Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer's specifications and at the dealer's service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer's warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics/Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer’s choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer's request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of June, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 2 cars ($15,000 Value).

Brian Bemis
Brian Bemis Automotive Group LTD.
1875 DeKalb Avenue
Sycamore, IL 60178

Jeff Mempher
Associate Vice-President/Director of Athletics
Northern Illinois University
1525 W. Lincoln Hwy.
DeKalb, IL 60115
Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program, including Four (4) Benchback Seats (PRIME, Row 28, Seats 7 – 10)
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer’s specifications and at the dealer’s service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer’s warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics’ Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer’s choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer’s request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of June, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($ 7,500 Value).

Brian Collins  
Fox Valley Ford, Inc.  
208 Hansen Boulevard  
North Aurora, IL 60542

Jeff Chipper  
Associate Vice-President/Director of Athletics  
Northern Illinois University  
1525 W. Lincoln Hwy.  
DeKalb, IL 60115
Huskie Wheels of Support  
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer's specifications and at the dealer's service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer's warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer's choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer's request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of June, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 2 cars ($15,000). Value)

George Nahas  
George Nahas Oldsmobile  
U.S. Highway 441  
Tavares, FL 32778

Jeff Costner  
Associate Vice-President/Director of Athletics  
Northern Illinois University  
1525 W. Lincoln Hwy.  
DeKalb, IL 60115
Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the
   Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer’s specifications and at the dealer’s service
   department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation
   of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer’s warranty, including
   deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car
    dealer, the Department of Intercollegiate Athletics’ Development Office, and the University Risk
    Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car,
    (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer’s choice
   suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer’s request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car
   with the least amount of expense and cost to both parties and to provide transportation in case of
   emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of June, 2011. For
fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($ 7,500 Value).

Deen Collins  Jeff Comper
Gerald Nissan Subaru  Associate Vice-President/Director of Athletics
213 Hansen Boulevard  Northern Illinois University
North Aurora, IL 60542  1525 W. Lincoln Hwy.

(2/27/2012) Matt Cabrera - Gerald Nissan Subaru.pdf Page 1
Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer's specifications and at the dealer's service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer's warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics' Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer's choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer's request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 23 day of June, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($ 7,500 Value).

Mike Mooney
Miko Mooney, Inc.
204 North 4th Street
DeKalb, IL 60115

Jeff Compher
Associate Vice-President/Director of Athletics
Northern Illinois University
1525 W. Lincoln Hwy.
DeKalb, IL 60115
Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the
   Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer's specifications and at the dealer's service
   department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation
   of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer's warranty, including
   deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported to the coach or administrative staff member to the car
    dealer, the Department of Intercollegiate Athletics Development Office, and the University Risk
    Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car.
    (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer's choice
   suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer's request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car
   with the least amount of expense and cost to both parties and to provide transportation in case of
   emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of Dec 2011, 2011. For
fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($15,000 Value).

Pete Harkness
Pete Harkness Auto Group
2811 N. Locust St.
Sterling, IL 61081

Jeff Coiplier
Associate Vice-President/Director of Athletics
Northern Illinois University
1525 W. Lincoln Hwy.
DeKalb, IL 60115
Huskie Wheels of Support  
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and neat at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer's specifications and at the dealer's service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer's warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics' Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer's choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer's request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2nd day of July, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($10,000.00 Value).

Joe Peters  
Peters Automotive  
1080 S. 7th Street.  
Aurora, IL 60508

Jeff Conover  
Associate Vice President/Director of Athletics  
Northern Illinois University  
1525 W. Lincoln Hwy.  
DeKalb, IL 60115
Huskie Wheels of Support
Memorandum of Understanding

RESPONSIBILITIES OF THE ATHLETICS DEPARTMENT
1. Ensure terms of the agreement along with any special instructions.
2. Supply dealer benefits associated with the Huskie Wheels of Support program.
3. Provide dealer with regular communication regarding the mileage of the vehicles.
4. Maintain commercial automobile insurance to cover vehicles and approved drivers within the Huskie Wheels of Support program (See Attachment A.)

RESPONSIBILITIES OF ASSIGNED COACH OR ADMINISTRATIVE STAFF MEMBER
1. Keep car clean and rest at all times.
2. Never use the spare tire unless in emergency.
3. Car is to be serviced regularly to manufacturer’s specifications and at the dealer’s service department if at all possible.
4. Car is to be returned promptly to the dealer at agreed time, mileage allowance, or upon separation of service from the University.
5. Responsible for all repairs required, not covered by the manufacturer’s warranty, including deductible portions of insurance if involved in chargeable accident.
6. Responsible for any and all traffic and/or parking violations.
7. Return car in good, resale condition.
8. Responsible for insurance coverage as agreed to with dealer, as applicable.
9. Responsible for licensing fee as agreed to with dealer, if applicable.
10. All automobile accidents must be reported by the coach or administrative staff member to the car dealer, the Department of Intercollegiate Athletics’ Development Office, and the University Risk Management Office immediately following accidents.
11. Immediately notify the Wheels of Support Administrator if the car is exchanged for a different car. (Insurance must be transferred to new car)

RESPONSIBILITY OF THE CAR DEALER
1. To provide the assigned athletic coach or staff member with an automobile of the dealer’s choice suitable for recruiting, scouting, and staff business.
2. To replace the car in service at the dealer’s request.
3. To assist the assigned athletic coach or staff member with the service and maintenance of the car with the least amount of expense and cost to both parties and to provide transportation in case of emergency repairs.

This Memorandum Of Understanding signed and agreed on this 2 day of June, 2011. For fiscal year 2012 beginning July 1, 2011 ending June 30, 2012 for 1 car ($3,782 Value).

Terry Bryan
Riverfront Chrysler Plymouth Jeep Eagle
200 Hansen Boulevard
North Aurora, IL 60542

Jeff Caper
Associate Vice-President/Director of Athletics
Northern Illinois University
1525 W. Lincoln Hwy.
DeKalb, IL 60115
REGIONAL OFFICE INSTRUCTION SHEET

POLICY NO. 83 UEC PD6990

ROUTING INSTRUCTIONS:

SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.
POLICY FACE SHEET

90
69 INSURER:
PD HARTFORD INSURANCE GROUP
UEC

POLICY NO.: 83 UEC PD6990 SA

COMMON POLICY DECLARATIONS

ITEM
1. NAMED INSURED AND
MAILING ADDRESS:
NORTHERN ILLINOIS UNIVERSITY
595 COLLEGE AVE.
DEKALB (DEKALB COUNTY) IL 60115

2. POLICY PERIOD:
FROM 07/01/11 TO 07/01/12

3. AGENT'S OR BROKER'S CODE: 552137
RECORDS RETENTION - PERMANENT
AGENT'S OR BROKER'S NAME: MARSH USA INC
PREVIOUS POLICY NO.: 83 UEC PD6990

4. AUDIT PERIOD: ANNUAL

5. NAMED INSURED IS: UNIVERSITY

6. DESCRIPTION OF YOUR BUSINESS: SCHOOLS - COLLEGES, UNIVERSITIES, JUNIOR

AUTO COMPANY CODE: 6
SELECT CUSTOMER

POLICY STATUS: ACTIVE
LOB LEVEL OF SUPPORT: AUTO-S
AUDIT: (4) AUTO

RATED RISK
SIC CODE - 8221

MARKET SEGMENTATION - 984

AUTOMATICALLY BOOKED

TRANS TYPE: RENL CNTL#: 001
FACE SHEET TERMINAL ID: R0FCV21A PAGE 1
07/19/11 83 UEC PD6990 SA (07/01/12)
This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

COMMON POLICY DECLARATIONS

POLICY NUMBER: 83 UEC PD6990 SA
RENEWAL OP: 83 UEC PD6990

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

NORTHERN ILLINOIS UNIVERSITY
595 COLLEGE AVE.
DEKALB
IL 60115
(DEKALB COUNTY)

Policy Period: From 07/01/11 To 07/01/12
12:01 A.M.: Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

Total Advance Premium: $11,702.00

Coverage Part and Insurance Company Summary

COMMERCIAL AUTO
HARTFORD UNDERWRITERS INSURANCE COMPANY
HARTFORD PLAZA
HARTFORD, CONNECTICUT 06115 $11,702.00

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 IL00171198 IH99400409 IH99410409 IL00210908 HA00250204

Agent/Broker Name: MARSH USA INC

Countersigned by
(Where required by law) Authorized Representative Date

Form HM 60 10 01 07
Named Insured: NORTHERN ILLINOIS UNIVERSITY
Policy Number: 83 UECD6990
Effective Date: 07/01/11
Expiration Date: 07/01/12
Company Name: MARSH USA INC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.
COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM

POLICY NUMBER: 83 UBC PD6990

This COMMERCIAL AUTOMOBILE COVERAGE PART consists of:

A. This Declarations Form;
B. Business Auto Coverage Form; and
C. Any Endorsements issued to be a part of this Coverage Form and listed below.

ITEM ONE - NAMED INSURED AND ADDRESS

The Named Insured is stated on the Common Policy Declarations.

AUDIT PERIOD: 

ADVANCE PREMIUM: $ 11,702.00

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HA00040302  HA00121102T  CA00011001  HA21020692  CA99030306
CA21301108  CA21381108  CA01200603  CA02700894  HA00241290
HA99991290  EA99160901  HA99260406
**COMMERICAL AUTOMOBILE**  
**COVERAGE PART - DECLARATIONS**  
**BUSINESS AUTO COVERAGE FORM (Continued)**

**POLICY NUMBER:** 83 UEC PD6990

---

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the advance 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.

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Covered Autos</th>
<th>Limit The Most We Will Pay for Any One Accident or Loss</th>
<th>Advance Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIABILITY</td>
<td>07</td>
<td>$1,000,000</td>
<td>$6,214.00</td>
</tr>
<tr>
<td>PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage)</td>
<td></td>
<td>Separately stated in each Personal injury Protection Endorsement.</td>
<td></td>
</tr>
<tr>
<td>ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault coverage)</td>
<td></td>
<td>Separately stated in each Added Personal Injury Protection Endorsement.</td>
<td></td>
</tr>
<tr>
<td>OPTIONAL BASIC ECONOMIC LOSS (New York only)</td>
<td></td>
<td>$25,000 each eligible injured person.</td>
<td></td>
</tr>
<tr>
<td>PROPERTY PROTECTION INSURANCE (Michigan only)</td>
<td></td>
<td>Separately stated in the Property Protection Insurance Endorsement.</td>
<td></td>
</tr>
<tr>
<td>MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)</td>
<td></td>
<td>Separately stated in the Medical Expense and Income Loss Benefits Endorsement.</td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>07</td>
<td>$ or the limit separately stated for each &quot;auto&quot; in ITEM THREE</td>
<td>$300.00</td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>07</td>
<td>SEE FORM HA2102 OR STATE FORM(S)</td>
<td>$520.00</td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS (When not included in Uninsured Motorist Coverage)</td>
<td>07</td>
<td>SEE FORM HA2102 OR STATE FORM(S)</td>
<td>$780.00</td>
</tr>
</tbody>
</table>

---

Form HA 00 25 02 04

Page 2 of 4
**COMMERCIAL AUTOMOBILE**  
**COVERAGE PART - DECLARATIONS**  
**BUSINESS AUTO COVERAGE FORM (Continued)**

**POLICY NUMBER:** 83 UEC PD6990

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)**

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Covered Autos</th>
<th>Limit The Most We Will Pay for Any One Accident or Loss</th>
<th>Advance Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL DAMAGE</td>
<td></td>
<td>See ITEM FOUR for hired or borrowed &quot;autos&quot;.</td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE COVERAGE</td>
<td>07</td>
<td>Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered &quot;auto&quot;.</td>
<td>$ 979.00</td>
</tr>
<tr>
<td>SPECIFIED CAUSES OF LOSS COVERAGE</td>
<td></td>
<td>Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus $ deductible for each covered &quot;auto&quot; for &quot;loss caused by mischief or vandalism.</td>
<td></td>
</tr>
<tr>
<td>COLLISION COVERAGE</td>
<td>07</td>
<td>Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered &quot;auto&quot;.</td>
<td>$ 2,999.00</td>
</tr>
<tr>
<td>TOWING AND LABOR</td>
<td></td>
<td>$ or the amount separately stated for each &quot;auto&quot; in ITEM THREE, whichever is greater, for each disablement.</td>
<td></td>
</tr>
</tbody>
</table>

Endorsement Premium  
(Not included above)

**TOTAL ADVANCE PREMIUM:**  
$ 11,702.00
COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)

POLICY NUMBER: 83 UEC PD6990

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN
Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
FORM HA0012 ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS
LIABILITY COVERAGE
RATING BASIS IS COST OF HIRE. 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.

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Cost of Hire</th>
<th>Rate Per Each $100 Cost of Hire</th>
<th>Advance Premium</th>
</tr>
</thead>
</table>

TOTAL ADVANCE PREMIUM:

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

<table>
<thead>
<tr>
<th>Named Insured’s Business</th>
<th>Rating Basis</th>
<th>Number</th>
<th>Advance Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other than a Social Service Agency</td>
<td>Number of Employees</td>
<td>Number of Partners</td>
<td></td>
</tr>
<tr>
<td>Social Service Agency</td>
<td>Number of Employees</td>
<td>Number of Volunteers</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ADVANCE PREMIUM:
# SCHEDULE OF COVERED AUTOS YOU OWN

**ITEM THREE OF THE DECLARATIONS**

**POLICY NUMBER:** 83 UEC PD6990

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding **ITEM TWO** of the Declarations Limit Column applies instead.

<table>
<thead>
<tr>
<th>No.</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>Year</th>
<th>VIN</th>
<th>ID No.</th>
<th>IL Terr.</th>
<th>Class</th>
<th>Value</th>
<th>Use</th>
<th>Rate</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>00001</td>
<td>CHEV</td>
<td>05 CHEV</td>
<td>DEKALB</td>
<td>2013</td>
<td>1G1NB52F65M247086</td>
<td>IL Terr.: 134</td>
<td>Class: 73980</td>
<td>$25,000</td>
<td>SALE</td>
<td>FPT</td>
<td>1447</td>
<td>60115</td>
<td></td>
</tr>
<tr>
<td>Coversages:</td>
<td>SEQ. No.</td>
<td>Premiums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$62.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$154.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00002</td>
<td>CHRY</td>
<td>07 CHRY</td>
<td>UTL</td>
<td>2013</td>
<td>1ABHW58237F516485</td>
<td>IL Terr.: 134</td>
<td>Class: 73980</td>
<td>$53,000</td>
<td>SALE</td>
<td>FPT</td>
<td>1447</td>
<td>60115</td>
<td></td>
</tr>
<tr>
<td>Coversages:</td>
<td>SEQ. No.</td>
<td>Premiums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$111.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DECEPTIBLE</td>
<td>$281.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00003</td>
<td>TOYOT</td>
<td>09 TOYOT</td>
<td>HCRBK</td>
<td>2013</td>
<td>JTDB2001197839743</td>
<td>IL Terr.: 134</td>
<td>Class: 73980</td>
<td>$22,000</td>
<td>SALE</td>
<td>FPT</td>
<td>1447</td>
<td>60115</td>
<td></td>
</tr>
<tr>
<td>Coversages:</td>
<td>SEQ. No.</td>
<td>Premiums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$73.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$237.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE OF COVERED AUTOS YOU OWN**  
**ITEM THREE OF THE DECLARATIONS**  
(Continued)

**POLICY NUMBER:** 83 UEC PD6990

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding **ITEM TWO** of the Declarations Limit Column applies instead.

<table>
<thead>
<tr>
<th>NO. 00004</th>
<th>07 CHRY</th>
<th>UTL</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED: DEKALB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIG. COST NEW: $16,830</td>
<td>USE: FPT</td>
<td>TAX LOC: 1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
</tr>
<tr>
<td>COVERAGE:</td>
<td>SEQ. NO. 00021</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$186.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO. 00005</th>
<th>10 HONDA</th>
<th>UTL</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED: DEKALB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIG. COST NEW: $27,800</td>
<td>USE: FPT</td>
<td>TAX LOC: 1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
</tr>
<tr>
<td>COVERAGE:</td>
<td>SEQ. NO. 00024</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$86.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$268.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO. 00006</th>
<th>10 FORD</th>
<th>UTL</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED: DEKALB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIG. COST NEW: $23,540</td>
<td>USE: FPT</td>
<td>TAX LOC: 1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
</tr>
<tr>
<td>COVERAGE:</td>
<td>SEQ. NO. 00031</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$73.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td>$237.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE OF COVERED AUTOS YOU OWN
### (ITEM THREE OF THE DECLARATIONS) (Continued)

**POLICY NUMBER:** 83 00007

Aberrance, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

<table>
<thead>
<tr>
<th>NO.</th>
<th>00007</th>
<th>07 FORD</th>
<th>GARAGED: DEKALB</th>
<th>ID NO.</th>
<th>3FAUP07Z7A7173849</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIG. COST NEW</td>
<td>$18,100</td>
<td>USE: PPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO.</td>
<td>00032</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td></td>
<td>$479.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td></td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td></td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td></td>
<td>$186.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>00008</th>
<th>06 CHEV</th>
<th>GARAGED: DEKALB</th>
<th>ID NO.</th>
<th>2GIW78K269291256</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIG. COST NEW</td>
<td>$21,860</td>
<td>USE: PPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO.</td>
<td>00036</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td></td>
<td>$479.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td></td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$1,000 DEDUCTIBLE</td>
<td></td>
<td>$62.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$1,000 DEDUCTIBLE</td>
<td></td>
<td>$154.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>00009</th>
<th>11 HONDA</th>
<th>GARAGED: DEKALB</th>
<th>ID NO.</th>
<th>5NYF4H578B055557</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIG. COST NEW</td>
<td>$29,665</td>
<td>USE: PPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO.</td>
<td>00037</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td></td>
<td></td>
<td>$479.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td></td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td></td>
<td></td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$500 DEDUCTIBLE</td>
<td></td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$500 DEDUCTIBLE</td>
<td></td>
<td>$296.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE OF COVERED AUTOS YOU OWN
### ITEM THREE OF THE DECLARATIONS)
### (Continued)

**POLICY NUMBER:** 83 UEC FD6990

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

<table>
<thead>
<tr>
<th>NO.</th>
<th>00010</th>
<th>07 CHRY</th>
<th>UTL</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED:</td>
<td>DEKALB</td>
<td>ORIG. COST NEW:</td>
<td>$20,000</td>
<td>USE: PPT</td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE:</td>
<td>60115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO. 00039</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$186.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>00011</th>
<th>08 NISSAN</th>
<th>SED</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED:</td>
<td>DEKALB</td>
<td>ORIG. COST NEW:</td>
<td>$18,230</td>
<td>USE: PPT</td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE:</td>
<td>60115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO. 00040</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$186.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>00012</th>
<th>10 CHEV</th>
<th>SED</th>
<th>IL TERR: 134</th>
<th>CLASS: 73980</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED:</td>
<td>DEKALB</td>
<td>ORIG. COST NEW:</td>
<td>$25,055</td>
<td>USE: PPT</td>
<td></td>
</tr>
<tr>
<td>TAX LOC:</td>
<td>1447</td>
<td>ZIP CODE:</td>
<td>60115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERAGES:</td>
<td>SEQ. NO. 00041</td>
<td>PREMIUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIABILITY</td>
<td>$478.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$60.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>$186.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE OF COVERED AUTOS YOU OWN**  
**(ITEM THREE OF THE DECLARATIONS) (Continued)**

**POLICY NUMBER:** 83 URC PD6990

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

<table>
<thead>
<tr>
<th>NO. 00013</th>
<th>CHEV 10 SED</th>
<th>ID NO. 2G1W85EKA1187161</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGED:</td>
<td>DEKALB</td>
<td>IL TERR: 134</td>
</tr>
<tr>
<td>ORIG. COST NEW: $25,055</td>
<td>USE: PPT</td>
<td></td>
</tr>
<tr>
<td>TAX LOC: 1447</td>
<td>ZIP CODE: 60115</td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGES:**

<table>
<thead>
<tr>
<th>LIABILITY</th>
<th>SEQ. NO. 00042</th>
<th>PREMIUMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTO MEDICAL PAYMENTS</td>
<td></td>
<td>$478.00</td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td></td>
<td>$25.00</td>
</tr>
<tr>
<td>COLLISION</td>
<td></td>
<td>$40.00</td>
</tr>
<tr>
<td>UNINSURED MOTORISTS</td>
<td></td>
<td>$60.00</td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td>$10,000 EACH &quot;INSURED&quot;</td>
<td>$86.00</td>
</tr>
<tr>
<td>DEDUCTIBLE</td>
<td>$1,000</td>
<td>$268.00</td>
</tr>
</tbody>
</table>

---
POLICY NUMBER: 83 UBC PD6990

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE
AND UNDERINSURED MOTORISTS COVERAGE

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<table>
<thead>
<tr>
<th>Endorsement effective</th>
<th>Countersigned by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Authorized Representative)</td>
</tr>
</tbody>
</table>

The Limit shown in ITEM TWO of the Declarations for Uninsured Motorists Coverage and for Underinsured Motorists Coverage (when not included in Uninsured Motorists Coverage) is replaced by the limits shown below for the state indicated.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>LIMIT</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNINSURED MOTORISTS</td>
<td>$ 1,000 ,000 each &quot;accident&quot;</td>
<td>IL</td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td>UNDERINSURED MOTORISTS</td>
<td>$ 1,000 ,000 each &quot;accident&quot;</td>
<td>IL</td>
</tr>
<tr>
<td>(when not included in Uninsured Motorists Coverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ,000 each &quot;accident&quot;</td>
<td></td>
</tr>
</tbody>
</table>

The state limit shown above completes the limit entry required on the endorsement(s) applicable in the same state.

Form HA 21 02 06 92 Printed in U.S.A.
**AUTOMOBILE SUMMARY**

**POLICY INFORMATION**

**NAMED INSURED:** NORTHERN ILLINOIS UNIVERSITY  
**PRODUCER CODE AND NAME:** 552137 MARSH USA INC  
**COMPANY CODE AND NAME:** 602 HARTFORD UNDERWRITERS INSURANCE COMPANY  
**EFFECTIVE DATE:** 07/01/11  
**EXPIRATION DATE:** 07/01/12  
**EXAMINATION PERIOD:**

**POLICY COVERAGES Recap**

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>COVERED AUTOS</th>
<th>LIMITS</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIABILITY</td>
<td>7</td>
<td>$1,000,000</td>
<td>$6,214.00</td>
</tr>
<tr>
<td>MED PAY</td>
<td>7</td>
<td>$10,000 EACH INSURED</td>
<td>$300.00</td>
</tr>
<tr>
<td>UM</td>
<td>7</td>
<td>$1,000,000 PER ACC</td>
<td>$520.00</td>
</tr>
<tr>
<td>UUM</td>
<td>7</td>
<td>$1,000,000 PER ACC</td>
<td>$780.00</td>
</tr>
<tr>
<td>OTC</td>
<td>7</td>
<td>$979.00</td>
<td></td>
</tr>
<tr>
<td>COLLISION</td>
<td>7</td>
<td>$2,909.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PREMIUM</strong></td>
<td></td>
<td><strong>$11,702.00</strong></td>
<td></td>
</tr>
</tbody>
</table>
POLICY NUMBER: 83 USC PD6990 SA EFFECTIVE DATE: 07/01/11

PRIMARY STATE/TERRITORY: IL 134 OP CODE: 07398
MARKET SEGMENTATION: 984

STATE RATING MODIFICATION FACTORS AND COMMISSIONS
NORMAL LINK COMMISSION: 15.0

EXPERIENCE MOD:

COMMERCIAL

AUTO NO: 00001 DESC: 05 CHEV VIN: 1G1ND52F65M247066
SEQ NO: 00002 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: SS0
COST NEW: $25,000 AGE: 07 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A)422 X (ED).95 X (D).159 X (GV).75 = 478.00
MED PAY LIMIT: $10,000
(A)35 X (ED).95 X (GV).75 = 25.00

UM
(A)20 + (EZ)20.00 = 40.00

UM (A)60.00 = 60.00

COMP DED: $1,000
(((IQ)114 X (FY).12 X (FI).85) = ((IQ)114 X (FY).85 X (FA).10) = (A)91.08 X (ED).95 X (H).950 X (GV).75 = 62.00

COLL DED: $1,000
(((IQ)367 X (FB).075 X (FI).65) = ((IQ)367 X (FI).65 X (FA).12) = (A)228 X (ED).95 X (H).950 X (GV).75 = 154.00

AUTO NO: 00002 DESC: 07 CHRY VIN: 1A8HW58237F516485
SEQ NO: 00011 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: UTL
COST NEW: $53,000 AGE: 05 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A)422 X (ED).95 X (D).159 X (GV).75 = 478.00
MED PAY LIMIT: $10,000
(A)35 X (ED).95 X (GV).75 = 25.00

KEYS
A = BASE RATE D = INCR LIMIT FCTR H = EXP NOD
ED = PPT USE FCER EZ = UM INCR LMT RATE FA = DEDUCT FCER
FB = ORIGINAL COST NEW FI = ACV AGN GROUP FCER GV = COMPANY CODE DEV
IQ = PD BASE COV RATE

POLICY # 83UCP06990 SA CONTROL # 001 TERM ID 00FCV21A
PROCESS DATE 07/19/11 OPER INITIALES BJM AAR PRV POL # 83UCP06990
POLICY NUMBER: 83 UEC PD6990 SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00002 DESC: 07 CHRY VIN: 1A8HW58237F516485

UM
((A)20 + (B2)20.00) = 40.00

UDM
(A)60.00 = 60.00

COMP
DED: $1,000
((I)114 \times (F)1.70 \times (F1).95) - ((I)114 \times (F1).95 \times (F)1.15) = 111.00

COLL
DED: $1,000
((I)367 \times (F)1.45 \times (F1).85) - ((I)367 \times (F1).85 \times (F)1.12) = 281.00

AUTO NO: 00003 DESC: 09 TOYOT VIN: JTDKB2UD197839743
SEQ NO: 00020 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: HCHBK
COST NEW: $22,000 AGE: 03 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A)422 \times (E)1.95 \times (D)1.59 \times (G)\times = 478.00

MED PAY LMT: $10,000
(A)35 \times (E)1.95 \times (G)\times = 25.00

UM
((A)20 + (B2)20.00) = 40.00

UDM
(A)60.00 = 60.00

COMP
DED: $1,000
((I)114 \times (F)1.12 \times (F1).00) - ((I)114 \times (F1).00 \times (F)1.15) = 73.00

COLL
DED: $1,000
((I)367 \times (F)1.075 \times (F1).00) - ((I)367 \times (F1).00 \times (F)1.12) = 237.00

KEYS
A = BASE RATE D = INCR LIMIT FCTR H = EXP MOD
ED = PPT USE FCTR EE = UM INCR LMT RATE FA = DEDUCT FCTR
FI = ORIGINAL COST NEW F1 = AVG AGG GROUP FCTR GV = COMPANY CODE DEV
IQ = PD BASE COV RATE

POLICY #: 83UECD06990 SA CONTROL #: 001 TERM ID: B0PCV21A
PROCESS DATE: 07/19/11 OPER INITIALS: BJM AAR PREV POL #: 83UECD06990
<table>
<thead>
<tr>
<th>POLICY NUMBER:</th>
<th>83 UEC PD6990</th>
<th>SA EFFECTIVE DATE:</th>
<th>07/01/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTO NO:</td>
<td>00004</td>
<td>DESC: 07 CHRY</td>
<td>VIN: 3AGFY56B37T528823</td>
</tr>
<tr>
<td>SEQ NO:</td>
<td>00021</td>
<td>STATE: 12</td>
<td>TYPE: PPT</td>
</tr>
<tr>
<td>CLASS:</td>
<td>73980</td>
<td>ZIP: 60115 0000</td>
<td>TERR: 134</td>
</tr>
<tr>
<td>VEHICLE INDIVIDUALLY OWNED:</td>
<td>NO</td>
<td>MODEL: UTL</td>
<td></td>
</tr>
<tr>
<td>COST NEW:</td>
<td>$15,830</td>
<td>AGE: 05</td>
<td>TAX LOC: 1447</td>
</tr>
<tr>
<td>OPERATOR LICENSE LESS THAN 5 YRS:</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIAB (A)422 X (ED).95 X (D).159 X (GV).75 =</td>
<td>478.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED PAY LMT:</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)35 X (ED).95 X (GV).75 =</td>
<td>25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UM (A)20 + (EZ)20.00 =</td>
<td>40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UEM (A)60.00 =</td>
<td>60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP DED:</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>((IQ)114 X (FH).00 X (FI).95) - ((IQ)114 X (FI).95 X (FA).10) =</td>
<td>(A)89.81 X (ED).95 X (H).950 X (GV).75 =</td>
<td>60.00</td>
<td></td>
</tr>
<tr>
<td>COLL DED:</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>((IQ)367 X (FH).00 X (FI).85) - ((IQ)367 X (FI).85 X (FA).12) =</td>
<td>(A)275 X (ED).95 X (H).950 X (GV).75 =</td>
<td>186.00</td>
<td></td>
</tr>
<tr>
<td>AUTO NO:</td>
<td>00005</td>
<td>DESC: 10 HONDA</td>
<td>VIN: 5FNHY4H51AB010449</td>
</tr>
<tr>
<td>SEQ NO:</td>
<td>00024</td>
<td>STATE: 12</td>
<td>TYPE: PPT</td>
</tr>
<tr>
<td>CLASS:</td>
<td>73980</td>
<td>ZIP: 60115 0000</td>
<td>TERR: 134</td>
</tr>
<tr>
<td>VEHICLE INDIVIDUALLY OWNED:</td>
<td>NO</td>
<td>MODEL: UTL</td>
<td></td>
</tr>
<tr>
<td>COST NEW:</td>
<td>$27,800</td>
<td>AGE: 02</td>
<td>TAX LOC: 1447</td>
</tr>
<tr>
<td>OPERATOR LICENSE LESS THAN 5 YRS:</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIAB (A)422 X (ED).95 X (D).159 X (GV).75 =</td>
<td>478.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED PAY LMT:</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)35 X (ED).95 X (GV).75 =</td>
<td>25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UM (A)20 + (EZ)20.00 =</td>
<td>40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UEM (A)60.00 =</td>
<td>60.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEYS**

- A = BASE RATE
- D = INCR LIMIT FCTR
- H = EXP MOD
- ED = PPT USE FCTR
- EZ = UM INCR LMT RATE
- FA = DEDUCT FCTR
- FH = ORIGINAL COST NEW
- FI = ACV AGE GROUP FCTR
- GV = COMPANY CODE DEV
- IQ = PD BASE COV RATE

**POLICY #** 83UECPD6990  **SA CONTROL #** 001  **TERM ID** RDPCV21A  
**PROCESS DATE** 07/19/11  **OPER INITIALLY** RVM  **AAR PREV FCL #** 83UECPD6990
POLICY NUMBER: 83 UEC FD6990  SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00005  DESC: 10 HONDA  VIN: 5FNYP6H51AB010449

COMP DED: $ 1,000
((IQ) 114 X (PH) 1.30 X (FI) 1.00) - ((IQ) 114 X (FI) 1.00 X
(FA).18) = (A) 127.66 X (ED).95 X (H).950 X (GV).75 = 86.00

COLL DED: $ 1,000
((IQ) 367 X (PH) 1.20 X (FI) 1.00) - ((IQ) 367 X (FI) 1.00 X
(FA).12) = (A) 396 X (ED).95 X (H).950 X (GV).75 = 268.00

AUTO NO: 00006  DESC: 10 FORD  VIN: 1FMCU0D70A532960
SRQ NO: 00031  STATE: 12  TYPE: PPT
CLASS: 73980  ZIP: 60115 0000  TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO  MODEL: UTIL
COST NEW: $ 23,540  AGE: 02  TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A) 422 X (ED).95 X (D) 1.59 X (GV).75 = 478.00
MED PAY LMT: $10,000
(A) 35 X (ED).95 X (GV).75 = 25.00
UM
| (A) 20 + (EZ) 20.00 |
UMD
(A) 60.00 =

COMP DED: $ 1,000
((IQ) 114 X (PH) 1.12 X (FI) 1.00) - ((IQ) 114 X (FI) 1.00 X
(FA).18) = (A) 107.16 X (ED).95 X (H).950 X (GV).75 = 73.00

COLL DED: $ 1,000
((IQ) 367 X (PH) 1.075 X (FI) 1.00) - ((IQ) 367 X (FI) 1.00 X
(FA).12) = (A) 350 X (ED).95 X (H).950 X (GV).75 = 237.00

AUTO NO: 00007  DESC: 07 FORD  VIN: 3FAHP07EX7R173849
SRQ NO: 00032  STATE: 12  TYPE: PPT
CLASS: 73980  ZIP: 60115 0000  TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO  MODEL: NO ENTRY MADE
COST NEW: $ 28,100  AGE: 02  TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A) 422 X (ED).95 X (D) 1.59 X (GV).75 = 478.00
MED PAY LMT: $10,000
(A) 35 X (ED).95 X (GV).75 = 25.00

KEYS
A = BASE RATE  D = INCR LIMIT FCTR  H = EXP MOD
ED = PPT USE FCTR  EZ = UM INCR LMT RATE  FA = DEDUCT FCTR
PH = ORIGINAL COST NEW  FI = ACV AGE GROUP FCTR  GV = COMPANY CODE DEV
IQ = PD BASE COV RATE

POLICY #: 83UECFD6990  SA CONTROL #: 001  TERM ID: R0PCV21A
PROCESS DATE: 07/19/11  OPER INITIALS: JOM AAR PREV POL #: 83UECFD6990
POLICY NUMBER: 83 UECPD6990 SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00007 DESC: 07 FORD VIN: 3FAHP07EX7R173849

UM

((A)20 + (E)20.00) = 40.00

USD

(A) 60.00 = 60.00

COMP DED: $ 1,000

((IQ)114 X (FH)1.00 X (FI).95) - ((IQ)114 X (FI).95 X (H).950 X (GV).75) = 60.00

COLL DED: $ 1,000

((IQ)367 X (FH)1.00 X (FI).85) - ((IQ)367 X (FI).85 X (FA).12) = (A)275 X (ED).95 X (H).950 X (GV).75 = 186.00

AUTO NO: 00008 DESC: 06 CHEV VIN: 2GIWT58K26921256

SEQ NO: 00536 STATE: 12 TYP: PPT

CLASS: 735899 ZIP: 60115 0000 TERR: 134

VEHICLE INDIVIDUALLY OWNED: NO MODEL: 4 DR SEDAN

COST NEW: $ 21,860 AGE: 06 TAX LOC: 1447

OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB

((A)422 X (ED).95 X (D)1.59 X (GV).75) = 478.00

MED PAY LMT: $10,000

(A)35 X (ED).95 X (GV).75 = 25.00

UM

((A)20 + (E)20.00) = 40.00

USD

(A) 60.00 = 60.00

COMP DED: $ 1,000

((IQ)114 X (FH)1.12 X (FI).85) - ((IQ)114 X (FI).85 X (FA).18) = (A)91.08 X (ED).95 X (H).950 X (GV).75 = 62.00

COLL DED: $ 1,000

((IQ)367 X (FH)1.075 X (FI).65) - ((IQ)367 X (FI).65 X (FA).12) = (A)228 X (ED).95 X (H).950 X (GV).75 = 154.00

KEYS

A = BASE RATE D = INCR LIMIT FCTR H = EXP MOD
ED = PPT USE FCTR EZ = UM INCR LMT RATE FA = DEDUCT FCTR
FH = ORIGINAL COST NEW FI = ACV AGS GROUP FCTR GV = COMPANY CODE DEV
IQ = PD BASE COV RATE

POLICY # 83UECPD6990 SA CONTROL # 001 TERM ID ROFCV21A
PROCESS DATE 07/19/11 OPER INITIALS BM 994 PREV POL # 83UECPD6990
POLICY NUMBER: 83 UEC PD6990 SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00009 DHSC: 11 HONDA VIN: 5P NYF6H57BB0S5557
SEQ NO: 00039 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: 4 DR SEDAN
COST NEW: $ 29,645 AGE: 01 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A) 422 X (ED).95 X (D)1.59 X (GV).75 = 478.00
MOT PAY LM: $10,000
(A) 35 X (ED).95 X (GV).75 = 25.00
UM
(A) 20 + (EZ)20.00 = 40.00
UM
(A) 60.00 = 60.00

COMP DED: $ 500
((IQ)114 X (FH).30 X (FI)1.00) - ((IQ)114 X (FI)1.00 X
(FA).00) = (A)149.2 X (ED).95 X (H).950 X (GV).75 =
100.00

COLL DED: $ 500
((IQ)367 X (FH).20 X (FI)1.00) - ((IQ)367 X (FI)1.00 X
(FA).00) = (A)340 X (ED).95 X (H).950 X (GV).75 =
298.00

AUTO NO: 00010 DHSC: 07 CHRY VIN: J86FY56A37T525823
SEQ NO: 00039 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: UTL
COST NEW: $ 20,000 AGE: 03 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: YES, NOT OWNER OR PRINCIP

LIAB
(A) 422 X (ED).95 X (D)1.59 X (GV).75 = 478.00
UM
(A) 20 + (EZ)20.00 = 40.00
UM
(A) 60.00 = 60.00

COMP DED: $ 1,000
((IQ)114 X (FH).10 X (FI).95) - ((IQ)114 X (FI).95 X
(FA).10) = (A)88.81 X (ED).95 X (H).950 X (GV).75 =
60.00

COLL DED: $ 1,000
((IQ)367 X (FH).10 X (FI).85) - ((IQ)367 X (FI).85 X
(FA).12) = (A)275 X (ED).95 X (H).950 X (GV).75 =
186.00

KEYS
A = BASE RATE  D = INCR LIMIT FCTR  H = EXP MOD
ED = PPT USE FCTR  EZ = UM INCR LMT RATE  FA = DEDUCT FCTR
FH = ORIGINAL COST NEW  FI = ACV AGE GROUP FCTR  GV = COMPANY CODE DEV
IQ = PD BASE COV RATE
AUTOMOBILE DETAIL (CONT)

POLICY NUMBER: 83 UEC PD6990
SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00011 DEC: 08 NISSAN VIN: 1N4AL21E98N557950
SEQ NO: 00040 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: SED
COST NEW: $ 12,230 AGE: 04 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A) 422 x (ED).95 x (D)1.59 x (GV).75 = 478.00
MED PAY LMT: $10,000
(A) 35 x (ED).95 x (GV).75 = 25.00
UM
(A) 20 + (EZ) 20.00 = 40.00
UM
(A) 60.00 = 60.00

COMP DED: $ 1,000
((IQ)114 x (FH)1.00 x (FI).95) - ((IQ)114 x (FI).95 x (FA).18) = (A) 88.81 x (ED).95 x (H).950 x (GV).75 = 60.00
COLL DED: $ 1,000
((IQ)367 x (FH)1.00 x (FI).85) - ((IQ)367 x (FI).85 x (FA).12) = (A) 275 x (ED).95 x (H).950 x (GV).75 = 186.00

AUTO NO: 00012 DEC: 10 CHEV VIN: 2G1WB5EK7A1161104
SEQ NO: 00041 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60115 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: SED
COST NEW: $ 25,085 AGE: 02 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
(A) 422 x (ED).95 x (D)1.59 x (GV).75 = 478.00
MED PAY LMT: $10,000
(A) 35 x (ED).95 x (GV).75 = 25.00
UM
(A) 20 + (EZ) 20.00 = 40.00
UM
(A) 60.00 = 60.00

KEYS
A = BASE RATE
ED = PPT USE FCTR
D = INCR LIMIT FCTR
IQ = PD BASE COV RATE
E = UM INCR LMT RATE
H = EXP MOD
PI = ORIGINAL COST NEW
F = ACV AGE GROUP FCTR

POLICY # 83UECPD6990
SA CONTROL # 001 TERM ID 80PCV21A
PROCESS DATE 07/19/11 OPER INITIALS BJM AAR PREV POL # 83UECPD6990
POLICY NUMBER: 83 UEC PD6990 SA EFFECTIVE DATE: 07/01/11

AUTO NO: 00012 DESC: 10 CHEV VIN: 2G1WB5EK7A1161004

COMP DED: $ 1,000
((IQ).114 X (FH).30 X (FI).100) - ((IQ).114 X (FI).100 X (FA).18) = 127.68 X (ED).95 X (H).950 X (GV).75 = 86.00

COLL DED: $ 1,000

AUTO NO: 00013 DESC: 10 CHEV VIN: 2G1WB5EKXAA187161
SEQ NO: 00042 STATE: 12 TYPE: PPT
CLASS: 73980 ZIP: 60715 0000 TERR: 134
VEHICLE INDIVIDUALLY OWNED: NO MODEL: SED
COST NEW: $ 25,055 AGE: 02 TAX LOC: 1447
OPERATOR LICENSE LESS THAN 5 YRS: NO

LIAB
((A).422 X (ED).95 X (D).159 X (GV).75) = 478.00

MED PAY LIMIT: $10,000
((A).35 X (ED).95 X (GV).75) = 25.00

UM
((A).20 + (EZ).20.00) = 40.00

UM
((A).80.00 = 60.00

COMP DED: $ 1,000
((IQ).114 X (FH).30 X (FI).100) - ((IQ).114 X (FI).100 X (FA).18) = 127.68 X (ED).95 X (H).950 X (GV).75 = 86.00

COLL DED: $ 1,000

GRAND TOTAL $ 11,702.00

KEYS
A = BASE RATE D = INCN LIMIT FCTR H = EXP MOD
ED = PPT USE FCTR EZ = UM INCN IMT RATE FA = DEDUCT FCTR
FH = ORIGINAL COST NEW FI = ACV AGE GROUP FCTR GV = COMPANY CODE DEV
IQ = PO BASE COV RATE

POLICY # 83UECPD6990 SA CONTROL # 001 TERM ID RGDCV21A
PROCESS DATE 07/19/11 OPER INITIALS BJM AAR PREV FOL # 83UECPD6990
SPECIAL MULTI-FLEX RECAP

POLICY INFORMATION

NAMED INSURED: NORTHERN ILLINOIS UNIVERSITY
PRODUCER CODE AND NAME: 552137 MARSH USA INC

EFFECTIVE DATE: 07/01/2011 EXPIRATION DATE: 07/01/2012

---- COVERAGE PART ---- --- COMPANY CODE --- ---- PREMIUM ----
AUTO 6 11,702.00

TOTAL POLICY PREMIUM 11,702.00*

*INCLUDES TERRORISM PREMIUM 0.00

POLICY #: 83UECPD6990 SA CONTROL #: 001 TERM ID: R0FCV21A
PROCESS DATE: 07/19/11 OPER INITIALS: BJM AAR PREV POL #: 83UECPD6990
**PREMIUMS BY STAGE RECAP**

**POLICY INFORMATION**

**NAMED INSURED:** NORTHERN ILLINOIS UNIVERSITY  
**PRODUCER CODE AND NAME:** 552137 MARSH USA INC  
**EFFECTIVE DATE:** 07/01/11

<table>
<thead>
<tr>
<th>ST</th>
<th>PROP</th>
<th>B&amp;M</th>
<th>MARINE</th>
<th>GEN-LIAB</th>
<th>AUTO-LIAB</th>
<th>PHYS-DAM</th>
<th>BOND</th>
<th>BURG</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7,814</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$3,880</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PRODUCER'S FACT SHEET**

**NAMED INSURED:** NORTHERN ILLINOIS UNIVERSITY

**POLICY NO:** 83 UEC PD6990 SA

**PRODUCER’S NAME:** MARSH USA INC

**PRODUCER’S CODE:** 552137

**POLICY PERIOD:** FROM 07/01/11 TO 07/01/12

**TRANSACTION TYPE:** RENEWAL

**TOTAL ANNUAL PREMIUM** **$11,702.00**

**INCLUDES TERRORISM PREMIUM** **$0**

**COMMISSION BREAKDOWN**

<table>
<thead>
<tr>
<th>LOB</th>
<th>TOTAL ANNUAL PREMIUM</th>
<th>COMMISSION PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTO</td>
<td>$11,702.00</td>
<td>15.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$11,702.00</td>
<td></td>
</tr>
</tbody>
</table>

**FORM**

| HH00010295   | POLICY FRONT COVER |
| HH00100107   | COMMON POLICY DECLARATIONS - UEC |
| IL00171130   | COMMON POLICY CONDITIONS |
| IH99400409   | U.S. DEPT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ( "OFAC") ADVISORY NOTICE TO POLICYHOLDERS |
| IH99410409   | TRADE OR ECONOMIC SANCTIONS ENDORSEMENT |
| IL00210908   | NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM) |
| HA00040302   | QUICK-REFERENCE - COMMERCIAL AUTO COVERAGE PART |
| HA00250204   | COMMERCIAL AUTO COVERAGE PART DECLARATIONS |
| HA00121102T  | SCHEDULE OF COVERED AUTOS YOU OWN |
| CA000111001  | BUSINESS AUTO COVERAGE FORM |
| HA21020692   | SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE |
| CA99030306   | AUTO MEDICAL PAYMENTS COVERAGE |
| CA21301108   | ILLINOIS UNINSURED MOTORISTS COVERAGE |
| CA21381108   | ILLINOIS UNDERINSURED MOTORISTS COVERAGE |
| CA01200603   | ILLINOIS CHANGES |
| CA02700894   | ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL |
| HA00241290   | CHANGES IN HIRED CAR PHYSICAL DAMAGE - LIMIT OF INSURANCE |
| HA99081290   | POLLUTION LIABILITY COVERAGE - PRIVATE PASSENGER TYPE AUTOS |
| HA99160910   | COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT |
| HA99260406   | WAR EXCLUSION |

PRODUCER’S FACT SHEET PAGE 1 (CONT’D ON NEXT PAGE)

07/19/11 83 UEC PD6990 SA (07/01/12)
<table>
<thead>
<tr>
<th>STUFFER/NOTICE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-3177-1</td>
<td>IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS</td>
</tr>
<tr>
<td>G-3418-0</td>
<td>PRODUCER COMPENSATION NOTICE</td>
</tr>
<tr>
<td>CAF-4255-0</td>
<td>(013) ILLINOIS INSURANCE CARD</td>
</tr>
</tbody>
</table>