

POLICY NUMBER:
DOAU327035**COMMERCIAL AUTO**
CA DS 03 10 13**BUSINESS AUTO DECLARATIONS****ITEM ONE**

Company Name: AmGUARD Insurance Company – A Stock Company P.O. Box AH 39 Public Square Wilkes-Barre, PA 18703-0020 (800) 673-2465	Producer Name: INDANB10 DAN BERRY INSURANCE AGENCY, INC. PO Box 6009 South Bend, IN 46660-6009
Named Insured: Don's Striping, Inc.	Mailing Address: 4805 Lake Vista Dr Metairie, LA 70006-1124
Policy Period	
From: 06/05/2022	
To: 06/05/2023 At 12:01 AM Standard Time at your mailing address shown above	
Previous Policy Number: DOAU247063	

Form Of Business:		
<input checked="checked" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

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

Premium Shown Is Payable At Inception: \$ 7,206.00
Audit Period (if applicable): <input checked="checked" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
See Schedule of Forms and Endorsements.

POLICY NUMBER: DOAU327035
Date: 05/01/2022

COMMERCIAL AUTO
CA DS 03 10 13

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number: 1					
Town And State Where The Covered Auto Will Be Principally Garaged: Metairie, LA					
Covered Auto Description					
Year: 2015	Model: FORD F-150			Trade Name:	
Body Type:			Serial Number (S):		
Vehicle Identification Number (VIN): 1FTEW1CG0FFA37543					
Purchased					
Original Cost New:		\$ 33,930			
Actual Cost New Or Used:		\$		<input type="checkbox"/> New	<input type="checkbox"/> Used
Classification					
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
Local up to 50 miles	S	Light Truck 10,000 lbs GVW or less	7	Contractors	01189
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:					

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Coverages - Premiums, Limits And Deductibles		
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
Coverages	Limit	Premium
Liability	\$ 1,000,000	\$ 6,045.0
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus Deductible	\$

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CA DS 03 10 13

Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$
NJ Pedestrian Personal Injury Protection		\$
Auto Medical Payments	\$ 5,000	\$ 21.00
Medical Expense and Income Loss Benefits (Virginia Only)	Separately Stated In The Medical Expense and income Loss Benefits Endorsement	
Comprehensive	Stated In Item Two Minus \$ 500 Deductible	\$ 235.00
Specified Causes Of Loss	Stated In Item Two Minus \$ Deductible	\$
Collision	Stated In Item Two Minus \$ 500 Deductible	\$ 287.00
Towing And Labor	\$ 200 Per Disablement	\$ 4.00