/FACT	376	NONE		20	10	X	
125	1000/1000/FACT	376	NONE		20	10	X	
126	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		50,590				1,198		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
121	SEE FORM(S)	7			See Schedule(s)
122	SEE FORM(S)	7			
123	SEE FORM(S)	7			
124	SEE FORM(S)	7			
125	SEE FORM(S)	7			
126	SEE FORM(S)	11			
Total Premium		1,146			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
121								393
122								393
123								393
124								393
125								393
126								425
Total Premium								52,934

FLORIDA ASSOC. OF COUN)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
127	1988 JEEP FIRE PPT 528308 FIRE	055 BUSHNELL, FL
128	2004 CHEVROLET TRUCK 246923 RB	055 BUSHNELL, FL
129	1985 AIRGATOR AIRBOAT TRLR 501430 P & R	055 BUSHNELL, FL
130	1995 FORD FIRE PPT 193964 FIRE SERV	055 BUSHNELL, FL
131	1994 FORD FIRE PPT 150492V FIRE SERV	055 BUSHNELL, FL
132	1980 SUTPHEN 404730 FIRE SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
127	7908					
128	01499	24,778				
129	68499	1,200				
130	7908					
131	7908					
132	7909	89,500				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
127	1000/1000/FACT	395	NONE		20	19	X	
128	1000/1000/FACT	376	NONE		20	10	X	
129	1000/1000/FACT	58	NONE		20	INCL	X	
130	1000/1000/FACT	395	NONE		20	19	X	
131	1000/1000/FACT	395	NONE		20	19	X	
132	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		52,746				1,275		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
127	SEE FORM(S)	11			See Schedule(s)
128	SEE FORM(S)	7			
129	SEE FORM(S)	1			
130	SEE FORM(S)	11			
131	SEE FORM(S)	11			
132	SEE FORM(S)	10			
Total Premium		1,197			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
127								425
128								393
129								59
130								425
131								425
132								557
Total Premium								55,218

FLORIDA ASSOC. OF COUN)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
133	2004 FORD BUS A24783 FIRE	055 BUSHNELL, FL
134	2004 FORD FIRE TRUCK D12436 FIRE	055 BUSHNELL, FL
135	2004 FORD BUS A36435 TRANSIT	055 BUSHNELL, FL
136	2004 FORD BUS A36436 TRANSIT	055 BUSHNELL, FL
137	2004 FORD BUS A21523 TRANSIT	055 BUSHNELL, FL
138	2004 FORD BUS A36427 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
133	5882					
134	7909					
135	5882					
136	5882					
137	5882					
138	5882					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
133	1000/1000/FACT	1,345	NONE		20	10	X	
134	1000/1000/FACT	537	NONE		20	10	X	
135	1000/1000/FACT	1,345	NONE		20	10	X	
136	1000/1000/FACT	1,345	NONE		20	10	X	
137	1000/1000/FACT	1,345	NONE		20	10	X	
138	1000/1000/FACT	1,345	NONE		20	10	X	
Total Premium		60,008				1,335		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
					See Schedule(s)
133	SEE FORM(S)	46			
134	SEE FORM(S)	10			
135	SEE FORM(S)	46			
136	SEE FORM(S)	46			
137	SEE FORM(S)	46			
138	SEE FORM(S)	46			
Total Premium		1,437			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
133								1,401
134								557
135								1,401
136								1,401
137								1,401
138								1,401
Total Premium								62,780

FLORIDA ASSOC. OF COUI)ES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
139	2005 CHEVROLET TRUCK 200850 BLDG	055 BUSHNELL, FL
140	2005 CHEVROLET TRUCK 200667 BLDG	055 BUSHNELL, FL
141	2005 CHEVROLET TRUCK 201664 BLDG	055 BUSHNELL, FL
142	2005 CHEVROLET TRUCK 201559 BLDG	055 BUSHNELL, FL
143	2005 CHEVROLET TRUCK 200431 BLDG	055 BUSHNELL, FL
144	2003 FORD PRIV PASS A84838 COMM SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
139	01499	17,078				
140	01499	17,078				
141	01499	17,078				
142	01499	17,078				
143	01499	17,078				
144	7398					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
139	1000/1000/FACT	376	NONE		20	10	X	
140	1000/1000/FACT	376	NONE		20	10	X	
141	1000/1000/FACT	376	NONE		20	10	X	
142	1000/1000/FACT	376	NONE		20	10	X	
143	1000/1000/FACT	376	NONE		20	10	X	
144	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		62,283				1,404		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
139	SEE FORM(S)	7			See Schedule(s)
140	SEE FORM(S)	7			
141	SEE FORM(S)	7			
142	SEE FORM(S)	7			
143	SEE FORM(S)	7			
144	SEE FORM(S)	11			
Total Premium		1,483			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
139								393
140								393
141								393
142								393
143								393
144								425
Total Premium								65,170

FLORIDA ASSOC. OF COUN)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
145		
146	1999 FORD FIRE PPT 113551 FIRE	055 BUSHNELL, FL
147	2005 MACK TRUCK 001695 R & B	055 BUSHNELL, FL
148	1964 MILITARY TRUCK 164606 FIRE SVC	055 BUSHNELL, FL
149	1964 MILITARY TRUCK M55148 FIRE SVC	055 BUSHNELL, FL
150	1964 MILITARY TRUCK 165486 FIRE SVC	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
145						
146	7908					
147	23479					
148	7909					
149	7909					
150	7909					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
145								
146	1000/1000/FACT	395	NONE		20	19	X	
147	1000/1000/FACT	394	NONE		20	10	X	
148	1000/1000/FACT	537	NONE		20	10	X	
149	1000/1000/FACT	537	NONE		20	10	X	
150	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		64,683				1,463		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
145					See Schedule(s)
146	SEE FORM(S)	11			
147	SEE FORM(S)	7			
148	SEE FORM(S)	10			
149	SEE FORM(S)	10			
150	SEE FORM(S)	10			
Total Premium		1,531			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
145								
146								425
147								411
148								557
149								557
150								557
Total Premium								67,677

FLORIDA ASSOC. OF COUI)ES TRUST)

BI ISINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
151	2005 CHEVROLET TRUCK 214713 AN CTRL	055 BUSHNELL, FL
152	2005 FORD TRUCK C45853 FIRE SERV	055 BUSHNELL, FL
153		
154	1996 FORD PRIV PASS A44738 FIRE SERV	055 BUSHNELL, FL
155	1999 FORD FIRE PPT 238767 FIRE SERVICES	055 BUSHNELL, FL
156	1998 FORD FIRE PPT 158554 FIRE SERVICES	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
151	01499					
152	01499					
153						
154	7398					
155	7908					
156	7908					

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
151	1000/1000/FACT	376	NONE		20	10	X	
152	1000/1000/FACT	376	NONE		20	10	X	
153								
154	1000/1000/FACT	395	NONE		20	19	X	
155	1000/1000/FACT	395	NONE		20	19	X	
156	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		66,620				1,540		

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
151	SEE FORM(S)	7			See Schedule(s)
152	SEE FORM(S)	7			
153					
154	SEE FORM(S)	11			
155	SEE FORM(S)	11			
156	SEE FORM(S)	11			
Total Premium		1,578			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
151								393
152								393
153								
154								425
155								425
156								425
Total Premium								69,738

FLORIDA ASSOC. OF COUI)ES TRUST

B'ISINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
157	2005 CHEVROLET VAN 148237 RB	055 BUSHNELL, FL
158	2005 CHEVROLET TRUCK 282860 RB	055 BUSHNELL, FL
159	2005 CHEVROLET TRUCK 249016 RB	055 BUSHNELL, FL
160	2005 CHEVROLET TRUCK 274885 BLDG	055 BUSHNELL, FL
161	2005 CHEVROLET TRUCK 273948 BLDG	055 BUSHNELL, FL
162	2005 CHEVROLET TRUCK 273592 BLDG	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
157	01499					
158	01499					
159	01499					
160	01499					
161	01499					
162	01499					

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
157	1000/1000/FACT	376	NONE		20	10	X	
158	1000/1000/FACT	376	NONE		20	10	X	
159	1000/1000/FACT	376	NONE		20	10	X	
160	1000/1000/FACT	376	NONE		20	10	X	
161	1000/1000/FACT	376	NONE		20	10	X	
162	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		68,876				1,600		

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	See Schedule(s)
157	SEE FORM(S)	7			
158	SEE FORM(S)	7			
159	SEE FORM(S)	7			
160	SEE FORM(S)	7			
161	SEE FORM(S)	7			
162	SEE FORM(S)	7			
Total Premium		1,620			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
157								393
158								393
159								393
160								393
161								393
62								393
Total Premium								72,096

FLORIDA ASSOC. OF COUI)ES TRUST

P'ISINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
163	2005 CHEVROLET TRUCK 273496 BLDG	055 BUSHNELL, FL
164	2005 FORD PPPT 309664 HLTH	055 BUSHNELL, FL
165	2005 HOMEMADE TRAILER 717 RB	055 BUSHNELL, FL
166		
167	2005 HIGHWAY CARGO TRAILER 384383 FIRE SERV	055 BUSHNELL, FL
168		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
163	01499					
164	7398					
165	68499					
166						
167	68499	8,103				
168						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
163	1000/1000/FACT	376	NONE		20	10	X	
164	1000/1000/FACT	395	NONE		20	19	X	
165	1000/1000/FACT	58	NONE		20	INCL	X	
166								
167	1000/1000/FACT	58	NONE		20	INCL	X	
168								
Total Premium		69,763				1,629		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
163	SEE FORM(S)	7			See Schedule(s)
164	SEE FORM(S)	11			
165	SEE FORM(S)	1			
166					
167	SEE FORM(S)	1			
168					
Total Premium		1,640			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
163								393
164								425
165								59
166								
167								59
68								
.otal Premium								73,032

FLORIDA ASSOC. OF COUI]ES TRUST)

B'ISINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
169	1999 FORD BRUSH TRUCK D68513 FIRE SERV	055 BUSHNELL, FL
170	1994 FORD FIRE PPT 192819 FIRE SRVC	055 BUSHNELL, FL
171	2004 DUMP TRAILER 000200 PARKS	055 BUSHNELL, FL
172	2005 DODGE TRUCK 570606 MAINT	055 BUSHNELL, FL
173	2006 CHEVROLET BUS 406436 TRANSIT	055 BUSHNELL, FL
174	2006 UNIVERSAL SEMI TRAILER 078002 FIRE SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
169	7909					
170	7908					
171	68479					
172	01499	22,392				
173	5882	61,121				
174	67499	368,425				

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
169	1000/1000/FACT	537	NONE		20	10	X	
170	1000/1000/FACT	395	NONE		20	19	X	
171	1000/1000/FACT	19	NONE		20	INCL	X	
172	1000/1000/FACT	376	NONE		20	10	X	
173	1000/1000/FACT	1,345	NONE		20	10	X	
174	1000/1000/FACT	96	NONE		20	INCL	X	
Total Premium		72,531				1,678		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
169	SEE FORM(S)	10			See Schedule(s)
170	SEE FORM(S)	11			
171	SEE FORM(S)	1			
172	SEE FORM(S)	7			
173	SEE FORM(S)	46			
174	SEE FORM(S)	2			
Total Premium		1,717			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
169								557
170								425
171								20
172								393
173								1,401
74								98
Total Premium								75,926

FLORIDA ASSOC. OF COUI)ES TRUST)

B''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
175	1987 FORD FIRE TRUCK A31466 FIRE	055 BUSHNELL, FL
176	1995 FORD AMBULANCE A61189 FIRE SERV	055 BUSHNELL, FL
177	1980 GMC FIRE TRUCK 603519 FIRE	055 BUSHNELL, FL
178	2006 CHEVROLET TRUCK 173640 PRP APPR	055 BUSHNELL, FL
179	2006 CHEVROLET 411621 TRANSIT	055 BUSHNELL, FL
180	2005 TRIPLE CROWN 009307 ANIMAL CONT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
175	7909	6,000				
176	7919	16,000				
177	7909	7,000				
178	01499	14,438				
179	6482	71,410				
180	68479	4,217				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
175	1000/1000/FACT	537	NONE		20	10	X	
176	1000/1000/FACT	670	NONE		20	10	X	
177	1000/1000/FACT	537	NONE		20	10	X	
178	1000/1000/FACT	376	NONE		20	10	X	
179	1000/1000/FACT	1,345	NONE		20	10	X	
180	1000/1000/FACT	19	NONE		20	INCL	X	
Total Premium		76,015				1,728		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
175	SEE FORM(S)	10			See Schedule(s)
176	SEE FORM(S)	12			
177	SEE FORM(S)	10			
178	SEE FORM(S)	7			
179	SEE FORM(S)	46			
180	SEE FORM(S)	1			
Total Premium		1,803			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
175								557
176								692
177								557
178								393
179								1,401
180								20
Total Premium								79,546

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
181	2006 CHEVROLET PICKUP TRUCK 212820 MOSQ	055 BUSHNELL, FL
182	2006 CHEVROLET 166609 MOSQ CNTRL	055 BUSHNELL, FL
183	1987 INTERNATL SEMI-TRAILER 468833 FIRE SERV	055 BUSHNELL, FL
184	2007 KENWORTH FIRE TRUCK 138805 FIRE SERV	055 BUSHNELL, FL
185	2007 KENWORTH FIRE TRUCK 138804 FIRE	055 BUSHNELL, FL
186		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
181	01499	22,430				
182	01499	18,433				
183	40499					
184	7909	151,505				
185	7909	151,505				
186						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
181	1000/1000/FACT	376	NONE		20	10	X	
182	1000/1000/FACT	376	NONE		20	10	X	
183	1000/1000/FACT	621	NONE		20	10	X	
184	1000/1000/FACT	537	NONE		20	10	X	
185	1000/1000/FACT	537	NONE		20	10	X	
186								
Total Premium		78,462				1,778		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
181	SEE FORM(S)	7			See Schedule(s)
182	SEE FORM(S)	7			
183	SEE FORM(S)	7			
184	SEE FORM(S)	10			
185	SEE FORM(S)	10			
186					
Total Premium		1,844			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
181								393
182								393
183								638
184								557
185								557
186								
Total Premium								82,084

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
187	1969 KAIS MILITARY TRUCK 058369 FIRE SVCS	055 BUSHNELL, FL
188	2007 PIERCE/KENWORTH PUMPER FIRE TRUCK 170422	055 BUSHNELL, FL
189	2007 PIERCE/KENWORTH PUMPER FIRE TRUCK 170420	055 BUSHNELL, FL
190	2007 PIERCE/KENWORTH PUMPER FIRE TRUCK 170421	055 BUSHNELL, FL
191	2007 KENWORTH FIRE TRUCK 138803 FIRE	055 BUSHNELL, FL
192		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
187	23499					
188	7909	177,281				
189	7909	177,281				
190	7909	177,281				
191	7909	129,740				
192						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
187	1000/1000/FACT	432	NONE		20	10	X	
188	1000/1000/FACT	537	NONE		20	10	X	
189	1000/1000/FACT	537	NONE		20	10	X	
190	1000/1000/FACT	537	NONE		20	10	X	
191	1000/1000/FACT	537	NONE		20	10	X	
192								
Total Premium		81,042				1,828		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
187	SEE FORM(S)	7			See Schedule(s)
188	SEE FORM(S)	10			
189	SEE FORM(S)	10			
190	SEE FORM(S)	10			
191	SEE FORM(S)	10			
192					
Total Premium		1,891			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
187								449
188								557
189								557
190								557
191								557
192								
Total Premium								84,761

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
193	1983 FORD FIRE TRUCK A08915 FIRE	055 BUSHNELL, FL
194	1996 FORD AMBULANCE A27153 FIRE SERV	055 BUSHNELL, FL
195	2006 FORD TRUCK A84956 FIRE SERV	055 BUSHNELL, FL
196	2007 CHEVROLET BUS 404642 TRANSIT	055 BUSHNELL, FL
197	2007 CHEVROLET BUS 404572 TRANSIT	055 BUSHNELL, FL
198	2007 CHEVROLET BUS 404510 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
193	7909	17,000				
194	7919	20,530				
195	01499					
196	5882	73,450				
197	5882	73,450				
198	5882	73,450				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
193	1000/1000/FACT	537	NONE		20	10	X	
194	1000/1000/FACT	670	NONE		20	10	X	
195	1000/1000/FACT	376	NONE		20	10	X	
196	1000/1000/FACT	1,345	NONE		20	10	X	
197	1000/1000/FACT	1,345	NONE		20	10	X	
198	1000/1000/FACT	1,345	NONE		20	10	X	
Total Premium		86,660				1,888		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
193	SEE FORM(S)	10			See Schedule(s)
194	SEE FORM(S)	12			
195	SEE FORM(S)	7			
196	SEE FORM(S)	46			
197	SEE FORM(S)	46			
198	SEE FORM(S)	46			
Total Premium		2,058			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
193								557
194								692
195								393
196								1,401
197								1,401
198								1,401
Total Premium								90,606

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
199	2007 CHEVROLET BUS 404444 TRANSIT	055 BUSHNELL, FL
200	2007 FORD BRUSH TRUCK B31493 FIRE SERV	055 BUSHNELL, FL
201	2000 FORD FIRE PPT 118672 FIRE SRVC	055 BUSHNELL, FL
202	2002 FORD FIRE PPT 153733 FIRE SRVC	055 BUSHNELL, FL
203	2007 CHEVROLET BUS 404553 TRANSIT	055 BUSHNELL, FL
204	2007 CHEVROLET BUS 133905 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
199	5882	73,450				
200	7909	86,445				
201	7908					
202	7908					
203	5882	76,384				
204	5882					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
199	1000/1000/FACT	1,345	NONE		20	10	X	
200	1000/1000/FACT	537	NONE		20	10	X	
201	1000/1000/FACT	395	NONE		20	19	X	
202	1000/1000/FACT	395	NONE		20	19	X	
203	1000/1000/FACT	1,345	NONE		20	10	X	
204	1000/1000/FACT	1,345	NONE		20	10	X	
Total Premium		92,022				1,966		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
199	SEE FORM(S)	46			See Schedule(s)
200	SEE FORM(S)	10			
201	SEE FORM(S)	11			
202	SEE FORM(S)	11			
203	SEE FORM(S)	46			
204	SEE FORM(S)	46			
Total Premium		2,228			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
199								1,401
200								557
201								425
202								425
203								1,401
204								1,401
Total Premium								96,216

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
205	2007 CHEVROLET TRUCK 174245 RB	055 BUSHNELL, FL
206	2007 CHEVROLET TRUCK 194532 PARKS	055 BUSHNELL, FL
207	2002 DODGE FIRE PPT 185900 FIRE SERV	055 BUSHNELL, FL
208		
209	1991 INT'L BUS 374411 TRANSIT	055 BUSHNELL, FL
210	1991 INT'L BUS 374412 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
205	01499	23,585				
206	01499	28,435				
207	7908	27,320				
208						
209	5883					
210	5883					

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
205	1000/1000/FACT	376	NONE		20	10	X	
206	1000/1000/FACT	376	NONE		20	10	X	
207	1000/1000/FACT	395	NONE		20	19	X	
208								
209	1000/1000/FACT	3,767	NONE		20	10	X	
210	1000/1000/FACT	3,767	NONE		20	10	X	
Total Premium		100,703				2,025		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
205	SEE FORM(S)	7			See Schedule(s)
206	SEE FORM(S)	7			
207	SEE FORM(S)	11			
208					
209	SEE FORM(S)	129			
210	SEE FORM(S)	129			
Total Premium		2,511			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
205								393
206								393
207								425
208								
209								3,906
210								3,906
Total Premium								105,239

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
211	1991 INT'L BUS 374416 TRANSIT	055 BUSHNELL, FL
212	2007 FORD TRUCK A82266 HEALTH	055 BUSHNELL, FL
213	2007 CHEVROLET PPT 273572 HEALTH	055 BUSHNELL, FL
214	2007 CHEVROLET PPT 271485 HEALTH	055 BUSHNELL, FL
215	2007 CHEVROLET TRUCK 548863 R & B	055 BUSHNELL, FL
216	2008 FORD BRUSH TRUCK A69912 FIRE SVCS	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
211	5883					
212	01499					
213	7398					
214	7398					
215	23499					
216	7909					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
211	1000/1000/FACT	3,767	NONE		20	10	X	
212	1000/1000/FACT	376	NONE		20	10	X	
213	1000/1000/FACT	395	NONE		20	19	X	
214	1000/1000/FACT	395	NONE		20	19	X	
215	1000/1000/FACT	432	NONE		20	10	X	
216	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		106,605				2,103		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
211	SEE FORM(S)	129			See Schedule(s)
212	SEE FORM(S)	7			
213	SEE FORM(S)	11			
214	SEE FORM(S)	11			
215	SEE FORM(S)	7			
216	SEE FORM(S)	10			
Total Premium		2,686			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
211								3,906
212								393
213								425
214								425
215								449
216								557
Total Premium								111,394

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
217	2008 FORD BRUSH TRUCK A69913 FIRE SERV	055 BUSHNELL, FL
218	2007 CHEVROLET PPT 406132 LIBR SVCS	055 BUSHNELL, FL
219	1993 FORD FIRE PPT A51900 FIRE	055 BUSHNELL, FL
220	1989 FORD FIRE PPT A23875 FIRE	055 BUSHNELL, FL
221	2008 KENWORTH FIRE TRUCK 216638 FIRE	055 BUSHNELL, FL
222	2008 KENWORTH FIRE TRUCK 216663 FIRE	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision		Collision
				Coverage	Limit	Limit
217	7909					
218	7398					
219	7908					
220	7908					
221	7909					
222	7909					

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
217	1000/1000/FACT	537	NONE		20	10	X	
218	1000/1000/FACT	395	NONE		20	19	X	
219	1000/1000/FACT	395	NONE		20	19	X	
220	1000/1000/FACT	395	NONE		20	19	X	
221	1000/1000/FACT	537	NONE		20	10	X	
222	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		109,401				2,190		

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	See Schedule(s)
217	SEE FORM(S)	10			
218	SEE FORM(S)	11			
219	SEE FORM(S)	11			
220	SEE FORM(S)	11			
221	SEE FORM(S)	10			
222	SEE FORM(S)	10			
Total Premium		2,749			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
217								557
218								425
219								425
220								425
221								557
222								557
Total Premium								114,340

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
223	2007 CHEVROLET DUMP TRUCK 422186 R & B	055 BUSHNELL, FL
224	2007 CHEVROLET DUMP TRUCK 422196 R & B	055 BUSHNELL, FL
225	2007 CHEVROLET TRUCK 551852 FAC MAINT	055 BUSHNELL, FL
226	1998 FORD TRUCK FIRE 1FDXE40F0WHA84483	055 BUSHNELL, FL
227	1998 FORD TRUCK FIRE 1FDXE40F9WHA84482	055 BUSHNELL, FL
228	2007 FORD BOOKMOBILE A65460 LIBR SVCS	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
223	33479					
224	33479					
225	01499					
226	7909					
227	7909					
228	23499					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
223	1000/1000/FACT	437	NONE		20	10	X	
224	1000/1000/FACT	437	NONE		20	10	X	
225	1000/1000/FACT	376	NONE		20	10	X	
226	1000/1000/FACT	537	NONE		20	10	X	
227	1000/1000/FACT	537	NONE		20	10	X	
228	1000/1000/FACT	432	NONE		20	10	X	
Total Premium		112,157				2,250		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
223	SEE FORM(S)	7			See Schedule(s)
224	SEE FORM(S)	7			
225	SEE FORM(S)	7			
226	SEE FORM(S)	10			
227	SEE FORM(S)	10			
228	SEE FORM(S)	7			
Total Premium		2,797			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
223								454
224								454
225								393
226								557
227								557
228								449
Total Premium								117,204

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
229	2006 FORD BRUSH FIRE TRUCK D91007 FIRE SERV	055 BUSHNELL, FL
230	2008 PIERCE/KENWORTH/PUMR PUMPER 220857	055 BUSHNELL, FL
231	2007 VERMEER CHIPPER TRAILER R&B 002004	055 BUSHNELL, FL
232		
233		
234		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
229	7909					
230	7909					
231	68499					
232						
233						
234						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
229	1000/1000/FACT	537	NONE		20	10	X	
230	1000/1000/FACT	537	NONE		20	10	X	
231	1000/1000/FACT	58	NONE		20	INCL	X	
232								
233								
234								
Total Premium		113,289				2,270		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
229	SEE FORM(S)	10			See Schedule(s)
230	SEE FORM(S)	10			
231	SEE FORM(S)	1			
232					
233					
234					
Total Premium		2,818			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
229								557
230								557
231								59
232								
233								
234								
Total Premium								118,377

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
235	2008 CHEVROLET UTIL VAN R&B 172929	055 BUSHNELL, FL
236		
237	2008 CHEVROLET TRUCK 217273 MOSQ CTRL	055 BUSHNELL, FL
238	2008 CHEVROLET TRUCK 221315 R & B	055 BUSHNELL, FL
239	2007 HOMEMADE TRAILER 6003YY PARKS & REC	055 BUSHNELL, FL
240	2002 DODGE FIRE PPT 185899 FIRE SVCS	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
235	01499					
236						
237	01499					
238	01499					
239	68499					
240	7908					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
235	1000/1000/FACT	376	NONE		20	10	X	
236								
237	1000/1000/FACT	376	NONE		20	10	X	
238	1000/1000/FACT	376	NONE		20	10	X	
239	1000/1000/FACT	58	NONE		20	INCL	X	
240	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		114,870				2,319		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
235	SEE FORM(S)	7			See Schedule(s)
236					
237	SEE FORM(S)	7			
238	SEE FORM(S)	7			
239	SEE FORM(S)	1			
240	SEE FORM(S)	11			
Total Premium		2,851			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
235								393
236								
237								393
238								393
239								59
240								425
Total Premium								120,040

FLORIDA ASSOC. OF COUI)ES TRUST

B''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
241	1986 CHEVROLET TRUCK 114770 S WASTE	055 BUSHNELL, FL
242	2008 FORD PPT 260035 HD	055 BUSHNELL, FL
243	2008 FORD TRUCK A97304 HD	055 BUSHNELL, FL
244		
245	1991 INTERNATL BUS 374415 TRANSIT	055 BUSHNELL, FL
246	1996 GMC FIRE TRUCK 503689 FIRE	055 CENTER HILL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
241	01499					
242	7398	16,622				
243	01499					
244						
245	5882					
246	7909					

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
241	1000/1000/FACT	376	NONE		20	10	X	
242	1000/1000/FACT	395	NONE		20	19	X	
243	1000/1000/FACT	376	NONE		20	10	X	
244								
245	1000/1000/FACT	1,345	NONE		20	10	X	
246	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		117,899				2,378		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
241	SEE FORM(S)	7			See Schedule(s)
242	SEE FORM(S)	11			
243	SEE FORM(S)	7			
244					
245	SEE FORM(S)	46			
246	SEE FORM(S)	10			
Total Premium		2,932			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
241								393
242								425
243								393
244								
245								1,401
246								557
Total Premium								123,209

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
247		
248	2008 PIERCE/KENWORTH PUMPER FIRE 220858	055 CENTER HILL, FL
249		
250	1987 FORD FIRE TRUCK B16024 FIRE	055 ROYAL, FL
251		
252	1991 FORD FIRE PPT FIRE 177154	055 ROYAL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
247						
248	7909					
249						
250	7909	25,200				
251						
252	7908					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
247								
248	1000/1000/FACT	537	NONE		20	10	X	
249								
250	1000/1000/FACT	537	NONE		20	10	X	
251								
252	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		119,368				2,417		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
247					See Schedule(s)
248	SEE FORM(S)	10			
249					
250	SEE FORM(S)	10			
251					
252	SEE FORM(S)	11			
Total Premium		2,963			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
247								
248								557
249								
250								557
251								
252								425
Total Premium								124,748

FLORIDA ASSOC. OF COUI)ES TRUST

P''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
253	1974 AM LaFRANCE FIRE TRUCK FIRE 163638	055 ROYAL, FL
254	2001 AM LaFRANCE FIRE TRUCK FIRE H57425	055 ROYAL, FL
255	2001 FREIGHTLINER FIRE TRUCK FIRE H50547	055 LAKE PANASOFF, FL
256		
257	2000 INTERNATL FIRE TRUCK FIRE 247751	055 WEBSTER, FL
258	1999 DODGE FIRE TRUCK 560661	055 WEBSTER, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
253	7909					
254	7909					
255	7909					
256						
257	7909					
258	7909					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
253	1000/1000/FACT	537	NONE		20	10	X	
254	1000/1000/FACT	537	NONE		20	10	X	
255	1000/1000/FACT	537	NONE		20	10	X	
256								
257	1000/1000/FACT	537	NONE		20	10	X	
258	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		122,053				2,467		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
253	SEE FORM(S)	10			See Schedule(s)
254	SEE FORM(S)	10			
255	SEE FORM(S)	10			
256					
257	SEE FORM(S)	10			
258	SEE FORM(S)	10			
Total Premium		3,013			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
253								557
254								557
255								557
256								
257								557
258								557
Total Premium								127,533

FLORIDA ASSOC. OF COUI)ES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
259	1989 GMC FIRE TRUCK FIRE 7-10444	055 WEBSTER, FL
260		
261	1992 FORD FIRE PPT FIRE 196600	055 WEBSTER, FL
262	1961 FORD FIRE TRUCK FIRE 130242	055 WEBSTER, FL
263	1999 DODGE FIRE TRUCK FIRE 520723	055 WEBSTER, FL
264		

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
259	7909					
260						
261	7908					
262	7909					
263	7909					
264						

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
259	1000/1000/FACT	537	NONE		20	10	X	
260								
261	1000/1000/FACT	395	NONE		20	19	X	
262	1000/1000/FACT	537	NONE		20	10	X	
263	1000/1000/FACT	537	NONE		20	10	X	
264								
Total Premium		124,059				2,516		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
259	SEE FORM(S)	10			See Schedule(s)
260					
261	SEE FORM(S)	11			
262	SEE FORM(S)	10			
263	SEE FORM(S)	10			
264					
Total Premium		3,054			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
259								557
260								
261								425
262								557
263								557
264								
Total Premium								129,629

FLORIDA ASSOC. OF COUI IES TRUST)

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
265	1985 CHEVROLET FIRE TRUCK FIRE 322698	055 WEBSTER, FL
266	2002 INTERNATL FIRE TRUCK FIRE 501674	055 WEBSTER, FL
267		
268	1996 FRTLINER FIRE TRUCK FIRE 619456	055 OXFORD, FL
269		
270	2002 FORD FIRE TRUCK FIRE C79457	055 OXFORD, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
265	7909					
266	7909					
267						
268	7909					
269						
270	7909					

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
265	1000/1000/FACT	537	NONE		20	10	X	
266	1000/1000/FACT	537	NONE		20	10	X	
267								
268	1000/1000/FACT	537	NONE		20	10	X	
269								
270	1000/1000/FACT	537	NONE		20	10	X	
Total Premium		126,207				2,556		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
265	SEE FORM(S)	10			See Schedule(s)
266	SEE FORM(S)	10			
267					
268	SEE FORM(S)	10			
269					
270	SEE FORM(S)	10			
Total Premium		3,094			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
265								557
266								557
267								
268								557
269								
270								557
Total Premium								131,857

FLORIDA ASSOC. OF COUNTIES TRUST

BUSINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
271	2000 KENWORTH FIRE TRUCK 850184	055 WILDWOOD, FL
272		
273	2008 PIERCE/KENWORTH PUMPER 220859	055 WILDWOOD, FL
274	1990 SUTPHEN FIRE TRUCK 003781	055 SUMTERVILLE, FL
275	2000 CHEVROLET TRUCK 281661 RD & BRDGS	055 BUSHNELL, FL
276	2008 CHEVROLET VAN TRANSIT 161084	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
271	7909					
272						
273	7909					
274	7909					
275	01499	23,515				
276	6481	35,960				

Covered Auto No.	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
271	1000/1000/FACT	537	NONE		20	10	X	
272								
273	1000/1000/FACT	537	NONE		20	10	X	
274	1000/1000/FACT	537	NONE		20	10	X	
275	1000/1000/FACT	376	NONE		20	10	X	
276	1000/1000/FACT	1,076	NONE		20	10	X	
Total Premium		129,270				2,606		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
271	SEE FORM(S)	10			See Schedule(s)
272					
273	SEE FORM(S)	10			
274	SEE FORM(S)	10			
275	SEE FORM(S)	7			
276	SEE FORM(S)	37			
Total Premium		3,168			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
271								557
272								
273								557
274								557
275								393
276								1,123
Total Premium								135,044

FLORIDA ASSOC. OF COUI)ES TRUST

B''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
277	2008 CHEVROLET BUS TRANSIT 215156	055 BUSHNELL, FL
278	2008 CHEVROLET BUS TRANSIT 214697	055 BUSHNELL, FL
279	2008 CHEVROLET BUS TRANSIT 215424	055 BUSHNELL, FL
280	2008 CARGOMATE TRAILER 215772 ANML CNTRL	055 LAKE PANASOFF, FL
281	2008 CHEVROLET BUS 218199 TRANSIT	055 BUSHNELL, FL
282	1994 FORD TRUCK A43536 TRANSIT	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
277	5882	150,887				
278	5882	150,887				
279	5882	150,887				
280	68499					
281	5881					
282	01499					

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
277	1000/1000/FACT	1,345	NONE		20	10	X	
278	1000/1000/FACT	1,345	NONE		20	10	X	
279	1000/1000/FACT	1,345	NONE		20	10	X	
280	1000/1000/FACT	58	NONE		20	INCL	X	
281	1000/1000/FACT	1,076	NONE		20	10	X	
282	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		134,815				2,656		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
277	SEE FORM(S)	46			See Schedule(s)
278	SEE FORM(S)	46			
279	SEE FORM(S)	46			
280	SEE FORM(S)	1			
281	SEE FORM(S)	37			
282	SEE FORM(S)	7			
Total Premium		3,351			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
277								1,401
278								1,401
279								1,401
280								59
281								1,123
282								393
Total Premium								140,822

FLORIDA ASSOC. OF COUI)ES TRUST

P''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
283	1987 FMC FIRE TRUCK FIRE A63387	055 COOCHEE, FL
284	1998 DODGE FIRE TRUCK FIRE 524528	055 COOCHEE, FL
285		
286		
287	2003 FORD PPT C24952 FIRE SERV	055 BUSHNELL, FL
288	2001 DODGE TRUCK 211515 FIRE SERV	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
283	7909					
284	7909					
285						
286						
287	7398					
288	01499					

Covered Auto No.	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
283	1000/1000/FACT	537	NONE		20	10	X	
284	1000/1000/FACT	537	NONE		20	10	X	
285								
286								
287	1000/1000/FACT	395	NONE		20	19	X	
288	1000/1000/FACT	376	NONE		20	10	X	
Total Premium		136,660				2,705		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
283	SEE FORM(S)	10			See Schedule(s)
284	SEE FORM(S)	10			
285					
286					
287	SEE FORM(S)	11			
288	SEE FORM(S)	7			
Total Premium		3,389			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
283								557
284								557
285								
286								
287								425
288								393
Total Premium								142,754

FLORIDA ASSOC. OF COUI)ES TRUST

B''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
289	2009 CHEVROLET BUS TRAN 1GBJG31K781234393	055 BUSHNELL, FL
290	2009 CHEVROLET BUS TRAN 1GBJG31K781232641	055 BUSHNELL, FL
291	2009 CHEVROLET BUS TRAN 1GBJG31K781232575	055 BUSHNELL, FL
292	VALCA TRAILER FIRE VT459079	055 BUSHNELL, FL
293	1999 CHEVR PPT FIRE 1GBGC24R2XF032017	055 BUSHNELL, FL
294	1997 CHEVR PPT FIRE 3GNEK18R0VG147633	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
289	5881					
290	5881					
291	5881					
292	68499	45,000				
293	7908	2,500				
294	7908	3,500				

Covered Auto	LIABILITY Limit (In thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (In thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
289	1000/1000/FACT	1,076	NONE		20	10	X	
290	1000/1000/FACT	1,076	NONE		20	10	X	
291	1000/1000/FACT	1,076	NONE		20	10	X	
292	1000/1000/FACT	58	NONE		20	INCL	X	
293	1000/1000/FACT	395	NONE		20	19	X	
294	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		140,736				2,773		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
289	SEE FORM(S)	37			See Schedule(s)
290	SEE FORM(S)	37			
291	SEE FORM(S)	37			
292	SEE FORM(S)	1			
293	SEE FORM(S)	11			
294	SEE FORM(S)	11			
Total Premium		3,523			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
289								1,123
290								1,123
291								1,123
292								59
293								425
294								425
Total Premium								147,032

FLORIDA ASSOC. OF COUI)ES TRUST

B''SINESS AUTO SCHEDULE
(ALL STATES)

POLICY NUMBER: QJFAC2373AU 283

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
295	1997 CHEVR PPT FIRE 3GNEK18R8VG147802	055 BUSHNELL, FL

Covered Auto No.	Class Code	Cost New	Valuation Basis	Other Than Collision Coverage	Other Than Collision Limit	Collision Limit
295	7908					

Covered Auto	LIABILITY Limit (in thousands)	LIABILITY Premium	AUTO. MED. Limit	AUTO. MED. Premium	UNINSURED/UNDERINSURED Limit (in thousands)	UNINSURED/UNDERINSURED Premium	UM	UIM
295	1000/1000/FACT	395	NONE		20	19	X	
Total Premium		141,131				2,792		

Covered Auto No.	PERSONAL INJURY PROTECTION Limit stated in each P.I.P. end.	PERSONAL INJURY PROTECTION Premium	P.P.I. (Mich. only) Limit stated in each P.P.I. end.	P.P.I. (Mich. only) Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
295	SEE FORM(S)	11			See Schedule(s)
Total Premium		3,534			

Covered Auto No.	COMPREHENSIVE Deductible	COMPREHENSIVE Premium	SPEC. CAUSES OF LOSS Premium	COLLISION Deductible	COLLISION Premium	TOWING & LABOR Limit per disablement	TOWING & LABOR Premium	TOTAL Premium
295								425
Total Premium								147,457

Bituminous Physical Damage

BITUMINOUS
Insurance Companies

QUOTE PROPOSAL

Item 1. Named Insured and Mailing Address
SUMTER COUNTY BOARD OF COUNTY
COMMISSIONERS
910 N. MAIN STREET
SUITE 217
BUSHNELL FL 33513

Producer Name and Address
BLISS-MCKNIGHT OF FLORIDA, INC.
P O BOX 157
BLOOMINGTON IL 61702-0157

Producer No. 0000652

This proposal does not bind coverage or obligate the company. This quote is valid for 30 days and subject to the following stipulations.

Item 2. Policy Period From: 10-01-2009 To: 10-01-2010
at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: MUNICIPALITY
Form of Business: OTHER: MUNICIPALITY
Assn No.:

Item 4. 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.

This quote consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)		Premium
Commercial Property Coverage Part		NOT COVERED
Commercial General Liability Coverage Part		NOT COVERED
Commercial Crime Coverage Part		NOT COVERED
Commercial Inland Marine Coverage Part		NOT COVERED
Commercial Auto Coverage Part	$	54,403.00
Commercial Garage Coverage Part		NOT COVERED
State Charges	$	544.03
Total Quote Premium	$	54,947.03

Quote Proposal

GV-3000 (01/00)

Printed: 08-26-09

BUSINESS AUTO COVERAGE FORM PROPOSAL

ITEM ONE

SUMTER COUNTY BOARD OF COUNTY
COMMISSIONERS
910 N. MAIN STREET
SUITE 217

BUSHNELL FL 33513

☐ Individual ☐ Partnership

☐ Corporation or OTHER: MUNICIPALITY

Proposed Policy Period: The policy period is from 10-01-2009 to 10-01-2010 12:01 A.M. Standard Time. at the insured's mailing address.

PREMIUM ADJUSTMENT PERIOD: ANNUAL

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This proposal includes 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 Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Forms shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
Liability				
Personal Injury (P.I.P.) (or equivalent no-fault cov.)		Separately Stated in Each P.I.P. End. Minus Deductible		
Added P.I.P. (or equivalent added No-Fault cov.)		Separately Stated in each Added P.I.P. Endorsement		
Property Protection Ins. (P.P.I.) (Michigan Only)		Separately Stated in the P.P.I. End. Minus Deductible For Each Accident		
Auto Medical Payments				
Medical Expense & Income Loss Benefits (Virginia Only)		Separately Stated in Each Medical Expense & Income Loss Benefits Endorsement		
Uninsured Motorists (UM)				
Underinsured Motorists (when not included in UM Cov.)				
PHYSICAL DAMAGE				
Comprehensive Coverage	7	Actual Cash Value Or Cost Of Repair Whichever Is Less Minus	SEE SCHEDULE Ded. For Each Cov. Auto.But No Ded. Applies To Loss Caused By Fire Or Lightning. ^^	$ 17,575.00
Specified Causes Of Loss Coverage			Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism. ^^	
Collision Coverage	7		SEE SCHEDULE Deductible For Each Covered Auto. ^^	$ 36,828.00
Towing and Labor		for each disablement of a private passenger auto		
			Premium for Endorsements	
			State Charges	$ 544.03
			Estimated Deposit Premium	$ 54,947.03

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN ^^ See ITEM FOUR for hired or borrowed "autos."

SEE SCHEDULE OF COVERED AUTOS YOU OWN

Quote Proposal

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
1	90	GMC\CHEVY C SERIES 4X2 104 BBC CONV. TOPKICK	1GBL7H1P6LJ204209	BUSHNELL	FL
2	92	HOMEMADE TRAILER FORKS	FLT2730EE	BUSHNELL	FL
3	93	HOMEMADE TRAILER RB	FLT2728F	BUSHNELL	FL
4	94	FORD F-150	1FTEF14N4RNA38928	BUSHNELL	FL
5	95	GMC SAFARI	1GKDM19W7SB544526	BUSHNELL	FL
6	96	HOMEMADE TRAILER R & B	11102JJ	BUSHNELL	FL
7	97	CHEVROLET 1500	1GCEK14M8VZ145728	BUSHNELL	FL
8	98	CHEVROLET 1500 RB	1GCEK14R2WZ205645	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
1	334990	$ 23,426	21,200	LOCAL	COMMERC				
2	694990	$ 1,683		LOCAL	COMMERC				
3	684990	$ 5,700		LOCAL	COMMERC				
4	014990	$ 15,676	6,100	LOCAL	SERVICE				
5	648100	$ 17,855	1-8	LOCAL	COMMERC				
6	684990	$ 4,500		LOCAL	COMMERC				
7	014990	$ 18,942	6,100	LOCAL	SERVICE				
8	014990	$ 20,980	6,100	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
1											
2											
3											
4											
5											
6											
7											
8											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
1	COMPREH	$ 1,000	NO	ACV	54	$ 1,000	NO	ACV	77
2	COMPREH	$ 1,000	NO	ACV	8	$ 1,000	NO	ACV	10
3	COMPREH	$ 1,000	NO	ACV	14	$ 1,000	NO	ACV	16
4	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
5	COMPREH	$ 1,000	NO	ACV	50	$ 1,000	NO	ACV	70
6	COMPREH	$ 1,000	NO	ACV	10	$ 1,000	NO	ACV	12
7	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
8	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
1				$ 131.00
2				$ 18.00
3				$ 30.00
4				$ 144.00
5				$ 120.00
6				$ 22.00
7				$ 144.00
8				$ 163.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
9	98	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	1GBGC24ROWZ206552	BUSHNELL	FL
10	98	CHEVROLET 1500	1GCEK14M7WZ206424	BUSHNELL	FL
11	98	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	1GBGC24R4WZ206439	BUSHNELL	FL
12	98	CHEVROLET 1500	1GCEK14R4WZ207039	BUSHNELL	FL
13	98	FORD TAURUS	1FAFP52UXWA257520	BUSHNELL	FL
14	98	FORD ECONOLINE SERIES RV CUTAWAY 4X2 COMP	1FDXE40F8WHA74185	BUSHNELL	FL
15	99	CHEVROLET EXPRESS	1GCHG39RXX1029978	BUSHNELL	FL
16	88	MACK 4X2 109 BBC STEEL (FG HOOD & FENDERS	1M2B198C9JM003882	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
9	014990	$ 21,487	8,600	LOCAL	SERVICE				
10	014990	$ 18,666	6,100	LOCAL	SERVICE				
11	014990	$ 22,654	8,600	LOCAL	SERVICE				
12	014990	$ 20,786	6,100	LOCAL	SERVICE				
13	739800	$ 20,610			COMMERC				
14	588200	$ 50,000	15	LOCAL	COMMERC				
15	014990	$ 22,789	9,500	LOCAL	SERVICE				
16	334990	$ 65,525	35,000	LOCAL	COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
9											
10											
11											
12											
13											
14											
15											
16											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
9	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
10	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
11	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
12	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
13	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115
14	COMPREH	$ 1,000	NO	ACV	69	$ 1,000	NO	ACV	155
15	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
16	COMPREH	$ 1,000	NO	ACV	75	$ 1,000	NO	ACV	196

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
9				$ 163.00
10				$ 144.00
11				$ 163.00
12				$ 163.00
13				$ 171.00
14				$ 224.00
15				$ 163.00
16				$ 271.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
17	98	GMC\CHEVY C SERIES 4X2 104 BBC CONV. CHS-CAB	1GBL7H1P3WJ113189	BUSHNELL	FL
18	98	GMC\CHEVY C SERIES 4X2 104 BBC CONV. CHS-CAB	1GBL7H1P0WJ113067	BUSHNELL	FL
19	98	GMC\CHEVY C SERIES 4X2 104 BBC CONV. CHS-CAB	1GBL7H1P9WJ113018	BUSHNELL	FL
20	99	CHEVROLET 1500	1GCEK14V6XE149702	BUSHNELL	FL
21	99	GMC\CHEVY C SERIES 4X2 107 BBC CONV. CHS-CAB	1GBL7H1D7XJ104342	BUSHNELL	FL
22	99	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	1GBKC34J8XF080227	BUSHNELL	FL
23	99	DODGE RAMVAN	2B6LB31Z7XK548743	BUSHNELL	FL
24	99	DODGE RAMVAN	2B6LB31Z9XK548744	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
17	334790	$ 34,358	27,000	LOCAL	COMMERC				
18	334790	$ 34,358	27,000	LOCAL	COMMERC				
19	334790	$ 34,358	27,000	LOCAL	COMMERC				
20	014990	$ 18,470	6,200	LOCAL	SERVICE				
21	334790	$ 34,358	27,100	LOCAL	COMMERC				
22	014990	$ 21,500	10,000	LOCAL	SERVICE				
23	588200	$ 36,441	9-20	LOCAL	COMMERC				
24	588200	$ 36,441	9-20	LOCAL	COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
17											
18											
19											
20											
21											
22											
23											
24											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
17	COMPREH	$ 1,000	NO	ACV	44	$ 1,000	NO	ACV	91
18	COMPREH	$ 1,000	NO	ACV	44	$ 1,000	NO	ACV	91
19	COMPREH	$ 1,000	NO	ACV	44	$ 1,000	NO	ACV	91
20	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
21	COMPREH	$ 1,000	NO	ACV	44	$ 1,000	NO	ACV	91
22	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
23	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102
24	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
17				$ 135.00
18				$ 135.00
19				$ 135.00
20				$ 144.00
21				$ 135.00
22				$ 163.00
23				$ 165.00
24				$ 165.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
25	99	DODGE RAMVAN	2B6LB31Z0XK549331	BUSHNELL	FL
26	99	FORD RANGER	1FTYR14V1XPB95578	BUSHNELL	FL
27	99	FORD RANGER	1FTYR14V8XPB95643	BUSHNELL	FL
28	99	FORD RANGER	1FTYR14V8XPB95609	BUSHNELL	FL
29	99	FORD RANGER	1FTYR14V9XPB95411	BUSHNELL	FL
30	99	FORD RANGER	1FTYR14V8XPB95383	BUSHNELL	FL
31	99	FORD RANGER	1FTYR14V9XPC01997	BUSHNELL	FL
32	99	FORD RANGER	1FTYR14V3XPC01946	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
25	588200	$ 36,441	9-20	LOCAL	COMMERC				
26	014990	$ 15,240	4,500	LOCAL	SERVICE				
27	014990	$ 15,240	4,500	LOCAL	SERVICE				
28	014990	$ 15,240	4,500	LOCAL	SERVICE				
29	014990	$ 15,240	4,500	LOCAL	SERVICE				
30	014990	$ 15,240	4,500	LOCAL	SERVICE				
31	014990	$ 15,240	4,500	LOCAL	SERVICE				
32	014990	$ 15,240	4,500	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
25											
26											
27											
28											
29											
30											
31											
32											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
25	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102
26	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
27	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
28	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
29	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
30	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
31	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
32	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
25				$ 165.00
26				$ 144.00
27				$ 144.00
28				$ 144.00
29				$ 144.00
30				$ 144.00
31				$ 144.00
32				$ 144.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
33	99	FORD RANGER	1FTYR14V4XPC06833	BUSHNELL	FL
34	99	FORD RANGER	1FTYR14V9XPB92671	BUSHNELL	FL
35	99	FORD RANGER	1FTYR14V2XPC03204	BUSHNELL	FL
36	99	FORD RANGER	1FTYR14VXXPC10286	BUSHNELL	FL
37	93	FORD CROWN VICTORIA	2FACP71W4PX147282	BUSHNELL	FL
38	99	EAGER BEAVER TRAILER	112BLX376XL054178	BUSHNELL	FL
39	99	GMC SONOMA	1GTCS14X1XK520386	BUSHNELL	FL
40	99	FORD TAURUS	1FAFP58S1XA205460	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
33	014990	$ 15,240	4,500	LOCAL	SERVICE				
34	014990	$ 15,240	4,500	LOCAL	SERVICE				
35	014990	$ 15,240	4,500	LOCAL	SERVICE				
36	014990	$ 15,240	4,500	LOCAL	SERVICE				
37	739800	$ 20,493			COMMERC				
38	694990	$ 17,477		LOCAL	COMMERC				
39	014990	$ 13,861	4,200	LOCAL	SERVICE				
40	739800	$ 21,300			COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
33											
34											
35											
36											
37											
38											
39											
40											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
33	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
34	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
35	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
36	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
37	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115
38	COMPREH	$ 1,000	NO	ACV	24	$ 1,000	NO	ACV	34
39	COMPREH	$ 1,000	NO	ACV	55	$ 1,000	NO	ACV	72
40	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
33				$ 144.00
34				$ 144.00
35				$ 144.00
36				$ 144.00
37				$ 171.00
38				$ 58.00
39				$ 127.00
40				$ 171.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
41	00	GMC\CHEVY C SERIES 4X2 107 BBC CONV. CHS-CAB	1GBL7H1D3YJ500589	BUSHNELL	FL
42	00	GMC\CHEVY C SERIES 4X2 107 BBC CONV. CHS-CAB	1GBL7H1D1YJ500574	BUSHNELL	FL
43	70	HEIL TRAILER R & B	922231	BUSHNELL	FL
44	00	GMC\CHEVY C SERIES 4X2 107 BBC CONV. CHS-CAB	1GBL7H1D4YJ515263	BUSHNELL	FL
45	00	CHEVROLET 3500	1GBJK34R6YF476842	BUSHNELL	FL
46	00	CHEVROLET 3500	1GBKC34J2YF468328	BUSHNELL	FL
47	00	CHEVROLET 3500	1GBHC33R0YF468829	BUSHNELL	FL
48	00	HOMEMADE TRAILER R & B	FLT2012NN	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
41	334790	$ 37,924	27,000	LOCAL	COMMERC				
42	334790	$ 37,924	27,000	LOCAL	COMMERC				
43	674990	$ 3,500		LOCAL	COMMERC				
44	334990	$ 37,924	27,000	LOCAL	COMMERC				
45	014990	$ 23,545	9,200	LOCAL	SERVICE				
46	014990	$ 23,634	9,000	LOCAL	SERVICE				
47	014990	$ 23,125	9,400	LOCAL	SERVICE				
48	694990	$ 1,657		LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
41											
42											
43											
44											
45											
46											
47											
48											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
41	COMPREH	$ 1,000	NO	ACV	52	$ 1,000	NO	ACV	108
42	COMPREH	$ 1,000	NO	ACV	52	$ 1,000	NO	ACV	108
43	COMPREH	$ 1,000	NO	ACV	14	$ 1,000	NO	ACV	15
44	COMPREH	$ 1,000	NO	ACV	69	$ 1,000	NO	ACV	117
45	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
46	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
47	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
48	COMPREH	$ 1,000	NO	ACV	10	$ 1,000	NO	ACV	11

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
41				$ 160.00
42				$ 160.00
43				$ 29.00
44				$ 186.00
45				$ 193.00
46				$ 193.00
47				$ 193.00
48				$ 21.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
49	00	HOMEMADE TRAILER R & B	PLT2013NN	BUSHNELL	FL
50	00	CHEVROLET 1500	1GCEK14V9YZ246368	BUSHNELL	FL
51	00	CHEVROLET 1500	1GCEK14T8YZ248983	BUSHNELL	FL
52	00	HOMEMADE TRAILER PARKS	FLT11152MM	BUSHNELL	FL
53	00	HARDEE DUMP TRAILER ROAD & BRIDGE	9AADE29Y4127717	BUSHNELL	FL
54	00	CHEVROLET 2500	1GCGC24U4YZ295030	BUSHNELL	FL
55	00	DODGE RAMVAN	2B6LB31Z6YK181173	BUSHNELL	FL
56	01	CHEVROLET S10	1GCDT19W618155399	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
49	694990	$ 1,639		LOCAL	COMMERC				
50	014990	$ 19,469	6,100	LOCAL	SERVICE				
51	014990	$ 22,960	6,400	LOCAL	SERVICE				
52	694990	$ 1,969		LOCAL	COMMERC				
53	684790	$ 23,519		LOCAL	COMMERC				
54	014990	$ 19,397	8,600	LOCAL	SERVICE				
55	588200	$ 37,833	9-20	LOCAL	COMMERC				
56	014990	$ 19,930	5,150	LOCAL	SERVICE				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
49											
50											
51											
52											
53											
54											
55											
56											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
49	COMPREH	$ 1,000	NO	ACV	10	$ 1,000	NO	ACV	11
50	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
51	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
52	COMPREH	$ 1,000	NO	ACV	10	$ 1,000	NO	ACV	11
53	COMPREH	$ 1,000	NO	ACV	39	$ 1,000	NO	ACV	72
54	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
55	COMPREH	$ 1,000	NO	ACV	74	$ 1,000	NO	ACV	123
56	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
49				$ 21.00
50				$ 174.00
51				$ 193.00
52				$ 21.00
53				$ 111.00
54				$ 174.00
55				$ 197.00
56				$ 174.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
57	00	CHEVROLET 2500	1GCGC24U3YZ298288	BUSHNELL	FL
58	01	CHEVROLET IMPALA	2G1WF55E719208760	BUSHNELL	FL
59	01	CHEVROLET 1500	1GCEC19V31Z225754	BUSHNELL	FL
60	01	CHEVROLET MALIBU	1G1NE52J616234998	BUSHNELL	FL
61	01	GMC\CHEVY C SERIES 4X2 PARKS DEPT.	3GBKC34G81M107759	BUSHNELL	FL
62	01	GMC\CHEVY C 7500 SERIES 4X2 107 BBC CONV. CHS	1GBL7H1E71J507074	BUSHNELL	FL
63	01	GMC SONOMA	1GTDT19WX18227222	BUSHNELL	FL
64	01	DODGE CARAVAN	2B4GP44301R341523	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
57	014990	$ 25,096	8,600	LOCAL	SERVICE				
58	739800	$ 19,149			COMMERC				
59	014990	$ 21,527	6,200	LOCAL	SERVICE				
60	739800	$ 19,300			COMMERC				
61	014990	$ 19,999	10,000	LOCAL	SERVICE				
62	334790	$ 36,981	33,000	LOCAL	COMMERC				
63	014990	$ 18,920	5,150	LOCAL	SERVICE				
64	014990	$ 24,275	5,000	LOCAL	SERVICE				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
57											
58											
59											
60											
61											
62											
63											
64											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
57	COMPREH	$ 1,000	NO	ACV	86	$ 1,000	NO	ACV	146
58	COMPREH	$ 1,000	NO	ACV	49	$ 1,000	NO	ACV	106
59	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
60	COMPREH	$ 1,000	NO	ACV	49	$ 1,000	NO	ACV	106
61	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
62	COMPREH	$ 1,000	NO	ACV	52	$ 1,000	NO	ACV	108
63	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
64	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
57				$ 232.00
58				$ 155.00
59				$ 193.00
60				$ 155.00
61				$ 174.00
62				$ 160.00
63				$ 174.00
64				$ 193.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
65	01	HOMEMADE TRAILER PARKS	FLT10063PP	BUSHNELL	FL
66	94	KENWORTH 6X4 121 BBC ALUM & FG LONG CONV NON-	1NKDL50X4RS634690	BUSHNELL	FL
67	01	DODGE CARGO VAN	2B6LB31Z01K557470	BUSHNELL	FL
68	01	DODGE CARGO VAN	2B6LB31Z91K557466	BUSHNELL	FL
69	02	CHEVROLET 1500	1GCEK14V02Z132217	BUSHNELL	FL
70	02	CHEVROLET 1500	1GCEK14V42Z130034	BUSHNELL	FL
71	02	MACK 4X2 112.6 BBC STEEL (FG HOOD & FENDE	1M1AA13YX2W148794	BUSHNELL	FL
72	02	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	1GCGC24U92Z277078	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
65	684990	$ 2,770		LOCAL	COMMERC				
66	404990	$ 93,235	50,000	LOCAL	COMMERC				
67	588200	$ 39,233	9-20	LOCAL	COMMERC				
68	588200	$ 39,233	9-20	LOCAL	COMMERC				
69	014990	$ 20,453	6,100	LOCAL	SERVICE				
70	014990	$ 20,453	6,100	LOCAL	SERVICE				
71	334790	$ 87,439	35,000	LOCAL	COMMERC				
72	014990	$ 21,079	8,600	LOCAL	SERVICE				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
65											
66											
67											
68											
69											
70											
71											
72											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
65	COMPREH	$ 1,000	NO	ACV	12	$ 1,000	NO	ACV	14
66	COMPREH	$ 1,000	NO	ACV	95	$ 1,000	NO	ACV	252
67	COMPREH	$ 1,000	NO	ACV	74	$ 1,000	NO	ACV	123
68	COMPREH	$ 1,000	NO	ACV	74	$ 1,000	NO	ACV	123
69	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
70	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
71	COMPREH	$ 1,000	NO	ACV	65	$ 1,000	NO	ACV	221
72	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
65				$ 26.00
66				$ 347.00
67				$ 197.00
68				$ 197.00
69				$ 193.00
70				$ 193.00
71				$ 286.00
72				$ 193.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
73	02	CHEVROLET S10	1GCDT19W928216360	BUSHNELL	FL
74	02	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	3GBKC34G82M109433	BUSHNELL	FL
75	02	BUICK CENTURY	2G4WS52J121269845	BUSHNELL	FL
76	02	CHEVROLET BLAZER	1GNDT13W42K202806	BUSHNELL	FL
77	02	GMC\CHEVY C 7500 SERIES 4X2 107 BBC CONV. CHS	1GBL7H1E02J516166	BUSHNELL	FL
78	02	GMC\CHEVY C 7500 SERIES 4X2 107 BBC CONV. CHS	1GBL7H1E32J516131	BUSHNELL	FL
79	87	FORD F SERIES 4X4 CHS & CAB CONVENTIONAL	1FDKF38L9HNB16024	ROYAL FD	FL
80	96	GMC\CHEVY C SERIES 4X2 104 BBC CONV. TOPICK (	1GDP7H1M9TJ503689	CENTER HILL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
73	014990	$ 19,325	5,150	LOCAL	SERVICE				
74	014990	$ 24,671	10,000	LOCAL	SERVICE				
75	739800	$ 20,115			COMMERC				
76	739800	$ 27,380			COMMERC				
77	314990	$ 37,025	33,000	LOCAL	SERVICE				
78	334790	$ 39,549	33,000	LOCAL	COMMERC				
79	790900	$ 25,200	8,800		COMMERC				
80	790900	$150,000	27,100		COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
73											
74											
75											
76											
77											
78											
79											
80											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
73	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
74	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	115
75	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	126
76	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	143
77	COMPREH	$ 1,000	NO	ACV	60	$ 1,000	NO	ACV	102
78	COMPREH	$ 1,000	NO	ACV	52	$ 1,000	NO	ACV	108
79	COMPREH	$ 1,000	YES	25,200	47	$ 1,000	YES	25,200	64
80	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	145

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
73				$ 174.00
74				$ 193.00
75				$ 185.00
76				$ 213.00
77				$ 162.00
78				$ 160.00
79				$ 111.00
80				$ 201.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
81	01	FREIGHTLINER PUMPER	1FVDBXBS61HH50547	LAKE PANASOFFKEE	FL
82	86	GMC PUMPER	1GDM7D1G4GV511977	BUSHNELL	FL
83	88	GMC\CHEVY C SERIES 4X2 96.75 BBC CONV. CHS-CA	1GDM7D1F3JV521348	BUSHNELL	FL
84	02	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X12M892957	BUSHNELL	FL
85	00	INTL 4X2 4000 SERIES 100.8 BBC STEEL (FG	1HTSCAAR2YH247751	WEBSTER	FL
86	99	DODGE RAM CUSTOM SERIES 4X4 CONVENTIONAL C	3B6WF3661XM560661	WEBSTER	FL
87	89	GMG 2.5 TON TRUCK	ID012710444	WEBSTER	FL
88	70	GMG 2.5 TON TRUCK	NKO4A411618	WEBSTER	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
81	790900	$200,000	45,000		COMMERC				
82	790900	$140,000	45,000		COMMERC				
83	790900	$ 50,000	24,000		COMMERC				
84	790900	$150,000	30,000		COMMERC				
85	790900	$150,000	21,500		COMMERC				
86	790900	$ 44,000	10,500		COMMERC				
87	790900	$ 16,000	45,000		COMMERC				
88	790900	$ 15,000	45,000		COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
81											
82											
83											
84											
85											
86											
87											
88											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
81	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	229
82	COMPREH	$ 1,000	NO	ACV	54	$ 1,000	NO	ACV	136
83	COMPREH	$ 1,000	NO	ACV	37	$ 1,000	NO	ACV	68
84	COMPREH	$ 1,000	NO	ACV	66	$ 1,000	NO	ACV	174
85	COMPREH	$ 1,000	NO	ACV	66	$ 1,000	NO	ACV	174
86	COMPREH	$ 1,000	NO	ACV	37	$ 1,000	NO	ACV	68
87	COMPREH	$ 1,000	NO	ACV	28	$ 1,000	NO	ACV	32
88	COMPREH	$ 1,000	NO	ACV	25	$ 1,000	NO	ACV	27

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
81				$ 307.00
82				$ 190.00
83				$ 105.00
84				$ 240.00
85				$ 240.00
86				$ 105.00
87				$ 60.00
88				$ 52.00

Quote Proposal

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BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
89	96	FREIGHTLINER 4X2 106 BBC CONV SBA CHS-CAB W/A	1FV6HLCB8TH619456	OXFORD	FL
90	02	FORD F 250-450 SERIES 4X4 CHS & CAB CONVE	1FDWF37F42EC79457	OXFORD	FL
91	92	FORD CROWN VICTORIA	2FACP72W1NX196600	WEBSTER	FL
92	87	FORD 4X2 105.3 BBC (103.1 - F) CONV. CHS-	1FDXT84A9HVA63387	WEBSTER	FL
93	61	FORD AMERICAN/TANKER	C80FU130242	WEBSTER	FL
94	85	CHEVROLET BRUSH	1GCGD34JOGF322698	WEBSTER	FL
95	02	INTL 4X2 4000 SERIES 107 BBC STEEL (FG HO	1HTMKAAR62H501674	WEBSTER	FL
96	91	FORD LTD CROWN VICTORIA	2FACP72G9MX177154	WILDWOOD	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
89	790900	$150,000	26,000		COMMERC				
90	790900	$ 60,000	12,500		COMMERC				
91	790800	$ 17,600			COMMERC				
92	790900	$ 95,000	23,100		COMMERC				
93	790900	$ 20,000	45,000		COMMERC				
94	790900	$ 12,000	45,000		COMMERC				
95	790900	$ 90,000	25,500		COMMERC				
96	790800	$ 17,600			COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
89											
90											
91											
92											
93											
94											
95											
96											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
89	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	145
90	COMPREH	$ 1,000	NO	ACV	43	$ 1,000	NO	ACV	82
91	COMPREH	$ 1,000	NO	ACV	19	$ 1,000	NO	ACV	48
92	COMPREH	$ 1,000	NO	ACV	44	$ 1,000	NO	ACV	94
93	COMPREH	$ 1,000	NO	ACV	28	$ 1,000	NO	ACV	32
94	COMPREH	$ 1,000	NO	ACV	25	$ 1,000	NO	ACV	27
95	COMPREH	$ 1,000	NO	ACV	51	$ 1,000	NO	ACV	108
96	COMPREH	$ 1,000	NO	ACV	19	$ 1,000	NO	ACV	48

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
89				$ 201.00
90				$ 125.00
91				$ 67.00
92				$ 138.00
93				$ 60.00
94				$ 52.00
95				$ 159.00
96				$ 67.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
97	73	AMER. LAFRANCE ENGINE	P163638	WILDWOOD	FL
98	01	AMER. LAFRANCE ENGINE	1FVABXBSX2HH57425	WILDWOOD	FL
99	00	KENWORTH ENGIVE/PUMP	2NKMHZ8X3YM850184	WILDWOOD	FL
100	02	AM LAFRANCE ENGINE	423AADBS72RJ71306	BUSHNELL	FL
101	91	INTL 4X2 4000 SERIES 100.8 BBC STEEL (FG	1HTSDPBR1MH367825	BUSHNELL	FL
102	01	DODGE RAM CUSTOM SERIES 4X4 CONVENTIONAL C	3B6MF36651M278232	BUSHNELL	FL
103	03	CHEVROLET 1500	1GCEK14TX3Z168500	BUSHNELL	FL
104	97	FORD CROWN VICTORIA	2FALP71WXVX127552	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
97	790900	$ 40,000	45,000		COMMERC				
98	790900	$200,000	45,000		COMMERC				
99	790900	$230,000	30,000		COMMERC				
100	790900	$270,000	45,000		COMMERC				
101	790900	$100,000	25,500		COMMERC				
102	790900	$ 32,000	10,500		COMMERC				
103	014990	$ 23,824	6,400	LOCAL	SERVICE				
104	739800	$ 29,270			COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
97											
98											
99											
100											
101											
102											
103											
104											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
97	COMPREH	$ 1,000	NO	ACV	34	$ 1,000	NO	ACV	44
98	COMPREH	$ 1,000	NO	ACV	78	$ 1,000	NO	ACV	229
99	COMPREH	$ 1,000	NO	ACV	86	$ 1,000	NO	ACV	261
100	COMPREH	$ 1,000	NO	ACV	96	$ 1,000	NO	ACV	305
101	COMPREH	$ 1,000	NO	ACV	45	$ 1,000	NO	ACV	99
102	COMPREH	$ 1,000	NO	ACV	40	$ 1,000	NO	ACV	54
103	COMPREH	$ 1,000	NO	ACV	84	$ 1,000	NO	ACV	125
104	COMPREH	$ 1,000	NO	ACV	65	$ 1,000	NO	ACV	130

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
97				$ 78.00
98				$ 307.00
99				$ 347.00
100				$ 401.00
101				$ 144.00
102				$ 94.00
103				$ 209.00
104				$ 195.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
105	03	CHEVY C70 DUMP	1GBJ7J1E43F513211	BUSHNELL	FL
106	03	CHEVY C70 DUMP	1GBJ7J1E53F512858	BUSHNELL	FL
107	03	CHEVROLET 1500	1GCEK14T53Z205887	BUSHNELL	FL
108	03	CHEVROLET 1500	1GCEK14T33Z202552	BUSHNELL	FL
109	03	CHEVROLET MALIBU	1G1ND52J63M674107	BUSHNELL	FL
110	03	CHEVROLET ASTRO	1GNDM19X43B136238	BUSHNELL	FL
111	03	CHEVROLET S10	1GCCS14H138226244	BUSHNELL	FL
112	03	CHEVROLET EXPRESS CARGO	1GAHG39U831148040	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
105	334790	$ 40,760	45,000	LOCAL	COMMERC				
106	334790	$ 40,760	45,000	LOCAL	COMMERC				
107	014990	$ 22,573	6,100	LOCAL	SERVICE				
108	014990	$ 22,573	6,100	LOCAL	SERVICE				
109	739800	$ 17,680			COMMERC				
110	034990	$ 21,272	5,600	LOCAL	COMMERC				
111	014990	$ 14,161	4,200	LOCAL	SERVICE				
112	014990	$ 26,100	9,600	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
105											
106											
107											
108											
109											
110											
111											
112											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
105	COMPREH	$ 1,000	NO	ACV	60	$ 1,000	NO	ACV	181
106	COMPREH	$ 1,000	NO	ACV	60	$ 1,000	NO	ACV	181
107	COMPREH	$ 1,000	NO	ACV	84	$ 1,000	NO	ACV	125
108	COMPREH	$ 1,000	NO	ACV	84	$ 1,000	NO	ACV	125
109	COMPREH	$ 1,000	NO	ACV	53	$ 1,000	NO	ACV	116
110	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	137
111	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	94
112	COMPREH	$ 1,000	NO	ACV	92	$ 1,000	NO	ACV	158

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
105				$ 241.00
106				$ 241.00
107				$ 209.00
108				$ 209.00
109				$ 169.00
110				$ 230.00
111				$ 161.00
112				$ 250.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
113	03	CHEVROLET MALIBU	1G1ND52JX3M699351	BUSHNELL	FL
114	03	CHEVROLET S10	1GCDT19XX38240869	BUSHNELL	FL
115	97	FORD F SERIES 4X2 CHS & CAB CONVENTIONAL	1FDKF37F6VEC82220	BUSHNELL	FL
116	86	FORD F SERIES 4X4 CHS & CAB CONVENTIONAL	1FDKF38L5GNB47494	BUSHNELL	FL
117	04	CHEVROLET IMPALA	2G1WF52E649243329	BUSHNELL	FL
118	04	CHEVROLET 1500	1GCEK14T54Z225106	BUSHNELL	FL
119	04	CHEVROLET 1500	1GCEK14T74Z230193	BUSHNELL	FL
120	04	CHEVROLET 1500	1GCEK14T44Z230216	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
113	739800	$ 17,680			COMMERC				
114	014990	$ 19,702	5,150	LOCAL	SERVICE				
115	791900	$ 51,952	10,000		COMMERC				
116	790900	$ 20,000	8,800		COMMERC				
117	790800	$ 21,240			COMMERC				
118	014990	$ 22,220	6,400	LOCAL	SERVICE				
119	014990	$ 22,220	6,400	LOCAL	SERVICE				
120	014990	$ 22,220	6,400	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
113											
114											
115											
116											
117											
118											
119											
120											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
113	COMPREH	$ 1,000	NO	ACV	53	$ 1,000	NO	ACV	116
114	COMPREH	$ 1,000	NO	ACV	76	$ 1,000	NO	ACV	112
115	COMPREH	$ 1,000	NO	ACV	43	$ 1,000	NO	ACV	117
116	COMPREH	$ 1,000	NO	ACV	28	$ 1,000	NO	ACV	32
117	COMPREH	$ 1,000	NO	ACV	25	$ 1,000	NO	ACV	62
118	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
119	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
120	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
113				$ 169.00
114				$ 188.00
115				$ 160.00
116				$ 60.00
117				$ 87.00
118				$ 224.00
119				$ 224.00
120				$ 224.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
121	04	CHEVROLET 1500	1GCEK14T94Z227876	BUSHNELL	FL
122	04	CHEVROLET COLORADO	1GCDT196348121344	BUSHNELL	FL
123	04	CHEVROLET COLORADO	1GCDT196548118848	BUSHNELL	FL
124	04	CHEVROLET COLORADO	1GCDT196048121091	BUSHNELL	FL
125	04	CHEVROLET COLORADO	1GCDT196548119255	BUSHNELL	FL
126	04	CHEVROLET BLAZER	1GCDT136048124968	BUSHNELL	FL
127	86	KAISER JEEP PPT FIRE SERVICES	022519892	BUSHNELL	FL
128	88	KAISER JEEP	4L3331	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
121	014990	$ 22,220	6,400	LOCAL	SERVICE				
122	014990	$ 20,470	5,000	LOCAL	SERVICE				
123	014990	$ 23,745	5,000	LOCAL	SERVICE				
124	014990	$ 23,745	5,000	LOCAL	SERVICE				
125	014990	$ 23,745	5,000	LOCAL	SERVICE				
126	014990	$ 26,695	5,350	LOCAL	SERVICE				
127	790800	$ 10,999			COMMERC				
128	790800	$ 10,999			COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
121											
122											
123											
124											
125											
126											
127											
128											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
121	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
122	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
123	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
124	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
125	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
126	COMPREH	$ 1,000	NO	ACV	97	$ 1,000	NO	ACV	168
127	COMPREH	$ 1,000	NO	ACV	17	$ 1,000	NO	ACV	43
128	COMPREH	$ 1,000	NO	ACV	17	$ 1,000	NO	ACV	43

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
121				$ 224.00
122				$ 224.00
123				$ 224.00
124				$ 224.00
125				$ 224.00
126				$ 265.00
127				$ 60.00
128				$ 60.00

Quote Proposal

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BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
129	86	CHEVROLET PICKUP 4X2	1GBHC34M3GS119270	BUSHNELL	FL
130	95	MACK 4X2 112.6 BBC STEEL (FG HOOD & FENDE	1M1AA12YOSW043117	BUSHNELL	FL
131	04	GMC\CHEVY 2500, 3500 C SERIES 4X2 CONVENTIONA	1GBJC34G24E246923	BUSHNELL	FL
132	85	AIRGATOR TRAILER	85-01-430	BUSHNELL	FL
133	95	FORD CROWN VICTORIA	2FALP71W6SX193964	BUSHNELL	FL
134	94	FORD CROWN VICTORIA	2FALP71W4RX150492	BUSHNELL	FL
135	80	SUTPHEN AERIAL PLATFORM	VA404730	BUSHNELL	FL
136	04	FORD E350 - E450 ECONOLINE SERIES COMMERC	1FDXE45S84HA27483	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
129	014990	$ 10,359	9,000	LOCAL	SERVICE				
130	334790	$ 80,220	35,000	LOCAL	COMMERC				
131	214990	$ 24,778	11,400	LOCAL	SERVICE				
132	694990	$ 1,200		LOCAL	COMMERC				
133	790800	$ 20,035			COMMERC				
134	790800	$ 19,300			COMMERC				
135	790800	$ 89,500			COMMERC				
136	588200	$ 53,181	15	LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
129											
130											
131											
132											
133											
134											
135											
136											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
129	COMPREH	$ 1,000	NO	ACV	55	$ 1,000	NO	ACV	72
130	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	184
131	COMPREH	$ 1,000	NO	ACV	68	$ 1,000	NO	ACV	100
132	COMPREH	$ 1,000	NO	ACV	8	$ 1,000	NO	ACV	10
133	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	52
134	COMPREH	$ 1,000	NO	ACV	19	$ 1,000	NO	ACV	48
135	COMPREH	$ 1,000	NO	ACV	50	$ 1,000	NO	ACV	86
136	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	218

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
129				$ 127.00
130				$ 240.00
131				$ 168.00
132				$ 18.00
133				$ 74.00
134				$ 67.00
135				$ 136.00
136				$ 311.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
137	04	FORD E350 - E450 ECONOLINE SERIES COMMERC	1FDXE45S94HA36435	BUSHNELL	FL
138	04	FORD E350 - E450 ECONOLINE SERIES COMMERC	1FDXE45S04HA36436	BUSHNELL	FL
139	04	FORD E350 - E450 ECONOLINE SERIES COMMERC	1FDXE45S84HA21523	BUSHNELL	FL
140	04	FORD E350 - E450 ECONOLINE SERIES COMMERC	1FDXE45SX4HA36427	BUSHNELL	FL
141	04	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57P04ED12436	BUSHNELL	FL
142	04	GMC\CHEVY 2500,3500 K SERIES 4X4 CONVENTIONAL	1GCHK24U64E234075	BUSHNELL	FL
143	05	CHEVROLET COLORADO	1GCDT196658200850	BUSHNELL	FL
144	05	CHEVROLET COLORADO	1GCDT196458200667	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
137	588200	$ 52,836	15	LOCAL	COMMERC				
138	588200	$ 52,836	15	LOCAL	COMMERC				
139	588200	$ 52,836	15	LOCAL	COMMERC				
140	588200	$ 52,836	15	LOCAL	COMMERC				
141	790900	$ 76,936	17,500		COMMERC				
142	014990	$ 25,820	9,200	LOCAL	SERVICE				
143	014990	$ 22,375	5,000	LOCAL	SERVICE				
144	014990	$ 22,375	5,000	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
137											
138											
139											
140											
141											
142											
143											
144											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
137	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	218
138	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	218
139	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	218
140	COMPREH	$ 1,000	NO	ACV	93	$ 1,000	NO	ACV	218
141	COMPREH	$ 1,000	NO	ACV	58	$ 1,000	NO	ACV	126
142	COMPREH	$ 1,000	NO	ACV	97	$ 1,000	NO	ACV	168
143	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
144	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
137				$ 311.00
138				$ 311.00
139				$ 311.00
140				$ 311.00
141				$ 184.00
142				$ 265.00
143				$ 224.00
144				$ 224.00

Quote Proposal

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BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
145	05	CHEVROLET COLORADO	1GCDT196358201664	BUSHNELL	FL
146	05	CHEVROLET COLORADO	1GCDT196658201559	BUSHNELL	FL
147	05	CHEVROLET COLORADO	1GCDT196858200431	BUSHNELL	FL
148	03	FORD EXPEDITION	1FMPU16L13LA84838	BUSHNELL	FL
149	01	CHEVROLET S10	1GCCS19W11K165839	BUSHNELL	FL
150	99	FORD CROWN VICTORIA	2FAFP71W4XX113551	BUSHNELL	FL
151	05	MACK TRUCK R & B	1M1AJ06&85N001695	BUSHNELL	FL
152	64	MILITARY TRUCK FIRE SERVICES	164606	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
145	014990	$ 22,375	5,000	LOCAL	SERVICE				
146	014990	$ 22,375	5,000	LOCAL	SERVICE				
147	014990	$ 22,375	5,000	LOCAL	SERVICE				
148	014990	$ 33,425	6,200	LOCAL	SERVICE				
149	014990	$ 18,001	4,600	LOCAL	SERVICE				
150	790800	$ 22,265			COMMERC				
151	364990	$ 67,040	45,000	LOCAL	COMMERC				
152	334990	$ 5,000	45,000	LOCAL	COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
145											
146											
147											
148											
149											
150											
151											
152											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
145	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
146	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
147	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
148	COMPREH	$ 1,000	NO	ACV	92	$ 1,000	NO	ACV	158
149	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
150	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	52
151	COMPREH	$ 1,000	NO	ACV	105	$ 1,000	NO	ACV	364
152	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	25

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
145				$ 224.00
146				$ 224.00
147				$ 224.00
148				$ 250.00
149				$ 174.00
150				$ 74.00
151				$ 469.00
152				$ 47.00

Quote Proposal

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BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
153	62	MILITARY TRUCK FIRE SERVICE	M55148	BUSHNELL	FL
154	64	MILITARY TRUCK FIRE SERVICES	164606165486	BUSHNELL	FL
155	05	CHEVROLET EXPRESS	1GAHG39U151148237	BUSHNELL	FL
156	05	CHEVROLET 1500	1GCEK14T35Z282860	BUSHNELL	FL
157	05	CHEVROLET 1500	1GCEK14T15Z249016	BUSHNELL	FL
158	05	CHEVROLET COLORADO	1GCDT196X58274885	BUSHNELL	FL
159	05	CHEVROLET COLORADO	1GCDT196358273948	BUSHNELL	FL
160	05	CHEVROLET COLORADO	1GCDT196158273592	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
153	334990	$ 5,000	45,000	LOCAL	COMMERC				
154	334990	$ 5,000	45,000	LOCAL	COMMERC				
155	014990	$ 30,304	9,600	LOCAL	SERVICE				
156	014990	$ 23,775	6,100	LOCAL	SERVICE				
157	014990	$ 23,775	6,100	LOCAL	SERVICE				
158	014990	$ 22,375	5,000	LOCAL	SERVICE				
159	014990	$ 22,375	5,000	LOCAL	SERVICE				
160	014990	$ 22,375	5,000	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
153											
154											
155											
156											
157											
158											
159											
160											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
153	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	25
154	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	25
155	COMPREH	$ 1,000	NO	ACV	97	$ 1,000	NO	ACV	168
156	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
157	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
158	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
159	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
160	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
153				$ 47.00
154				$ 47.00
155				$ 265.00
156				$ 224.00
157				$ 224.00
158				$ 224.00
159				$ 224.00
160				$ 224.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
161	05	CHEVROLET COLORADO	1GCDT196558273496	BUSHNELL	FL
162	05	FORD TAURUS	1FAFP53U35A309664	BUSHNELL	FL
163	99	FORD F 250-450 SERIES 4X4 CHS & CAB CONVE	1FDWF37F7XED68513	BUSHNELL	FL
164	96	FORD CROWN VICTORIA	2FALP71W1TX192819	BUSHNELL	FL
165	04	DUMP TRAILER 6FT 8X14FT	43ZDN24B50000200	BUSHNELL	FL
166	05	HIGHWAY STAR CARGO TRAILER	1H9CB24235F384383	BUSHNELL	FL
167	05	CHEVROLET 1500 ANIMAL CONTROL	1GCEK14Z75Z214713	BUSHNELL	FL
168	05	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57P75EC45853	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
161	014990	$ 22,375	5,000	LOCAL	SERVICE				
162	739800	$ 20,485			COMMERC				
163	790900	$ 23,840	12,500		COMMERC				
164	790800	$ 20,650			COMMERC				
165	684790	$ 7,960		LOCAL	COMMERC				
166	694990	$ 8,103		LOCAL	COMMERC				
167	014990	$ 23,775	6,100	LOCAL	SERVICE				
168	234990	$ 69,251	17,500	LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
161											
162											
163											
164											
165											
166											
167											
168											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
161	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
162	COMPREH	$ 1,000	NO	ACV	62	$ 1,000	NO	ACV	137
163	COMPREH	$ 1,000	NO	ACV	31	$ 1,000	NO	ACV	35
164	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	52
165	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	36
166	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	31
167	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	134
168	COMPREH	$ 1,000	NO	ACV	105	$ 1,000	NO	ACV	291

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
161				$ 224.00
162				$ 199.00
163				$ 66.00
164				$ 74.00
165				$ 58.00
166				$ 53.00
167				$ 224.00
168				$ 396.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
169	96	FORD EXPLORER	1FMDU34X8TUA44738	BUSHNELL	FL
170	99	FORD CROWN VICTORIA	2FAFP71W5XX238767	BUSHNELL	FL
171	98	FORD CROWN VICTORIA	2FAFP71W6WX158554	BUSHNELL	FL
172	05	DODGE 1500	1D7HA18N55J570606	BUSHNELL	FL
173	06	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V1G96F406436	BUSHNELL	FL
174	05	6X12 TRIPLE CROWN DUMP TRAILER	1XND612L651009307	BUSHNELL	FL
175	06	CHEVROLET 2500	1GCHK24U96E212820	BUSHNELL	FL
176	06	CHEVROLET 1500	3GCEK14ZX6G166609	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
169	014990	$ 22,890	5,420	LOCAL	SERVICE				
170	739800	$ 22,900			COMMERC				
171	739800	$ 23,950			COMMERC				
172	014990	$ 50,000	6,350	LOCAL	SERVICE				
173	538200	$ 61,121	9-20	LOCAL	COMMERC				
174	684790	$ 4,217		LOCAL	COMMERC				
175	014990	$ 28,470	9,200	LOCAL	SERVICE				
176	014990	$ 23,775	6,100	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
169											
170											
171											
172											
173											
174											
175											
176											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
169	COMPREH	$ 1,000	NO	ACV	67	$ 1,000	NO	ACV	96
170	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115
171	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115
172	COMPREH	$ 1,000	NO	ACV	107	$ 1,000	NO	ACV	259
173	COMPREH	$ 1,000	NO	ACV	79	$ 1,000	NO	ACV	189
174	COMPREH	$ 1,000	NO	ACV	14	$ 1,000	NO	ACV	20
175	COMPREH	$ 1,000	NO	ACV	110	$ 1,000	NO	ACV	194
176	COMPREH	$ 1,000	NO	ACV	100	$ 1,000	NO	ACV	155

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
169				$ 163.00
170				$ 171.00
171				$ 171.00
172				$ 366.00
173				$ 268.00
174				$ 34.00
175				$ 304.00
176				$ 255.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
177	06	UNIVERSAL SEMI TRAILER	1U9SV532965078002	BUSHNELL	FL
178	87	INTL 6X4 ''S SERIES ''SEVERE SERVICE 112	1HTZVGDT9HH468833	BUSHNELL	FL
179	87	FORD F SERIES 4X4 CHS & CAB CONVENTIONAL	1FDKF38LXHNA31466	BUSHNELL	FL
180	95	FORD F SERIES 4X2 CHS & CAB CONVENTIONAL	1FDKF37F2SNA61189	BUSHNELL	FL
181	80	GMC FIRE TRUCK	T17DGAV603519	BUSHNELL	FL
182	06	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE5V1G06F411621	BUSHNELL	FL
183	07	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X17M138805	BUSHNELL	FL
184	07	KENWORTH FIRE TRUCK	2NKMHZ8XX7M138804	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
177	674990	$368,425		LOCAL	COMMERC				
178	674990	$ 67,125		LOCAL	COMMERC				
179	790900	$ 14,658	8,800		COMMERC				
180	791900	$ 16,000	8,800		COMMERC				
181	790900	$ 7,000	8,000		COMMERC				
182	588200	$ 71,410	9-20	LOCAL	COMMERC				
183	790900	$151,505	30,000		COMMERC				
184	790900	$151,505	10,000		COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
177											
178											
179											
180											
181											
182											
183											
184											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
177	COMPREH	$ 1,000	NO	ACV	216	$ 1,000	NO	ACV	971
178	COMPREH	$ 1,000	NO	ACV	61	$ 1,000	NO	ACV	159
179	COMPREH	$ 1,000	NO	ACV	25	$ 1,000	NO	ACV	27
180	COMPREH	$ 1,000	NO	ACV	32	$ 1,000	NO	ACV	54
181	COMPREH	$ 1,000	NO	ACV	16	$ 1,000	NO	ACV	16
182	COMPREH	$ 1,000	NO	ACV	123	$ 1,000	NO	ACV	330
183	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	248
184	COMPREH	$ 1,000	NO	ACV	90	$ 1,000	NO	ACV	248

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
177				$ 1,187.00
178				$ 220.00
179				$ 52.00
180				$ 86.00
181				$ 32.00
182				$ 453.00
183				$ 338.00
184				$ 338.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
185	07	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X27M170422	BUSHNELL	FL
186	07	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X97M170420	BUSHNELL	FL
187	07	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X07M170421	BUSHNELL	FL
188	96	FORD F SERIES 4X2 CHS & CAB CONVENTIONAL	1FDKF37F7TEA27153	BUSHNELL	FL
189	06	CHEVROLET 1500	3GCEC14X16G173640	BUSHNELL	FL
190	07	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHZ8X87M138803	BUSHNELL	FL
191	83	FORD FIRE TRUCK	1FDYD80U3DVA08915	BUSHNELL	FL
192	07	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57P77EA84956	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
185	790900	$177,281	30,000		COMMERC				
186	790900	$177,281	30,000		COMMERC				
187	790900	$177,281	30,000		COMMERC				
188	790900	$ 25,530	8,800		COMMERC				
189	014990	$ 18,190	6,100	LOCAL	SERVICE				
190	790900	$129,740	30,000		COMMERC				
191	790900	$ 17,000	10,000		COMMERC				
192	790900	$ 81,945	17,500		COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
185											
186											
187											
188											
189											
190											
191											
192											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
185	COMPREH	$ 1,000	NO	ACV	99	$ 1,000	NO	ACV	289
186	COMPREH	$ 1,000	NO	ACV	99	$ 1,000	NO	ACV	289
187	COMPREH	$ 1,000	NO	ACV	99	$ 1,000	NO	ACV	289
188	COMPREH	$ 1,000	NO	ACV	34	$ 1,000	NO	ACV	44
189	COMPREH	$ 1,000	NO	ACV	91	$ 1,000	NO	ACV	139
190	COMPREH	$ 1,000	NO	ACV	83	$ 1,000	NO	ACV	214
191	COMPREH	$ 1,000	NO	ACV	28	$ 1,000	NO	ACV	32
192	COMPREH	$ 1,000	NO	ACV	69	$ 1,000	NO	ACV	153

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
185				$ 388.00
186				$ 388.00
187				$ 388.00
188				$ 78.00
189				$ 230.00
190				$ 297.00
191				$ 60.00
192				$ 222.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
193	07	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V1257F404642	BUSHNELL	FL
194	07	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V12X7F404572	BUSHNELL	FL
195	07	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V12X7F404510	BUSHNELL	FL
196	07	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V1217F404444	BUSHNELL	FL
197	69	KAIS MILITARY TRUCK	K11004251058369	BUSHNELL	FL
198	07	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57PX7EB31493	BUSHNELL	FL
199	00	FORD CROWN VICTORIA	2FAFP71W6YX118672	BUSHNELL	FL
200	02	FORD CROWN VICTORIA	2FAFP71W02X153733	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
193	588200	$ 73,450	9-20	LOCAL	COMMERC				
194	588200	$ 73,450	9-20	LOCAL	COMMERC				
195	588200	$ 73,450	9-20	LOCAL	COMMERC				
196	588200	$ 73,450	9-20	LOCAL	COMMERC				
197	790800	$ 12,500			COMMERC				
198	790900	$ 86,445	17,500		COMMERC				
199	739800	$ 22,650			COMMERC				
200	739800	$ 23,035			COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
193											
194											
195											
196											
197											
198											
199											
200											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
193	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
194	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
195	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
196	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
197	COMPREH	$ 1,000	NO	ACV	17	$ 1,000	NO	ACV	43
198	COMPREH	$ 1,000	NO	ACV	69	$ 1,000	NO	ACV	153
199	COMPREH	$ 1,000	NO	ACV	56	$ 1,000	NO	ACV	115
200	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	126

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
193				$ 480.00
194				$ 480.00
195				$ 480.00
196				$ 480.00
197				$ 60.00
198				$ 222.00
199				$ 171.00
200				$ 185.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
201	07	GMC\CHEVY C4500-C7500 SERIES 102.5 BBC 4X2 CO	1GBE4V1267F404553	BUSHNELL	FL
202	07	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31U271133905	BUSHNELL	FL
203	07	GMC\CHEVY 2500, 3500 C SERIES 4X2 CAB & CHASS	1GBJC34U47E174245	BUSHNELL	FL
204	07	GMC\CHEVY 2500, 3500 C SERIES 4X2 CREW CAB &	1GBJC33U37F194532	BUSHNELL	FL
205	02	DODGE DURANGO	1B4HS38NX2F185900	BUSHNELL	FL
206	91	INTL 4X2 3000 SERIES SCHOOL BUS (FG HOOD	1HVBBNKN0MH374411	BUSHNELL	FL
207	91	INTL 4X2 3000 SERIES SCHOOL BUS (FG HOOD	1HVBBNKN2MH374412	BUSHNELL	FL
208	91	INTL 4X2 3000 SERIES SCHOOL BUS (FG HOOD	1HVBBNKNXMH374416	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
201	588200	$ 76,384	9-20	LOCAL	COMMERC				
202	588200	$ 76,384	9-20	LOCAL	COMMERC				
203	214990	$ 25,249	11,400	LOCAL	SERVICE				
204	214990	$ 29,669	11,400	LOCAL	SERVICE				
205	014990	$ 27,320	6,400	LOCAL	SERVICE				
206	588300	$ 30,765	30	LOCAL	COMMERC				
207	588300	$ 30,765	30	LOCAL	COMMERC				
208	588200	$ 30,765	15	LOCAL	COMMERC				

Auto No.	Medical Limit	Prem	Other Prem	Michigan Only PPI Ded	PPI Prem	PD Buyback	U/M Limit*	Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
201											
202											
203											
204											
205											
206											
207											
208											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
201	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
202	COMPREH	$ 1,000	NO	ACV	129	$ 1,000	NO	ACV	351
203	COMPREH	$ 1,000	NO	ACV	87	$ 1,000	NO	ACV	154
204	COMPREH	$ 1,000	NO	ACV	87	$ 1,000	NO	ACV	154
205	COMPREH	$ 1,000	NO	ACV	86	$ 1,000	NO	ACV	146
206	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102
207	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102
208	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102

Auto No.	Towing & Labor Limit	Premium	Other Premium	Annual Premium
201				$ 480.00
202				$ 480.00
203				$ 241.00
204				$ 241.00
205				$ 232.00
206				$ 165.00
207				$ 165.00
208				$ 165.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
209	07	FORD RANGER	1FTZR15E57PA82266	BUSHNELL	FL
210	07	CHEVROLET MALIBU	1G1ZS57N47F273572	BUSHNELL	FL
211	07	CHEVROLET MALIBU	1G1ZS57NX7F271485	BUSHNELL	FL
212	07	CHEVROLET 3500 CLASSIC	1GBJC34K77E548863	BUSHNELL	FL
213	07	CHEVROLET IMPALA	2G1WB55K179406132	BUSHNELL	FL
214	08	FORD F550 4X4 CHS & SUPER CAB CONVENTIONA	1FDAX57R78EA69912	BUSHNELL	FL
215	08	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57R98EA69913	BUSHNELL	FL
216	93	FORD BRONCO	1FMEU15N2PLA51900	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
209	014990	$ 19,070	5,000	LOCAL	SERVICE				
210	739800	$ 16,925			COMMERC				
211	739800	$ 16,925			COMMERC				
212	214990	$ 23,585	11,400	LOCAL	SERVICE				
213	739800	$ 20,760			COMMERC				
214	790900	$ 95,100	17,500		COMMERC				
215	790900	$ 95,100	17,500		COMMERC				
216	790800	$ 20,632			COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
209											
210											
211											
212											
213											
214											
215											
216											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
209	COMPREH	$ 1,000	NO	ACV	95	$ 1,000	NO	ACV	147
210	COMPREH	$ 1,000	NO	ACV	62	$ 1,000	NO	ACV	164
211	COMPREH	$ 1,000	NO	ACV	62	$ 1,000	NO	ACV	164
212	COMPREH	$ 1,000	NO	ACV	80	$ 1,000	NO	ACV	122
213	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	177
214	COMPREH	$ 1,000	NO	ACV	75	$ 1,000	NO	ACV	189
215	COMPREH	$ 1,000	NO	ACV	75	$ 1,000	NO	ACV	189
216	COMPREH	$ 1,000	NO	ACV	22	$ 1,000	NO	ACV	52

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
209				$ 242.00
210				$ 226.00
211				$ 226.00
212				$ 202.00
213				$ 247.00
214				$ 264.00
215				$ 264.00
216				$ 74.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
217	89	FORD BRONCO	1FMEU15H6KLA23875	BUSHNELL	FL
218	08	KENWORTH T300 TANKER	2NKMLN9X58M216638	BUSHNELL	FL
219	08	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHN8X08M216663	BUSHNELL	FL
220	07	GMC\CHEVY C7500 DUMP TRUCK	1GBL7C1G97F422186	BUSHNELL	FL
221	07	GMC\CHEVY C7500 DUMP TRUCK	1GBL7C1G17F422196	BUSHNELL	FL
222	07	FORD F 550-750 SERIES 4X2 CHS & CAB CONVE	1FDAF56P97EA65460	BUSHNELL	FL
223	06	FORD F 550-750 SERIES 4X4 CHS & SUPER CAB	1FDAX57P56ED91007	BUSHNELL	FL
224	08	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHN8X08M220857	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
217	790800	$ 15,909			COMMERC				
218	790900	$173,250	45,000+		COMMERC				
219	790900	$168,210	30,000		COMMERC				
220	334790	$ 46,535	24,640	LOCAL	COMMERC				
221	334790	$ 46,535	24,640	LOCAL	COMMERC				
222	234990	$181,185	17,950	LOCAL	COMMERC				
223	790900	$ 86,500	17,500		COMMERC				
224	790900	$203,850	30,000		COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
217											
218											
219											
220											
221											
222											
223											
224											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
217	COMPREH	$ 1,000	NO	ACV	19	$ 1,000	NO	ACV	48
218	COMPREH	$ 1,000	NO	ACV	102	$ 1,000	NO	ACV	332
219	COMPREH	$ 1,000	NO	ACV	101	$ 1,000	NO	ACV	323
220	COMPREH	$ 1,000	NO	ACV	76	$ 1,000	NO	ACV	235
221	COMPREH	$ 1,000	NO	ACV	76	$ 1,000	NO	ACV	235
222	COMPREH	$ 1,000	NO	ACV	183	$ 1,000	NO	ACV	680
223	COMPREH	$ 1,000	NO	ACV	66	$ 1,000	NO	ACV	144
224	COMPREH	$ 1,000	NO	ACV	114	$ 1,000	NO	ACV	388

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
217				$ 67.00
218				$ 434.00
219				$ 424.00
220				$ 311.00
221				$ 311.00
222				$ 863.00
223				$ 210.00
224				$ 502.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
225	08	PIERCE KENWORTH PUMPER	1NKMHN8X28M220858	CENTER HILL	FL
226	08	KENWORTH 4X2 ALUM. CONVENTIONAL 105 BBC CHS-C	2NKMHN8X48M220859	WILDWOOD	FL
227	07	VERMEER BRUSH CHIPPER	1VRY131Z171002004	BUSHNELL	FL
228	07	CHEVROLET 2500 NEW	1GBHC24K57E551852	BUSHNELL	FL
229	08	CHEVROLET EXPRESS	1GAHG39K381172929	BUSHNELL	FL
230	08	CHEVROLET 1500	1GCEK14C98Z217273	BUSHNELL	FL
231	08	CHEVROLET 1500	1GCEK14008Z221315	BUSHNELL	FL
232	07	HOMEMADE TRAILER	FLT6003YY	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
225	790900	$203,850	45,000		COMMERC				
226	790900	$203,850	30,000		COMMERC				
227	694990	$ 40,732		LOCAL	COMMERC				
228	014990	$ 28,320	9,200	LOCAL	SERVICE				
229	014990	$ 30,700	9,600	LOCAL	SERVICE				
230	014990	$ 26,955	6,400	LOCAL	SERVICE				
231	014990	$ 26,955	6,400	LOCAL	SERVICE				
232	684990	$ 4,279		LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
225											
226											
227											
228											
229											
230											
231											
232											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
225	COMPREH	$ 1,000	NO	ACV	114	$ 1,000	NO	ACV	388
226	COMPREH	$ 1,000	NO	ACV	114	$ 1,000	NO	ACV	388
227	COMPREH	$ 1,000	NO	ACV	51	$ 1,000	NO	ACV	126
228	COMPREH	$ 1,000	NO	ACV	116	$ 1,000	NO	ACV	205
229	COMPREH	$ 1,000	NO	ACV	123	$ 1,000	NO	ACV	242
230	COMPREH	$ 1,000	NO	ACV	123	$ 1,000	NO	ACV	242
231	COMPREH	$ 1,000	NO	ACV	123	$ 1,000	NO	ACV	242
232	COMPREH	$ 1,000	NO	ACV	16	$ 1,000	NO	ACV	20

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
225				$ 502.00
226				$ 502.00
227				$ 177.00
228				$ 321.00
229				$ 365.00
230				$ 365.00
231				$ 365.00
232				$ 36.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
233	02	DODGE DURANGO	1B4HS38N72F185899	BUSHNELL	FL
234	90	SUTPHEN AERIL PLATFORM FIRE TRUCK	1S9A3JFE9L1003781	SUMTERVILLE	FL
235	08	FORD FUSION	3FAHP07138R260035	BUSHNELL	FL
236	08	FORD RANGER	1FTZR45E38PA97304	BUSHNELL	FL
237	91	INTL 4X2 3000 SERIES SCHOOL BUS (FG HOOD	1HVBBNKN8MH374415	BUSHNELL	FL
238	00	CHEVROLET 1500	1GCEK14T9YE281661	BUSHNELL	FL
239	08	CHEVROLET UPLANDER	1GBDV13WX8D161084	BUSHNELL	FL
240	08	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31K381215156	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
233	790800	$ 27,320			COMMERC				
234	790800	$400,000			COMMERC				
235	739800	$ 21,445			COMMERC				
236	014990	$ 21,565	5,000	LOCAL	SERVICE				
237	588200	$ 30,765	15	LOCAL	COMMERC				
238	014990	$ 18,470	6,100	LOCAL	SERVICE				
239	014990	$ 35,960	5,842	LOCAL	SERVICE				
240	588300	$150,887	21-60	LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
233											
234											
235											
236											
237											
238											
239											
240											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
233	COMPREH	$ 1,000	NO	ACV	28	$ 1,000	NO	ACV	64
234	COMPREH	$ 1,000	NO	ACV	188	$ 1,000	NO	ACV	254
235	COMPREH	$ 1,000	NO	ACV	73	$ 1,000	NO	ACV	210
236	COMPREH	$ 1,000	NO	ACV	112	$ 1,000	NO	ACV	192
237	COMPREH	$ 1,000	NO	ACV	63	$ 1,000	NO	ACV	102
238	COMPREH	$ 1,000	NO	ACV	70	$ 1,000	NO	ACV	104
239	COMPREH	$ 500	NO	ACV	133	$ 500	NO	ACV	268
240	COMPREH	$ 1,000	NO	ACV	176	$ 1,000	NO	ACV	664

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
233				$ 92.00
234				$ 442.00
235				$ 283.00
236				$ 304.00
237				$ 165.00
238				$ 174.00
239				$ 401.00
240				$ 840.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
241	08	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31KX81214697	BUSHNELL	FL
242	08	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31K281215424	BUSHNELL	FL
243	99	DODGE 3500	3B6MF3667XM524528	COOCHEE	FL
244	08	CARGOMATE TRAILER	5NHUEH2178U215772	LAKE PANASOFFKEE	FL
245	08	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31K381218199	BUSHNELL	FL
246	03	FORD EXPEDITION	1FMPU15L83LC24952	CENTER HILL	FL
247	01	DODGE 1500	1B7HC13Y51J211515	CENTER HILL	FL
248	09	CHEVROLET TRANSIT BUS	1GBJG31K781234393	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
241	588300	$150,087	21-60	LOCAL	COMMERC				
242	588300	$150,887	21-60	LOCAL	COMMERC				
243	214990	$ 24,225	10,500	LOCAL	SERVICE				
244	684990	$ 2,659		LOCAL	COMMERC				
245	588300	$ 53,885	21-60	LOCAL	COMMERC				
246	790900	$ 29,585	6,050		COMMERC				
247	790900	$ 20,855	6,400		COMMERC				
248	588200	$ 61,781	9-20	LOCAL	COMMERC				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
241											
242											
243											
244											
245											
246											
247											
248											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
241	COMPREH	$ 1,000	NO	ACV	176	$ 1,000	NO	ACV	663
242	COMPREH	$ 1,000	NO	ACV	176	$ 1,000	NO	ACV	664
243	COMPREH	$ 1,000	NO	ACV	51	$ 1,000	NO	ACV	72
244	COMPREH	$ 1,000	NO	ACV	17	$ 1,000	NO	ACV	23
245	COMPREH	$ 1,000	NO	ACV	116	$ 1,000	NO	ACV	312
246	COMPREH	$ 1,000	NO	ACV	43	$ 1,000	NO	ACV	58
247	COMPREH	$ 1,000	NO	ACV	36	$ 1,000	NO	ACV	42
248	COMPREH	$ 1,000	NO	ACV	116	$ 1,000	NO	ACV	312

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
241				$ 839.00
242				$ 840.00
243				$ 123.00
244				$ 40.00
245				$ 428.00
246				$ 101.00
247				$ 78.00
248				$ 428.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BITUMINOUS CASUALTY CORPORATION

AUTO SCHEDULE

Insured Name:	Effective Date:	Policy Number:
SUMTER COUNTY BOARD OF COUNTY	10-01-09	

Auto No.	Year	Make and Description	Identification or Serial Number	Garaged	St
249	09	GMC\CHEVY 4X2 SAVANA, EXPRESS G SERIES CUTAWA	1GBJG31K781232641	BUSHNELL	FL
250	09	CHEVROLET TRANSIT BUS	1GBJG31K781232575	BUSHNELL	FL
251	98	FORD MOBILE AIR PACK TESTING ECONOLINE SERIES	1FDXE40F0WHA84483	CENTER HILL	FL
252	98	FORD MOBILE COMMAND UNIT ECONOLINE SERIES RV	1FDXE40F9WHA84482	CENTER HILL	FL
253	99	GMC\CHEVY C SERIES 4X2 CONVENTIONAL CHS & CAB	1GBGC24R2XF032017	BUSHNELL	FL
254	97	CHEVROLET TAHOE	3GNEK18R0VG147633	BUSHNELL	FL
255	97	CHEVROLET TAHOE	3GNEK18R8VG147802	BUSHNELL	FL

Auto No.	Class Code	Cost New	Weight/ Seating	Radius	Usage	Liability Limit*	Premium	PIP Premium	Add PIP Premium
249	588200	$ 61,781	9-20	LOCAL	COMMERC				
250	588200	$ 61,781	9-20	LOCAL	COMMERC				
251	790900	$ 20,855	10,100		COMMERC				
252	790900	$ 20,855	10,100		COMMERC				
253	014990	$ 18,537	8,600	LOCAL	SERVICE				
254	014990	$ 26,517	6,100	LOCAL	SERVICE				
255	014990	$ 26,517	6,100	LOCAL	SERVICE				

Auto No.	Medical Limit	Medical Prem	Other Prem	Michigan Only PPI Ded	Michigan Only PPI Prem	PD Buyback	U/M Limit*	U/M Prem	Und/M Prem	Um/PD Prem	Oth U/M Prem
249											
250											
251											
252											
253											
254											
255											

Auto No.	Other Than Collision Type	Ded	St Amt	Limit	Premium	Collision Ded	St Amt	Limit	Premium
249	COMPREH	$ 1,000	NO	ACV	116	$ 1,000	NO	ACV	312
250	COMPREH	$ 1,000	NO	ACV	116	$ 1,000	NO	ACV	312
251	COMPREH	$ 1,000	NO	ACV	31	$ 1,000	NO	ACV	35
252	COMPREH	$ 1,000	NO	ACV	31	$ 1,000	NO	ACV	35
253	COMPREH	$ 1,000	NO	ACV	59	$ 1,000	NO	ACV	85
254	COMPREH	$ 1,000	NO	ACV	73	$ 1,000	NO	ACV	121
255	COMPREH	$ 1,000	NO	ACV	73	$ 1,000	NO	ACV	121

Auto No.	Towing & Labor Limit	Towing & Labor Premium	Other Premium	Annual Premium
249				$ 428.00
250				$ 428.00
251				$ 66.00
252				$ 66.00
253				$ 144.00
254				$ 194.00
255				$ 194.00

Quote Proposal

AA-2709a (10/01) *indicates limits are in thousands.

BUSINESS AUTO DECLARATIONS (Continued)

ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN

SEE SCHEDULE OF COVERED AUTOS YOU OWN

ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE

State	Estimated Cost of Hire for Each State	Rate Per Each $100 Cost of Hire	Factor (if Liability Coverage is Primary)	Premium
			Total Premium	NOT APPLICABLE

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 services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance The Most We Will Pay Deductible		Estimated Annual Cost of Hire	Rate Per Each $100 Annual Cost of Hire	Premium
Comprehensive	Actual cash value, or cost of repair	whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss		whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.			
Collision		whichever is less, minus ded. for each covered auto.			
				Total Premium	

Quote Proposal

BUSINESS AUTO 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		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
		Total Premium	NOT APPLICABLE

ITEM SIX – SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly ☐ Gross Receipts ☐ Mileage	Rates ☐ Per $100 of Gross Receipts ☐ Per Mile		Premiums	
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
		Total Premiums		
		Minimum Premiums		

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. 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.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

Quote Proposal

VFIS Fire Dept

Auto & Portable Equip

INSURANCE PROPOSAL

PREPARED FOR:

Sumter County Board of County Commissioners

VFIS Fire Department
Automobile & Portable Equipment

PRESENTED BY:

Travis Lee Childers, CIC

Brown & Brown of Florida, Inc.

900 N 14th Street
Leesburg, FL 34749-1636
Business Phone: (352)787-2431
Fax Phone: (352)787-9922

This presentation is designed to give you an overview of the insurance coverage's we recommend for your company, based upon information provided by you. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverage's, conditions and exclusions. Specimen copies of all policies are available upon request prior to binding of coverage. If there are any other areas that need to be evaluated prior to binding of coverage, please bring this to our attention. Should any of your exposures change after coverage is bound, such as operations, hiring employees in new states, buying additional property etc. please let us know as proper coverage can be discussed.

Introduction

Your business represents a considerable investment of time, effort and money. It warrants the service of a company that can provide a comprehensive analysis of all your insurance needs, offer insurance programs that are competitively priced and extend full protection to meet your specific needs.

You need an Insurance Agency that is large enough to market your account to more than one leading insurance carrier, yet focused on providing professional, personalized service.

Our agency **Brown & Brown of Florida, Inc.** is that caliber of an agency. We provide the kind of quality attention and protection you and your company deserve. Representing more than 15 major carriers, specializing in every type of insurance coverage, we are able, and honored, to assume the responsibility of meeting your insurance needs.

Our recommendations are based on a careful analysis of the risks unique to you and your company. To this end, we have prepared a sound, competitively priced, insurance proposal for your review.

We appreciate the opportunity to evaluate you and your company and provide this proposal to cover your insurance and asset management needs.

Resources

Claims Management

At **Brown & Brown of Florida, Inc.,** we take an active role in the management of your claims. Our Service Team is committed to assuring you receive prompt and fair treatment for any claim involving coverage extended by our agency, to you or your company.

Loss Control/Risk Management

A successful Loss Control/Risk Management Program is based on a successful partnership between **Brown & Brown of Florida, Inc.,** you and your insurance carrier. As a team, all parties must work together to protect you, your business, your assets and to prevent future loss.

We will provide you with technical advice, resources, and assistance in developing, improving and monitoring an effective Loss Control/Risk Management program by:

- Reviewing your current Loss Control/Risk Management program;
- Analyzing loss data to identify specific areas which generate the greatest claim frequency;
- Reviewing your current environment and operations, including your physical assets, personnel practices, and organization of management;
- Conducting visits to all locations to develop a risk profile and to define management and insurance carrier responsibilities;
- Developing, improving, and implementing a Loss Control/Risk Management program with a written plan of expectations. (This program will be consistent with your management style and easily implemented);
- Establishing a meeting schedule to review and discuss safety and loss analysis reports with management and/or staff as required by your insurance carrier.

Employee Benefits

Brown & Brown of Florida, Inc. offers a full range of Employee Benefits that may be tailored to fit the needs of your company. With access to virtually all the major benefit companies in the US, we have the resources, knowledge and experience to help customize your benefits program to include any or all the following:

Medical – Health Care
Dental Coverage
Life Insurance
Long and Short-Term Disability
Group Retirement Plans
401K
Pension and/or Profit Sharing

Brown & Brown of Florida, Inc. also has the experience to advise and administer both fully insured or partially self-insured plans.

VFIS®
A Division of Glatfelter Insurance Group

An Insurance Proposal
Prepared For

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS

Presented By: BROWN & BROWN OF FLORIDA INC
P.O. BOX 491636
LEESBURG, FL 34749 - 0000
(352) 787-2431

Date: August 21, 2009

This proposal is valid for 90 days

TABLE OF CONTENTS

TABLE OF CONTENTS 2
FOREWORD 3
BACKGROUND OF VFIS 3
EDUCATION AND TRAINING SERVICES 4
YOUR QUOTE:
- GENERAL INFORMATION 5
- RISK CONTROL SERVICES and RISK MANAGEMENT 6
- PROPERTY 8
- FIDELITY BOND 14
- PORTABLE EQUIPMENT 15
- AUTOMOBILE 17
- GENERAL LIABILITY 27
- MANAGEMENT LIABILITY 31
- UMBRELLA/EXCESS LIABILITY 34
- OTHER VFIS PRODUCTS 35
- PREMIUM SUMMARY 36
- PROPOSAL NOTES 37

VFIS ORDER FORM 41

FOREWORD

This proposal is prepared from information supplied to VFIS on the "factfinder" submitted by your insurance representative.

The proposal format has evolved over the many years we have been working with emergency service organizations. It describes coverages in some detail and provides some claim examples, which may be helpful to your understanding of the coverages. However, this proposal is not a policy, nor is it intended as such. Actual coverage is provided only by the policy.

Please remember that your exposure to loss changes over time. It's necessary to keep your insurance representative informed about any changes, so your policies can be revised. We strongly recommend frequent reviews of your operations and coverages with your insurance representative.

BACKGROUND OF VFIS

In 1969, VFIS pioneered specialized insurance coverages designed to meet the unique needs of America's emergency service organizations. Neglected and misunderstood by many insurance companies, the emergency service industry was in need of an innovative approach to insurance products and services. VFIS accepted the challenge, and today insures more than 12,000 emergency service clients in 49 states and Canada.

Service to clients is the cornerstone of the VFIS program. That means prompt, fair and responsive claim service. It means investing the energy, experience and funds necessary to develop valuable education programs, like driver training, to assist emergency service clients in operating more safely, more efficiently and more effectively.

Over the years, VFIS has forged a partnership with fire and emergency medical service leaders, which fosters the continuing development of policy and program enhancements. VFIS is committed to protecting the resources of emergency service organizations and promoting the health and interests of their members. Wherever and whenever the welfare of our clients is at stake, VFIS is there to lead or support their efforts with a level of dedication no imitator can duplicate.

In 1969, VFIS was first on the scene. Today, VFIS is **Here to Help.**

EDUCATION AND TRAINING SERVICES

In this rapidly changing world, emergency service organizations are continually faced with new challenges, issues and risks, as well as an array of new opportunities. Meeting these challenges and taking advantage of opportunities often requires assistance that may not be available through traditional channels.

That is why VFIS is here to help. As the leader in emergency service insurance for more than 30 years, we have made it a point to provide our customers with quality education, risk control and management programs. We also recognize how valuable these resources are in helping emergency service organizations improve their ability to serve their communities.

In tandem with our quality insurance coverages, VFIS customers benefit from the following programs and services, ***which are available to them at little or no cost:***

- **Education and Training** - Timely and innovative, these safety, loss-control and skills-enhancement programs are designed to keep clients current with the fast-paced changes in equipment and techniques. Each is accompanied by appropriate print and/or video materials.

- **Workshops and Seminars** - Conducted on a regional basis throughout the year, these information-packed sessions are offered at instructor and participant levels and cover everything from grant-writing to community relations.

From training to troubleshooting, VFIS helps emergency service organizations become better prepared for every call, reducing the risk of injury or loss to the people they serve, the property they protect and their most valuable asset - their own members. Above all, our knowledgeable, nationally recognized professionals are here to help our customers prepare for the years ahead and the changing world that lies just around the corner.

GENERAL INFORMATION

First Named Insured:	SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
Mailing Address:	910 NORTH MAIN STREET BUSHNELL,FL 33513-0000
Coverage Applies To:	SUMTER COUNTY FIRE RESCUE

RISK CONTROL SERVICES and RISK MANAGEMENT

As a valuable service to your organization, VFIS provides risk control services. Employing risk control techniques will accomplish two major objectives. The first is to reduce or eliminate the loss producing conditions and exposures of your organization.

This in turn will achieve the second objective of risk control, which is to help you control the costs of your insurance program and reduce uninsured losses. While insurance coverages should take care of the majority of covered losses, you should understand that claims often contain hidden costs, known as indirect losses, which are not covered by insurance. Some examples of indirect losses are deductibles that must be paid, downtime of equipment or apparatus, temporary or permanent reductions in staffing, costs of overtime, fines, lowered morale and poor public image.

VFIS Risk Control Services can provide your organization with a number of resources to assist you in accomplishing these objectives. While we cannot eliminate all of your exposures, we can help you reduce the potential for losses through consistent and ongoing risk control and risk management efforts.

Risk Control Services

Our experienced technical staff of professionals can assist you in your risk control efforts in many ways. VFIS is proud to offer these valuable services at no cost to your organization. The following are just some of the services available to VFIS clients:

- Mutual Aid by VFIS - An emergency services self audit and resource identification guide which highlights known loss producing exposures and directs you to available VFIS resources to assist your organization in addressing them.
- Communique's - Technical reference bulletins addressing specific areas of operation and offering suggested management controls in SOG/SOP language. Available by contacting VFIS Risk Control Services or by visiting our website at www.vfis.com.
- Direct Contact - Risk control professionals are available to answer questions regarding codes, laws and standards; technical issues; and management and operational policies and procedures.
- On-Site Services - VFIS clients, meeting certain eligibility requirements, will benefit from having an on-site loss control survey conducted by one of our risk control professionals. The purpose of these surveys is to evaluate your existing policies and procedures to determine their effectiveness in controlling your organization's specific exposures. If necessary, VFIS will then provide you with recommendations and resources to enhance or support current practices.
- Professional Referrals - VFIS Risk Control Services has a nationwide network of resources in many aspects of emergency services work. If we cannot assist you directly, we will be happy to put you in contact with an agency or individual who can provide you with the needed assistance.

Risk Management

The practice of risk management will allow your organization to identify and evaluate your exposures to loss. To evaluate your exposures, you'll need to understand some basic risk management principles:

1. **Never risk more than you can afford to lose.** If a given loss would cripple your organization, then you need to transfer the risk to someone else.
2. **Do not risk too much for too little return.** For example, accepting a higher level of deductible on your vehicle coverage may provide only marginal premium savings.
3. **Know the odds.** If the potential for a given loss is very remote, then you may be able to address the exposure a different way than if the potential is more common.

In summary, you need to know how much money, time and equipment is at risk. Then determine if you can afford to assume the risk of losses yourself or transfer them to someone else. Lastly, know where frequent or serious losses are more likely to come from and address them accordingly.

Once you understand this, there are four risk management methods you may employ:

1. **Eliminate the exposure.** Stopping the sale or distribution of alcoholic beverages in your social hall is an easy way to eliminate your liquor law liability exposure.
2. **Assume the risk yourself.** Insurance deductibles are an example of assuming risk. If you don't believe you will have a frequency of losses or if your organization has enough financial resources, you may want to take on a larger deductible, such as $1,000 or $2,500 as opposed to a $250 deductible.
3. **Reduce the exposure.** Coming to a complete stop at intersections with a negative control device, when appropriate, will reduce the risk of having an intersection crash. This practice does not eliminate the possibility of an intersection crash, but it helps reduce the chances.
4. **Transfer the risk.** If an exposure cannot be reduced or eliminated and assuming it is too risky, then transfer the exposure to a third party. Although insurance is the most common method of transfer of risk, it is not the only method. Another commonly used method is a hold harmless agreement or indemnification clause in a contract.

VFIS risk control professionals are always available to assist you with your risk control and risk management needs.

PROPERTY

****** Coverage Not Requested ******

PROPERTY

Valuation Basis

VFIS insures property on a ***guaranteed replacement cost (GRC)***, ***replacement cost (RC)***, ***actual cash value (ACV)*** or ***functional replacement cost (FRC)*** basis. The Schedule of Limits shows how your property was quoted.

Guaranteed replacement cost pays to replace your property, without deduction for depreciation, even if the replacement cost is greater than the limit on the policy. Here's an example:

	With GRC	Without GRC
Policy limit:	$100,000	$100,000
Actual cost to replace:	$125,000	$125,000
Policy pays:	$125,000	$100,000
You would have to pay:	$ 0	$ 25,000

Replacement cost pays to replace your property, without deduction for depreciation, but is subject to the limit on the policy.

Actual cash value pays the cost to replace your property, subject to depreciation and subject to the limit on the policy.

Functional replacement cost pays to replace your property with similar property intended to perform the same function, when replacement with identical property is impossible or unnecessary; it's subject to the limit you select.

PROPERTY

Coverage Highlights

The following apply unless noted otherwise in this proposal:

Loss of Income

- Protects your organization's loss of income if your operations are interrupted because of a covered loss to your buildings or contents.
- No dollar limit; covers the actual loss of income you sustain during the period of restoration for up to twelve months.

> **Example:** Because of serious wind damage to the roof of the fire station, a volunteer fire company is unable to hold the twice-weekly bingo games they count on to fund their operations. This coverage would pay for the lost income until the roof is repaired and the bingo games can resume.

Extra Expense

- Protects your organization from extra expense you incur if your operations are interrupted because of a covered loss to your buildings or contents, provided the extra expense is necessary to minimize your down-time and continue operations.
- No dollar limit; covers the extra expense (over and above your normal operating expense) incurred during the period of restoration for up to twelve months.

> **Example:** An ambulance squad suffers a total loss to their main garaging location due to a fire. In order to continue responding to calls, they must lease space from the local municipality for the time it takes to rebuild their garage. This coverage would pay for the extra costs (rent, phone installation, furniture leasing and so forth) needed to do so.

Ordinance Coverage

- Applies to buildings insured on a guaranteed replacement cost basis or on a replacement cost basis.
- Will pay for the loss of value of the undamaged portion of a building that must be torn down, following a covered loss, because of applicable local, state or federal building codes. If the building is written on a replacement cost basis, the amount paid for such loss is included in your building limit and does not increase it.
- Will pay for the cost to demolish the undamaged portion of the building, clear the site, and repair or rebuild according to code. These costs are covered up to 100% of the amount paid for the initial direct physical loss or damage to the building.

> **Example:** of costs covered by this extension include updated electrical systems to comply with local building codes, or improved rest room facilities that are accessible to disabled people.

PROPERTY

Coverage Highlights

Earthquake	• Applies to the full amount of coverage you carry on buildings and contents (no sub-limit). • Includes volcanic action. • A special 5% deductible applies to the value of the building and personal property for each item.
Flood	• Applies to the full amount of coverage you carry on buildings and contents (no sub-limit). • A special $1,000 deductible applies per premises.
Equipment Breakdown	• Covers the mechanical breakdown of equipment or the explosion of pressure vessels at your premises. Covered equipment includes such things as refrigeration equipment, air conditioners, cascade units and boilers. • Covers the mechanical breakdown of certain types of portable equipment (mobile cascade units, mobile generators, portable pumping units, jaws-of-life) away from your premises. • Covers loss of income or extra expense your organization may suffer if your utilities are interrupted as a result of an accident to covered equipment owned by your landlord or utility company. • No dollar limit.
Other Perils (not covered by many property policies)	• Damage caused by the back-up of sewers and drains. • Damage caused by artificially generated electrical currents. • Damage caused by changes in temperature or humidity.
Debris Removal	• Covered without limit if the expense is incurred as a result of a covered cause of loss.
Contents Off-Premises	• Pays the greater of $10,000 or your highest contents limit at any location. • Does not apply to portable equipment.
Newly Acquired Property	• Automatically covers newly acquired buildings, buildings under construction, and contents at newly acquired locations. • The automatic feature lasts for 90 days or the end of the policy period, whichever is later. • Limits are $1,000,000 for buildings and $500,000 for contents.

PROPERTY

Coverage Highlights

Trees, Shrubs, Plants & Lawns	• Covered against loss by fire, lightning, explosion, civil commotion, aircraft, vehicles and vandalism. • No dollar limit.
Personal Effects	• Applies on-premises only. • Primary coverage (not excess over a homeowners policy, for example). • For members, full replacement cost with no dollar limit. • For non-members, a limit of $1,500 per person applies. • No deductible.
Pollution Clean-Up	• Applies on-premises only. • Pollution must result from fire, lightning, windstorm, hail, explosion, civil commotion, vehicles, aircraft, smoke, vandalism, sprinkler leakage, sinkhole collapse, volcanic action, falling objects, the weight of ice / snow / sleet, or water damage. • Limit of $25,000.
Sirens & Antennas	• Sirens, antennas, towers and similar structures and their associated equipment are automatically covered away from your scheduled premises, if you have building coverage with VFIS. • No sub-limit applies.
Commandeered Property of Others	• Replacement cost coverage for any commandeered property other than autos. • Includes the owner's loss of use. • No dollar limit.
Computer Software	• Automatic coverage for the cost of restoring or replacing your organization's data and the media on which it is stored. • Covered causes of loss include computer virus and the breakdown of computer hardware. • Applies on-premises or off-premises. • Automatic limit of $250,000; higher limits are available.
Money & Securities	• Covers theft, disappearance or destruction on-premises or off-premises. • Automatic $10,000 limit; higher limits are available.

PROPERTY

Coverage Highlights

Valuable Papers & Records

- Pays the costs you incur to restore or replace any such documents following a covered loss.
- No dollar limit.
- Applies on-premises or off-premises.

Accounts Receivable

- Pays the costs you incur in restoring your accounts receivable records following a covered loss.
- Also pays amounts you can't collect if your accounts receivable records can't be restored.
- No dollar limit.
- Applies on-premises or off-premises.

Recharge Costs

- Will pay the cost to recharge fire extinguishing equipment at your premises regardless of whether the discharge was accidental or was the result of a covered cause of loss.
- No dollar limit.
- No deductible.

Limited Coverage for Fungus, Wet Rot, Dry Rot or Bacteria

- A standard exclusion applies to loss or damage caused by fungus, wet rot, dry rot or bacteria.
- However, the exclusion doesn't apply if the fungus, wet rot, dry rot or bacteria results from fire or lightning.
- An extension has been added to provide a $25,000 sub-limit if the fungus, wet rot, dry rot or bacteria arises from flood or from a specified cause of loss, as defined in the policy. This sub-limit is the most that will be paid in any policy term regardless of the number of occurrences.

Deductible Waiver

- If a Property claim occurs in conjunction with a claim under a VFIS Auto Physical Damage or Portable Equipment coverage, the various deductibles will not be stacked.
- Only one deductible, the largest, will apply.

Coinsurance

- Does not apply to your buildings if they're insured on a guaranteed replacement cost basis.
- Does not apply to your contents if they're insured on a replacement cost basis or on a guaranteed replacement cost basis.

FIDELITY BOND

****** Coverage Not Requested ******

PORTABLE EQUIPMENT

Blanket Portable Equipment Coverage

Covered For	Limit	Deductible
All causes of physical loss unless excluded	Guaranteed Replacement Cost	$250

If Portable Equipment coverage is provided on a blanket basis, coverage is provided for all portable firefighting, ambulance and rescue related equipment owned or furnished for your regular use. Note that boats over 100 horsepower are not covered under blanket; they must be scheduled.

Scheduled Portable Equipment Coverage

****** Coverage Not Requested******

PORTABLE EQUIPMENT

Coverage Highlights

Personal Effects

- Applies on and off premises while on authorized duty.
- Primary coverage (not excess over a homeowners policy, for example).
- Full replacement cost with no dollar limit.
- No deductible.

Non-Owned Portable Equipment

- Coverage for portable equipment of others temporarily in your possession.
- Automatic $50,000 limit.

Deductible Waiver

- If a Portable Equipment claim occurs in conjunction with a claim under a VFIS Auto Physical Damage or Property coverage, the various deductibles will not be stacked.
- Only one deductible, the largest, will apply.

Trailers Used to Transport Covered PE

- Physical damage coverage is provided automatically if the primary use of the trailer is to provide mobility to other covered portable equipment.

> **Example:** A portable generator is installed on a small trailer that can be pulled to an emergency scene by a number of vehicles; both the generator and its trailer would be covered under Blanket Portable Equipment.

Blanket Coverage

Applies to:

- All boats up to 100 horsepower, and
- All jet skis and waverunners regardless of horsepower.

Scheduled Coverage

- Required for boats in excess of 100 horsepower.

Valuation

- No need to determine equipment values if you select blanket coverage.
- VFIS will rate the coverage based on the number and type of vehicles you use.
- If you have properly reported all such vehicles, your portable equipment is covered up to its full replacement cost.

AUTOMOBILE

Coverage	Limits
Bodily Injury / Property Damage Combined Single Limit	$1,000,000
"No Fault" or Statutory Personal Injury Protection	Included
Medical Payments (Each Person)	Not Included
Uninsured Motorists / Underinsured Motorists Insurance	$20,000
Hired & Borrowed Vehicles	Included
Commandeered Vehicles	Included
Temporary Substitute Vehicles	Included
Fellow Member Liability	Included
Incidental Garage Liability	Included

Schedule of Covered Vehicles

Veh. No.	Year	Make	Classification	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
0001	2002	AM LAFRANCE	PUMPER LDH		$270,000	$1,000	$1,000
0002	1991	INT'L	PUMPER LDH		$100,000	$1,000	$1,000
0003	1996	GMC	PUMPER LDH		$125,000	$1,000	$1,000
0004	2001	FREIGHTLINER	PUMPER LDH		$200,000	$1,000	$1,000
0005	1987	FMC	PUMPER		$95,000	$1,000	$1,000
0006	1961	FORD	ANTIQUE		$20,000	$1,000	$1,000
0007	2002	PIERCE KENWORTH	PUMPER LDH		$150,000	$1,000	$1,000
0008	1986	GMC	PUMPER		$140,000	$1,000	$1,000
0009	2000	PIERCE KENWORTH	PUMPER LDH		$230,000	$1,000	$1,000
0010	1996	FREIGHTLINER	PUMPER LDH		$110,000	$1,000	$1,000
0011	2002	AM LAFRANCE	PUMPER LDH		$245,000	$1,000	$1,000
0012	2007	PIERCE KENWORTH	PUMPER LDH		$185,000	$1,000	$1,000
0013	2007	PIERCE KENWORTH	PUMPER LDH		$185,000	$1,000	$1,000
0014	2007	PIERCE KENWORTH	PUMPER LDH		$185,000	$1,000	$1,000
0015	1983	FORD	PUMPER LDH		$42,000	$1,000	$1,000

Veh. No.	Year	Make	Classification	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
0016	2008	PIERCE KENWORTH	PUMPER LDH		$205,000	$1,000	$1,000
0017	2008	PIERCE KENWORTH	PUMPER LDH		$205,000	$1,000	$1,000
0018	2008	PIERCE KENWORTH	PUMPER LDH		$205,000	$1,000	$1,000
0019	1989	GMC	BRUSH VEH		$16,000	$1,000	$1,000
0020	1970	AM GENERAL	BRUSH VEH		$15,000	$1,000	$1,000
0021	2005	FORD	MINI PUMPER		$79,304	$1,000	$1,000
0022	2002	FORD	BRUSH VEH		$80,000	$1,000	$1,000
0023	2001	DODGE	BRUSH VEH		$32,000	$1,000	$1,000
0024	1999	DODGE	MINI PUMPER		$44,000	$1,000	$1,000
0025	1998	DODGE	MINI PUMPER		$44,000	$1,000	$1,000
0026	2004	FORD	MINI PUMPER		$76,936	$1,000	$1,000
0027	1986	KAISER JEEP	BRUSH VEH		$10,999	$1,000	$1,000
0028	1962	MILITARY	BRUSH VEH		$5,000	$1,000	$1,000
0029	2006	FORD	MINI PUMPER		$81,945	$1,000	$1,000
0030	2007	FORD	MINI PUMPER		$86,445	$1,000	$1,000
0031	2008	FORD	MINI PUMPER		$95,100	$1,000	$1,000
0032	2008	FORD	MINI PUMPER		$95,100	$1,000	$1,000
0033	2006	FORD	MINI PUMPER		$86,500	$1,000	$1,000
0034	1964	MILITARY	BRUSH VEH		$5,000	$1,000	$1,000
0035	2000	INT'L	TANKER		$150,000	$1,000	$1,000
0036	2002	INT'L	TANKER		$90,000	$1,000	$1,000
0037	1988	GMC	TANKER		$7,000	$1,000	$1,000
0038	1964	MILITARY	BRUSH VEH		$5,000	$1,000	$1,000
0039	2007	KENWORTH	PUMPER TANKER		$151,505	$1,000	$1,000
0040	2007	KENWORTH	PUMPER TANKER		$151,505	$1,000	$1,000
0041	2007	KENWORTH	PUMPER TANKER		$129,740	$1,000	$1,000
0042	2008	KENWORTH	PUMPER TANKER		$173,250	$1,000	$1,000
0043	2008	KENWORTH	PUMPER TANKER		$168,210	$1,000	$1,000
0044	1980	SUTPHEN	QUINT LDH		$100,000	$1,000	$1,000
0045	1980	GMC	SALVAGE		$7,000	$1,000	$1,000

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Veh. No.	Year	Make	Classification	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
0046	1999	FORD	RESCUE LT		$45,000	$1,000	$1,000
0047	1990	SUTPHEN	QUINT LDH		$400,000	$1,000	$1,000
0048	2004	MAKO	AIR CASCADE		$20,000	$1,000	$1,000
0049	1988	MAKO	AIR CASCADE		$58,000	$1,000	$1,000
0050	2005	ENCLOSED CARGO HIWAY STAR	TRAILER		$8,103	$1,000	$1,000
0051	2006	FIRE SIMULATOR	TRAILER		$368,425	$1,000	$1,000
0052	1991	FORD	FIRST RESPONDER		$23,950	$1,000	$1,000
0053	1998	FORD	FIRST RESPONDER		$22,265	$1,000	$1,000
0054	1999	FORD	FIRST RESPONDER		$22,900	$1,000	$1,000
0055	1993	FORD	FIRST RESPONDER		$18,900	$1,000	$1,000
0056	1997	FORD	FIRST RESPONDER		$29,270	$1,000	$1,000
0057	1999	FORD	FIRST RESPONDER		$20,035	$1,000	$1,000
0058	1996	FORD	FIRST RESPONDER		$20,650	$1,000	$1,000
0059	1992	FORD	FIRST RESPONDER		$17,600	$1,000	$1,000
0060	1995	SAFARI	FIRST RESPONDER		$17,855	$1,000	$1,000
0061	1994	FORD	FIRST RESPONDER		$19,300	$1,000	$1,000
0062	1996	FORD	FIRST RESPONDER		$20,650	$1,000	$1,000
0063	1990	FORD	FIRST RESPONDER		$17,600	$1,000	$1,000
0064	1994	FORD	FIRST RESPONDER		$20,493	$1,000	$1,000
0065	1999	FORD	FIRST RESPONDER		$21,300	$1,000	$1,000
0066	2002	FORD	FIRST RESPONDER		$23,035	$1,000	$1,000

Veh. No.	Year	Make	Classification	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
0067	2000	FORD	FIRST RESPONDER		$22,650	$1,000	$1,000
0068	1997	REHAB AMBULANCE	FIRST RESPONDER		$51,952	$1,000	$1,000
0069	1994	DODGE	SERVICE	X		$1,000	$1,000
0070	1988	KAISER	BRUSH VEH		$10,999	$1,000	$1,000
0071	1995	FORD	FIRST RESPONDER		$16,000	$1,000	$1,000
0072	1987	INT'L	FIRST RESPONDER		$67,125	$1,000	$1,000
0073	1996	FORD REHAB AMBULANCE	FIRST RESPONDER		$25,530	$1,000	$1,000
0074	1969	KAISER MILITARY	SERVICE	X		$1,000	$1,000
0075	1999	FORD	SERVICE	X		$1,000	$1,000
0076	1987	FORD	FIRST RESPONDER		$14,658	$1,000	$1,000
0077	1994	FORD	FIRST RESPONDER		$15,676	$1,000	$1,000
0078	1986	FORD	FIRST RESPONDER		$20,000	$1,000	$1,000
0079	1998	FORD	SERVICE	X		$1,000	$1,000
0080	1998	FORD	FIRST RESPONDER		$20,775	$1,000	$1,000
0081	2002	DODGE	FIRST RESPONDER		$27,320	$1,000	$1,000
0082	1989	FORD	FIRST RESPONDER		$15,909	$1,000	$1,000
0083	1993	FORD	FIRST RESPONDER		$20,632	$1,000	$1,000
0084	1999	DODGE	FIRST RESPONDER		$32,000	$1,000	$1,000
0085	2002	DODGE	FIRST RESPONDER		$2,720	$1,000	$1,000
0086	1996	FORD	FIRST RESPONDER		$22,890	$1,000	$1,000
0087	1998	CHEVY	FIRST RESPONDER		$18,666	$1,000	$1,000
0088	2003	FORD	FIRST RESPONDER		$4,000	$1,000	$1,000

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Veh. No.	Year	Make	Classification	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
0089	2001	DODGE	FIRST RESPONDER		$6,000	$1,000	$1,000
0090	1985	CHEVY	BRUSH VEH		$12,000	$1,000	$1,000
0091	1980	GMC	SALVAGE		$7,000	$1,000	$1,000

AUTOMOBILE LIABILITY

Coverage Highlights

Non-Owned Automobile

- Covers your liability for vehicles hired, borrowed, or otherwise used on your behalf on an *excess basis*.
- Covers your liability for commandeered vehicles used on your behalf on a *primary basis*.

Volunteers/Employees as Insureds Under Non-Owned Automobiles

- Volunteers/employees are covered while operating their own personal vehicle on behalf of the emergency service organization.
- Coverage is on an *excess basis*.

> **Example:** A firefighter responds in his personal vehicle on his department's behalf. Upon rounding a curve, he sees a disabled vehicle partially blocking the road. He swerves and accidentally strikes the motorist who was trying to flag down the firefighter. Non-owned vehicle liability would be provided to the firefighter on an excess basis up to the policy limit over any other insurance available to the firefighter, including his own personal auto policy's liability limit.

Temporary Substitute Vehicle

- Coverage is provided when a replacement vehicle is loaned to you while a covered vehicle is temporarily out of service.
- Coverage is on a *primary basis*.

> **Example:** A department is temporarily loaned an ambulance while their covered ambulance is being serviced. The loaner is involved in an intersection accident injuring civilians. Liability coverage would be provided to the department on a primary basis up to the policy limit.

Uninsured Motorist/ Underinsured Motorist

- Covers your organization for bodily injury and/or property damage sustained by an eligible party caused by a negligent uninsured/underinsured motorist or hit-and-run motorist, based on your state laws.

Personal Injury Protection

- Covers bodily injury medical expenses and certain other losses sustained by an eligible injured person caused by an accident arising out of the use of a covered vehicle subject to applicable no-fault laws.
- Not available in some states.

AUTOMOBILE LIABILITY

Coverage Highlights

Fellow Member Liability

- Covers your volunteers and employees should they accidentally injure a co-volunteer or co-employee arising out of the use of a covered vehicle.
- Note that the protection applies to the *individual* against whom the claim is made, whether or not a claim is made against you (the insured organization).

> **Example:** A fire truck is responding to an emergency call with lights and sirens activated. The vehicle operator fails to see a civilian vehicle resulting in a collision, injuring several passenger firefighters. Fellow member auto liability coverage would be provided to the fire truck driver up to the limit of the policy for claims arising from the injured passenger firefighters.

Incidental Garage Liability

- Provides liability arising from autos used in connection with an insured's garage operations.
- Coverage is primary.
- Provides coverage for your organization if you service or store vehicles owned by others.

AUTOMOBILE PHYSICAL DAMAGE

Coverage Highlights

Agreed Value

Physical damage coverage on emergency vehicles is provided on an *Agreed Value* basis. In the event of a loss, you will receive the **lesser of**:

1. The **cost to repair** the covered vehicle; or
2. The **cost to replace** the part with a part of like kind and quality, *without deduction for depreciation*; or
3. The **cost to replace the entire vehicle with a comparable new vehicle**, manufactured to current specifications set by the NFPA, the U. S. Department of Transportation, or similar organization; or
4. The **agreed value** shown in the policy.

Note: If the estimated repair costs for a damaged vehicle covered on an *Agreed Value* basis exceed 75% of the *Agreed Value*, and you choose not to accept payment under paragraph 1. or 2. (above), VFIS will pay the lesser of paragraph 3. or 4. (above). Under this arrangement, VFIS has the rights to all recovery and salvage.

Furthermore, for repairs or replaced parts under paragraph 1. or 2. (above), VFIS will pay up to an additional 25% of the amount of the loss to cover the costs you incur in bringing the repaired or replaced parts into compliance with the latest safety standards. If recertification is required, we will also pay those costs.

Example: A fire department has a 1976 Mack pumper with an Agreed Value of $50,000. While responding during an ice storm they lose control and slide into a tree. Damages are appraised at $40,000. The replacement cost of the truck at the time of the loss is $100,000. Since the Agreed Value selected by the insured is $50,000 and 75% of the Agreed Value is $37,500, the insured has the option to either repair the vehicle, taking the $40,000 settlement, or be reimbursed the Agreed Value of $50,000 with VFIS having the rights to the salvage.

We use this method for emergency vehicles and, at the insured's option, for private passenger vehicles less than five years old.

Actual Cash Value Settles the claim based on the current market value of the damaged vehicle or part (old for old).

We use this method for most private passenger vehicles, service vehicles, some trailers and other non-emergency vehicles.

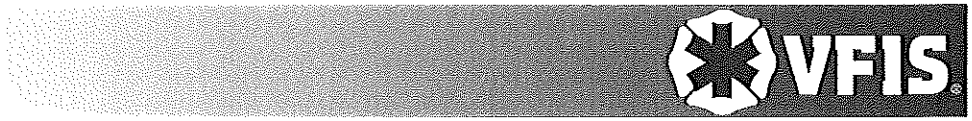
Stated Amount Settles the claim by paying the lesser of:

- The current market value of the damaged vehicle or part (old for old).

or

- The amount stated in the policy.

We do not offer stated amount coverage because it is less advantageous to your organization than other methods.



AUTOMOBILE PHYSICAL DAMAGE

Coverage Highlights

Deductible Waiver

- If an Automobile Physical Damage claim occurs in conjunction with a claim under a VFIS Portable Equipment or Property coverage, the various deductibles will not be stacked.
- Only one deductible, the largest, will apply.

> **Example:** A fire department's rescue truck is responding with lights and siren when it is struck by another vehicle in an intersection and flipped over on its side. The rescue truck sustains $20,000 of damages and the equipment inside the vehicle is broken and strewn across the roadway. The Waiver of Deductible clauses in the Automobile Physical Damage coverage and the Portable Equipment coverage provide that only one deductible, the largest, would be applied to the loss settlement.

Collision

- Damages from overturn or collision with another object.

Comprehensive

- Damages from causes other than collision or overturn.

Freezing

- Coverage for permanently attached special equipment for loss caused by freezing, unless caused by failure to maintain the equipment.
- Includes, but is not limited to, pumps, gauges and tanks.
- No freezing coverage for loss to vehicle engines.

Volunteers' or Employees' Personal Automobiles

- Covers damage to a member's personally owned vehicle:
  - while enroute to, during, or returning from an emergency or other activity on behalf of your organization, and
  - resulting from a covered cause of loss.
- Reimburse the deductible if insurance is carried or actual cash value if no insurance is carried.

Hired, Borrowed or Commandeered Vehicles

- Coverage for hired, borrowed or commandeered vehicles on an actual cash value basis.
- Comprehensive deductible - $50.
- Collision deductible - $100.
- Coverage is primary.

AUTOMOBILE PHYSICAL DAMAGE

Coverage Highlights

Customized Vehicle Extension

- Applies to vehicles, such as chief's cars, insured on an actual cash value basis.
- Cost to replace custom features such as gold leaf lettering, light bars, sirens and radios on a *replacement cost* basis.
- Extended to equipment owned by the organization that's permanently installed in non-owned autos.

Towing and Labor

- Coverage is provided for vehicles carrying comprehensive coverage.
- Labor must be performed at the disablement location.
- Towing not to exceed 200 miles from the disablement location.
- No dollar limit applies.

Recertification

- Included in claims settlement for covered losses.
- No limit applies.

Removal of Apparatus from Environmentally Sensitive Areas

- Following a covered loss, the cost of uprighting, retrieving or towing the vehicle is part of the claim adjustment expense.
- No sub-limit applies.

Full Glass Coverage

- No glass deductible for vehicles with comprehensive coverage.

Garagekeepers Insurance

- $50,000 coverage for vehicles while left with an insured's garage operation.
- Comprehensive deductible - $250.
- Collision deductible - $500.
- Coverage is primary.
- Provides coverage for your organization if you service or store vehicles owned by others.

GENERAL LIABILITY

****** Coverage Not Requested ******

GENERAL LIABILITY

Coverage Highlights

Volunteers and Employees as Insureds

- Covers all volunteers (whether or not they are members of your organization) and employees are covered while acting on behalf of your organization.
- Other insureds include your officers, directors, commissioners or trustees.
- Also included are the owners of any property you commandeer.
- VFIS coverage is primary for all of the above insureds, not excess of any personal insurance that may apply.
- Your medical director (if any) is an insured for actions taken on your behalf, with these stipulations:
  - Coverage doesn't apply to liability arising from any physician's providing or failing to provide on-line medical direction or medical command via a telecommunications device, and
  - Hands-on treatment of a patient by a physician is excess of any medical malpractice insurance carried by the physician.

Blanket Additional Insureds

- Automatically covers any person or organization required by contract to be an additional insured, but only for their liability arising out of your premises or operations.
- The contract must be in effect before the injury or damage occurs.

Fellow Member Liability

- Covers your volunteers and employees should they accidentally injure a co-volunteer or co-employee while working on your behalf.
- Note that the protection applies to the *individual* against whom the claim is made, whether or not a claim is made against you (the insured organization).

"Good Samaritan" Liability

- Covers your volunteer members and employees for liability arising from actions on their own to render services at the scene of an emergency requiring immediate action.
- Applies to professional health care or any other services.
- To qualify as a "Good Samaritan", the individual must act independently of your organization or any other organization.

Unlimited Defense Costs

- The cost to defend you against covered claims is the responsibility of the company and will not erode your liability limits.

GENERAL LIABILITY

Coverage Highlights

Intentional Acts

- Provides liability protection if, in an attempt to save lives or protect property, your volunteers or employees intentionally cause bodily injury or property damage.

> **Example (bodily injury):** A distraught relative of a heart attack victim must be restrained in order for you to administer care to the patient, and in the process the relative is injured.

> **Example (property damage):** In order to gain access to a small fire in one apartment unit, a firefighter breaks down a door to a different unit that is not in imminent danger.

Pollution Liability

- Covers you for bodily injury or property damage arising out of a pollution incident resulting from any of the following:
  - emergency operations away from your premises,
  - training activities, or
  - water runoff from the cleaning of equipment.
- Covers you for bodily injury or property damage arising out of an asbestos incident resulting from either of the following:
  - emergency operations away from your premises, or
  - training activities away from your premises.

Liquor Liability

- Covers you for bodily injury or property damage arising out of the serving or selling of alcoholic beverages.
- If alcoholic beverages are sold, VFIS requires that you obtain the proper license or permit, comply with our liquor loss control recommendation, and pay the applicable premium charge.

Contractual Liability

- Covers you for the liability you agreed to assume of another party, either orally or in writing.
- The claim must be otherwise covered (not excluded).

> **Example:** Farmer Brown agrees to allow a fire department to use his pasture to hold a flea market, as long as any injuries to the public are agreed to be the responsibility of the fire department and not of Farmer Brown.

GENERAL LIABILITY

Coverage Highlights

Watercraft Liability

- Automatic coverage for injury or damage arising from your use of the following:
  - non-owned boats,
  - owned boats that are not powered by motors,
  - owned boats that are powered by motors of not more than 100 horsepower, and
  - jet skis and waverunners regardless of horsepower.

Fire Damage Legal Liability

- Covers you for liability for fire damage to buildings your organization may rent or otherwise occupy with the permission of the owner.
- A similar provision covers your liability for *other than fire damage* to buildings or contents rented or loaned to you for not more than 30 consecutive days.

Damage to Property of Persons Receiving Services

- Covers you for liability for a personal property loss suffered by a member of the public receiving services from you, provided the loss is caused by theft, physical damage or disappearance.
- Subject to a $100 deductible each occurrence.

> **Example:** A patient transported by ambulance to the hospital notices shortly after arrival that his wallet and Rolex watch are missing; he files a claim against the ambulance squad alleging theft of the property.

Expanded Aggregate Limit

- The General Aggregate Limit shown in the schedule applies separately to:
  - each named insured (unless you have selected a $10,000,000 aggregate limit), and
  - each location you own or rent.

MANAGEMENT LIABILITY

****** Coverage Not Requested ******

MANAGEMENT LIABILITY

Coverage Highlights

Management Liability coverage protects you against claims for monetary damages arising out of:

- **Employment-related practices**, such as wrongful termination, failure to promote or sexual harassment.

> **Example:** A paid firefighter is terminated in July of 1999, and she is unable to find other similar employment until January of 2001. At a trial held later that year, she is successful in proving that she was wrongfully terminated and is awarded lost wages for the eighteen months she was unemployed. The organization's liability for these wages would be covered; liability for *back wages*, overtime or similar damages required by law or regulation are the obligation of the organization and would not be covered. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.

- Errors in the **administration of employee benefit plans**, such as Accident and Sickness coverage, Group Life or Workers' Compensation.

> **Example:** A paramedic covered under an Accident & Sickness policy gives instructions to the squad's insurance administrator to name his daughter as his beneficiary. Following his death from an on-the-job traffic accident, his daughter learns that she is not entitled to any benefits under the policy because the change of beneficiary card was misplaced and never processed. She brings suit to recover the money she would have received had the change of beneficiary been handled properly. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.

- Other **wrongful acts** not specifically excluded.

> **Example:** A taxpayer group brings suit against their fire district and its commissioners, alleging the improper spending of public funds. They argue that the commissioners have wasted their tax money by purchasing a state-of-the-art aerial device for $750,000 even though there are no structures in the district more than two stories tall. This coverage would provide you and your commissioners with the cost of your legal defense, and pay an award up to the limit of liability.

> **Example:** Bids are solicited from outside contractors to build a new ambulance garage. The lowest bid is not accepted, even though it was made by a fully qualified contractor of good reputation. The contractor sues the ambulance district, arguing that his bid was rejected for no good reason and alleging favoritism in the awarding of the contracts. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.

MANAGEMENT LIABILITY

Coverage Highlights

Defense Expense for Injunctive Relief

A plaintiff may sue your organization not for money but to require action of some type. They're seeking injunctive relief; they want your organization to do something or to stop doing something.

This automatic coverage will reimburse your organization up to $25,000 for reasonable legal fees incurred in your defense.

> **Example:** A person who was denied volunteer membership by you brings legal action to be admitted as a member.

> **Example:** A resident seeks an injunction to stop the fire department's installation of a siren directly behind her house.

Outside Directorship Liability

- Automatically covers your volunteers or employees who choose to serve on the board of directors of an outside organization as long as that organization:
  - is not-for-profit, and
  - is related to the emergency services.
- Coverage is excess of any insurance.

Volunteers and Employees as Insureds

- Covers all volunteers (whether or not they are members of your organization) and employees while acting on behalf of your organization.
- Other insureds include your officers, directors, commissioners or trustees.
- Also included is your medical director (if any).
- VFIS coverage is primary for all of the above insureds, not excess of any personal insurance that may apply.

Unlimited Defense Costs

- The cost to defend you against covered claims is the responsibility of the company and will not erode your liability limits.

Blanket Additional Insureds

- Automatically covers any person or organization that may be liable for your employment practices, your administration of employee benefit plans or other wrongful acts, but only to the extent of that liability.

Expanded Aggregate Limit

- The Aggregate Limit shown in the schedule applies separately to each named insured (unless you have selected a $10,000,000 aggregate limit).

UMBRELLA/EXCESS LIABILITY

****** Coverage Not Requested ******

OTHER VFIS PRODUCTS

Accident & Sickness Coverage - provides "on duty" coverage for members, auxiliary members, junior members, members in training, officers, deputized by-standers, trustees and board members, and volunteers asked by the organization to help with non-emergency events. Coverage listed below is provided when a member performs any normal duty of the department, whether it is an emergency or not. Insurance coverage underwritten by National Union Fire Insurance Company of Pittsburgh, PA.

- Death Benefit
- Lump Sum Living Benefit
- Disability Income Benefit
- Medical Benefit

Group Term Life Insurance - available for all members which includes active, retired, volunteers, career or auxiliary members. Underwritten by AIG, American General. Coverage includes:

- 24-hour, On and Off Duty Coverage
- Accidental Death and Dismemberment
- Guaranteed Issue Life Insurance for Any Age

Length of Service Award Program (LOSAP) - an incentive program to effectively retain existing volunteers, increase their level of participation and recruit new members. Life insurance underwritten by AIG Life Insurance Company and American Life Assurance Company of New York (Maine and New York). Group annuity contracts underwritten by Hartford Life Insurance Company. Coverage provided:

- 24-hour, On and Off Duty Death Benefit
- Monthly Income During Retirement Years
- Disability Benefit

PREMIUM SUMMARY

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS (FL) C40717

	Premium
Property	Not Requested
Fidelity Bond	Not Requested
Portable Equipment	$5,501.18
Automobile	$51,219.12
General Liability	Not Requested
Management Liability	Not Requested
Umbrella/Excess Liability	Not Requested
Total Estimated Annual Premium	**$56,720.30**

The total premium charge shown above includes all state imposed taxes, surcharges, recoupment charges, etc.

PROPOSAL NOTES

Automobile

Note: The Personal Injury Protection (PIP) limit is $10,000.

General

Note: Please have the insured complete, sign and date the enclosed UM/UIM selection/rejection form(s) required in your state. Return them to us along with the VFIS order form. If we don't receive them, we may have to issue the policy with different UM/UIM limits than were quoted, in order to comply with statutory or regulatory requirements.

Note: This proposal is based solely on the insurance exposures of the organization(s) shown opposite the heading "Coverage Applies To". All of the coverages described here and any policies that we issue will apply only to injury or damage arising out of the firefighting, rescue, ambulance or incidental operations of the emergency service organization(s) listed opposite "Coverage Applies To".

IMPORTANT: As a condition of accepting this quote, the applicant agrees to comply with the enclosed requirement regarding vehicle(s) # 44,47. If the needed documentation indicating successful inspection and testing is not submitted within 120 days, coverage for that vehicle (those vehicles) will be deleted at that time.

IMPORTANT: As a condition of accepting this quote, the applicant agrees to complete the enclosed Vehicle Specification Compliance Form for vehicle(s) # 19,20,27,28,34,38. If the form is not completed and returned within 120 days, coverage for that vehicle (those vehicles) will be deleted at that time.

Aerial Device Requirements

The factfinder indicates that your organization owns or operates an aerial device. VFIS' claims history shows that aerial devices may collapse or malfunction if they are damaged or not properly maintained. There are two primary causes for aerial device failures. First is metal fatigue due to age, misuse or undetected damage. The second is improper maintenance. Both of these causes of loss are identifiable and the results are largely preventable.

VFIS requires that as part of your maintenance program, aerial devices be inspected annually and subjected to non-destructive testing and certified at least every five years.

In general terms the maintenance and testing program should include:

- **Annual Visual Inspection** - A documented inspection by qualified department personnel or a third party, for the detection of any visible defects, damage, leakage, improper maintenance or improperly secured parts. Components to be inspected are the ladder/bucket, turntable, stabilizers/outriggers, and hydraulic systems.
- **Annual Operational Tests** - These should verify all moving parts and components are in good working order.
- **Load Testing** - Conducted in conjunction with the manufacturers' specifications and NFPA Standard 1911, a load test determines if there is any unacceptable deflection or drifting of the aerial device or hydraulic systems.
- **Non-Destructive Testing** - A qualified third party must conduct the non-destructive testing. The term is a general classification for one of several methods that can be used to inspect structural components without physically altering or damaging the apparatus. These could include but are not limited to liquid penetrant inspection, magnetic particle inspection, and radiography and ultrasonic tests.

If your organization has a test certificate for a non-destructive test that is not more than 4 years old, please forward a copy of the certificate to your VFIS agent within the next **60 days** .

If your current test certificate is more than 4 years old, or if your aerial device has never been tested, VFIS requires that you have the aerial device tested to NFPA Standard 1911 requirements. The test certificate and/or the detailed written results of the test should be forwarded to your VFIS agent within **120 days** from the date your coverage is bound.

Failure to properly test or maintain your aerial device could lead to damage to your equipment and injury to your personnel. **It will also result in loss of insurance coverage on the vehicle.**

Vehicle Specification Compliance Form

Insured: **State:**

Contact Person: **Title:**

Phone: **Fax:** **E-mail:**

There are indications that your organization has one or more vehicles which could potentially be overweight or were not originally designed for fire department use and have been converted. Serious problems may occur as a result of improper design and/or lack of proper engineering of these vehicles. To help ensure that they are safe for your operation under emergency response conditions, VFIS requires that this form be completed and returned. **Failure to do so within 120 days of the date coverage is bound will result in loss of insurance coverage on the vehicle.**

Vehicle Specification Definitions

- **Base Curb Weight:** Weight of the vehicle with standard vehicle equipment and a full tank of fuel.
- **Cargo Weight:** Any weight added to the Base Curb Weight including tools, water and optional vehicle equipment. The Tongue Weight of any trailer attached to the vehicle for towing should be added as well.
- **Gross Axle Weight Rating (GAWR):** The maximum weight to be carried on any single axle (front or rear).
- **Gross Combination Weight Rating:** The maximum combination of Base Curb Weight + Cargo Weight + Payload + trailer weight that the vehicle can safely carry.
- **Gross Vehicle Weight:** The maximum allowable weight of a fully loaded vehicle.
- **Payload:** Combined maximum allowable weight of the vehicle (Base Curb Weight + Cargo Weight + passengers).
- **Safety Compliance Certification Label:** A label or plate affixed to the vehicle by the manufacturer, detailing all of the weight capacities and restrictions for the vehicle. This includes axle weights, tire size and inflation pressure, and vehicle weight limits.
- **Tongue Weight:** The maximum weight permitted to be carried on the trailer hitch.
- **Towing Capacity:** The combination of the amount of Tongue Weight capacity and total trailer weight that the vehicle is designed to safely tow.

Step I - Complete the following vehicle information:

Vehicle Information

Vehicle Make: Year of original manufacture:

Type of Vehicle: Brush ☐ Tanker ☐ Pumper / Tanker ☐ Rescue ☐

Design Information

Has the vehicle been modified from its original design? Yes* ☐ No ☐

*If yes, what modifications have been made?

☐ A tank has been added

☐ The chassis has been lengthened

☐ The chassis has been shortened

Water Tank Information

Capacity in gallons: Is the tank baffled? Yes ☐ No ☐

Step II - Provide the following weight information (may be found on the Safety Compliance Certification Label provided by the manufacturer):

Base Curb Weight lbs.

Gross Vehicle Weight Rating lbs.

Gross Axle Weight Rating (Front) lbs.

Gross Axle Weight Rating (Rear) lbs.

Payload Capacity lbs.

Is the vehicle equipped for towing? Yes ☐ No ☐

If yes, indicate the maximum tongue weight. lbs.

Step III - Have the vehicle weighed on a certified scale and provide the following. All weights should be taken with the vehicle fully loaded with fuel, water and passengers (passengers may be estimated at 200 lbs. per seating position).

Number of Seating Positions

Front Axle Weight lbs.

Rear Axle Weight lbs.

Gross Vehicle Weight lbs.

If the vehicle is a Brush Truck or Rescue Vehicle, also provide the following:

Left Side Weight(front and rear combined) lbs.

Right Side Weight (front and rear combined) lbs.

NOTE: Attach a copy of the weigh slip, and return the completed form and weigh slip to your VFIS agent.

VFIS ORDER FORM

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS (FL) C40717

Coverage	Effective/ Expiration Dates	Accept *Initial to accept coverage*	Decline *Initial to decline coverage*	Premium Quoted
Property	_____	_____	_____	$_____
Fidelity Bond	_____	_____	_____	$_____
Portable Equipment	_____	_____	_____	$_____
Automobile	_____	_____	_____	$_____
General Liability	_____	_____	_____	$_____
Management Liability	_____	_____	_____	$_____
Umbrella/Excess	_____	_____	_____	$_____
Total	_____	_____	_____	$_____

Payment Plans Installment Option (no installment fee)
[ ] Semi-Annual ($2,500 account minimum)
[ ] Quarterly ($3,500 account minimum)
[ ] Ten Pay ($10,000 account minimum and 25% down payment)

_____ _____

Signature of Insurance Representative Date

Agency Name/Address _____

_____

_____

Producer/Service Rep _____

Before you return this form, you must:

1. Provide the INSURED'S Federal ID#:_____
2. Identify all mortgagees, loss payees and (for Auto only) additional insureds/lessors (provide address).
3. Choose $1,000,000 underlying limits when there is an Umbrella.

This is not a binder, nor should it be used as one. This form is solely for the purpose of ordering property and casualty insurance coverages for which VFIS has provided a valid quote.

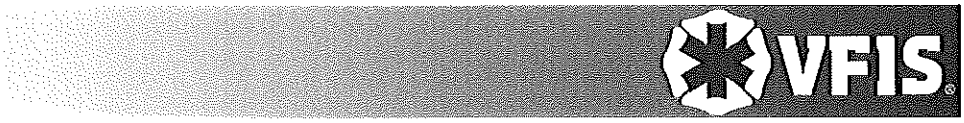
GENERAL FRAUD WARNING NOTICE

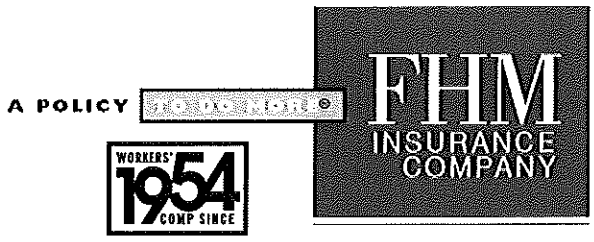
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

_____ _____

Signature of Insured Date

Comments/Notes:





Workers' Compensation Protection for Employers since 1954

Financial Strength and Stability for Policyholders

FHM is rated B++ VII Positive by A.M. Best & Company. In part, this rating was due to our monoline/mono-state structure for 53 years. In the last two years, FHM has expanded writing Workers' Compensation into other southeastern states to broaden our premium base.

The true measure of the strength and stability of an insurance carrier is by its **structure, practices** and **integrity**. These factors determine viability through all market cycles. They provide the long-term security for policyholder and agency partners. In this troubled financial market, we have seen large "A rated" carriers in turmoil.

- **Non-Assessable mutual company structure**
  - Does not rely on the troubled commercial paper market for financing
  - Answer only to our policyholders and Board of Directors
  - Quickly respond to market condition changes and special program needs
  - Policyholder dividends have been paid continuously since 1955
- **Transparent Financial Information available for review**
  - Debt to Capital Ratio = 0%
  - No external debt
  - Written Premium to Surplus ratio is .80
  - Surplus exceeds the A.M. Best & Company target level
- **Conservative Investment Practices**
  - Of $120,000,000 invested assets, only wrote down two Lehman bonds for $1,300,000
  - No investments in real estate and minimal in equities or asset-backed paper
  - Bonds are U.S. Government securities with 98% of the remainder in investment grade rated instruments
  - Board of Directors oversight monthly
- **Combined Ratio average under 1.00 for the last five (5) years**
  - Only write Workers' Compensation insurance
  - Prudent and consistent underwriting practices
  - Excellent claims management practices and loss control services
- **Reinsurance through A rated carriers**
  - Midwest Employers Casualty rated A+ XV – attaches at $1,000,000
  - Safety National Casualty rated A X – attaches at $10,000,000
- **Member of the Insurance Guarantee Fund of each state we operate in**
  - Each carrier pays into the fund; unlimited claims guarantee by these funds
  - Quarterly and Annual financial reviews by state Insurance Department
  - Annual independent audited financial statements

A POLICY TO DO MORE®

WORKERS' COMP SINCE 1954

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  - Each carrier pays into the fund; unlimited claims guarantee by these funds
  - Quarterly and Annual financial reviews by state Insurance Department
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FHM INSURANCE COMPANY

Workers' Compensation Protection for Employers since 1954

Financial Strength and Stability for Policyholders

FHM is rated B++ VII Positive by A.M. Best & Company. This is a **"Secure"** rating. In the last two years, FHM has expanded writing Workers' Compensation into other southeastern states to broaden our premium base and strengthen our position more.

The true measure of the strength and stability of an insurance carrier is by its **structure, practices** and **integrity**. These factors determine viability through all market cycles. These factors provide the long-term security for policyholder and agency partners.

- **Non-Assessable mutual company structure**
  - Policyholder dividends have been paid continuously since 1955
  - Quickly respond to market condition changes and special program needs
  - Answer only to our policyholders and Board of Directors
  - Does not rely on the troubled commercial paper market for financing
- **Transparent Financial Information available for review**
  - Written Premium to Surplus ratio is under 1.0
  - Surplus exceeds the A.M. Best & Company target level
  - Debt to Capital Ratio = 0%
  - No external debt
- **Conservative Investment Practices**
  - Of $112,000,000 invested assets, only wrote down two Lehman bonds for $1,300,000
  - No investments in real estate and minimal in equities
  - Bonds are U.S. Government securities with 98% of the remainder in investment grade rated instruments
  - Board of Directors monthly oversight
- **Combined Ratio average under 1.00 for the last five (5) years**
  - Only write Workers' Compensation insurance
  - Prudent and consistent underwriting practices
  - Excellent claims management practices and loss control services
- **Reinsurance through A rated carriers**
  - Midwest Employers Casualty rated A+ XV – attaches at $1,000,000
  - Safety National Casualty rated A X – attaches at $10,000,000
- **Member of the Insurance Guarantee Fund of each state we operate in**
  - Each carrier pays into the fund; unlimited claims guarantee by these funds
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PREMIUM SUMMARY

Named Insured: Sumter County Board of County Commissioners

Dates: 7/15/2009 to 7/15/2010

DESCRIPTION OF COVERAGE	PREMIUM
VFIS Fire Department Auto Indication Only	$51,219.12
Portable Equipment	$ 5,501.18
Premium Indication Prior to Obtaining Loss Runs	**$56,720.30**

Best Rating: AM Best Rating American Alternative A+ XV

SUMMARY OF PROPOSED PREMIUMS AND RELATED INFORMATION

Premiums as Proposed: Indication only $53,320.64

Payment Plan: Agency Bill

This proposal is based upon the exposures to loss made known to the Agency. Any changes in these exposures (i.e., new operations, new products, additional states of hire, etc.) need to be promptly reported to us in order that proper coverage(s) may be put into place.

Any "subject to" or "warranty" should also be mentioned here. These might be detailed loss information, signed applications, inspections, etc. Specific time schedules should be established for compliance with this needed data.

Compensation In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date the premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Requests. Should you have any questions, or require any additional information, please contact this office at 1-800-293-2431 or, if you prefer, submit your question or request online at http://www.bbinsurance.com/customerinquiry.shtml.