

BUSINESS AUTO DECLARATIONS

THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES.

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SAFETY NATIONAL CASUALTY CORP
ST. LOUIS, MO 63146
(888) 995-5300

**BUSINESS AUTO
COVERAGE FORM DECLARATIONS**

	Policy Period	
Policy Number	From	To
CA 6675619	06/01/2021	06/01/2022 <small>12:01 A.M. Standard Time at the described location</small>
Previous Policy Number: CA 6675619		

ITEM ONE

Transaction

Renewal

Named Insured and Address	Agent
COUNTY OF WAKE PO BOX 550 RALEIGH, NC 27602	60518 USI Insurance Services LLC P O BOX 97787 RALEIGH, NC 27624-7787 Telephone:
Business Description Municipality	Type of Business Governmental Unit

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.

Premium shown is payable at inception:	\$49,690
Surcharges shown are payable at inception:	\$2,266
Total Due at inception:	\$51,956
Audit Period (If Applicable):	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:

See Schedule Of Forms And Endorsements

Countersigned:	By:
(Date)	(Authorized Representative)

BUSINESS AUTO DECLARATIONS

Policy Number:	CA 6675619
Named Insured:	COUNTY OF WAKE
Agent:	USI Insurance Services LLC
Effective Date:	06/01/2021

ITEM TWO

Schedule Of Coverages And Covered Autos

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

Coverages	Covered Autos	Limit	Premium
Covered Auto Liability	1	\$ 2,000,000 Combined Single Limit	\$ 49,690
Personal Injury Protection (Or Equivalent No-Fault Coverage)	5	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Reject Where Allowed/Minimum Statutory Limit Where Re-quired	\$ Rejected
Added Personal Injury Protection (Or Equivalent Ad-ded No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments	5	\$ Minimum as Required by Law	\$ Rejected
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists (N/A in New York)	6	\$ Reject Where Allowed/Minimum Statutory Limit Where Re-quired	\$ Included
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage) (N/A in New York)	6	\$ Reject Where Allowed/Minimum Statutory Limit Where Re-quired	\$ Included
Optional Basic Economic Loss (OBEL) (New York Only)		\$ 25,000 for each covered auto	\$
Statutory Uninsured Motorists (New York Only)		\$ 25,000/person; 50,000/accident; 50,000/person resulting in death; 100,000/accident resulting in death	\$
Supplementary Uninsured/Underinsured Motorists (SUM)* (New York Only)			\$
Supplementary Spousal Liability Coverage (New York Only)			\$
Aggregate No-Fault Benefits (New York Only)			\$
Maximum Monthly Work Loss (New York Only)			\$
Other Necessary Expenses (Per Day) (New York Only)			\$
Death Benefit (New York Only)			\$

BUSINESS AUTO DECLARATIONS

Policy Number:	CA 6675619
Named Insured:	COUNTY OF WAKE
Agent:	USI Insurance Services LLC
Effective Date:	06/01/2021

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. However Note That, Except in New York, No Deductible Applies to Loss Caused by Fire or Lightning. See Item Four For Hired or Borrowed Autos.	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos. See Item Four for Hired or Borrowed Autos	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Four for Hired or Borrowed Autos	\$
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto.	\$
		Premium For Endorsements	\$ Included
		Estimated Total Premium*	\$ 49,690
*This Policy May Be Subject To Final Audit.			

NEW YORK SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST COVERAGE LIMIT: The maximum amount payable under NY Supplementary UM (SUM) coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payment received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

NEW YORK SUPPLEMENTAL SPOUSAL LIABILITY (SSL) COVERAGE: The additional premium for SSL Coverage is \$. If you do not elect to purchase this coverage and do not remit the additional premium, SSL Coverage is not included in your motor vehicle insurance policy.

NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE (MVLE) of \$ per vehicle per policy year is included in the total premium.

BUSINESS AUTO DECLARATIONS

Policy Number:	CA 6675619
Named Insured:	COUNTY OF WAKE
Agent:	USI Insurance Services LLC
Effective Date:	06/01/2021

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type, Serial Number (S) and Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) or USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
1	See Schedule on File with Company				\$	\$			
2					\$	\$			
3					\$	\$			
4					\$	\$			
5					\$	\$			
CLASSIFICATION									
Covered Auto No.	Radius Of Operation	Business Use r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For
					Liability	Physical Damage			Towing, All Physical Damage Losses
									Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
1									
2									
3									
4									
5									
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED Personal Injury Protection		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each Personal Injury Protection Endorsement Minus Deductible Shown Below	Premium	Limit Stated In Each Added Personal Injury Protection Endorsement Premium	Limit Stated In Property Protection Endorsement Minus Deductible Shown Below	Premium		
1	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

BUSINESS AUTO DECLARATIONS

Policy Number:	CA 6675619
Named Insured:	COUNTY OF WAKE
Agent:	USI Insurance Services LLC
Effective Date:	06/01/2021

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit Each Insured	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

BUSINESS AUTO DECLARATIONS

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ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Covered Autos Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
All States	\$ If Any	\$		\$ Included

Covered Autos Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
Total Hired Auto Premium				\$

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

BUSINESS AUTO DECLARATIONS

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Effective Date:	06/01/2021

Physical Damage Coverage

Coverages	Limit Of Insurance		
Comprehensive	\$ Limit of Insurance, Actual Cash Value Or Cost Of Repair, Whichever is Less, Minus \$ _____ Deductible For Each Covered Auto. However Note That, Except in New York, No Deductible Applies to Loss Caused by Fire or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes Of Loss	\$ Limit of Insurance, Actual Cash Value Or Cost Of Repair, Whichever is Less, Minus \$ _____ Deductible For Each Covered Auto. However Note That, Except in New York, No Deductible Applies to Loss Caused by Fire or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	\$ Limit of Insurance, Actual Cash Value Or Cost Of Repair, Whichever is Less, Minus \$ _____ Deductible For Each Covered Auto. However Note That, Except in New York, No Deductible Applies to Loss Caused by Fire or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Total Hired Auto Premium:			\$

BUSINESS AUTO DECLARATIONS

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ITEM FIVE

Schedule For Non-Ownership Covered Autos Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	If Any	\$ Included
	Number Of Partners (Active and Inactive)		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Number of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
	Number of Partners (Active and Inactive)		
Total Non-ownership Covered Autos Liability Premium			\$ Included

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis – Covered Autos Liability Coverage – Public Auto Or Leasing Rental Concerns

Location No:		
(Check One)	Gross Receipts (Per \$100)	Mileage (Per Mile)
Estimated Yearly:		
Rates		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	
Premiums		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	

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Effective Date:	06/01/2021

Location No:		
(Check One)	Gross Receipts (Per \$100)	Mileage (Per Mile)
Estimated Yearly:		
Rates		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	
Premiums		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	

BUSINESS AUTO DECLARATIONS

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ITEM SIX

Schedule For Gross Receipts Or Mileage Basis – Covered Auto Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)

Location No:		
(Check One)	Gross Receipts (Per \$100)	Mileage (Per Mile)
Estimated Yearly:		
Rates		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	
Premiums		
Covered Autos Liability	\$	
Personal Injury Protection	\$	
Added Personal Injury Protection	\$	
Property Protection Insurance (Michigan Only)	\$	
Auto Medical Payments	\$	
Medical Expense And Income Loss Benefits (VA Only)	\$	
Comprehensive	\$	
Specified Causes of Loss	\$	
Collision	\$	
Towing and Labor	\$	

Total Premiums	
Minimum Covered Autos Liability	\$
Minimum Personal Injury Protection	\$
Minimum Added Personal Injury Protection	\$
Minimum Property Protection Insurance (Michigan Only)	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense And Income Loss Benefits (VA Only)	\$
Minimum Comprehensive	\$
Minimum Specified Causes of Loss	\$
Minimum Collision	\$
Minimum Towing and Labor	\$

BUSINESS AUTO DECLARATIONS

Policy Number:	CA 6675619
Named Insured:	COUNTY OF WAKE
Agent:	USI Insurance Services LLC
Effective Date:	06/01/2021

Location Number	Address

When used as a premium basis:

FOR PUBLIC AUTOS

“Gross Receipts” means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. “Gross Receipts” does not include:

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

“Mileage” means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

“Gross receipts” means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

“Mileage” means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.