

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

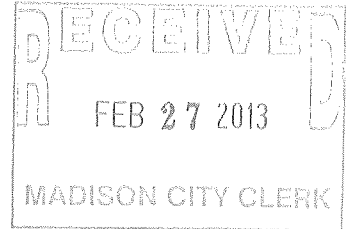
Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle
Renewal Fee: \$2,200/two years + \$60/vehicle

608 445-3188

1. Applicant Name Michael P. Schmidt & John N. Schmidt Home Phone # 608 445-0500
Home Address 2265 Sugar River Rd, Verona WI 53593
1366 Judd Rd, Oregon WI 53575
2. Company Name Green Cab of Madison Incorporated
Business Address 1621 Beld St, Madison, WI 53715
Business Telephone Number 608 255-1234

3. Indicate method of operation and type of fare collection:

Flat Rate _____	Number of Vehicles _____
Zone <u>X</u>	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____



Total number of vehicles proposed to be operated 55

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.

White car, partial body wrap consisting of green leaves, company logo, contact information, and fare information. Text is green and black with reflective detail. Seasonal variation in leaf color. One vehicle with pink leaves in October for National Breast Cancer Awareness month.

5. List your schedule of rates to be charged and the method of charging, in detail:

Zone fares per zone description on file with City Engineering. SHARED RIDE: \$3 to initial zone, \$1 per zone crossed, \$1 per extra passenger, \$2.50/mile out of zone. DIRECT RIDE: \$4.00 for initial zone, \$1.50 per zone crossed, \$1 per extra passenger, \$2.50 mile out of zone.

6. Name of Insurance Company Integrations Insurance 2121 E. Capital Drive
Business Address 920 734-4811
Business Telephone Number 920 734-4811

7. Name of Insurance Agent Kuntel & Associates Inc.
Business Address 401 Data Ct. Dubuque, IA 52003
Business Telephone Number 563-585-2310

8. Is applicant a corporation? Yes No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address
Michael P. Schmidt	2205 Sugar Hill Rd Verona WI 53593
John N. Schmidt	1366 Judd Rd Oregon WI 53575

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

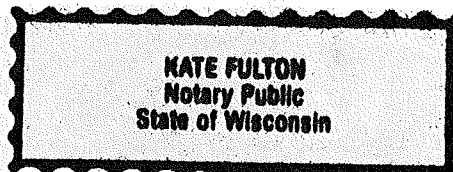
Name	Address

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

Name	Address	Vehicle Serial #	\$	Fulfillment Date

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of taxicabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

Yes No



Subscribed and sworn before me

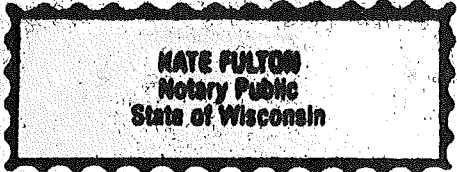
this 2nd day of February, 2013.

[Signature]
Notary Public

My Commission Expires 22nd June 2014

[Signature]
Applicant's Signature

Taxicab Filing Affidavit



State of Wisconsin)
County of Dane)

Michael P. Schmidt being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X a taxicab business in the City of Madison, doing business as Green Cab of Madison.

2. That as of the date of this Affidavit, (Company Name) Green Cab of Madison Incorporated (Address) 1621 Beld St, Madison, Wisconsin, doing business as Green Cab of Madison, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

3. That the schedule of fares to be charged in the operation of each of the vehicles listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)

- The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.
- The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.
- The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.
- The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.

- 4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
- b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business in the State of Wisconsin; and
- c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.

5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me
this 21st day of February, 2013.
[Signature]
Notary Public
My Commission Expires 22nd June 2014

[Signature]
Signature of person signing Affidavit under oath

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

ZONE RATES

First Zone Charge \$ 3 shared, \$4.50 direct ride
Additional Zone(s) Charge \$ 1 shared, \$1.50 direct ride
Additional Passenger Charge \$ 1 (for passengers making the same trip as the first passenger)
Outer Zone Distance 1/10 MI Outer Zone Charge \$.25
Wait Time 60 Seconds Wait Charge \$.60

FLAT RATES

"DROP" Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____
Additional Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger Zone 6 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger Zone 7 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger Zone 8 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger Zone 9 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger

HOURLY RATE

\$ _____ per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
 Additional articles \$ 50 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$ 50

Trunks and Footlockers: \$ 1.00 each

Aids to Handicapped People: Free

AIRPORT FEE

\$ 1 per vehicle (may not exceed the fee imposed by Dane County)

Company: _____

Proposed Effective Date: _____

Submitted by: _____

(Signature)

(Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28) days** before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- City Department of Transportation
- City Weights and Measures (Meter Cabs only)
- Dane County Regional Airport
- City Police Department

License # _____

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

Green Cab

GREEN CAB OF MADISON

Year	Make	Model	State	License	VIN	Permit#	Service
2010	Toyota	Prius	WI	483RWR	JTDKN3DU0A0169560	310	zone cab
2010	Toyota	Prius	WI	485RWR	JTDKN3DU4A0177113	311	zone cab
2010	Toyota	Prius	WI	446RSC	JTDKN3DU0A5153667	312	zone cab
2010	Toyota	Prius	WI	450RSC	JTDKN3DU7A0157034	313	zone cab
2010	Toyota	Prius	WI	484RWR	JTDKN3DU7A0174982	314	zone cab
2010	Toyota	Prius	WI	449RSC	JTDKN3DU6A0164704	315	zone cab
2010	Toyota	Prius	WI	447RSC	JTDKN3DU8A0121160	316	zone cab
2010	Toyota	Prius	WI	482RWR	JTDKN3DU8A0154143	317	zone cab
2010	Toyota	Prius	WI	448RSC	JTDKN3DU0A0139233	318	zone cab
2010	Toyota	Prius	WI	572SDU	JTDKN3DU9A0089996	319	zone cab
2009	GMC	Express	WI	GW 2137	1GJHG39K191103223	320	zone cab

Green Cab

2010	Toyota	Prius	WI	631SHA	JTDKN3DU7A0212890	321	zone cab
2011	Toyota	Prius	WI	789SHA	JTDKN3DU3B0258251	322	zone cab
2010	Toyota	Prius	WI	633SHA	JTDKN3DU9A0218609	323	zone cab
2012	Toyota	Prius	WI	732UFH	JTDKN3DU8C5512704	324	zone cab
2010	Toyota	Prius	WI	630SHA	JTDKN3DU1A0224467	325	zone cab
2013	Toyota	Prius	WI	661UMT	JTDKN3DU2D5552262	326	zone cab
2011	Toyota	Prius	WI	792SHA	JTDKN3DU7B0267941	327	zone cab
2011	Toyota	Prius	WI	793SHA	JTDKN3DU2B1338568	328	zone cab
2011	Toyota	Prius	WI	790SHA	JTDKN3DU3B0256743	329	zone cab
2012	Toyota	Prius V	WI	791 SHA	JTDZN3EU0C3035064	330	zone cab
2011	Toyota	Prius	WI	542SWU	JTDKN3DUXB5288530	331	zone cab
2011	Toyota	Prius	WI	619TEF	JTDKN3DU5A1122227	332	zone cab
2012	Toyota	Prius	WI	113THK	JTDZN3EU9C3017730	333	zone cab

Green Cab

2011	Toyota	Prius	WI	744TMT	JTDKN3DU1B5355550	334	zone cab
2012	Toyota	Prius	WI	729UFH	JTDKN3DUXC5467877	335	zone cab
2012	Toyota	Prius	WI	730UFH	JTDKN3DU6C5465446	336	zone cab
2012	Toyota	Prius	WI	731UFH	JTDKN3DU9C5487540	337	zone cab
2012	Toyota	Prius	WI	747UFH	JTDKN3DU8C5498691	338	zone cab
2012	Toyota	Prius	WI	733UFH	JTDKN3DU1C5495518	339	zone cab
2013	Toyota	Prius	WI	622UMT	JTDKN3DU6D5544777	340	zone cab
2013	Toyota	Prius	WI	620UMT	JTDKN3DU5D5538548	341	zone cab
2013	Toyota	Prius	WI	618UMT	JTDKN3DU8D5542464	342	zone cab
2013	Toyota	Prius	WI	619UMT	JTDKN3DU8D5539340	343	zone cab
2013	Toyota	Prius	WI	621UMT	JTDKN3DU9D5546183	344	zone cab

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

COMMERCIAL POLICY CHANGE ENDORSEMENT IL 16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured/Mailing Address: GREEN CAB OF MADISON INC C/O JOHN SCHMIDT 1621 BELD ST MADISON WI 53715		Agency Name/Address/Code Number: KUNKEL & ASSOCIATES INC 401 DATA COURT DUBUQUE, IA 52003 14-754-00	
Policy Number: Mod: CA 2638112-00	Effective Date of Change: 01/02/13	at 12:01 AM Standard Time	End No. 07

The following item(s):

- | | |
|---|--|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Legal Entity/Business of Insured | <input type="checkbox"/> Covered Property/Location Description |
| <input type="checkbox"/> Premium Determination | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Coverage Forms and Endorsements | <input checked="" type="checkbox"/> Vehicle(s) |

Is (are) changed to read [See Additional Page(s)]:

- * ADDING VEHICLE 046: 2013 TOYOTA PRIUS VIN JTDKN3DU2D5552262
WITH CLASS CODE 4189
- * DELETING VEHICLE 023: 2011 TOYOTA PRIUS VIN JTDKN3DU0B0303775

Authorized Representative

Issue Date: 01/09/13
ACCT. NO:0000140004

Annual Premium Change: 221.00 ADD'L
Pro Rata Premium Change: 150.00 ADD'L

Premium does not include service charges.

KUNKEL & ASSOCIATES INC
 401 DATA COURT
 DUBUQUE, IA
 52003



Integrity Mutual Insurance
 P.O. Box 539
 Appleton, Wisconsin 54912-0539

ABC

(563) 585-2310
 Agent No. 14-754-00
 info@kunkel-inc.com
 www.kunkel-inc.com

Named Insured and Address

Policy Type: *Commercial Auto*

Reason Issued: *Policy Change - Multiple Changes*
Policy Number: *CA 2638112-00*
Change Effective Date: *01/02/13*
Issue Date: *01/09/13*
ACCT. NO: *0000140004*

GREEN CAB OF MADISON INC
 C/O JOHN SCHMIDT
 1621 BELD ST
 MADISON WI 53715

From: 09/08/12 To: 09/08/13 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the application, common policy conditions, forms and endorsements, if any, complete the above numbered policy. 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.

Commercial Auto Coverage Part/Business Auto Coverage Form Declarations

Named Insured's Legal Entity is: *Corporation*

Item 2 - Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
Liability Coverage Combined Single Limits	01	\$1,000,000 Per Accident	\$ 65,090.00
Maximum PIP Benefits			
Maximum Added PIP Benefits Medical Payments	02 08 09	\$10,000	3,808.00
Uninsured Motorists Combined Single Limits	06 08 09	\$1,000,000 Per Accident	415.00
Underinsured Motorists Combined Single Limits	06	\$1,000,000 Per Accident	980.00
Physical Damage Insurance Comprehensive	02	Actual cash value or cost of repair, whichever is less, minus deductible shown. See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning. See Item 4 for hired or borrowed autos.	8,557.00
Collision	02	See Item 3 for deductible for each covered auto. See Item 4 for hired or borrowed autos.	28,884.00
Towing and Labor Acts of Terrorism Municipal Taxes Other State Specific Charge			\$140.00
Premium for Endorsements			150.00

Additional Premium For This Policy Change: \$150.00 . * Your Estimated Total Policy Premium Is **\$108,024.00**
THIS IS NOT A BILL. The additional premium will appear on your next Premium does not include service charges. invoice and remaining payments adjusted accordingly. * This policy may be subject to final audit.

Item 2 continued - Forms and Endorsements

IL0017	1198	IL43	0511	IL0021	0702	IL0283	0702	CA2048	0299
SE01	0897	CA0001	1001	CA0038	1202	CA0117	1111	CA50	0507
CA62	1111	CA2402	1293	CA2103	1111	CA2145	1111	CA9924	1111
CA84	0511	CA60	1205						

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
010	WI	105	10	TOYT PRIUS	JTDKN3DU7A0174982-	003	23000	4189		01/02/13
011	WI	105	10	TOYT PRIUS	JTDKN3DU4A0177113-	003	23000	4189		01/02/13
012	WI	105	10	TOYT PRIUS	JTDKN3DU0A5153667-	003	23000	4189		01/02/13
013	WI	105	10	TOYT PRIUS	JTDKN3DU0A0169560-	003	23000	4189		01/02/13
014	WI	105	10	TOYT PRIUS	JTDKN3DU7A0157034-	003	23000	4189		01/02/13
015	WI	105	10	TOYT PRIUS	JTDKN3DU6A0164704-	003	23000	4189		01/02/13
016	WI	105	10	TOYT PRIUS	JTDKN3DU8A0121160-	003	23000	4189		01/02/13
017	WI	105	10	TOYT PRIUS	JTDKN3DU0A0139233-	003	23000	4189		01/02/13
018	WI	105	10	TOYT PRIUS	JTDKN3DU8A0154143-	003	23000	4189		01/02/13
019	WI	105	10	TOYT PRIUS	JTDKN3DU9A0089996-	003	23000	4189		01/02/13
020	WI	105	09	GMC SAVANA G3500	IGJHG39K191103223-	004	33050	03499		01/02/13
022	WI	105	10	TOYT PRIUS	JTDKN3DU1A0224467-	003	23000	4189		01/02/13

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-ing	Other	Total Prem.
010	1891		111	11		28	1000	240	1000	762							3043
011	1891		111	11		28	1000	240	1000	762							3043
012	1891		111	11		28	1000	240	1000	762							3043
013	1891		111	11		28	1000	240	1000	762							3043
014	1891		111	11		28	1000	240	1000	762							3043
015	1891		111	11		28	1000	240	1000	762							3043
016	1891		111	11		28	1000	240	1000	762							3043
017	1891		111	11		28	1000	240	1000	762							3043
018	1891		111	11		28	1000	240	1000	762							3043
019	1891		111	11		28	1000	240	1000	762							3043
020	577		20	11		28	1000	61	1000	232							929
022	1891		111	11		28	1000	240	1000	762							3043

Business Auto Optimum

\$150

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
024	WI	105	10	TOYT PRIUS	JTDKN3DU7A0212890	003	23000	4189		01/02/13
025	WI	105	10	TOYT PRIUS	JTDKN3DU9A0218609	003	23000	4189		01/02/13
026	WI	105	11	TOYT PRIUS	JTDKN3DU7B0267941	002	23000	4189		01/02/13
027	WI	105	11	TOYT PRIUS	JTDKN3DU2B1338568	002	23000	4189		01/02/13
028	WI	105	11	TOYT PRIUS	JTDKN3DU3B0256743	002	23000	4189		01/02/13
029	WI	105	11	TOYT PRIUS	JTDKN3DUXB5288530	002	23000	4189		01/02/13
030	WI	105	10	TOYT PRIUS	JTDKN3DU5A1122227	003	23000	4189		01/02/13
031	WI	105	11	TOYT PRIUS	JTDKN3DU3B0258251	002	23000	4189		01/02/13
032	WI	105	12	TOYT PRIUS V	JTDZN3EU9C3017730	001	26400	4189		01/02/13
033	WI	105	12	TOYT PRIUS V	JTDZN3EU0C3035064	001	26400	4189		01/02/13
034	WI	105	11	TOYT PRIUS	JTDKN3DU1B5355550	002	21650	4189		01/02/13
035	WI	105	12	TOYT PRIUS	JTDKN3DU8C5512704	001	26400	4189		01/02/13

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-ing	Other	Total Prem.
024	1891		111	11		28	1000	240	1000	762							3043
025	1891		111	11		28	1000	240	1000	762							3043
026	1891		111	11		28	1000	240	1000	762							3043
027	1891		111	11		28	1000	240	1000	762							3043
028	1891		111	11		28	1000	240	1000	762							3043
029	1891		111	11		28	1000	240	1000	762							3043
030	1891		111	11		28	1000	240	1000	762							3043
031	1891		111	11		28	1000	240	1000	762							3043
032	1891		111	11		28	1000	264	1000	958							3263
033	1891		111	11		28	1000	264	1000	958							3263
034	1891		111	11		28	1000	240	1000	762							3043
035	1891		111	11		28	1000	264	1000	958							3263

Named Insured: GREEN CAB OF MADISON INC

Policy Number: CA 2638112

INSURED COPY

CA 241A (10-97)

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
036	WI	105	12	TOYT PRIUS	JTDKN3DU6C5465446	001	26400	4189		01/02/13
037	WI	105	12	TOYT PRIUS	JTDKN3DUXC5467877	001	26400	4189		01/02/13
038	WI	105	12	TOYT PRIUS	JTDKN3DU1C5495518	001	26400	4189		01/02/13
039	WI	105	12	TOYT PRIUS	JTDKN3DU9C5487540	001	26400	4189		01/02/13
040	WI	105	12	TOYT PRIUS	JTDKN3DU8C5498691	001	26400	4189		01/02/13
041	WI	105	13	TOYT PRIUS	JTDKN3DU8D5542464	000	26400	4189		01/02/13
042	WI	105	13	TOYT PRIUS	JTDKN3DU8D5539340	000	26400	4189		01/02/13
043	WI	105	13	TOYT PRIUS	JTDKN3DU5D5538548	000	26400	4189		01/02/13
044	WI	105	13	TOYT PRIUS	JTDKN3DU9D5546183	000	26400	4189		01/02/13
045	WI	105	13	TOYT PRIUS	JTDKN3DU6D5544777	000	26400	4189		01/02/13
046	WI	105	13	TOYT PRIUS	JTDKN3DU2D5552262	000	26400	4189		01/02/13

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-Ing	Other	Total Prem.
036	1891		111	11		28	1000	264	1000	958							3263
037	1891		111	11		28	1000	264	1000	958							3263
038	1891		111	11		28	1000	264	1000	958							3263
039	1891		111	11		28	1000	264	1000	958							3263
040	1891		111	11		28	1000	264	1000	958							3263
041	1891		111	11		28	1000	264	1000	958							3263
042	1891		111	11		28	1000	264	1000	958							3263
043	1891		111	11		28	1000	264	1000	958							3263
044	1891		111	11		28	1000	264	1000	958							3263
045	1891		111	11		28	1000	264	1000	958							3263
046	1891		111	11		28	1000	264	1000	958							3263

Named Insured: GREEN CAB OF MADISON INC
 Policy Number: CA 2638112

INSURED COPY

Integrity Mutual Insurance

Item 4 - Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Liability Coverage - Rating Basis, Cost of Hire

State	Estimated Cost of Hire	Rate per \$100 Cost of Hire	Factor (If Liab. Cov. is Primary)	Premium
WI	IF ANY	0.000		51
Total Premium:				\$51

Cost of hire means the total amount you incur for the hire of "autos" you do not 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 <i>The most we will pay, deductible</i>	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repairs }			
Specified Causes of Loss				
Collision				
Total Premium:				

Physical damage insurance for covered autos you hire or borrow is excess unless indicated by (X).

() If this box is checked, physical damage insurance applies on a direct primary basis and for purposes of the condition entitled other insurance, any covered auto you hire or borrow is deemed to be a covered auto you own.

Item 5 - Schedule for Employers Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	26 - 100	212
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Partners		
Total Premium:			\$212

Integrity Mutual Insurance

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests

Unit #000 Designated Insured
BOARD OF REGENTS OF THE
SEE SE01 FOR FULL NAME
21 N PARK ST STE 6101
MADISON WI 53715

Unit #000 Named Insured
SOUTHSIDE BROTHERS LLC

Named Insured: GREEN CAB OF MADISON INC
Policy No. CA 2638112

CA 241 (12-99)

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

COMMERCIAL POLICY CHANGE ENDORSEMENT IL 16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured/Mailing Address: GREEN CAB OF MADISON INC C/O JOHN SCHMIDT 1621 BELD ST MADISON WI 53715	Agency Name/Address/Code Number: KUNKEL & ASSOCIATES INC 401 DATA COURT DUBUQUE, IA 52003 14-754-00
--	--

Policy Number: Mod: CA 2638112-00	Effective Date of Change: 01/15/13 at 12:01 AM Standard Time	End No. 08
--------------------------------------	---	---------------

The following item(s):

- | | |
|---|--|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Legal Entity/Business of Insured | <input type="checkbox"/> Covered Property/Location Description |
| <input type="checkbox"/> Premium Determination | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Coverage Forms and Endorsements | <input checked="" type="checkbox"/> Vehicle(s) |

Is (are) changed to read [See Additional Page(s)]:

* DELETING VEHICLE 020: 2009 GMC SAVANA G3500 VIN
1GJHG39K191103223

Authorized Representative

Issue Date: 01/18/13
ACCT. NO:0000140004

Annual Premium Change: _____ 930.00 RETURN
Pro Rata Premium Change: _____ 601.00 RETURN
Premium does not include service charges.

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

Limits:

Liability Combined Single Limit	\$1,000,000
Medical Payments	\$10,000
Uninsured Motorist	\$1,000,000
Underinsured Motorist	\$1,000,000

Coverage Symbols:

Liability Combined Single Limit	Scheduled Autos Hired Autos
Medical Payments	Non Owned Autos Scheduled Autos Hired Autos
Uninsured/Underinsured Motorist	Non Owned Autos Scheduled Autos Hired Autos
Physical Damage	Non Owned Autos Scheduled Autos

Deductibles:

Comprehensive	\$1,000
Collision	\$1,000

Auto Schedule See Below

Auto Enhancement Business Auto Optimum

- Punitive Damages
- Terrorism
- Nuclear Energy Liability

Kunkel
& Associates, Inc.

The above is only a summary of the coverages and does not necessarily include all of the exclusions and provisions of the policy. Please review the policy for the full coverage details.

Commercial Insurance Policy

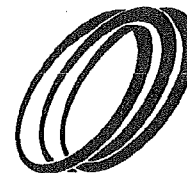
Commercial Auto

Designed For: GREEN CAB OF MADISON INC
C/O JOHN SCHMIDT
1621 BELD ST
MADISON WI 53715

37-59 (11-2010)



2005)



Integrity
InsuranceSM

P.O. Box 539
Appleton, Wisconsin 54912-0539



2121 East Capitol Drive
P.O. Box 539
Appleton, WI 54912-0539
920.734.4511 or 800.348.1741
integrityinsurance.com

Policy Number: 2638112
PIN: 0632

Dear Policyholder:

We know you have a lot of choices when it comes to purchasing an insurance policy, so thank you for trusting your business to Integrity Insurance. We're committed to Ease of Doing Business® (EODB) and providing the ultimate customer experience - from how you pay your bill to how you report a claim.

Now that you're a policyholder, you can visit IntegrityInsurance.com and use the PIN listed at the top of this letter to sign up for an Integrity account. Once you register, you can pay your bill online, view and print your policy documents, and get in touch with your agent. Plus, if you ever have a claim, you can check its status by logging into your account.

Along with the quality insurance coverage you just bought and easy access to policy information, Integrity provides:

- **Strength and stability** - Taking care of our policyholders since 1933, Integrity is rated "A" (Excellent) by A.M. Best and is in partnership with Ohio-based Grange Insurance, a \$1 billion insurance provider. We're strong and stable enough to be there wherever and whenever you need us.
- **Superior claims service** - If you ever need to report a claim, you can count on us. In fact, 9 out of 10 Integrity Insurance policyholders who filed a claim with us would recommend Integrity to their friends and family based on their claims experience.
- **A variety of competitive, affordable products** - Whether it's for you, your family or your business, we offer the right auto, home, business and life insurance solutions to help you protect what matters most.
- **A network of trusted advisors** - Insurance is not a one-size-fits-all product. That's why we work with independent agents who represent multiple companies and offer local knowledgeable advice. We're pleased that after assessing your unique needs, your agent has recommended Integrity.

If you have any questions about your policy or if anything in your life changes, remember to let your agent know so he or she can make sure you have enough of the right coverages to protect your most valuable assets.

Thank you again for your business.

Sincerely,

A handwritten signature in black ink that reads "Joseph F. DiMartino".

Joseph F. DiMartino
President & CEO

Integrity Mutual Insurance Company | Integrity Property & Casualty Insurance Company

Integrity Insurance

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Integrity Mutual Insurance Company
2121 East Capitol Drive, P.O. Box 539
Appleton, WI 54912-0539
(920) 734-4511 or 1-800-348-1741

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.



Notice of Availability of Underinsured Motorists Coverage

We are required by Wisconsin law to advise you about the availability of Underinsured Motorists Coverage. This coverage is an important part of your total automobile insurance coverage. This coverage is intended to pay for the bodily injury sustained by an insured who is involved in an accident with a driver whose insurance limit is insufficient to compensate for the bodily injuries. The limit available for compensation is excess over the insurance provided by the other driver up to the limit shown in your policy.

You have the right to reject Underinsured Motorists Coverage. If you wish to reject the Underinsured Motorists Coverage on your policy, please see your Integrity agent.

KUNKEL & ASSOCIATES INC
 401 DATA COURT
 DUBUQUE, IA
 52003



Integrity Mutual Insurance
 P.O. Box 539
 Appleton, Wisconsin 54912-0539

ABC

(563) 585-2310
 Agent No. 14-754-00
 info@kunkel-inc.com
 www.kunkel-inc.com

Named Insured and Address

Policy Type: *Commercial Auto*

Reason Issued: *New Business*
Policy Number: CA 2638112-00
Issue Date: 08/30/12
ACCT. NO: 0000140004

GREEN CAB OF MADISON INC
 C/O JOHN SCHMIDT
 1621 BELD ST
 MADISON WI 53715

From: 09/08/12 To: 09/08/13 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the application, common policy conditions, forms and endorsements, if any, complete the above numbered policy. 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.

Commercial Auto Coverage Part/Business Auto Coverage Form Declarations

Named Insured's Legal Entity is: *Corporation*

Item 2 - Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
Liability Coverage Combined Single Limits	01	\$1,000,000 Per Accident	\$ 46,180.00
Maximum PIP Benefits			
Maximum Added PIP Benefits			
Medical Payments	02 08 09	\$10,000	2,698.00
Uninsured Motorists Combined Single Limits	06 08 09	\$1,000,000 Per Accident	305.00
Underinsured Motorists Combined Single Limits	06	\$1,000,000 Per Accident	700.00
Physical Damage Insurance Comprehensive	02	Actual cash value or cost of repair, whichever is less, minus deductible shown. See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning. See Item 4 for hired or borrowed autos.	5,869.00
Collision	02	See Item 3 for deductible for each covered auto. See Item 4 for hired or borrowed autos.	18,912.00
Towing and Labor			
Acts of Terrorism			\$98.00
Municipal Taxes			
Other State Specific Charge			
Premium for Endorsements			150.00

Premium does not include service charges.

* Your Estimated Total Policy Premium Is **\$ 74,912.00**

THIS IS NOT A BILL. Any outstanding balance due will be billed at a later date.

* This policy may be subject to final audit.

Authorized Signature _____ Date _____

Item 2 continued - Forms and Endorsements

IL0017	1198	IL43	0511	IL0021	0702	IL0283	0702	CA39	0389
CA0001	1001	CA0038	1202	CA0117	1111	CA50	0507	CA62	1111
CA2402	1293	CA2103	1111	CA2145	1111	CA9924	1111	CA84	0511
CA60	1205								

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
010	WI	105	10	TOYT PRIUS	JTDKN3DU7A0174982	003	23000	4189		09/08/12
011	WI	105	10	TOYT PRIUS	JTDKN3DU4A0177113	003	23000	4189		09/08/12
012	WI	105	10	TOYT PRIUS	JTDKN3DU0A5153667	003	23000	4189		09/08/12
013	WI	105	10	TOYT PRIUS	JTDKN3DU0A0169560	003	23000	4189		09/08/12
014	WI	105	10	TOYT PRIUS	JTDKN3DU7A0157034	003	23000	4189		09/08/12
015	WI	105	10	TOYT PRIUS	JTDKN3DU6A0164704	003	23000	4189		09/08/12
016	WI	105	10	TOYT PRIUS	JTDKN3DU8A0121160	003	23000	4189		09/08/12
017	WI	105	10	TOYT PRIUS	JTDKN3DU0A0139233	003	23000	4189		09/08/12
018	WI	105	10	TOYT PRIUS	JTDKN3DU8A0154143	003	23000	4189		09/08/12
019	WI	105	10	TOYT PRIUS	JTDKN3DU9A0089996	003	23000	4189		09/08/12
020	WI	105	09	GMC SAVANA G3500	1GJHG39K191103223	004	33050	03499		09/08/12
021	WI	105	10	TOYT PRIUS	JTDKN3DU9A0223468	003	23000	4189		09/08/12

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-Ing	Other	Total Prem.
010	1891		111	11		28	1000	240	1000	762							3043
011	1891		111	11		28	1000	240	1000	762							3043
012	1891		111	11		28	1000	240	1000	762							3043
013	1891		111	11		28	1000	240	1000	762							3043
014	1891		111	11		28	1000	240	1000	762							3043
015	1891		111	11		28	1000	240	1000	762							3043
016	1891		111	11		28	1000	240	1000	762							3043
017	1891		111	11		28	1000	240	1000	762							3043
018	1891		111	11		28	1000	240	1000	762							3043
019	1891		111	11		28	1000	240	1000	762							3043
020	577		20	11		28	1000	61	1000	232							929
021	1891		111	11		28	1000	240	1000	762							3043

Business Auto Optimum

\$150

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
022	WI	105	10	TOYT PRIUS	JTDKN3DU1A0224467	003	23000	4189		09/08/12
023	WI	105	11	TOYT PRIUS	JTDKN3DU0B0303775	002	23000	4189		09/08/12
024	WI	105	10	TOYT PRIUS	JTDKN3DU7A0212890	003	23000	4189		09/08/12
025	WI	105	10	TOYT PRIUS	JTDKN3DU9A0218609	003	23000	4189		09/08/12
026	WI	105	11	TOYT PRIUS	JTDKN3DU7B0267941	002	23000	4189		09/08/12
027	WI	105	11	TOYT PRIUS	JTDKN3DU2B1338568	002	23000	4189		09/08/12
028	WI	105	11	TOYT PRIUS	JTDKN3DU3B0256743	002	23000	4189		09/08/12
029	WI	105	11	TOYT PRIUS	JTDKN3DUXB5288530	002	23000	4189		09/08/12
030	WI	105	10	TOYT PRIUS	JTDKN3DU5A1122227	003	23000	4189		09/08/12
031	WI	105	11	TOYT PRIUS	JTDKN3DU3B0258251	002	23000	4189		09/08/12
032	WI	105	12	TOYT PRIUS V	JTDZN3EU9C3017730	001	26400	4189		09/08/12
033	WI	105	12	TOYT PRIUS V	JTDZN3EU0C3035064	001	26400	4189		09/08/12

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-ing	Other	Total Prem.
022	1891		111	11		28	1000	240	1000	762							3043
023	1891		111	11		28	1000	240	1000	762							3043
024	1891		111	11		28	1000	240	1000	762							3043
025	1891		111	11		28	1000	240	1000	762							3043
026	1891		111	11		28	1000	240	1000	762							3043
027	1891		111	11		28	1000	240	1000	762							3043
028	1891		111	11		28	1000	240	1000	762							3043
029	1891		111	11		28	1000	240	1000	762							3043
030	1891		111	11		28	1000	240	1000	762							3043
031	1891		111	11		28	1000	240	1000	762							3043
032	1891		111	11		28	1000	264	1000	958							3263
033	1891		111	11		28	1000	264	1000	958							3263

Named Insured: GREEN CAB OF MADISON INC
 Policy Number: CA 2638112

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
034	WI	105	11	TOYT PRIUS	JTDKN3DU1B5355550	002	21650	4189		09/08/12

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-ing	Other	Total Prem.
034	1891		111	11		28	1000	240	1000	762							3043

Named Insured: GREEN CAB OF MADISON INC

Policy Number: CA 2638112

CA 241A (10-97)

INSURED COPY

Integrity Mutual Insurance

Item 4 - Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Liability Coverage - Rating Basis, Cost of Hire

State	Estimated Cost of Hire	Rate per \$100 Cost of Hire	Factor (If Liab. Cov. Is Primary)	Premium
WI	IF ANY	0.000		51
Total Premium:				\$51

Cost of hire means the total amount you incur for the hire of "autos" you do not 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 <i>The most we will pay, deductible</i>	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value or Cost of Repairs			
Specified Causes of Loss				
Collision				
Total Premium:				

Physical damage insurance for covered autos you hire or borrow is excess unless indicated by (X).

() If this box is checked, physical damage insurance applies on a direct primary basis and for purposes of the condition entitled other insurance, any covered auto you hire or borrow is deemed to be a covered auto you own.

Item 5 - Schedule for Employers Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	26 - 100	212
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Partners		
Total Premium:			\$212

Integrity Mutual Insurance

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests

Unit #000 Additional Insured
SOUTHSIDE BROTHERS LLC
1621 BELD ST
MADISON WI 53715

Named Insured: GREEN CAB OF MADISON INC

Policy No. CA 2638112

CA 241 (12-99)

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement

IL 43

Policy Number: CA 2638112

Common Policy Conditions Changes

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE
PROVIDED UNDER COMMON POLICY
CONDITIONS - IL 00 17.**

The following condition is added:

G. Our Right to Use Other Resources

You and any insured seeking coverage under this policy agree that we have the right to utilize outside sources, vendors, experts, consultants, and software tools of our choosing to assist us in underwriting, pricing, and issuing our insurance policies and to assist us in adjusting claims.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "Special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
FARM COVERAGE PART
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Paragraph 2. of the Cancellation Common Policy Condition is replaced by the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least 10 days before the effective date of cancellation.

If this policy has been in effect for less than 60 days and is not a renewal policy, we may cancel for any reason.

If this policy has been in effect for 60 days or more or is a renewal of a policy we issued, except as provided in Paragraph 7. below, we may cancel this policy only for one or more of the following reasons:

- a. The policy was obtained by material misrepresentation;
- b. There has been a substantial change in the risk we originally assumed, except to the extent that we should have foreseen the change or considered the risk in writing the policy;
- c. There have been substantial breaches of contractual duties, conditions or warranties; or
- d. Nonpayment of premium.

If this policy has been in effect for 60 days or more or is a renewal of a policy we issued, the notice of cancellation will state the reason for cancellation.

B. The following is added to the Cancellation Common Policy Condition:

7. Anniversary Cancellation

If this policy is written for a term of more than one year or has no fixed expiration date, we may cancel this policy for any reason by mailing or delivering to the first Named Insured written notice of cancellation at least 60 days before the anniversary date of the policy. Such cancellation will be effective on the policy's anniversary date.

We may cancel this policy because of the termination of an insurance marketing intermediary's contract with us only if the notice of cancellation contains an offer to continue the policy with us if we receive a written request from the first Named Insured prior to the date of cancellation.

C. The following applies to the:

BOILER AND MACHINERY COVERAGE PART
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
FARM COVERAGE PART

1. We may rescind this policy because of the following:
 - a. Misrepresentation made by you or on your behalf in the negotiation for or procurement of this Coverage Part, if the person knew or should have known that the representation was false;
 - b. Breach of affirmative warranty made by you or on your behalf in the negotiation for or procurement of this Coverage Part;
 - c. Failure of a condition before a loss if such failure exists at the time of loss; or
 - d. Breach of a promissory warranty if such breach exists at the time of loss.
 2. We may not rescind this policy:
 - a. For the reasons in Paragraphs C.1.a. and C.1.b. unless:
 - (1) We rely on the misrepresentation or affirmative warranty and the misrepresentation or affirmative warranty is either material or made with intent to deceive; or
 - (2) The facts misrepresented or falsely warranted contribute to the loss.
 - b. For the reasons in Paragraphs C.1.c. and C.1.d. unless such failure or breach:
 - (1) Increases the risk at the time of loss; or
 - (2) Contributes to the loss.
 3. If we elect to rescind this policy, we will notify the first Named Insured of our intention within 60 days after acquiring knowledge of sufficient facts to constitute grounds for rescission.
- D. The following are added and supersede any other provisions to the contrary:

1. Nonrenewal

- a. If we elect not to renew this policy we will mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us. We may elect not to renew for any reason; the notice will state the reason for nonrenewal. We will mail or deliver the notice at least 60 days before the expiration date of this policy.

We need not mail or deliver the notice if:

- (1) You have insured elsewhere;
- (2) You have accepted replacement coverage;
- (3) You have requested or agreed to nonrenewal of this policy; or
- (4) This policy is expressly designated as nonrenewable.

- b. We may refuse to renew this policy because of the termination of an insurance marketing intermediary's contract with us only if the notice of nonrenewal contains an offer to renew the policy with us if we receive a written request from the first Named Insured prior to the renewal date.
- c. If you fail to pay the renewal or continuation premium by the premium due date, this policy will terminate on the policy expiration or anniversary date, if we have:
 - (1) Given you written notice of the renewal or continuation premium not more than 75 days nor less than 10 days prior to the due date of the premium; and
 - (2) Stated clearly in the notice the effect of nonpayment of premium by the due date.

2. Anniversary Alteration

If this policy is written for a term of more than one year or has no fixed expiration date, we may alter the terms or premiums of this policy by mailing or delivering written notice of less favorable terms or premiums to the first Named Insured's last mailing address known to us. We will mail, by first class mail, or deliver this notice at least 60 days prior to the anniversary date.

If we notify the first Named Insured within 60 days prior to the anniversary date, the new terms or premiums will not take effect until 60 days after the notice was mailed or delivered. The notice will include a statement of the first Named Insured's right to cancel. The first Named Insured may elect to cancel the policy at any time during the 60-day period, in accordance with Paragraph 1. of the Cancellation Common Policy Condition. If the first Named Insured elects to cancel the policy during the 60-day period, return premiums or additional premium charges will be calculated proportionately on the basis of the old premiums.

3. Renewal With Altered Terms

If we elect to renew this policy but on less favorable terms or at higher premiums, we will mail or deliver written notice of the new terms or premiums to the first Named Insured's last mailing address known to us. We will mail, by first class mail, or deliver this notice at least 60 days prior to the renewal date.

If we notify the first Named Insured within 60 days prior to the renewal date, the new terms or premiums will not take effect until 60 days after the notice was mailed or delivered. The notice will include a statement of the first Named Insured's right to cancel. The first Named Insured may elect to cancel the renewal policy at any time during the 60-day period, in accordance with Paragraph 1. of the Cancellation Common Policy Condition. If the first Named Insured elects to cancel the renewal policy during the 60-day period, return premiums or additional premium charges will be calculated proportionately on the basis of the old premiums.

We need not mail or deliver this notice if the only change adverse to you is a premium increase that:

- a. Is less than 25% and is generally applicable to the class of business to which this policy belongs; or
- b. Results from a change based on your action that alters the nature or extent of the risk insured against, including but not limited to a change in the classification or the units of exposure, or increased policy coverage.

E. Special Provision - Cancellation And Nonrenewal

With respect to insurance provided under the Commercial Automobile Coverage Part, we will not cancel or refuse to renew Liability Coverage wholly or partially because of age, sex, residence, race, color, creed, religion, national origin, ancestry, marital status or occupation of anyone who is an insured.

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement

CA 39

Policy Number: CA 2638112

Additional Insured

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	at 12:01 A.M. standard time	
Named Insured		Countersigned by

(Authorized Signature)

SCHEDULE

Name and Address of Person or Organization (Additional Insured):

WHO IS AN INSURED (Section II) is amended to include as an "insured" the person or organization named in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase the limits of our liability.

BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-Fault	Only those "autos" you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent, or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Nonowned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.

B. Owned Autos You Acquire After The Policy Begins

1. If Symbols 1, 2, 3, 4, 5 or 6 are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol 7 is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II - LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property

damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
 - (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
 - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company), or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
 - (5) A partner (if you are a partnership), or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

In addition to the Limit of Insurance, we will pay for the "insured":

- (1) All expenses we incur.

- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All costs taxed against the "insured" in any "suit" against the "insured" we defend.
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

b. Out-Of-State Coverage Extensions

While a covered "auto" is away from the state where it is licensed we will:

- (1) Increase the Limit of Insurance for Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraphs a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" due to war, whether or not declared, or any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. This exclusion applies only to liability assumed under a contract or agreement.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage Endorsement, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:
 - a. **Comprehensive Coverage**
From any cause except:
 - (1) The covered "auto's" collision with another object; or
 - (2) The covered "auto's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

c. Collision Coverage

Caused by:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

2. Towing

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

a. Transportation Expenses

We will pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

- 1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

- 2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

- 3. We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:

- a. Wear and tear, freezing, mechanical or electrical breakdown.
- b. Blowouts, punctures or other road damage to tires.

- 4. We will not pay for "loss" to any of the following:

- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
- b. Any device designed or used to detect speed measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed measurement equipment.
- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound.
- d. Any accessories used with the electronic equipment described in Paragraph c. above.

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

- a. Equipment designed solely for the reproduction of sound and accessories used with such equipment, provided such equipment is permanently installed in the covered "auto" at the time of the "loss" or such equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto"; or

- b. Any other electronic equipment that is:

- (1) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or
- (2) An integral part of the same unit housing any sound reproducing equipment described in a. above and permanently installed in the opening of the dash or console of the covered "auto" normally used by the manufacturer for installation of a radio.

- 5. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limit Of Insurance

1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:

- (1) How, when and where the "accident" or "loss" occurred;

- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

- b. Additionally, you and any other involved "insured" must:

- (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
- (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
- (4) Authorize us to obtain medical records or other pertinent information.
- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

- c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

2. Concealment, Misrepresentation Or Fraud

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

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

3. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

5. Other Insurance

a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own.
- (2) Primary while it is connected to a covered "auto" you own.

b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Liability Coverage is primary for any liability assumed under an "insured contract".

d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

6. Premium Audit

a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.

b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- a. The United States of America;
- b. The territories and possessions of the United States of America;
- c. Puerto Rico;
- d. Canada; and
- e. Anywhere in the world if:
 - (1) A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
 - (2) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us apply to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

SECTION V – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means a land motor vehicle, "trailer" or semitrailer designed for travel on public roads but does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:
 - 1. Any request, demand, order or statutory or regulatory requirement; or
 - 2. Any claim or "suit" by or on behalf of a governmental authority demanding

that the "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured";
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and

- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
1. A lease of premises;
 2. A sidetrack agreement;
 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
 6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".
- An "insured contract" does not include that part of any contract or agreement:
- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J. "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 2. Vehicles maintained for use solely on or next to premises you own or rent;
 3. Vehicles that travel on crawler treads;
 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers.
 5. Vehicles not described in Paragraphs 1., 2., 3., or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers.
 6. Vehicles not described in Paragraphs 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - a. Equipment designed primarily for:
 - (1) Snow removal;

- (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
 - b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.
- L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- M. "Property damage" means damage to or loss of use of tangible property.
- N. "Suit" means a civil proceeding in which:
- 1. Damages because of "bodily injury" or "property damage"; or
 - 2. A "covered pollution cost or expense", to which this insurance applies, are alleged.
- "Suit" includes:
- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
- O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAR EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
SINGLE INTEREST AUTOMOBILE PHYSICAL DAMAGE INSURANCE POLICY
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Changes In Liability Coverage

The War exclusion under Paragraph B. Exclusions of Section II – Liability Coverage is replaced by the following:

WAR

"Bodily injury", "property damage" or "covered pollution cost or expense" arising directly or indirectly, out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

B. Changes In Garagekeepers Coverage

If the Garagekeepers Coverage endorsement or the Garagekeepers Coverage – Customers' Sound Receiving Equipment endorsement is attached, the following exclusion is added:

We will not pay for "loss" caused by or resulting from the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss":

WAR

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

C. Changes In Auto Medical Payments

If the Auto Medical Payments Coverage endorsement is attached, then Exclusion C.6. is replaced by the following:

6. "Bodily injury", arising directly or indirectly, out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Changes In Uninsured/Underinsured Motorists Coverage

If Uninsured and/or Underinsured Motorists Coverage is attached, then the following exclusion is added:

This insurance does not apply to:

WAR

1. "Bodily injury" or "property damage", if applicable, arising directly or indirectly, out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

E. Changes In Personal Injury Protection Coverage

1. If Personal Injury Protection, no-fault, or other similar coverage is attached, and:
 - a. Contains, in whole or in part, a War exclusion, that exclusion is replaced by Paragraph 2.
 - b. Does not contain a war exclusion, Paragraph 2. is added.
2. This insurance does not apply to:

WAR

"Bodily injury" or "property damage", if applicable, arising directly or indirectly, out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

F. Changes In Single Interest Automobile Physical Damage Insurance Policy

The War exclusion is replaced by the following:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN CHANGES

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Wisconsin, the coverage form is changed as follows:

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

A. Changes In Liability Coverage

1. If your business is other than selling, servicing, repairing or parking "autos", Who Is An Insured is changed to include an officer, agent or "employee" of such business while using a covered "auto". However, that person is an "insured" only if he or she has no other valid and collectible insurance with at least the applicable minimum limit specified in WIS. STAT. ch. 344. In this event, coverage will be provided only up to the applicable minimum limit specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - a. \$60,000 for each "accident" for "bodily injury" and "property damage", if the limit of liability is a single limit that applies for each "accident"; or
 - b. \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.
2. If your business is selling, servicing, repairing or parking "autos", Who Is An Insured is changed to include anyone other than an officer, agent or "employee" of such business while using a covered "auto". However, that person is an "insured" only if he or she has no other valid and collectible insurance with at least the applicable minimum limit specified in WIS. STAT. ch. 344. In this event, coverage will be provided only up to the applicable minimum limit specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - a. \$60,000 for each "accident" for "bodily injury" and "property damage", if the limit of liability is a single limit that applies for each "accident"; or
 - b. \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.
3. The following is added to Who Is An Insured:

Anyone else is an "insured" while using a covered "auto" you own with your or any adult "family member's" permission.

4. The Garage Coverage Form is changed as follows:

a. Paragraph a.(2)(d)(i) of the **Who Is An Insured** Provision is replaced by the following:

(i) Has no other available insurance (whether primary, excess or contingent), they are an "insured" but only up to \$60,000 for each "accident", which is the minimum combined single limit of liability specified in WIS. STAT. ch. 344.

b. Paragraph a.(2)(d)(ii) of the **Who Is An Insured** Provision is replaced by the following:

(ii) Has other available insurance (whether primary, excess or contingent), less than the applicable minimum limit for "bodily injury" or "property damage" liability specified in WIS. STAT. ch. 344, they are an "insured" only for the amount by which the applicable minimum limit of liability exceeds the limit of their other insurance. The applicable minimum limit is:

i. \$60,000 for each "accident" for "bodily injury" or "property damage", if the limit of liability is a single limit that applies for each "accident"; or

ii. \$25,000 for each person/\$50,000 for each "accident" for "bodily injury"/\$10,000 for "property damage", if the limit of liability is indicated as a split limit.

5. The **Fellow Employee Exclusion** does not apply if the "bodily injury" results from the use of a covered "auto" you do not own or lease.

B. Changes In Conditions

1. The first sentence of the **Duties In The Event Of Accident, Claim, Suit Or Loss Condition** is replaced by the following:

We have no duty to provide coverage under this policy if failure to comply with the following duties is prejudicial to us:

In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representatives notice as soon as reasonably possible of the "accident" or "loss".

2. The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition**:

We shall be entitled to a recovery only after the "insured" has been fully compensated for damages.

3. The **Legal Action Against Us Condition** does not apply.

4. The following is added to the **Concealment, Misrepresentation Or Fraud Condition**:

No oral or written statement, representation or warranty made by the "insured" or on his or her behalf in the negotiation for or procurement of this coverage form shall be deemed material or defeat or void this coverage form, unless such statement, representation or warranty was false and made with intent to deceive, or unless the matter misrepresented or made a warranty, increased the risk or contributed to the "loss". In addition, no breach of a warranty in this coverage form shall defeat or void this coverage form unless the breach of such warranty increased the risk at the time of "loss", or contributed to the "loss", or existed at the time of the "loss".

Our authorized representative's knowledge will be considered our knowledge. If our authorized representative knows before an "accident" or "loss" something which violates a policy condition, this will not void the policy or defeat a recovery for a claim.

If we elect to rescind this policy, we will notify the "insured" of our intention within 60 days after acquiring knowledge of sufficient facts to constitute grounds for rescission.

5. The following is added:

Conformity To Statute Or Rule

Any provision of this Coverage Part (including endorsements which modify the Coverage Part) that is in conflict with a Wisconsin statute or rule is hereby amended to conform to that statute or rule.

The term rule means a valid rule promulgated by the Commissioner of Insurance in accordance with the rule-making authority conferred under WIS. STAT. Section 227.11(2) and published in the Wisconsin Administrative Code.

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement

CA 50

Policy Number: CA 2638112

Asbestos, Silica, and Mixed Dust Exclusion

This Endorsement Changes The Policy. Please Read It Carefully.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

This insurance does not apply to:

1. "Bodily injury" or "property damage" arising out of, caused by, contributed to by, or resulting from, exposure to or the use of:
 - a. Asbestos including, but not limited to, the cost of abatement, mitigation, removal or disposal of asbestos from any good, product or structure;
 - b. Silica; or
 - c. Mixed dust.
2. Any damage or any loss, cost or expense arising out of any:
 - a. Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of mixed dust, silica or asbestos, or any other material or substance containing asbestos, silica, or mixed dust; or
 - b. Claim or "suit" by or on behalf of any governmental authority or any other alleged responsible party for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of mixed dust, asbestos or silica, or any other material or substance containing silica, asbestos, or mixed dust.

3. "Bodily injury" or "property damage" arising out of, caused by, contributed to by, or resulting from, supervision, instruction, recommendations, warnings or advice given or which should have been given in connection with any of the substances named in 1.a., b., or c.
4. Any obligation to share damages with or repay someone else in connection with any of the substances named in 1.a., b., or c.
5. As used in this endorsement:
 - a. Silica means a group of naturally occurring crystalline forms of silicon dioxide, including but not limited to, quartz and sand.
 - b. Mixed dust means a mixture of dusts composed of silica or asbestos or one or more other dusts.

Endorsement

CA 62

Policy Number: CA 2638112

Wisconsin Amendment of Policy Provisions

This endorsement modifies insurance provided under the following:

I. Uninsured Motorists Coverage Endorsement

- A. Paragraphs 1.d. and 2.c. of B. **Who Is An Insured** are deleted.
- B. The following is added to paragraph C. **Exclusions:**
 - 7. Anyone while "occupying" a covered "auto" while being driven or operated by any person who is specifically excluded from coverage for loss, damage and/or liability, including "bodily injury", in this policy.
- C. The following is added to the **ARBITRATION** Condition:
 - c. Any demand for arbitration must be made within 2 years from the date of the "accident".

II. Underinsured Motorists Coverage Endorsement

- A. Paragraphs 1.c. and 2.b. of B. **Who Is An Insured** are deleted.
- B. The following is added to paragraph C. **Exclusions:**
 - 6. Anyone while "occupying" a covered "auto" while being driven or operated by any person who is specifically excluded from coverage for loss, damage and/or liability, including "bodily injury", in this policy.
- C. The following is added to the **ARBITRATION** Condition:
 - c. Any demand for arbitration must be made within 2 years from the date of the "accident".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUBLIC TRANSPORTATION AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

LIABILITY COVERAGE for a covered "auto" licensed or used to transport the public is changed as follows:

The CARE, CUSTODY OR CONTROL exclusion does not apply to "property damage" to or "covered pollution cost or expense" involving property of the "insured's" passengers while such property is carried by the covered "auto".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN UNINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged, or "garage operations" conducted, in Wisconsin, this endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Limit Of Insurance: \$	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

c. Anyone else "occupying" an "auto" you do not own who is an "insured" for liability under the coverage form, but only at times when that person is an "insured" for liability under the coverage form.

d. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

b. Anyone else "occupying" an "auto" you do not own who is an "insured" for liability under the coverage form, but only at times when that person is an "insured" for liability under the coverage form.

c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Any claim settled without our consent.
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other coverage form or policy.
4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
5. Punitive or exemplary damages.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;

b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
2. The Limit of Insurance under this coverage shall be reduced by:
 - a. All sums paid or payable under any workers' compensation, disability benefits or similar law; and
 - b. All sums paid by or for anyone who is legally responsible, including all sums paid under this coverage form's Liability Coverage.
3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, Underinsured Motorists Coverage endorsement or Uninsured Motorists Coverage endorsement.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not make a duplicate payment to the extent amounts are paid or payable because of "bodily injury" under workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The conditions are changed for Uninsured Motorists Coverage as follows:

1. **Other Insurance** in the Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.
- c. If the coverage under this coverage form is provided:
 - (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
 - (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. **Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Promptly send us copies of the legal papers if a "suit" is brought.

3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

- a. We shall be entitled to the right to recover damages from another only after the "insured" has been fully compensated for damages.
- b. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid only after the "insured" has been fully compensated for damages.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the applicable minimum limit for "bodily injury" liability specified in WIS. STAT. ch. 344. The applicable minimum limit is:
 - (1) \$50,000 for each "accident", if the limit of liability is a single limit that applies for each "accident"; or
 - (2) \$25,000 for each person/\$50,000 for each "accident", if the limit of liability is indicated as a split limit;
 - b. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - c. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying", or must hit another vehicle that hits an "insured", a covered "auto" or a vehicle an "insured" is "occupying".
 - d. That is a phantom motor vehicle and neither the driver nor owner can be identified. The vehicle must make no physical contact with the insured nor with a vehicle the insured is occupying, and all of the following must apply:
 - (1) The facts of the accident must be corroborated by competent evidence that is provided by someone other than the "insured" or any other person who makes a claim against the uninsured motorists coverage as a result of the accident;
 - (2) Within 72 hours after the accident, the "insured" or someone on behalf of the "insured" must report the accident to a police, peace or judicial officer or to the department of transportation or, if the accident occurs outside of Wisconsin, the equivalent agency in the state where the accident occurs; and
 - (3) Within 30 days after the accident occurs, the "insured" or someone on behalf of the "insured" must file with the insurer a statement under oath that the "insured" or a legal representative of the "insured" has a cause of action arising out of the accident for damages against a person whose identity is not ascertainable and setting forth the facts in support of the statement. However, "uninsured motor vehicle" does not include any vehicle:
 - a. Owned by a governmental unit or agency;
 - b. Operated exclusively on rails or crawler treads;
 - c. Designed for use mainly off public roads while not on public roads;
 - d. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer which is or becomes insolvent; or
 - e. That is an underinsured motor vehicle.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN UNDERINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged, or "garage operations" conducted, in Wisconsin, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy or as of the date indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Limit Of Insurance: \$	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle".
2. We will pay under this coverage only if Paragraph a. or b. below applies:
 - a. The limits of any applicable liability bonds or policies have been exhausted by payment of judgments or settlements; or
 - b. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle", and we:
 - (1) Have been given prompt written notice of such tentative settlement; and

(2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".
 - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
- 2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

- 1. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 2. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Underinsured Motorists Coverage on a primary basis under any other coverage form or policy.
- 3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 4. Punitive or exemplary damages.
- 5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;

- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit of Insurance for Underinsured Motorists Coverage shown in the Schedule or Declarations.
- 2. The Limit of Insurance under this coverage shall be reduced by:
 - a. All sums paid or payable under any workers' compensation, disability benefits or similar law; and
 - b. All sums paid by or for anyone who is legally responsible, including all sums paid under this coverage form's Liability Coverage.
- 3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, Underinsured Motorists Coverage endorsement or Uninsured Motorists Coverage endorsement.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not make a duplicate payment to the extent amounts are paid or payable because of "bodily injury" under workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The conditions are changed for Underinsured Motorists Coverage as follows:

1. Other Insurance in the Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible underinsured motorists insurance providing coverage on a primary basis.
- c. If the coverage under this coverage form is provided:
 - (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
 - (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss is changed by adding the following:

- a. Promptly send us copies of the legal papers if a "suit" is brought; and

- b. Promptly notify us, in writing, of a tentative settlement between an "insured" and the insurer of the "underinsured motor vehicle", and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle". However, this Provision 2.b. does not apply if failure to notify us does not prejudice our rights against the insurer, owner or operator of such "underinsured motor vehicle".

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

- a. We shall be entitled to the right to recover damages from another only after the "insured" has been fully compensated for damages.
- b. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid only after the "insured" has been fully compensated for damages.

Our rights do not apply under this provision with respect to Underinsured Motorists Coverage if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle"; and
- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Underinsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

4. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.

3. "Underinsured motor vehicle" means a land motor vehicle or "trailer" for which the sum of all liability bonds or policies, at the time of an "accident", provides at least the applicable minimum limit for bodily injury liability specified in WIS. STAT. ch. 344 but that sum is less than the Limit of Insurance of this coverage. The applicable minimum limit is:

- a. \$50,000 for each "accident", if the limit of liability is a single limit that applies for each "accident"; or
- b. \$25,000 for each person/\$50,000 for each "accident", if the limit of liability is indicated as a split limit.

However, "underinsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law;
- b. Owned by a governmental unit or agency;
- c. Operated exclusively on rails or crawler treads;
- d. Designed for use mainly off public roads while not on public roads; or
- e. That is an "uninsured motor vehicle".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN AUTO MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

A. Coverage

We will pay reasonable expenses incurred for necessary medical, chiropractic and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.
4. Anyone else "occupying" an "auto" you do not own who is an "insured" for liability under the coverage form, but only at times when that person is an "insured" for liability under the coverage form.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

E. Changes In Conditions

The reference in Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance - Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement

CA 84

Policy Number: CA 2638112

Wisconsin Auto Medical Payments
Coverage Changes

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE
PROVIDED UNDER WISCONSIN AUTO
MEDICAL PAYMENTS COVERAGE - CA 99 24.**

The following is added to Paragraph E. **Changes in
Conditions**

We have the right to utilize outside sources,
vendors, experts, consultants, and software tools of
our choosing to review the medical expense
invoices and medical records to assist us in
determining, among other things, if the expenses
and treatment are reasonable and necessary.

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement

CA 60

Policy Number: CA 2638112

Business Auto Optimum

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION II - LIABILITY COVERAGE

Broad Form Insured

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

d. Any legally incorporated entity of which you own more than 50 percent of the voting stock during the period for which this endorsement is effective, if there is no similar insurance available to that organization. However:

- (1) The Named Insured does not include any organization:
 - (i) that is a partnership or joint venture; or
 - (ii) that is an insured under any other policy, or has exhausted its Limit of Insurance under any other policy.

Paragraph d.(1)(i) above does not apply to a policy written to apply specifically in excess of this policy.

- (2) Coverage for newly acquired or formed organizations is afforded only for 180 days from the date of acquisition or formation.
- (3) Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired that organization.

Increased Supplementary Payments

Paragraphs 2.a.(2) and (4) Supplementary Payments are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earning up to \$500 a day because of time off from work.

Amended Fellow Employee Exclusion

Exclusion 5., under Paragraph B., **Exclusions**, of SECTION II - LIABILITY, does not apply if the "bodily injury" results from the use of a covered "auto" you own or hire.

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

SECTION III - PHYSICAL DAMAGE COVERAGE

The following coverages are added to Paragraph A. **Coverage**, of the **PHYSICAL DAMAGE COVERAGE**:

5. Hired Auto Physical Damage Coverage

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

- a. The most we will pay for "loss" to any hired "auto" is the lesser of:
 - (1) \$50,000;
 - (2) Actual Cash Value; or
 - (3) Cost of Repair.
- b. For each hired "auto", our obligation to pay for "loss" will be reduced by the deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning.
- c. The insurance provided under this coverage extension is excess over any other collectible insurance.

Endorsement

CA 60

Policy Number: CA 2638112

Business Auto Optimum

- d. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.
- e. Subject to a maximum limit of \$500 per "accident", we will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable, and the lessor incurs an actual financial loss.

6. Air Bag Coverage

We will pay up to a maximum of \$500 per occurrence to have air bags in your covered "auto" replaced for an incurred "loss" resulting from accidental deployment. Collision, Specified Causes of Loss, and Comprehensive deductibles do not apply to this coverage.

7. Additional Living Expense

We will pay up to \$25 a day, to a maximum of \$400 for additional living expenses, meaning food, lodging and telephone costs, incurred by you due to a covered "loss" caused by:

- a. Comprehensive only if the Declarations indicate that Comprehensive Coverage is provided for that "auto".
- b. Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for that auto.
- c. Collision only if the Declarations indicate that Collision Coverage is provided for that auto.

This coverage applies only in the event that the "loss":

- a. Disables a covered "auto"; and
- b. Occurs more than 100 miles from the insured address shown in the Declarations or the garaging address of your covered "auto", if it is different from the insured address.

We will pay the additional living expenses incurred until your covered "auto" is returned to use or we pay for its "loss".

8. Locked Vehicle Coverage

We will pay to have your covered "auto" unlocked if your vehicle's keys are locked inside your covered "auto". Collision, Specified Causes of Loss, and Comprehensive deductibles do not apply to this coverage.

9. Rental Reimbursement Coverage

The following coverage is added to Section III Physical Damage A. Coverage:

- a. This coverage applies only to a covered "auto" described in the policy.
- b. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductible applies to this coverage.
- c. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, at a maximum of 30 days.
- d. Our payment is limited to the lesser of the following amounts:
 - (1) Necessary and actual expenses incurred.
 - (2) A maximum payment of \$30 per day.
- e. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- f. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Coverage Extension.

Endorsement

CA 60

Policy Number: CA 2638112

Business Auto Optimum

10. Loan Lease Gap Coverage

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. The amount paid under the Physical Damage Coverage Section of the policy; and
- b. Any:
 - (1) Overdue lease/loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage.
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous loans or leases.

The following changes have been made to **SECTION III - PHYSICAL DAMAGE COVERAGE**:

Towing and Labor

Paragraph A.2. **Towing** under **SECTION III - PHYSICAL DAMAGE COVERAGE**, is deleted and replaced by the following:

2. Towing and Labor

We will pay towing and labor costs incurred up to the limits shown below, each time a covered "auto" classified and rated as a private passenger type, "light truck" or "medium truck" is disabled:

- a. For private passenger type vehicles or "light trucks" we will pay to up \$50 per disablement. "Light trucks" are trucks that have a gross vehicle weight (GVW) of 10,000 pounds or less.
- b. For "medium trucks" we will pay up to \$150 per disablement. "Medium trucks" are trucks that have a gross vehicle weight (GVW) of 10,001-20,000 pounds.

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

Physical Damage Increased Transportation Expense Coverage

Coverage for temporary transportation expense under Paragraph A.4. Coverage Extension is increased to \$50 per day, up to a maximum limit of \$1,000.

Glass Repair - Waiver of Deductible

The following is added to Paragraph D. **Deductible of SECTION III - PHYSICAL DAMAGE COVERAGE**:

No deductible applies to glass damage if the glass is repaired rather than replaced.

SECTION IV - BUSINESS AUTO CONDITIONS

Unintentional Failure to Disclose Hazards

Paragraph B., **General Conditions**, is amended by adding the following:

9. Unintentional Failure to Disclose Hazards

If you unintentionally fail to disclose any hazards or exposures existing as of the inception date of the Business Auto Coverage Part, the coverage afforded by this policy will not be prejudiced. However, you must report the undisclosed hazard or exposure as soon as practicable after its discovery, and we have the right to collect additional premium for same.