BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER:
STANDEFER AGCY INC

NAMED INSURED: AMEREVENT GROUP LLC
(SEE NAMED INSURED ENDORSEMENT)
MAILING ADDRESS: 2011 DUBLOON CT
EDWARDSVILLE, IL 62025-5224

POLICY PERIOD: From 03-25-2016 to 03-25-2017 at 12:01 A.M. Standard Time at your mailing address shown above

PREVIOUS POLICY NUMBER: 648156665

FORM OF BUSINESS:

[ ] CORPORATION [X] LIMITED LIABILITY COMPANY [ ] INDIVIDUAL
[ ] PARTNERSHIP [ ] 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:								
AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (**IL 01 46** in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (**IL 01 98** in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

Insured Full Copy

ITEM TWO

Schedule Of Coverages And Covered Autos

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

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	07	$1,000,000	$ 4,313.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS	07	$ 2,000 EACH INSURED	$ 106.00
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	07	$1,000,000	$ 77.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	07	$1,000,000	$ 227.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	07	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS See Sched DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	$ 503.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	07	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS See Sched DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	$ 523.00
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		***ESTIMATED TOTAL PREMIUM**	$ 5,749.00

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	TERRITORY Town & State Where The Covered Auto Will Be Principally Garaged	Original Cost New
IL1	2000, FORD F250, 1FTNW20F2YEB02032	EDWARDSVILLE IL	$30,000
IL2	2000, GMC 1500, 2GTEC19V6Y1142354	EDWARDSVILLE IL	$22,159
IL3	1997, FORD F-350, 1FTJX35F7VED13717	EDWARDSVILLE IL	$21,310
IL4	2000, FORD F-250, 1FTNF20L0YED91174	EDWARDSVILLE IL	$19,910

Covered Auto No.	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	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:
IL1	50	C	10,000	12	All Others	031990	
IL2	50	C	6,200	12	All Others	031990	
IL3	50	C	10,000	12	All Others	031990	
IL4	50	C	8,800	12	All Others	031990	

Covered Auto No.	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.) COVERED AUTOS LIABILITY Limit	Premium	PERSONAL INJURY PROTECTION Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	ADDED P.I.P. Premium For Limit Stated In Each Added P.I.P. Endt.	PROPERTY PROTECTION (Michigan Only) Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
IL1	$1,000,000	$ 1,072					
IL2	$1,000,000	$ 1,109					
IL3	$1,000,000	$ 1,128					
IL4	$1,000,000	$ 1,004					
Total Premium		$ 4,313					

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

	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.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
Covered Auto No.	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
IL1	$ 2,000	$ 23			$1,000,000	$ 20	$ 59
IL2	$ 2,000	$ 25			$1,000,000	$ 19	$ 56
IL3	$ 2,000	$ 28			$1,000,000	$ 19	$ 56
IL4	$ 2,000	$ 30			$1,000,000	$ 19	$ 56
Total Premium		$ 106				$ 77	$ 227

	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.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
Covered Auto No.	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
IL1	$ 500	$ 151			$ 500	$ 150		
IL2	$ 500	$ 120			$ 500	$ 140		
IL3	$ 500	$ 122			$ 500	$ 126		
IL4	$ 500	$ 110			$ 500	$ 107		
Total Premium		$ 503				$ 523		

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	**STATE**	**ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE**	**PREMIUM**
Primary Coverage			
Excess Coverage			
		TOTAL HIRED AUTO PREMIUM	

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,

2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and

3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	**STATE**	**ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE**	**PREMIUM**
Primary Coverage			
Excess Coverage			
		TOTAL HIRED AUTO PREMIUM	NOT APPLICABLE

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	**STATE**	**LIMIT OF INSURANCE**	**ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)**	**PREMIUM**
COMPREHENSIVE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.		
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.		
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.		
			TOTAL HIRED AUTO PREMIUM	

For Physical Damage Coverages, 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 any "auto" that is leased, hired, rented or borrowed with a driver.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages					
COVERAGE	**STATE**	**ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE**		**PREMIUM**	
		Mobile Equipment	**Farm Equipment**	**Mobile Equipment**	**Farm Equipment**
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
			TOTAL HIRED AUTO PREMIUM		

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile or Farm Equipment -- Physical Damage Coverages						
			ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
COVERAGE	STATE	LIMIT OF INSURANCE	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.				
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MIS-CHIEF OR VANDALISM.				
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DE-DUCTIBLE FOR EACH COVERED AUTO.				
				TOTAL HIRED AUTO PREMIUM		

For Physical Damage Coverages, 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 any auto that is leased, hired, rented or borrowed with a driver.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Rental Period Rating Basis For Mobile Or Farm Equipment					
		ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
			TOTAL HIRED AUTO PREMIUMS		

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		
	Number Of Partners (Active and Inactive)		
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		
	Number Of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees		
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
	TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM		NOT APPLICABLE

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Type Of Risk (Check one):	☐ **Public Autos**	☐ **Leasing Or Rental Concerns**
Rating Basis (Check one):	☐ **Gross Receipts (Per $100)**	☐ **Mileage (Per Mile)**
Estimated Yearly (Check One):	☐ **Gross Receipts (Per $100)**	☐ **Mileage**

Premiums	
Covered Autos Liability	
Personal Injury Protection	
Added Personal Injury Protection	
Property Protection Insurance (Michigan Only)	
Auto Medical Payments	
Medical Expense And Income Loss Benefits (Virginia Only)	
Comprehensive	
Specified Causes Of Loss	
Collision	
Towing And Labor	

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.