



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/4/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


| | | | |
|--|--|-----------------|--------|
| PRODUCER Anderson Ins. Consult / TIB 799 Roosevelt Rd. B6S220 Glen Ellyn IL 60137 | CONTACT NAME: Rita Clifford | FAX (A/C, No): | |
| | PHONE (A/C, No, Ext): 630-348-3380 | E-MAIL ADDRESS: | |
| INSURED ARIES-1 Aries Charter Transportation Inc. dba Aries Shuttle Chicago LLC 931 W. 7th St. 137-#258 Naperville IL 60565 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Berkley Net Underwriters | | |
| | INSURER B : United States Fire Ins Company | | 21113 |
| | INSURER C : Hudson Excess Insurance Co. | | 14484 |
| | INSURER D : General Star National | | 11967 |
| | INSURER E : Arch Specialty Insurance Co. | | 21199 |
| INSURER F : | | | |

COVERAGES CERTIFICATE NUMBER: 703310080 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------------------|-------------------------|-------------------------|--|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 5068884861 | 4/29/2017 | 4/29/2018 | EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 5068884861 | 4/29/2017 | 4/29/2018 | COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision \$25,000 |
| C | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | HXS1024701 | 4/29/2017 | 4/29/2018 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | BNUWC0121884 | 10/25/2016 | 10/25/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| D E | Excess Liability Excess Liability | | | IXG415922D UXP100596501 | 4/29/2017 4/29/2017 | 4/29/2018 4/29/2018 | Excess - 5 x 10 5,000,000 Excess - 10 x 15 10,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured loss payee for Two Way Radios Valued at \$6200. Account 137423-002. Additional insured under the general liability coverage with respect to their interest in the operations of the named insured.

| | |
|--|---|
| CERTIFICATE HOLDER Lease Corporation of America and/or its Assigns 3150 Livernois Ste 300 Troy MI 48083 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

Aries Charter Transportation, Inc. Excess Liability Schedule

| | | | | |
|---|-----|----|---------------------|-------------------|
| B | 126 | 33 | 2000/GILLIG/Phantom | 15GGB2110Y1071337 |
| B | 127 | 33 | 2000/GILLIG/Phantom | 15GGB2114Y1071339 |
| B | 129 | 33 | 2000/GILLIG/Phantom | 15GGB2113Y1071333 |
| B | 130 | 33 | 2000/GILLIG/Phantom | 15GGB2115Y1071334 |
| B | 131 | 33 | 2000/GILLIG/Phantom | 15GGB2119Y1071336 |
| B | 132 | 33 | 2003/GILLIG/Phantom | 15GGB221X31073054 |
| B | 133 | 40 | 2000/GILLIG | 15GGD2219Y1071479 |
| B | 164 | 40 | 1999/Gillig/Transit | 15GGD2113X1070868 |

| | | | | |
|---|-----|----|---------------------|-------------------|
| 6 | 139 | 40 | 2000/Gillig/Transit | 15GGD221XY1071456 |
| 6 | 140 | 40 | 2001/Gillig/Transit | 15GGD221211071838 |
| 6 | 141 | 40 | 2000/Gillig/Transit | 15GGD2214Y1071470 |
| 6 | 142 | 40 | 2001/Gillig/Transit | 15GGD221411071260 |
| 6 | 143 | 40 | 2000/Gillig/Transit | 15GGD2213Y1071461 |
| 6 | 144 | 40 | 2001/Gillig/Transit | 15GGD221211071266 |
| 6 | 145 | 40 | 2001/Gillig/Transit | 15GGD221X11071246 |
| 6 | 146 | 40 | 2000/Gillig/Transit | 15GGD2218Y1071455 |

| | | | | |
|---|-----|----|----------------|-------------------|
| M | 134 | 56 | 2007 MCI J4500 | 2M93JMDA57W064232 |
| M | 135 | 56 | 2007 MCI J4500 | 2M93JMDA07W064235 |
| M | 160 | 56 | 2005/MCI/J4500 | 2M93JMPA55W062781 |
| M | 161 | 56 | 2005/MCI/J4500 | 2M93JMPA15W063085 |

5x5 only

Hedson

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE, THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase terrorism coverage for a premium of 2% of the Excess Liability Premium

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Ralph Trevino

Insurance Company

Print Name

4-25-17

Policy Number

Date

HXS-1001 04 16

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Genstar

Submission ID: 1828817
Risk Name: Arles Charter Transportation, Inc. DBA Arles Shuttle

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Acceptance or Rejection of Terrorism Insurance Coverage

| | |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase certified acts of terrorism coverage for a prospective premium of \$100. |
| <input type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |
| <input type="checkbox"/> | The following is applicable to Property accounts in Standard Fire Policy (SFP) states where required by state law: I hereby decline to purchase coverage for certified acts of terrorism. However, I understand that by state law coverage will be provided for loss from fire due to an act of terrorism if required. A premium charge of \$ _____ applies. |


Policyholder/Applicant's Signature

Ralph Trevino
Print Name

4-25-17
Date

Insurance Company

Policy Number

Arch

TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism. The policy's other provisions will still apply to such an act. This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled **DISCLOSURE OF PREMIUM**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is: \$1,000.00
(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Ralph Trevino

Policyholder/Legal Representative/Applicant's

Signature

Ralph Trevino

Print Name of Policyholder/Legal Representative

Applicant

Date: *4-25-17*

Named Insured

Insurance Company

Policy Number:

THIS PROPOSAL HAS BEEN PREPARED FOR

RALPH TREVINO

ARIES CHARTER TRANSPORTATION, INC.

931 WEST 75TH STREET, 137-#258
NAPERVILLE, IL 60565

BY

BOB ANDERSON
REGIONAL VICE PRESIDENT

APRIL 24, 2017
EFFECTIVE DATE APRIL 29, 2017

TRANSPORTATION INSURANCE PROPOSAL

The following coverage has been offered by United States Fire Insurance Company:

AUTOMOBILE LIABILITY

- \$ 5,000,000** Combined Single Limit Bodily Injury and Property Damage Per Occurrence
Hired Auto Coverage Included (Must be reported AT THE TIME OF HIRE)
Non-Owned Auto Coverage Included
Nationwide Coverage / No Radius Restriction (*with proper ICC authority*)
\$25,000 Liability Deductible
*Gross receipt rate based on \$22 million in Revenue 90% minimum premium rate
of \$4.71 per \$100. Brokerage rate .47 per \$100*
- \$ 25/50,000** Uninsured Motorist Coverage- Illinois
- \$ 30/60/\$25,000** Uninsured Motorist Coverage - Texas

PHYSICAL DAMAGE

\$1,000,000 MAXIMUM CATASTROPHIC LOSS

- \$ 25,000** Deductible for Comprehensive
- \$ 25,000** Deductible for Collision

Premium is based on Stated Amount Value as noted on the enclosed Fleet Schedule. Losses would be paid at Actual Cash Value at time of loss or Stated Amount Value, whichever is less.

The following coverage has been offered by United States Fire Insurance Company:

COMMERCIAL GENERAL LIABILITY

- \$ 5,000,000 Combined Single Limit Bodily Injury and Property Damage Each Occurrence, Subject to General Aggregate Limit of \$5,000,000
- \$ 5,000,000 Personal Injury & Advertising Injury Limit, Subject to General Aggregate Limit
- \$ 100,000 Damage to Premises Rented to Insured Limit-Any One Premises, Subject to General Aggregate Limit
- \$ 5,000 Medical Expense Limit-Any One Person, Subject to General Aggregate Limit

This coverage includes Premises Operations, Personal Injury, Written Contractual, and Independent Contractors.

This coverage is subject to, but not limited to, the following exclusions: •New Entities (newly acquired or formed); •Employment-Related Practices; •Pollution Liability; •Products/Completed Operations Hazard; •Abuse or Molestation; •Punitive Damages.

ANNUAL PREMIUM

| | |
|-------------------|----------------------------|
| \$ 1,035,187 | Automobile Liability |
| \$ <u>107,571</u> | Physical Damage |
| \$ 1,142,758 | Total Auto Premium |
| \$ <u>3,260</u> | General Liability |
| \$ 1,146,018 | Estimated Premium Subtotal |
| \$ <u>112</u> | Texas Vehicle Fee |
| \$ 1,146,130 | TOTAL |

PAYMENT TERMS

| | |
|------------|--|
| \$ 194,269 | Down payment required to bind coverage (17%). Collateral for losses \$125,000 DMC Insurance is agreeable to a LOC in the amount of \$319,269 for non-working deposit and collateral. Monthly reporting forms will be sent to directly by the insurance company. |
|------------|--|

RESTRICTIONS & CONDITIONS

- ◆ The company requires a signed original Uninsured Motorist form prior to binding coverage.
- ◆ The company requires a copy of the registration for each vehicle. Please forward this documentation to our office prior to the policy effective date.
- ◆ Please indicate whether you accept or reject Terrorism coverage on the Disclosure form and return the original to our office.
- ◆ Original signed Insurance Application is required prior to binding coverage.
- ◆ The original of the above signed forms must be mailed to TIB prior to binding coverage.
- ◆ All new drivers must be reported and approved by the company PRIOR to hiring. Failure to do so could jeopardize coverage.

CARRIER BEST GUIDE RATINGS

United States Fire Insurance Company is rated A+ by A.M. Best Company. The company is an admitted carrier in the state of Illinois and is a member of the state's insurance guaranty association.

United States Fire Insura is rated A+ by A.M. Best Company. The company is an admitted carrier in the state of Illinois and is a member of the state's insurance guaranty association.

PLEASE NOTE: Any information provided in this section is not made as a warranty by TIB of any insurer's current or future ability to meet its contractual obligations. These comments are based upon information provided by the insurance companies or their representatives, and/or A.M. Best Co. Best's Ratings reflect their opinion as to the relative financial strength and performance of each insurer in comparison with others, based on Best's analysis of the information provided to them by the insurers.

This proposal has been designed to provide you with a broad overview of the coverages and conditions applying to the insurance programs being presented herein, and should be considered in general terms only. The actual insurance company documents, such as policies and endorsements, will be the ultimate sources of definitions governing coverage.

I have reviewed this Coverage Summary:

Signature: X

Title: President

Date: 4/25/17



ILLINOIS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

| | |
|---|--|
| Policy Number: TBD | Policy Effective Date: APRIL 27, 2017 |
| Company: UNITED STATES FIRE INSURANCE COMPANY | Producer: TIB TRANSPORTATION INSURANCE BROKER |
| Applicant/Named Insured: ARIES CHARTER TRANSPORTATION INC. DBA ARIES SHUTTLE | |

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Please indicate your choice from A. and B. by initialing next to the appropriate item(s) and signing below.

A. Bodily Injury Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage except as described below.

If your Bodily Injury Liability Coverage limits exceed \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Bodily Injury Uninsured Motorists Coverage BUT you may not select Bodily Injury Uninsured Motorists Coverage limits less than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limits are greater than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limits will be equal to your Uninsured Motorists Coverage limits.

Please indicate your choice by initialing next to the appropriate item(s) if you are selecting Uninsured Motorists Coverage at limits less than the Bodily Injury Liability limits of your policy.

| | | | | |
|---------------|-------------------|--|------------|-----------------------|
| (Initials) | | I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits. | | |
| X | RT | | | |
| (Choose one): | | | | |
| (Initials) | Split Limits | OR | (Initials) | Combined Single Limit |
| X | RT | | | \$ 50,000* |
| | \$ 25,000/50,000* | | | 100,000 |
| | 50,000/100,000 | | | 250,000 |
| | 100,000/300,000 | | | 300,000 |
| | 250,000/500,000 | | | 350,000 |
| | 500,000/1,000,000 | | | 500,000 |
| | \$ _____ | | | 1,000,000 |
| | (Other) | | | \$ _____ |
| | | | | (Other) |

* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.

B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

Please indicate your choice by initialing next to the appropriate item(s) below.

| | |
|--------------------------------|--|
| <p>(Initials)</p> <p>_____</p> | <p>I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 for the following vehicle(s).</p> <p>(Specify Year/Make/Model):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Premium: \$ _____</p> |
| <p>X RT</p> | <p>I reject Property Damage Uninsured Motorists Coverage.</p> |

X Ralph Green

Signature Of Applicant/Named Insured

4-25-17

Date

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Acceptance or Rejection of Terrorism Insurance Coverage

| | |
|--------------------------|---|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$94.00. |
| <input type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |

Aries Charter Transportation Inc. dba
Aries Shuttle

Named Insured

Policyholder/Applicant's Signature

Ralph Trevino
Print Name

4-25-17
Date

United States Fire Insurance Company
Insurance Company

TBD
Policy Number

NOTE: Excepting Hawaii domiciled insureds, if you do not complete and return this form or advise us otherwise in writing of your terrorism election then, a rejection of terrorism coverage will be deemed to have been made. If you are domiciled in Hawaii, your failure to complete and return this form is deemed an acceptance of our terrorism offer.

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