



Coverage is provided in:  
**THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY**

**This policy has been prepared for:**

LEWIS COUNTY BOARD OF  
EDUCATION  
96 PLUMMER LANE  
VANCEBURG KY 41179

**Agent Name and Address:**

ROEDING GROUP COMPANIES INC  
505 WELLINGTON WAY  
STE 275  
LEXINGTON KY 40503-1363

**Agent Code:** 0060485

**Agent's Phone Number:** (859)-296-4580

**Your insurance policy is enclosed. Please place it with your important papers.**

**Thank you for selecting us to service your insurance needs!**

\*\*\*\*\*

**\* PLEASE SEE ENCLOSED VEHICLE ID CARDS \***

\*\*\*\*\*

**INSURED COPY**

TO: Our Policyholders

Thank you for insuring with us.

In compliance with 1990 Kentucky Law (House Bill 264) we wish to inform you that unless you have already purchased the maximum limits of coverage available, you may purchase added Uninsured Motorist coverage, added Underinsured Motorists coverage and added PIP coverages for an additional premium.

If you are not sure whether or not you have purchased the maximum available limits, please contact your agent.

## IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

**Dear Valued Policyholder:** This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

**Premium Notice:** We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

### Available Premium Payment Plans:

- **Annual Payment Plan:** When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments – Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

**Installment Payment Plan Fee:** If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

**Dishonored Payment Fee:** Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your premium Notice for the actual fee that applies.

**Late Payment Fee:** If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.)

**Special Note:** Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

**EFT-Automatic Withdrawals Payment Option:** When you select this option, you will not be sent premium notices and, in most cases, will not be charged installment fees. For more information on our EFT-Automatic Withdrawals payment option, refer to the attached policyholder plan notice and enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

**Thank you for selecting us to service your insurance needs.**

**Insured Copy**

## **IMPORTANT NOTICE TO POLICYHOLDER STATED AMOUNT INSURANCE**

The amount stated in the schedule of the Stated Amount Endorsement, CA 99 28, is not necessarily the amount you will receive at the time of loss or damage for the described property. The most we will pay for loss in any one accident is the Limit of Insurance. We will pay the least of:

1. The actual cash value of the damaged or stolen property as of the time of the loss;
2. The cost of repairing or replacing the damaged or stolen property; or
3. The amount shown in the Schedule of the endorsement.

# IMPORTANT NOTICE TO POLICYHOLDERS CHANGES IN YOUR UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

This notice has been prepared in conjunction with the implementation of changes to your policy. It contains a brief synopsis of any significant revisions of coverage that were made.

PLEASE READ YOUR POLICY, AND THE ENDORSEMENTS ATTACHED, CAREFULLY.

**16-118 05 11 – Kentucky Underinsured Motorists Coverage**

**16-126 05 11 – Kentucky Uninsured Motorists Coverage**

## CLARIFICATION OF COVERAGE

### Paragraph B. Who Is An Insured

**Paragraph B.2.** of the **Who Is An Insured** provision has been amended to clarify that coverage for a partnership, limited liability company, corporation or any other form of organization only applies to a covered auto described on the policy, a replacement for a covered auto described on the policy, or a newly acquired auto.

# IMPORTANT INFORMATION CONCERNING CHANGES TO THE WHO IS AN INSURED PROVISIONS

This notice has been prepared in conjunction with the implementation of changes to your policy.

Please read your policy and review your declarations page for complete coverage information. No coverage is provided by this notice, nor can it be construed to replace any provisions of your policy. If there are discrepancies between your policy and this notice, the provisions of the policy shall prevail.

## CLARIFICATION OF COVERAGE

### CA 16-131 03 11 – Changes In Who Is An Insured

New endorsement 16-131 03 11 is being added to your policy to clarify Section II Liability Coverage, Paragraph A. Coverage, Sub-paragraph 1. **Who Is An Insured.** Language is being added to the exception found under paragraph b.(1) to exclude the owner, employee, agent or driver of the owner, or anyone else from who you hire or borrow a covered auto.

You should contact your agent if you have any questions concerning these changes or for any other questions you have regarding your auto insurance.

# KENTUCKY IMPORTANT POLICYHOLDER NOTICE

**Please read this carefully.**

Please be aware that this is a Commercial Auto Policy and your vehicles need to be registered as such.

When registering your vehicles at the County Clerk's office, please verify that they are registered as commercial vehicles. This is **very important** to avoid a potential problem with the County Clerk's office and/or the State of Kentucky Division of Motor Vehicle Licensing.

Please compare the vehicle identification number(s) (VINs) on your motor vehicle title(s) and registration(s) with the vehicle number(s) shown on this insurance policy and with the Proof of insurance Card(s). These numbers must match with the VIN(s) affixed to your motor vehicles(s)

Please contact your Liberty Mutual Insurance agent if you have any questions.



RENEWAL

EFFECTIVE DATE: 07/01/2017

<b>Policy Number:</b> BA 8957466	<b>Prior Policy:</b> 8957466
<b>Billing Type:</b> AGENCY BILL	
<b>Coverage Is Provided In</b> THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
<b>Named Insured and Mailing Address:</b> LEWIS COUNTY BOARD OF EDUCATION 96 PLUMMER LANE VANCEBURG KY 41179	<b>Agent:</b> ROEDING GROUP COMPANIES INC 505 WELLINGTON WAY STE 275 LEXINGTON KY 40503-1363  <b>Agent Code:</b> 0060485 <b>Agent Phone:</b> (859)-296-4580

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 07/01/2017 To: 07/01/2018 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: SCHOOL

BUSINESS DESCRIPTION: SCHOOL

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Auto Coverage Part	\$ 78,760.00
<b>Total Policy Premium</b>	<b>\$ 78,760.00</b>

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0003	- 0907 CALCULATION OF PREMIUM
IL0017	- 1198 COMMON POLICY CONDITIONS
IL0021	- 0702 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0263	- 0907 KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL

COMMON POLICY DECLARATIONS (continued)

17-57 (06/94)



Countersigned: By \_\_\_\_\_  
Authorized Representative Date

**THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.**

Includes copyrighted material of Insurance Services Office, Inc. with its permission. Copyright, Insurance Services Office, Inc. 1982,1983, 1984, 1985.

**Date Issued: 07/06/2017**

ITEM ONE

Forming a part of

Policy Number: BA 8957466	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: LEWIS COUNTY BOARD OF EDUCATION	Agent: ROEDING GROUP COMPANIES INC  Agent Code: 0060485      Agent Phone: (859)-296-4580

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS**

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of the coverages below 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	LIMITS The most we will pay for any one accident or loss	PREMIUM
LIABILITY	1	\$ 2,000,000	\$ 38,547.00
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)	5	Separately stated in each PIP endorsement minus \$ NIL deductible.	\$ 8,912.00
UNINSURED MOTORISTS	2	Bodily Injury Liability \$ 500,000 Each Accident	\$ 4,296.00
UNDERINSURED MOTORISTS	2	Bodily Injury Liability \$ 500,000 Each Accident	\$ 10,116.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for hired or borrowed "autos."	\$ 2,919.00
PHYSICAL DAMAGE COLLISION COVERAGE	2, 8	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto. See ITEM FOUR for hired or borrowed "autos."	\$ 12,035.00

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this coverage part and made a part of this policy:

Form Number	Description
16-131 - 0311	CHANGES IN WHO IS AN INSURED
16-66 - 0296	QUICK REFERENCE BUSINESS AUTO
16-67 - 0108	SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT
16-68 - 0697	KENTUCKY STANDARD SCHOOL BUS ENDORSEMENT
16-92 - 0706	KY PERSONAL INJURY PROTECTION AMENDATORY ENDORSEMENT
16-98 - 0108	REPLACEMENT COST COVERAGE-SCHOOL BUSES
AC0031 - 0114	CHANGES IN YOUR POLICY
AC2107 - 0815	KENTUCKY UNINSURED MOTORISTS COVERAGE
AC2108 - 0815	KENTUCKY UNDERINSURED MOTORISTS COVERAGE
CA0001 - 1001	BUSINESS AUTO COVERAGE FORM
CA0038 - 1202	WAR EXCLUSION
CA0125 - 1202	KENTUCKY CHANGES
CA2216 - 1100	KENTUCKY PERSONAL INJURY PROTECTION
CA2386 - 0106	EXCLUSION OF TERRORISM ABOVE MINIMUM STATUTORY LIMITS
IL0003 - 0907	CALCULATION OF PREMIUM

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>001</b>	2008	INTERNATL BUS	VANCEBURG KY	4DRBUAAL28A521850
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 60,292</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 26.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 123.00</b>

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>002</b>	2008	INTERNATL BUS	VANCEBURG KY	4DRBUAAN18A522005
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 64,304</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 26.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 123.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>003</b>	2008	INTERNATL BUS	VANCEBURG KY	4DRBUAAN88A522003
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 64,304</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 26.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 123.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>004</b>	2008	INTERNATL BUS	VANCEBURG KY	4DRBUAANX8A522004
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 64,304</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 26.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 123.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>005</b>	2006	INTERNATL BUS	VANCEBURG KY	4FTNUSSN16S170928
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 57,672</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>006</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAN16A170929
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 57,672</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>007</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAN16A170930
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 57,672</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>008</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAL16A170927
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 60,371</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>009</b>	2004	INTERNATL BUS	VANCEBURG KY	4BRBRAAN34A973867
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 56,972</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>010</b>	2004	INTERNATL BUS	VANCEBURG KY	4DRBRANN54A973868
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 56,972</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>011</b>	2002	INTERNATL BUS	VANCEBURG KY	1HVBRAAN92B943438
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,569</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2002	INTERNATL BUS	VANCEBURG KY	1HVBRAAN0SB943439
<b>012</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,569</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 22.00 FG
COLLISION	1,000 Deductible	\$ 102.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2002	INTERNATL BUS	VANCEBURG KY	1HVBRAAN72B943440
<b>013</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,569</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 22.00 FG
COLLISION	1,000 Deductible	\$ 102.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2002	INTERNATL BUS	VANCEBURG KY	1HVBRAAN92B943441
<b>014</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,569</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 22.00 FG
COLLISION	1,000 Deductible	\$ 102.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2004	INTERNATL BUS	VANCEBURG KY	4DRBRAAN34A959242
<b>015</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 54,686</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 22.00 FG
COLLISION	1,000 Deductible	\$ 102.00

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>016</b>	2000	INTERNATL BUS	VANCEBURG KY	2HVBBAAN4YH323901
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 55,329</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>017</b>	2000	INTERNATL BUS	VANCEBURG KY	1HVBBAAN6YH323902
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 55,329</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>018</b>	2001	INTERNATL BUS	VANCEBURG KY	1HVBRAAN11A912477
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,243</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>



**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>019</b>	2004	INTERNATL BUS	VANCEBURG KY	4DRBRAAN64A973974
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 54,843</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>020</b>	2003	INTERNATL BUS	VANCEBURG KY	4DRBRAAL33A959237
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 52,718</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>021</b>	2003	INTERNATL BUS	VANCEBURG KY	4DRBRAAL53A959238
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 52,718</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>022</b>	2004	INTERNATL BUS	VANCEBURG KY	4DRBRAAL44A973973
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 54,843</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>023</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAN87A353454
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 61,051</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>024</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAANX7A353455
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 61,051</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>025</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAL37A353442
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 57,368</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>026</b>	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAN5AA165904
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 74,603</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>33.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>175.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>027</b>	2009	INTERNATL BUS	VANCEBURG KY	4DRBUAAL59B046190
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 69,564</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>30.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>162.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>028</b>	2009	INTERNATL BUS	VANCEBURG KY	4DRBUAAN79B046628
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 73,815</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>30.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>162.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>029</b>	2009	INTERNATL BUS	VANCEBURG KY	4DRBUANN59B046627
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 73,815</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>30.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>162.00</b>

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>
	<b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>030</b>	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAL5AA165352
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 70,796</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 33.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 175.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>031</b>	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAL5AA165318
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 72,995</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 33.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 175.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>032</b>	2000	FORD CROWN VICTORIA	VANCEBURG KY	2FAFP71WXYX165901
Class: <b>7398</b>		Stated Amount:	Size or Seating Capacity:	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 389.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 34.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 64.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 38.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 62.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 113.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1995	FORD CROWN VICTORIA	VANCEBURG KY	2FALP71W9SX183798
<b>033</b>	Class: <b>7398</b>	Stated Amount:	Size or Seating Capacity:	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 389.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 34.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 64.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 38.00
COMPREHENSIVE	1,000 Deductible	\$ 62.00 FG
COLLISION	1,000 Deductible	\$ 113.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1999	DODGE RAM 1500	VANCEBURG KY	1B7HF16Y1XS315053
<b>034</b>	Class: <b>01499</b>	Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 90.00 FG
COLLISION	1,000 Deductible	\$ 225.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1997	FORD F150	VANCEBURG KY	1FTEF1768VLB33096
<b>035</b>	Class: <b>01499</b>	Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 90.00 FG
COLLISION	1,000 Deductible	\$ 225.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1989	DODGE D150	VANCEBURG KY	1B7CD14X5JS7802275
<b>036</b>	Class: <b>01499</b>	Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 90.00 FG
COLLISION	1,000 Deductible	\$ 225.00

**RENEWAL**

**Forming a part of**

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>037</b>	2001	DODGE RAM 2500	VANCEBURG KY	387KC26ZX1M271342
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 90.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 225.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>038</b>	1999	DODGE RAM 1500	VANCEBURG KY	1B7HF16Y9XS315057
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 90.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 225.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>039</b>	2006	INTERNATL BUS	VANCEBURG KY	4DRBUAAL37A364201
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 63,762</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	<b>\$ 568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	<b>\$ 135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	<b>\$ 139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	<b>\$ 22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	<b>\$ 102.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAN7BB286218
<b>040</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 74,901</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 33.00 FG
COLLISION	1,000 Deductible	\$ 175.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAN9BB286219
<b>041</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 74,901</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 33.00 FG
COLLISION	1,000 Deductible	\$ 175.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAAN5BB286220
<b>042</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 74,901</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 33.00 FG
COLLISION	1,000 Deductible	\$ 175.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2010	INTERNATL BUS	VANCEBURG KY	4DRBUAALXBB288592
<b>043</b>	Class: <b>6183</b>	Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 75,905</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 485.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 119.00
COMPREHENSIVE	1,000 Deductible	\$ 33.00 FG
COLLISION	1,000 Deductible	\$ 175.00

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>044</b>	1998	JEEP	VANCEBURG KY	1J4GZ58C1WC186687
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 15,250</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>90.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>225.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>045</b>	2012	INTERNATL BUS	VANCEBURG KY	UAAI8CB454657
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 79,429</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>35.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>188.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>046</b>	2012	INTERNATL BUS	VANCEBURG KY	UAAN2CB454641
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 80,634</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>35.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>188.00</b>



**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2012	INTERNATL BUS	VANCEBURG KY	UAAN4CB454642
<b>047</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 80,634</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 35.00 FG
COLLISION	1,000 Deductible	\$ 188.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2012	INTERNATL BUS	VANCEBURG KY	UAAN6CB454643
<b>048</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 80,634</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 35.00 FG
COLLISION	1,000 Deductible	\$ 188.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1999	CHEVROLET CG2	VANCEBURG KY	1GBGC24R7XF063442
<b>049</b>	Class: <b>01499</b>	Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 11,500</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 82.00 FG
COLLISION	1,000 Deductible	\$ 187.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	1995	CHEVROLET 3500 TRUCK	VANCEBURG KY	1GBHC33K8SF009302
<b>050</b>	Class: <b>01499</b>	Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 2,500</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 32.00 FG
COLLISION	1,000 Deductible	\$ 60.00

**RENEWAL**

**Forming a part of**

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>051</b>	2015	INTERNATL BUS	VANCEBURG KY	4DRBUAAN8FB561794
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$110,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>48.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>323.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>052</b>	2015	INTERNATL BUS	VANCEBURG KY	4DRBUAAN6FB561793
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$110,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>48.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>323.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>053</b>	2015	INTERNATL BUS	VANCEBURG KY	4DRBUAAN2FB561743
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 95,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>45.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>282.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>054</b>	2008	INTERNATL BUS	VANCEBURG KY	4DRBUAAL28A521234
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>30</b>	OCN: <b>\$ 60,342</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>485.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>119.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>26.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>123.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>055</b>	1985	KENTUCKY MFG TRAILER	VANCEBURG KY	1KKVE4321FL072875
Class: <b>68499</b>		Stated Amount:	Size or Seating Capacity:	OCN: <b>\$ 15,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>50.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>8.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>41.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>93.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>056</b>	2001	INTERNATL BUS	VANCEBURG KY	1HVBRAANX1A912476
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 53,243</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>22.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>102.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>057</b>	2016	INTERNATL BUS	VANCEBURG KY	4DRBUAAN2GB000573
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$102,436</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>46.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>302.00</b>

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>058</b>	2016	INTERNATL BUS	VANCEBURG KY	4DRBUAAN4GB000574
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$102,436</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>46.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>302.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>059</b>	2016	INTERNATL BUS	VANCEBURG KY	4DRBUAAN6GB000575
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$102,436</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>46.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>302.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>060</b>	2016	INTERNATL BUS	VANCEBURG KY	4DRBUAAN8GB000576
Class: <b>6183</b>		Stated Amount:	Size or Seating Capacity: <b>15</b>	OCN: <b>\$101,670</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>435.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>107.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>46.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>300.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2014	INTERNATL BUS	VANCEBURG KY	4DRBUAALOEB491107
<b>061</b>	Class: <b>6183</b>	Stated Amount:	Size or Seating Capacity: <b>15</b>	OCN: <b>\$ 82,954</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 435.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 107.00
COMPREHENSIVE	1,000 Deductible	\$ 41.00 FG
COLLISION	1,000 Deductible	\$ 229.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2014	INTERNATL BUS	VANCEBURG KY	4DRBUAAN2EB491109
<b>062</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 82,217</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 41.00 FG
COLLISION	1,000 Deductible	\$ 229.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2014	INTERNATL BUS	VANCEBURG KY	4DRBUAAN9EB491110
<b>063</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 82,217</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 41.00 FG
COLLISION	1,000 Deductible	\$ 229.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2014	INTERNATL BUS	VANCEBURG KY	4DRBUAANOEB491111
<b>064</b>	Class: <b>6184</b>	Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 82,217</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 41.00 FG
COLLISION	1,000 Deductible	\$ 229.00

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>
	<b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>065</b>	1991	CHEVROLET S-10	VANCEBURG KY	1GTCS14Z7M2558153
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: \$ <b>9,086</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>61.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>146.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>066</b>	2003	CHEVROLET SILVERADO 3500	VANCEBURG KY	1GCJK33173F138169
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: \$ <b>13,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>82.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>187.00</b>

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>067</b>	2006	FORD F450	VANCEBURG KY	1FCXF46PX6EB61701
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: \$ <b>15,500</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>540.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>84.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>198.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>106.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>90.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>225.00</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No <b>068</b>	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2005	FORD FOCUS	VANCEBURG KY	1FAFP34N25W184462
Class: <b>7926</b>		Stated Amount:	Size or Seating Capacity:	OCN: <b>\$ 14,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 169.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 28.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 52.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 16.00
COMPREHENSIVE	1,000 Deductible	\$ 43.00 FG
COLLISION	1,000 Deductible	\$ 54.00

Covered Auto No <b>069</b>	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2005	CHEVROLET SILVERADO	VANCEBURG KY	1GCHK23U85F804476
Class: <b>01499</b>		Stated Amount:	Size or Seating Capacity: <b>5,000</b>	OCN: <b>\$ 12,000</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 540.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 84.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 198.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 106.00
COMPREHENSIVE	1,000 Deductible	\$ 82.00 FG
COLLISION	1,000 Deductible	\$ 187.00

Covered Auto No <b>070</b>	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2017	INTERNATL BUS	VANCEBURG KY	4DRBUC8NOHB655107
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 96,549</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 45.00 FG
COLLISION	1,000 Deductible	\$ 287.00

Covered Auto No <b>071</b>	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
	2017	INTERNATL BUS	VANCEBURG KY	4DRBUC8N2HB655108
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 96,549</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 568.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 57.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 135.00
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ 139.00
COMPREHENSIVE	1,000 Deductible	\$ 45.00 FG
COLLISION	1,000 Deductible	\$ 287.00

**RENEWAL**

Forming a part of

<b>Policy Number: BA 8957466</b>	
<b>Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY</b>	
<b>Named Insured:</b> <b>LEWIS COUNTY BOARD OF EDUCATION</b>	<b>Agent:</b> <b>ROEDING GROUP COMPANIES INC</b>  <b>Agent Code: 0060485      Agent Phone: (859)-296-4580</b>

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
<b>072</b>	2017	INTERNATL BUS	VANCEBURG KY	4DRBUC8L6HB655109
Class: <b>6184</b>		Stated Amount:	Size or Seating Capacity: <b>70</b>	OCN: <b>\$ 91,296</b>

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ <b>568.00</b>
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>57.00</b>
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ <b>135.00</b>
PERSONAL INJURY PROTECTION	See ITEM TWO for Limits and Deductibles	\$ <b>139.00</b>
COMPREHENSIVE	<b>1,000</b> Deductible	\$ <b>44.00 FG</b>
COLLISION	<b>1,000</b> Deductible	\$ <b>272.00</b>

"FG" means this "auto" is included in the schedule of the glass coverage endorsement attached to this policy.

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

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 service performed by motor carriers of property or passengers.

LIABILITY COVERAGE				
State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. Is Primary)	Premium
KY	\$ IF ANY	\$ INCL		\$INCL
<b>TOTAL PREMIUM</b>				<b>\$ 32.00 MP</b>



**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

PHYSICAL DAMAGE COVERAGE				
Coverages	Limit of Insurance The most we will pay minus deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
COMPREHENSIVE	Actual cash value, cost of repairs or \$ 75,000, whichever is less, minus \$ 100 deductible for each covered auto, but no deductible applies to loss caused by fire or lightning.	\$ IF ANY	\$ INCL	\$ 22.00
COLLISION	Actual cash value, cost of repairs or \$ 75,000, whichever is less, minus \$ 1000 deductible for each covered auto.	\$ IF ANY	\$ INCL	\$ INCL
TOTAL PREMIUM				\$ 22.00 MP

**ITEM FIVE**

**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees	501 - 1000	\$ 243.00
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL PREMIUM			\$ 243.00

Date Issued: 07/06/2017

Copyright, Insurance Services Office, Inc., 1990

Policy Number: BA 8957466

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:  
LEWIS COUNTY BOARD OF  
EDUCATION

Agent:  
ROEDING GROUP COMPANIES INC

Agent Code: 0060485 Agent Phone: (859)-296-4580

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SCHOOL BUSINESS AUTO EXTENSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

**SCHEDULE**

The following endorsement provisions do not apply when an "X" is shown in the space provided below:

- \_\_\_\_\_ Provision 2. BROAD FORM INSURED
- \_\_\_\_\_ Provision 3. SCHOOL EMPLOYEES AS INSUREDS
- \_\_\_\_\_ Provision 4. VOLUNTEERS AS INSUREDS
- \_\_\_\_\_ Provision 5. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT
- \_\_\_\_\_ Provision 7. AMENDED FELLOW EMPLOYEE EXCLUSION
- \_\_\_\_\_ Provision 8. HIRED AUTO PHYSICAL DAMAGE
- \_\_\_\_\_ Provision 21. BODILY INJURY REDEFINED
- \_\_\_\_\_ Provision 22. EXTENDED CANCELLATION CONDITION

The per "loss" deductible for Comprehensive Coverage for Provision 18 is \$ 18,000 .

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

**COVERAGE INDEX**

Description	Page
TEMPORARY SUBSTITUTE FOR AUTO PHYSICAL DAMAGE	2
BROAD FORM INSURED	2
SCHOOL EMPLOYEES AS INSUREDS	2
VOLUNTEERS AS INSUREDS	2
ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT	3
SUPPLEMENTARY PAYMENTS	3
AMENDED FELLOW EMPLOYEE EXCLUSION	3
HIRED AUTO PHYSICAL DAMAGE	4
TOWING AND LABOR	4
PHYSICAL DAMAGE – ADDITIONAL TRANSPORTATION EXPENSE COVERAGE	5
RENTAL REIMBURSEMENT	5
EXTRA EXPENSE – BROADENED COVERAGE	5
PERSONAL EFFECTS COVERAGE	5
AIRBAG COVERAGE	5
AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE	6
LOAN / LEASE GAP COVERAGE	6
GLASS REPAIR – WAIVER OF DEDUCTIBLE	7
PHYSICAL DAMAGE – COMPREHENSIVE COVERAGE – PER EVENT DEDUCTIBLE	7
UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS	7
AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS	7
BODILY INJURY REDEFINED	8
EXTENDED CANCELLATION CONDITION	8

Includes copyrighted material of Insurance Services Office, Inc., with its permission  
Copyright, Insurance Services Office, Inc., 2001 and 2002

**SECTION I – COVERED AUTOS** is amended as follows:

**1. TEMPORARY SUBSTITUTE AUTO PHYSICAL DAMAGE**

SECTION I – COVERED AUTOS, paragraph **C.** is changed by adding the following:

If Physical Damage coverage is provided under the Business Auto Coverage Form for an “auto” you own, the Physical Damage coverages provided for that owned “auto” are extended to any “auto” you do not own, while used with the expressed or implied permission of its owner as a temporary substitute for the covered “auto” you own that is out of service because of its breakdown, repair, servicing, “loss” or destruction.

**SECTION II – LIABILITY COVERAGE** is amended as follows:

**2. BROAD FORM INSURED**

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include the following as an insured:

- d. Any legally incorporated entity of which you own more than 50 percent of the voting stock on the effective date of this Coverage Form, if there is no similar insurance available to that organization. However, the Named Insured does not include any organization that:
  - (1) is a partnership or joint venture;
  - (2) is an insured under any other automobile policy; or
  - (3) Has exhausted its Limit of Insurance under any other policy.

Paragraph **d.(2)** of this provision does not apply to a policy written to apply specifically in excess of this policy.

- e. Any organization you newly acquire or form other than a partnership or joint venture of which you own more than 50 percent of the voting stock. This automatic coverage is afforded only for 180 days from the date of the acquisition or formation. However, coverage under this provision does not apply:
  - (1) If there is similar insurance or a self-insured retention plan available to that organization; or
  - (2) To “bodily injury” or “property damage” that occurred before you acquired or formed the organization.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**3. SCHOOL EMPLOYEES AS INSUREDS**

Paragraph **1, Coverage A – Who Is An Insured** is amended to include as an insured:

- f. Any “employee” of yours while using a covered “auto” you do not own, hire or borrow in your business or your personal affairs but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. Insurance provided by this endorsement is excess over any other collectible insurance available to any “employee.”

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**4. VOLUNTEERS AS INSUREDS**

Paragraph **1. Coverage A. – Who Is An Insured** is amended to include as an insured:

- g. A “volunteer worker” of yours while using a covered “auto” you do not own, hire or borrow in your business or your personal affairs or while performing duties related to the conduct of your business. Insurance provided by this endorsement is excess over any other collectible insurance available to any “volunteer worker”.

For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding the following:

“Volunteer worker” means a person who donates their services to you with your knowledge and consent and who is not paid a fee, salary or other remuneration.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

#### **5. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT**

SECTION II – LIABILITY COVERAGE – WHO IS AN INSURED is amended to include as an insured:

- h.** Any person or organization with respect to the operation, maintenance or use of a covered “auto”, provided that you and such person or organization have agreed in a written contract, agreement or permit issued to you by governmental or public authority, to add such person or organization, or governmental or public authority to this policy as an “insured”.

However, such person or organization is an “insured”:

- (1)** Only with respect to the operation, maintenance or use of a covered “auto”;
- (2)** Only for “bodily injury” or “property damage” caused by an “accident” which takes place after you executed the written contractor agreement, or after the permit has been issued to you; and
- (3)** Only for the duration of that contract, agreement or permit, provided the “bodily injury” or “property damage” is caused, in whole or in part, by you or by those acting or your behalf.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

#### **6. SUPPLEMENTARY PAYMENTS**

SECTION II – LIABILITY COVERAGE, **2.a.** Supplementary Payments, paragraphs **(2)** and **(4)** are replaced by the following:

- (2)** Up to \$ 2,500 for the cost or bail bonds (including bonds for related traffic violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4)** All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$ 500 a day because of time off from work.

#### **7. AMENDED FELLOW EMPLOYEE EXCLUSION**

In those states where Workers Compensation laws have not been legally determined to be the sole remedy for employee injuries, the following provision is added:

SECTION II – LIABILITY COVERAGE, exclusion **5.** FELLOW EMPLOYEE does not apply if the “bodily injury” results from the use of a covered “auto” you own or hire, and arising out of and in the course of the fellow “employee’s” employment or while performing duties related to the conduct of your business.

This insurance provided under this provision **7.** is excess over any other collectible insurance.

In those states where Workers Compensation insurance has been determined to be the sole remedy for employee injuries, this provision does not apply and exclusion **5.** remains in force.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**SECTION III – PHYSICAL DAMAGE COVERAGE is amended as follows:**

**8. HIRED AUTO PHYSICAL DAMAGE**

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE, 4. Coverage Extensions**, is amended by adding the following:

If hired “autos” are covered “Autos” for liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any “auto” you own, then Physical Damage coverages provided are extended to “autos” you hire, rent or borrow, subject to the following limit and deductible:

- (a)** The most we will pay for “loss” in any one “accident” is the smallest of:
  - (1)** \$50,000;
  - (2)** The actual cash value of the damaged or stolen property as of the time of the “loss”; or
  - (3)** The cost of repairing or replacing the damaged or stolen property with other property of like kind and qualityminus a \$500 deductible. No deductible applies to “loss” caused by fire or lightning.
- (b)** Subject to the limit of insurance, deductible and excess provisions described in this provision, we will provide coverage equal to the broadest coverage applicable to any covered “auto” you own.
- (c)** Subject to a maximum of \$750 per “accident”, we will also cover the actual loss of use of the hired “auto” if it results from an “accident”, you are legally liable and the lessor incurs an actual financial loss.
- (d)** An adjustment for depreciation and physical condition will be made in determining the actual cash value of a “total loss”. This adjustment is not applicable in Texas.
- (e)** If a repair or replacement results in better than like kind and quality, we will not pay for the amount of betterment.
- (f)** This coverage extension does not apply to:
  - (1)** Any “auto” that is hired, rented or borrowed with a driver; or
  - (2)** Any “auto” that is hired, rented or borrowed from your “employee”.

The insurance provided under this provision **8.** is excess over any other collectible insurance.

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

“Total loss” means a “loss” in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**9. TOWING AND LABOR**

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.2. Towing**, is replaced by the following:

If Physical Damage Coverage is provided under the Business Auto Coverage Form for an “auto” you own, we will pay towing and labor costs incurred, up to the limits shown below, each time a covered “auto” classified and rated as a private passenger type, “light truck” or “medium truck” is disabled:

- a.** For private passenger type vehicles, we will pay up to \$50 per disablement.
- b.** For “light trucks” that have a gross vehicle weight (GVW) of 10,000 pounds or less as defined by the manufacturer as the maximum loaded weight the “auto” is designed to carry, we will pay up to \$50 per disablement.
- c.** For “medium trucks” that have a gross vehicle weight (GVW) of 10,001- 20,000 pounds as defined by the manufacturer as the maximum loaded weight the “auto” is designed to carry, we will pay up to \$ 150 per disablement.

However, the labor must be performed at the place of disablement.

## 10. PHYSICAL DAMAGE – ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.4.** Coverage Extension, is amended to provide a limit of \$50 per day and a maximum limit of \$1,500.

## 11. RENTAL REIMBURSEMENT

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, is amended by adding the following:

We will pay up to \$75 per day for rental reimbursement expenses incurred by you for the rental of an “auto” because of an “accident” or “loss”, to a covered “auto”. We will pay only for those expenses incurred after the first 24 hours following the “accident” or “loss” to the covered “auto”.

Rental Reimbursement will be based on the rental of a comparable vehicle, which may be substantially less than \$75 per day, and will only be allowed for the period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum period of 30 days.

We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your tools and equipment from the covered “auto”.

This coverage does not apply while there are spare or reserve “autos” available to you for your use and operation.

If “loss” results from the total theft of a covered “auto” of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Section III – PHYSICAL DAMAGE, paragraph **A.4.** Coverage Extension of the Business Auto Coverage Form.

No deductible applies to this coverage.

For the purposes of this endorsement provision, “tools and equipment” does not include “personal effects”.

## 12. EXTRA EXPENSE – BROADENED COVERAGE

Under SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, we will pay for the expense of returning a stolen covered “auto” to you. The maximum amount we will pay is \$1,000.

## 13. PERSONAL EFFECTS COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **A. COVERAGE**, **4.** is amended by adding the following:

If you have purchased Comprehensive Coverage on this policy for an “auto” you own and that “auto” is stolen, we will pay, without application of deductible, up to \$600 for “personal effects” stolen with the “auto”.

For the purposes of this endorsement provision, SECTION V – DEFINITIONS is amended by adding:

“Personal effects” means tangible property that is worn or carried by an “insured”. “Personal effects” does not include tools, jewelry, money or securities.

The insurance provided under provision **13.** is excess over any other collectible insurance.

## 14. AIRBAG COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **B. EXCLUSIONS** is amended by adding the following:

If you have purchased Comprehensive or Collision Coverage under this policy, the exclusion for “loss” relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

Any insurance we provide shall be excess over any other collectible insurance or reimbursement by manufacturer’s warranty. However, we agree to pay any deductible applicable to the other coverage or warranty.

## 15. AUDIO, VISUAL AND ELECTRONIC EQUIPMENT COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, **B. EXCLUSIONS**, exception paragraph **a.** to exclusions **4.c.** and **4.d.** is deleted and replaced with the following:

Exclusions **4.c.** and **4.d.** do not apply to:

- a.** Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment is permanently installed in the covered “auto” at the time of the “loss” and such equipment is designed to be solely operated by use of the power from the “auto’s” electrical system, in or upon the covered “auto” and physical damage coverages are provided for the covered “auto”; or

If a “loss” occurs solely to audio, visual or data electronic equipment or accessories used with this equipment, then our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

## 16. LOAN / LEASE GAP COVERAGE

- A. SECTION III – PHYSICAL DAMAGE COVERAGE – LIMIT OF INSURANCE** is amended by adding the following:

The most we will pay for a “total loss” in any one “accident” is the greater of the:

- 1.** Balance due under the terms of the loan or lease to which the damaged covered “auto” is subject at the time of the “loss” less the amount of:
  - a.** Overdue payments and financial penalties associated with those payments as of the date of the “loss”;
  - b.** Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear;
  - c.** Costs for extended warranties, Credit Life insurance, or Health, Accident or Disability Insurance purchased with the loan or lease;
  - d.** Transfer or roll-over balances from previous loans or leases;
  - e.** Final payments due under a “Balloon Loan”;
  - f.** The dollar amount of any unrepaired damage which occurred prior to the “total loss” of a covered “auto”;
  - g.** Security deposits not refunded by a lessor;
  - h.** All refunds payable or paid to you as a result of the early termination of a lease agreement or as a result of the early termination of any warranty or extended service agreement on a covered “auto”;
  - i.** Any amounts representing taxes;
  - j.** Loan or lease termination fees; or
- 2.** The actual cash value of the damaged or stolen property as of the time of the “loss”.

An adjustment for depreciation and physical condition will be made in determining the actual cash value at the time of the “loss”. This adjustment is not applicable in Texas.

### **B. ADDITIONAL CONDITIONS**

This coverage applies only to the original loan for which the covered “auto” serves as collateral, or lease written on a covered “Auto”.

### **C. SECTION V – DEFINITIONS**

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

Includes copyrighted material of Insurance Services Office, Inc., with its permission  
Copyright, Insurance Services Office, Inc., 2001 and 2002

“Balloon loan” is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

“Total loss” means a “loss” in which the cost of repairs plus the salvage value exceeds the actual cash value.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

#### **17. GLASS REPAIR – WAIVER OF DEDUCTIBLE**

SECTION III – PHYSICAL DAMAGE COVERAGE is amended by adding the following to **D. DEDUCTIBLE**:

No deductible for a covered “auto” applies to glass damage if the glass is repaired rather than replaced.

#### **18. PHYSICAL DAMAGE – COMPREHENSIVE COVERAGE – PER EVENT DEDUCTIBLE**

SECTION III – PHYSICAL DAMAGE COVERAGE, paragraph **D. Deductible** is amended by adding the following:

Regardless of the number of covered “autos” damaged or stolen, the per “loss” deductible for Comprehensive Coverage shown in this endorsement’s schedule is the maximum deductible applicable for all “loss” in any one event.

#### **SECTION IV – BUSINESS AUTO CONDITIONS is amended as follows:**

##### **19. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **B.2.** is amended by adding the following:

If you unintentionally fail to disclose any hazards, exposures or material facts existing as of the inception date of the Business Auto Coverage Part, concerning:

- a. The Coverage Form;
- b. The covered “auto”;
- c. Your interest in the covered “auto”; or
- d. A claim under this Coverage Form

the coverage afforded by this policy will not be prejudiced.

However, you must report the undisclosed hazard or exposure as soon as practicable after its discovery, and we have the right to collect additional premium for any such hazard or exposure.

##### **20. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph **A.2.** is replaced in its entirety by the following:

- a. You must promptly notify us. Your duty to promptly notify us is effective when any of your executive officers, partners, members or legal representatives are aware of the “accident”, claim, “suit” or “loss”. Knowledge of an “accident”, claim, “suit” or “loss” by other “employees” does not imply you also have such knowledge.

To the extent possible, notice to us should include:

- (1) How, when and where the “accident” or “loss” took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the “accident” or “loss”.



**SECTION V – DEFINITIONS is amended as follows:**

**21. BODILY INJURY REDEFINED**

Under SECTION V – DEFINITIONS, definition **C.** is replaced by the following:

“Bodily injury” means physical injury, sickness or disease sustained by a person including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

**SECTION VI – COMMON POLICY CONDITIONS is amended as follows:**

**22. EXTENDED CANCELLATION CONDITION**

The COMMON POLICY CONDITIONS, paragraph **A.** – CANCELLATION provision applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision **22.** does not apply in those states which require more than 60 days prior notice of cancellation.

This endorsement provision does not apply when the Schedule in this endorsement indicates that it is not applicable.

Policy Number: BA 8957466

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

## Named Insured:

LEWIS COUNTY BOARD OF  
EDUCATION

## Agent:

ROEDING GROUP COMPANIES INC

Agent Code: 0060485

Agent Phone: (859)-296-4580

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****REPLACEMENT COST COVERAGE – SCHOOL BUSES**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to the coverages provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**SCHOOL BUS SCHEDULE**

Description of Covered "Autos"	Coverage	Deductible
Any "school bus" that is 10 model years old or less as of the effective date of this policy and that you own or operate under a long-term lease.	Comprehensive	1000
Any "school bus" that is 10 model years old or less as of the effective date of this policy and that you own or operate under a long-term lease.	Collision	1000

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A.** This endorsement provides only those coverages, and applies only to a covered "auto" described in the above Schedule.
- B.** For the purposes of the coverage provided by this endorsement, SECTION III – PHYSICAL DAMAGE COVERAGE, paragraph C. Limit of Insurance of the Business Auto Coverage Form and SECTION II – PHYSICAL DAMAGE COVERAGE, paragraph C. Limit of Insurance of the Business Auto Physical Damage Coverage Form, are replaced in their entirety by the following:

**Limit of Insurance**

- The most we will pay for a total "loss" in any one "accident" is replacement cost of the damaged or stolen property as of the time of "loss", minus any applicable deductible shown in the Schedule.
  - The most we will pay for a partial "loss" in any one "accident" is the cost to repair or replace the damaged or stolen property with property of like kind and quality, minus any applicable deductible shown in the Schedule.
- C.** For the purposes of the coverage provided by this endorsement, SECTION III – PHYSICAL DAMAGE COVERAGE of the Business Auto Coverage Form and SECTION II – PHYSICAL DAMAGE COVERAGE of the Business Auto Physical Damage Coverage Form, paragraph **D. Deductible** is replaced in its entirety by the following:

For each covered "auto" described in the Schedule, our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Schedule. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

**D. Definitions**

For the purposes of the coverage provided by this endorsement SECTION V – DEFINITIONS of the Business Auto Coverage Form and SECTION IV – DEFINITIONS of the Business Auto Physical Damage Coverage Form, are amended as follows:

As used in this endorsement, the following definition is added:

“School bus” means any motor vehicle, other than a vehicle described by its manufacturer as a van, designed and constructed for the accommodation of ten or more passengers and used principally for the transportation of students to or from school or school-related events.

## KENTUCKY

### IMPORTANT NOTICE CONCERNING UNINSURED MOTORISTS, UNDERINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGES

Dear Kentucky Policyholder,

We appreciate your business and thank you for continuing your commercial automobile insurance with us. We would like to take this moment to pass along this important message concerning the availability of optional coverages and limits that you can purchase.

Unless you have already purchased the maximum amount of Uninsured Motorists Coverage available to you, Kentucky law gives you the right to purchase higher limits up to an amount equal to the Liability Limits of your Policy.

In addition, Kentucky law allows you to purchase optional Underinsured Motorists Coverage, in limits equal to the limits you have purchased for Uninsured Motorists Coverage.

Finally, if the description of the Named Insured in Item One of your policy includes the description of an Individual Named Insured, you have the right to purchase Added Personal Injury Protection Coverage, up to \$90,000 of added benefits.

If you wish to purchase any of these optional coverages or limits, or if you need consultation regarding the proper coverages and limits to select, please contact your independent agent for guidance.

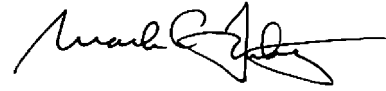
Again, we appreciate your business.

The term Company, as used below, means the company that has issued the policy to which this witness statement is attached. The Company is identified on your Declarations in the area titled "Coverage is provided in".

**IN WITNESS WHEREOF**, the Company has caused this policy to be executed and attested on its behalf by its President and Secretary at Boston, Massachusetts, and countersigned on the Declarations by a duly authorized representative of that Company. In a state where a countersignature is not required, no policy shall be deemed invalid due to the absence of a countersignature.



*President*



*Secretary*

<b>Policy Number:</b> BA 8957466	<b>Prior Policy:</b> 8957466
<b>Policy Period:</b> 07/01/2017 To: 07/01/2018 12:01 am Standard Time at the Mailing Address of the Named Insured	
<b>Coverage Is Provided In</b> THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
<b>Billing Type:</b> AGENCY BILL - PREPAID	
<b>Named Insured and Mailing Address:</b> LEWIS COUNTY BOARD OF EDUCATION 96 PLUMMER LANE VANCEBURG KY 41179	<b>Agent:</b> ROEDING GROUP COMPANIES INC 505 WELLINGTON WAY STE 275 LEXINGTON KY 40503-1363  <b>Agent Code:</b> 0060485 <b>Agent Phone:</b> (859)-296-4580

**Reason for Amendment:** RENEWAL

**Transaction Effective Date:** 07/01/2017

**Premium for this Transaction:** \$ 78,760.00

**STATEMENT OF ACCOUNT**

Acct Date	Premium	Surcharge/ Assessment	Total Due
07/2017	\$ 78,760.00	\$ 0.00	\$ 78,760.00
<b>Total Premium Charged:</b>			<b>\$ 78,760.00</b>

**Date Issued:** 07/06/2017