



November 4, 2016

Valdez Yellow Cab  
Gail M. Johnson, dba:  
PO Box 996  
Valdez, AK 99686

Re: Commercial Automobile Insurance  
National Casualty Company, #CAO7771330

Dear Gail,

We are pleased to enclose your commercial automobile policy issued by National Casualty Company for the 11/03/2016 to 11/03/2017 term.

Please review the list of currently insured autos. It is important that you contact us to add any vehicles on to the policy *prior* to use. I have also included a vehicle identification card for each insured vehicle. Alaska law requires that proof of insurance be kept in the vehicle at all times.

The annual premiums were financed by you using Imperial PFS. Your monthly payments are due to Imperial PFS on the 3<sup>rd</sup> day of each month beginning December 2016.

A review of the policy has been made and we find that coverage appears to have been issued as requested. We encourage you to make your own review of the policy to help you become more familiar with the coverage provided and the terms, conditions, exclusions and endorsements that apply.

Your continued business with Combs Insurance Agency, Inc. is greatly appreciated.

Sincerely,

Tamara M. Combs, CIC  
Account Manager

# National Casualty Company

## COMMERCIAL AUTO COVERAGE BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: CAO7771330 Effective Date: 11-03-16  
 12:01 A.M. Standard Time  
 Named Insured: VALDEZ YELLOW CAB Agent No.: 54006

**Item 1. Business Description: TAXI OPERATOR**

Form of Business: ☐ Corporation ☐ Limited Liability Company ☒ Individual ☐ Partnership  
☐ Other:

Audit Period (If applicable): ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

**Item 2. Schedule of Coverages and Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
		The Most We Will Pay for Any One Accident or Loss	
Covered Autos Liability	7	\$ 500,000	\$ 4,490
Personal Injury Protection (P.I.P.) (or equivalent No-fault coverage)		Separately stated in each P.I.P. endorsement, minus any Deductible shown therein or scheduled on form CA-117.	
Added P.I.P. (or equivalent added No-fault coverage)		Separately stated in each added P.I.P. endorsement.	
Property Protection Insurance (P.P.I.) (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible for each "accident."	
Auto Medical Payments	7	\$ 1,000 each insured	\$ 162
Medical Expense And Income Loss Benefits (Virginia only)		Separately stated in Each Medical Expense And Income Loss Benefits Endorsement.	
Uninsured Motorists (UM)	7	Separately stated in each UM endorsement.	\$ 148
Underinsured Motorists (UIM) (when not included in UM Coverage)		Separately stated in each UIM endorsement.	
Physical Damage Comprehensive Coverage	7	Actual cash value, cost of repair or stated amount, whichever is less, minus any applicable Deductible for each covered "auto." (See Item 4. for hired or borrowed "autos.")	\$ 201
Physical Damage Specified Causes of Loss Coverage			
Physical Damage Collision Coverage	7	See Schedule of Covered Autos You Own. See Item 4. for Hired or Borrowed Autos	\$ 295
Physical Damage Towing and Labor		for each disablement of a private passenger "auto."	
Form(s) and endorsement(s) applying to this coverage form and made a part of this policy at the time of issue:  See Schedule of Forms and Endorsements.		Premium for Endorsements	
		Estimated Total Premium (This policy maybe subject to final audit.)	\$ 5,296