



Vanpool Handbook



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* Driver Accident Reports and Witness Cards can be found in the pockets of this handbook.

Vanpool Contacts

RideFinders Office/Vanpool Coordinator

1 Transit Way
Pontoon Beach, IL 62040

Phone

(314) 621-7433
Weekdays, 8:00 a.m. – 4:30 p.m.

Fax

(618) 797-5494

Email

ridefinders@mct.org

Website

www.ridefinders.org

Accidents

See page 2.

Billing/Accounting Questions

Phone

(618) 797-4600
Weekdays, 8 a.m. – 4:30 p.m.

Fax

(618) 797-6273

Insurance Questions

Phone

(618) 797-4600
Weekdays, 8 a.m. – 4:30 p.m.

Fax

(618) 797-7547

Maintenance Service Coordinator

Phone

(618) 531-8639
Weekdays, 8 a.m. – 4:30 p.m.

Fax

(618) 797-4989

Maintenance Department

Contact ONLY if van is in an accident or becomes inoperable weekdays before 8:00 a.m. or after 4:30 p.m., or on weekends.

Phone

(618) 797-4636, then request to speak with the **Maintenance Department**

Wright Express Locations

Website

www.wrightexpress.com/accepting-locations

Accidents/Incidents

In the case of ANY damage to the van or ANY accident/incident involving the van, even if no third party is involved, the Primary/Backup Driver who was driving MUST follow these steps:

1. Notify RideFinders immediately by calling The Vanpool Maintenance Service at **618-531-8639**. If the accident occurs before 7 a.m. or after 5 p.m. or on a weekend, contact ACT immediately by calling **618-797-4636** and request to speak with Maintenance.
2. Notify police IMMEDIATELY in the event that the van:
 - a. Makes contact with another vehicle, no matter who is responsible.
 - b. Makes contact with a stationary object.
 - c. Makes contact with an animal/person/passenger/pedestrian with potential to be injured
 - d. Has unexplained damage, e.g. broken windows, stolen catalytic converters, etc.
 - e. Has substantial damage caused by road hazards and weather.
 - f. Do NOT contact police for minor damage such as rock chips, door dings, etc.
3. Distribute and collect completed Witness Cards as necessary. Blanks can be found in the back pocket of this handbook.
4. Complete Driver's Accident Report (blanks are in back pocket of handbook) to be received by RideFinders within 24 hours or immediately in the event of bodily injury. Completed Accident Reports should be scanned and emailed to **ridefinders@mct.org** or faxed to **618-797-5494**.
5. Cooperate fully and make the van accessible for all accident-related purposes by RideFinders/MCT/ACT staff, vendors, insurance adjustors and all other authorized individuals.
6. ACT provides auto liability coverage at or above the statutory minimums. Please see the Certificate of Liability Insurance (back of handbook, front and back) for more information.

Billing/Accounting

1. On or near the 5th of each month, **ACT Accounting Department** mails to the home address of each rider a monthly invoice consisting of:
 - a. Prior balance due
 - b. Fare for the following month's service
 - c. Current balance due
2. Each rider is responsible for timely payment.
 - a. Riders may pay online at **tokentransit.com/ridefinders/payment** or **store.ridefinders.org**
 - b. Riders may also submit their fare by credit or debit card by calling **618-797-4600** on weekdays between 8 a.m. and 4:30 p.m. Ask for the **Accounting Department**.
 - c. Riders may submit their fare to ACT by check, money order, or voucher (no cash) payable to "Agency for Community Transit" or "ACT". The address is:
**1 Transit Way
Pontoon Beach, IL 62040
Attention Accounts Receivable.**
 - d. Employers may submit payment on behalf of riders.
3. A reminder will be mailed on the 20th of each month with any updates to balances.
4. Full payment is due to the ACT Accounting Department on the **last calendar day of the month**.
5. In the event of an extended absence, we kindly request that you provide a 30 advance notice to suspend charges during your leave of participation. If no advance notice is provided, **payment is expected in full for your agreed upon ridership fare**. Timely communication is essential to ensure accurate billing.
6. If payment is not made in a timely manner and no arrangements have been made with RideFinders, vanpool riding privileges may be revoked.

Fuel and Maintenance

Wright Express Fleet Card

- RideFinders provides vanpools with a Wright Express Fleet Card to obtain fuel and washes.
- Each van has a Wright Express Fleet Card in the glove box or center console storage compartment that is specifically for the van. **This card MUST remain in the van at all times.**
- Each Primary/Backup Driver will be assigned an individual **Personal Identification Number (PIN)** required to use the Wright Express Fleet Card.
- Do NOT share your PIN number. If you forget your PIN, please contact RideFinders at **314-621-7433** on weekdays between 8 a.m. and 4:30 p.m.
- If the Wright Express Fleet Card is lost or will not work due to damage, the Driver must contact RideFinders immediately. RideFinders will cancel the card and send a replacement Wright Express Fleet Card to the Primary Driver's home address within 3-5 days.

Fuel and Wash

- Primary/Backup Drivers use the Wright Express Fleet Card at an **approved** Wright Express vendor to fuel the vans with the lowest grade unleaded gas. A list of approved vendors can be found using the following URL:
<https://www.wexinc.com/solutions/fleet-cards/wex-fleet-fuel-card-locations/>
- Primary/Backup Drivers enter the van's odometer and their individual PIN with the Wright Express Fleet Card.

Fuel and Wash (continued)

- If fuel is needed while awaiting a replacement Wright Express Fleet Card, Drivers must obtain fuel by paying for gas themselves or collecting money from riders. Drivers and riders will NOT be reimbursed for any fuel purchased without the Wright Express Fleet Card without prior approval from the Vanpool Coordinator.
- If a loaner van is provided, Drivers will find a Wright Express Fleet Card in that van's glove box or center console, and use their same individual PIN with the loaner van's fleet card to purchase fuel.
- Drivers may use the Wright Express Fleet Card to purchase car washes up to \$30.00 each month.

Preventative Maintenance and Repairs

- When preventative maintenance or non-emergency repairs are needed, the Vanpool Maintenance Service Team contacts the Primary Driver informing them of the required maintenance.
- The Vanpool Maintenance Service Team will coordinate a plan with the Primary Driver to exchange the assigned van in need of maintenance or repairs for a loaner van. Once the assigned van's maintenance or repairs are completed, the Vanpool Maintenance Service Team will coordinate the return of the assigned van or exchange of the loaner van.

Fuel and Maintenance (continued)

Loaner Van Procedures

1. A Driver **MUST** be present at the exchange location to meet the Vanpool Maintenance Team or tow company when the loaner van arrives.
2. The mileage sheet from the assigned van **MUST** be transferred to the loaner van and the loaner van's number **MUST** be notated on the mileage sheet. Use the same mileage sheet to track mileage in the loaner van. Remember to transfer the mileage sheet back to the assigned van upon its return and continue to track mileage as usual.
3. Leave the Wright Express Fleet Card in the assigned van. The loaner van will have its own Wright Express Fleet Card available for fueling. Drivers use the same individual PIN.
4. When the assigned van is ready, the Vanpool Maintenance Service Team contacts the Primary Driver to coordinate exchange of the loaner and assigned vans. A Driver should be present at the exchange location to meet the Vanpool Maintenance Service Team when the assigned van arrives.

Safety Line Inspections

- RideFinders vans with nine or more passengers are required to have Safety Line Inspections two (2) times per year.
- When a Safety Line Inspection is required, the Vanpool Maintenance Service Team will contact the Primary Driver to schedule a time and location to pick up the assigned van.
- If the Vanpool Maintenance Service Team can access the assigned van, they will pick up the van and return it before the vanpool leaves for the day using a spare key.
- If the Vanpool Maintenance Service Team cannot access the van, a Driver **MUST** bring the van out for pick up and return.

Check Engine Light

- The engine overheating could create an unsafe situation for all passengers. If the check engine light illuminates (not to be confused with the oil change light) or the temperature gauge goes into the red, please pull over in a safe area as soon as you can and call the Vanpool Maintenance Service Team right away. Refer to **Page 1** of this handbook for contact information.

Adding Drivers / Riders

Adding a Driver

All Primary and Backup Drivers are considered volunteers and are not employees of RideFinders, ACT or MCT.

1. To become a Primary or Backup Driver, contact RideFinders at either **ridefinders@mct.org** or **314-621-7433**.
2. RideFinders will send the required paperwork to the applicant via email or by U.S. mail if requested. All required paperwork should be completed and submitted to RideFinders (see #12). This includes the following:
 - a. RideFinders Vanpool Requirements
 - b. Driver Application Form
 - c. Consumer Report Authorization Form
 - d. Request for PIN Number Form
3. **A copy of the front and back of your driver's license must accompany the above forms when they are sent to RideFinders.**
4. Upon receipt of the completed application, the applicant's social security and motor vehicle report background checks will be reviewed for consideration in the RideFinders program. Applicants will receive an email containing an authorization link from **Sterling Comprehensive Background Check Services** (noreply@sterling.app). This link expires after 7 days. Please monitor all inboxes, including spam.
5. If the applicant is approved, RideFinders will send a Vanpool Driver Agreement to the new Driver via email or by U.S. mail if requested.
6. The new Driver should complete, print, sign and date the agreement for prompt submission to RideFinders (see #12).
7. Once RideFinders receives the signed agreement, the new Driver and Primary Driver will receive notification that they can begin driving the van.
8. The Driver will then receive their individual PIN for the Wright Express Fleet card in the mail from RideFinders.
9. Payment is due before any NEW Backup Driver can start.
10. Drivers must inform RideFinders of changes to their address, employer, or contact information at **314-621-7433** or **ridefinders@mct.org**
11. **Drivers must send updated driver's licenses to RideFinders ANY TIME there is a change in the driver's name or restrictions, or if a new license was obtained due to expiration, loss, etc.**
12. The following methods are available to submit paperwork to RideFinders:
 - a. Scan and email documents to **ridefinders@mct.org**
 - b. Fax documents to **618-797-5494**
 - c. Mail documents to **RideFinders, 1 Transit Way, Pontoon Beach, IL 62040**
 - d. Adobe Acrobat Sign documents are automatically submitted when completed.

Safety is our top priority, drivers must follow posted speed limits and safe driving practices. Distractions such as cell phone use while the van is in operation are strictly prohibited. Speed safety reports are routinely run on all RideFinders vehicles. Drivers must comply with a drug screening if requested.

■ Adding Drivers / Riders (continued)

RideFinders Driver Responsibilities

Vanpool drivers are responsible for:

- A daily safety check before operating the van. This safety check includes, but is not limited to the tires, lights, brakes, fluid levels, wipers, and battery.
- Ensuring all passengers and the driver are wearing seatbelts when the van is in operation.
- Maintaining a list of Riders and allowing only those who have been approved by RideFinders to board the van.
- Updating ridership roster and submitting changes to the **Vanpool Coordinator** (see **Page 1** for contact information) as needed.
- Recording mileage and other records as required
- Submitting a monthly mileage log no later than the **5th of each month**.
- Locking and removing keys when the van is unattended.
- Fueling the van.
- Responding to communications from the **Vanpool Maintenance Service Team** and the **Vanpool Coordinator**.
- Cleaning and sanitizing the van in accordance with the Clean Commute Commitment.
- Completing accident and incident reports and contacting the **Vanpool Maintenance Service Team** (see **Page 1** for contact information).
- Reporting traffic violations to the **Vanpool Coordinator** immediately.

Tasks may be delegated to other vanpool participants, but Drivers are responsible for ensuring tasks are completed in a timely manner.

The assigned van MUST remain in the agreed upon parking location when not in use.

Adding a Rider

1. To add a Rider, contact RideFinders at either **ridefinders@mct.org** or **314-621-7433**.
2. RideFinders will email the required paperwork to the applicant. All required paperwork should be completed and submitted to RideFinders (see #5).
 - a. Applicants who have completed a Commuter Profile with RideFinders will receive a Vanpool Rider **Agreement**.
 - b. Applicants who have NOT completed a Commuter Profile with RideFinders first receive a Vanpool Rider **Application** followed by a Vanpool Rider **Agreement**.
3. Upon receipt of a Rider Agreement and payment, the Primary Driver and new Rider will receive notification that they can begin riding in the vanpool. **Payment is due before any new Rider can start.**
4. Riders must inform RideFinders of any changes to their address, employer, or contact information at **314-621-7433** or **ridefinders@mct.org**.
5. The following methods are available to submit paperwork to RideFinders:
 - a. Scan and email documents to **ridefinders@mct.org**
 - b. Fax documents to **618-797-5494**
 - c. Mail documents to **RideFinders, 1 Transit Way, Pontoon Beach, IL 62040**
 - d. Adobe Acrobat Sign documents are automatically submitted when completed.

Discontinuing Participation

To discontinue participation in a vanpool, the Rider or Driver must inform RideFinders in writing that they are terminating their participation. Riders and Drivers must give **at least 30 days advance notice** of planned termination date.

Mileage Reporting

RideFinders is required to submit to the Federal government the daily mileage and ridership information for each vanpool on a monthly basis. RideFinders emails the Primary Driver blank Monthly Report forms for the entire fiscal year (July – June) prior to the start of the fiscal year.

Mileage Reporting Procedure

1. For **each day** the vanpool operates, the Driver for that day writes the van's start & end odometer and number of Riders (including the Driver) for their commute TO work, and the start & end odometer and number of Riders (including the Driver) for their commute FROM work. **All odometer readings should be recorded as whole numbers.**
2. The Primary Driver submits the completed **Monthly Report** to RideFinders at **ridefinders@mct.org** or fax to **618-797-5494** no later than the **5th of each month**. DO NOT MAIL. Make sure each report shows the **van number** and the **Primary Driver's name** printed legibly at the top. If a loaner van was used for any portion of the month, the loaner van's number must be included as well.
3. If a vanpool utilizes both the assigned van and a loaner van on the same day, the Driver should document only the mileage for the van used at the start & end of the commute to work and the van used at the start & end of the commute home –one odometer reading for each cell **ONLY**. Then in the far right column, write **LOANER** when a loaner van is used.
4. When fueling the van or obtaining preventive maintenance, and the Driver is the only passenger (e.g., weekends), record the mileage for that day as 1 passenger for AM and 1 passenger for PM and check the **Maintenance** box.
5. Vanpools are allowed incidental commute mileage **along their route to and from work or within short distances of their workplace during breaks**. If the vanpool has incidental commute mileage on a particular day, enter the estimated mileage in whole numbers in the **# of Incidental Miles** column.



Driver's Accident Report

EMAIL TO
ridefinders@mct.org
Or Fax to: 618-797-7547

Van Number: _____ Person Completing Form: _____

Odometer Reading: _____ Daytime Phone: () _____

Date of Accident : M / D / Y Time of Accident: _____ ☐ AM ☐ PM

Accident Location: _____ City: _____ State: _____

Email Address: _____

Type of Accident

☐ Vehicle to Vehicle ☐ Vehicle to Property ☐ Other (i.e. personal injury)

Conditions

Weather: ☐ clear ☐ cloudy ☐ raining ☐ misting/foggy ☐ snowing/sleeting

☐ other _____

Lighting: ☐ daylight ☐ twilight ☐ night ☐ other _____

Circumstances of Accident: _____

Police called? ☐ No ☐ Yes Report #: _____ Officer's name: _____ Precinct: _____

Was a ticket issued? ☐ No ☐ Yes Issued to: _____ Violation: _____

Other Emergency Response Agencies Present: ☐ Ambulance ☐ Fire



	Name of Witness	Address	Phone
1.	_____	_____	() _____
2.	_____	_____	() _____
3.	_____	_____	() _____
4.	_____	_____	() _____
5.	_____	_____	() _____
6.	_____	_____	() _____
7.	_____	_____	() _____



Driver's Accident Report

EMAIL TO

ridefinders@mct.org

Or Fax to: 618-797-7547

Driver of Van at time of accident:

Name: _____ Phone () _____

Injured?: ☐ No ☐ Yes | If Yes: ☐ Treated at scene ☐ Taken by Ambulance

Passengers Names	Phone	Injured?
1. _____	() _____	☐ Treated at scene ☐ Ambulance
2. _____	() _____	☐ Treated at scene ☐ Ambulance
3. _____	() _____	☐ Treated at scene ☐ Ambulance
4. _____	() _____	☐ Treated at scene ☐ Ambulance
5. _____	() _____	☐ Treated at scene ☐ Ambulance
6. _____	() _____	☐ Treated at scene ☐ Ambulance
7. _____	() _____	☐ Treated at scene ☐ Ambulance
8. _____	() _____	☐ Treated at scene ☐ Ambulance
9. _____	() _____	☐ Treated at scene ☐ Ambulance
10. _____	() _____	☐ Treated at scene ☐ Ambulance
11. _____	() _____	☐ Treated at scene ☐ Ambulance
12. _____	() _____	☐ Treated at scene ☐ Ambulance
13. _____	() _____	☐ Treated at scene ☐ Ambulance
14. _____	() _____	☐ Treated at scene ☐ Ambulance

Describe damage: _____ Towed: ☐ No ☐ Yes**INFORMATION ABOUT OTHER VEHICLE OR PROPERTY (as applicable)**

Owner's Name: _____

Owner's Address: _____ City _____ State _____ Zip _____

Driver's Name: _____ Injured?: ☐ No ☐ Yes ☐ Treated at scene ☐ Ambulance

Driver's Address: _____ City _____ State _____ Zip _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Vehicle License Plate#: _____ State Issued: _____

Vehicle Year/Make/Model: _____ / _____ / _____

Describe damage: _____ Towed?: ☐ No ☐ Yes

Insurance company: _____ Policy Number: _____

Were there any passengers in the vehicle? ☐ No ☐ Yes (if yes, list below)

Passengers Names	Phone	Injured?
1. _____	() _____	☐ Treated at scene ☐ Ambulance
2. _____	() _____	☐ Treated at scene ☐ Ambulance
3. _____	() _____	☐ Treated at scene ☐ Ambulance

COMPLETE BOTH PAGES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2021

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 have ADDITIONAL INSURED provisions or 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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Kate Reens PHONE (A/C, No, Ext): 630-228-6741 E-MAIL ADDRESS: Kate_reens@ajg.com FAX (A/C, No): 630-285-4062														
INSURED Madison County Transit District 1 Transit Way Pontoon Beach IL 62040	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Lloyd's Syndicate 2987</td><td></td></tr><tr><td>INSURER B : Lancer Insurance Company</td><td>26077</td></tr><tr><td>INSURER C : Gemini Insurance Company</td><td>10833</td></tr><tr><td>INSURER D : Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER E : Hallmark Specialty Insurance Company</td><td>26808</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyd's Syndicate 2987		INSURER B : Lancer Insurance Company	26077	INSURER C : Gemini Insurance Company	10833	INSURER D : Lexington Insurance Company	19437	INSURER E : Hallmark Specialty Insurance Company	26808	INSURER F :	
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INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 602588653**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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: SIR:\$150,000			PK1006421	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☒ SIR:\$150,000			PK1006421	2/1/2021	2/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			XPE0000212-00	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B D E	Automobile Liability Excess Liability Excess Liability			VP10028017 015438021 77PEF21011D	2/1/2021 2/1/2021 2/1/2021	2/1/2022 2/1/2022 2/1/2022	Each Occurrence \$3,000,000 Each Occurrence \$5M xs \$5M Each Occurrence \$5M xs \$10M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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 <i>Cynthia L. LaMonte</i>

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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: THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$3,000,000 Combined Single Limit	\$ 121,889
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		\$ SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		\$ SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PEDESTRIAN PIP		B	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED+ FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS	7	\$5,000	\$ 6,442
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS	7	\$25,000/50,000	\$ \$11
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		B	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 250 DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ %01--
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 250 DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 17,944
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED POLICY PREMIUM			\$ 154,340

*This policy may be subject to final audit.

**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.