



Mt. Hawley Insurance Company

9025 N. Lindbergh Drive • Peoria, IL 61615 • (309) 692-1000

A stock insurance company, herein called the Company.

MOTOR CARRIER PACKAGE POLICY DECLARATIONS

Policy No.:

Mt. Hawley Insurance Company
9025 N. Lindbergh Drive
Peoria, Illinois 61615
(309) 692-1000

5

ITEM ONE

Named Insured and Primary Address:

25

Policy Period: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business: ☐ Individual ☐ Joint Venture ☐ Liability Company (LLC) ☐ Partnership
☐ Organization (Other than Partnership, Joint Venture, or Limited Liability)

ITEM TWO

SCHEDULE OF COVERAGES AND PREMIUM (premium may be subject to adjustment)

In return payment of the premium(s) listed below and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy. This Policy provides only those coverages where a charge is shown for premium.

MOTOR CARRIER COVERAGE

This Coverage only applies to those coverages where a charge is shown in the Premium column below and only applies 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 **SECTION I – COVERED AUTOS** of the Motor Carrier Coverage Form next to the name of the coverage in the Covered Autos column below.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered "Autos" Section of the "Motor Carrier" Coverage Form shows which "autos" are covered "autos".)	LIMIT OR DEDUCTIBLE The most we will pay for any one "accident" or "loss".	PREMIUM
Covered Autos Liability	67		
Personal Injury Protection (or equivalent No-Fault Coverage)		Separately Stated In Each P.I.P. Endt. Minus Deductible.	
Added Personal Injury Protection (or equivalent Added No-Fault Coverage)		Separately Stated In Each Added P.I.P. Endorsement.	

Policy Number:

ITEM TWO

SCHEDULE OF COVERAGES AND PREMIUM (CONT'D)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered "Autos" Section of the "Motor Carrier" Coverage Form shows which "autos" are covered "autos".)	LIMIT OR DEDUCTIBLE The most we will pay for any one "accident" or "loss".	PREMIUM
Property Protection Insurance (Michigan only)		Separately Stated In The P.P.I. Endt. Minus Deductible For Each "Accident".	
Auto Medical Payments	67	Each "Insured"	
Medical Expense and Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income "Loss" Benefits Endt.	
Uninsured Motorists	67		
Underinsured Motorists (When not included in Uninsured Motorists Coverage)			
Trailer Interchange Comprehensive Coverage		Least Of Actual Cash Value, Cost of Repair Or Limit Of Insurance	
		Ded. For Each Covered "Trailer"	
Trailer Interchange Specified Causes of Loss Coverage		Least Of Actual Cash Value, Cost Of Repair Or Limit Of Insurance	
		Ded. For Each Covered "Trailer"	
Trailer Interchange Collision Coverage		Least of Actual Cash Value, Cost Of Repair Or Limit Of Insurance	
		Ded. For Each Covered "Trailer"	
Physical Damage Comprehensive Coverage		Deductible For All Perils For Each Covered "Auto" (A maximum deductible may also apply. Refer to Coverage Form for details.)	
Physical Damage Specified Causes of Loss Coverage		Deductible For All Perils For Each Covered "Auto" (A maximum deductible may also apply. Refer to Coverage Form for details.)	
Physical Damage Collision Coverage		Deductible For Each Covered "Auto"	
Physical Damage Towing Coverage		For Each Disablement Of A Private Passenger Auto, Light Or Medium Truck	
PREMIUM FOR ENDORSEMENTS (IF APPLICABLE)			
ESTIMATED TOTAL PREMIUM (MAY BE SUBJECT TO FINAL AUDIT)			

Per Mile Rate: _____ Estimated Monthly Mileage: _____

Policy Number:

ITEM TWO
SCHEDULE OF COVERAGES AND PREMIUM (CONT'D)
MOTOR TRUCK CARGO LIABILITY COVERAGE

Description of "Cargo":

Limit Of Insurance

Limit any one "Covered Auto": Limit any one "Occurrence":

Premium: Deductible:

COMMERCIAL GENERAL LIABILITY COVERAGE

Limits Of Insurance

Each Occurrence Limit: \$1,000,000

Damage to Premises Rented to You Limit: \$50,000 Any One Premises

Medical Expense Limit: \$5,000 Any One Person

Personal & Advertising Injury Limit: \$1,000,000 Any One Person or Organization

General Aggregate Limit: \$2,000,000

Products/Completed Operations Aggregate Limit: \$1,000,000

Deductible:

ALL PREMISES YOU OWN, RENT OR OCCUPY	
Loc. No.	Address of All Premises You Own, Rent or Occupy
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

Policy Number:

ITEM TWO

SCHEDULE OF COVERAGES AND PREMIUM (CONT'D)

15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	

CLASSIFICATION AND PREMIUM							
Loc. No.	Classification	Code No.	Premium Base	Rate		Advance Premium	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
01	Truckers	99793	Per Policy		Included		Included
02							
03							
04							
05							
06							
07							
08							
09							
10							

Policy Number:

ITEM TWO
SCHEDULE OF COVERAGES AND PREMIUM (CONT'D)

11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
PREMIUM FOR ENDORSEMENTS (IF APPLICABLE)							
ESTIMATED TOTAL PREMIUM (MAY BE SUBJECT TO FINAL AUDIT)							

TOTAL POLICY PREMIUM FOR ALL COVERAGES

TOTAL PREMIUM FOR COVERAGES	
TOTAL PREMIUM FOR ENDORSEMENTS	
TOTAL ESTIMATED PREMIUM (MAY BE SUBJECT TO FINAL AUDIT)	

Policy Number:

ITEM THREE
VEHICLE SCHEDULE

Cov'd Auto No.	DESCRIPTION	SV/OCN	TERRITORY	LOSS PAYEE
	Year, Model, Trade Name, Body Type, Vehicle Identification Number (VIN)	Amount	Town & State Where The Covered "Auto" Will Be Principally Garaged	EXCEPT for towing, all phys- ical damage "loss" is payable to you and the loss payee named below as interests may appear at the time of the "loss".
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Policy Number:

ITEM THREE
VEHICLE SCHEDULE (CONT'D)

26				
27				
28				
29				
30				

Cov'd Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)		PROPERTY PROTECTION (Michigan Only)		LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.
	Limit	Premium	Limit Stated In Ea. Med. Exp. & Income Loss Benefit End. For Ea. Person	Premium	Limit** Minus Deductible Shown Below	Premium	Limit	Premium	Limit** Minus Deductible Shown Below	Premium	Premium (Limit Stated in Each Added P.I.P. End.)
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											

Policy Number:

ITEM THREE

VEHICLE SCHEDULE (CONT'D)

22											
23											
24											
25											
26											
27											
28											
29											
30											
Premium Subtotals*											

Cov'd Auto No.	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		COMPREHENSIVE		SPECIFIED PERILS		COLLISION	
	Limit	Premium	Limit	Premium	Limit** Minus Deductible Shown Below	Premium	Limit** Minus Deductible Shown Below	Premium	Limit** Minus Deductible Shown Below	Premium
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										

Policy Number:

ITEM THREE
VEHICLE SCHEDULE (CONT'D)

19										
20										
21										
22										
23										
24										
25										
26										
28										
29										
30										
Premium Subtotals*										

* For Total Premium see **ITEM TWO**.
** If blank, see entry in **ITEM TWO** for the corresponding coverage.

ITEM FOUR
FORMS AND ENDORSEMENTS

The Forms and Endorsements on this Policy at the time of issuance are listed in the Commercial Coverage Schedule Of Endorsements RIL 100 attached to this Policy.

ITEM FIVE
Audit Period (If Applicable): ☐ Annually ☐ Semi-Annually ☒ Quarterly ☐ Monthly