

Bell United Insurance Company

Reno, Nevada

BUSINESS AUTO DECLARATIONS

ITEM ONE

POLICY NO.: BAP S 400 154

NAMED INSURED: HENDERSON TAXI

MAILING ADDRESS: 2000 Industrial Rd
Las Vegas, NV 89102

POLICY PERIOD: From: 1/1/2014 to: 1/1/2015 at
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

☒ CORPORATION
☐ PARTNERSHIP

☐ INDIVIDUAL
☐ OTHER _____

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.

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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos) | LIMIT | |
|---|--|--|---------|
| | | THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | PREMIUM |
| LIABILITY | 10 | \$ 3,000,000 | |
| PERSONAL INJURY PROTECTION (or equivalent No-fault coverage) | | SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ Ded. | |
| ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage) | | SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT | |
| PROPERTY PROTECTION INSURANCE (Mechanic only) | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Ded. FOR EACH ACCIDENT. | |
| AUTO MEDICAL PAYMENTS | | \$ | |
| UNINSURED MOTORISTS | | \$ | |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) | | \$ | |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTENING. 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 \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos." | |
| PHYSICAL DAMAGE COLLISION COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos." | |
| PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California) | | \$ for each disablement of a private passenger "auto" | |
| PREMIUM FOR ENDORSEMENTS | | | |
| ESTIMATED TOTAL PREMIUM | | | |