## NEW RENEWAL NUMBER XREF 71APR377033

CROSS REFERENCE NUMBER

## COLUMBIA INSURANCE COMPANY OMAHA, NEBRASKA **BUSINESS AUTO COVERAGE DECLARATIONS**

The Declarations	
include a second	par
designated "Part	2".

Producer

71 APR 392597

ITEM ONE NAMED INSURED & ADDRESS

KIM JONES

**DBA: DESERT WAVE LIMOUSINE** 2569 N COLUMBIA CENTRE BLVD

RICHLAND, WA 99352

NO FLAT CANCELLATIONS

MONTEITH INSURANCE INC 8518 GAGE BLVD STE 1 KENNEWICK, WA 99336

FORM OF NAMED INSURED'S BUSINESS:

Individual

NAMED INSURED'S BUSINESS:

LIMOUSINE SERVICE

POLICY PERIOD: Policy covers FROM

11/05/2020 10:15 AM

TO

11/05/2021

12:01 A.M. Standard Time at the Named

Insured's Address stated above.

## 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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

					_	
COVERAGES		COVERED AUTOS  (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PI	REMIUM
LIABILITY		7	\$ 1,050,000 CSL		\$	2,239
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)			SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS  Deductible		s	
ADDED P.I.P. (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$	
PROPERTY PRO	TECTION INSURANCE		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS  Deductible FOR EACH ACCIDENT		s	
AUTO MEDICAL PAYMENTS		7	\$ 5,000		s	303
UNINSURED MOTORISTS			\$		\$	
UNDERINSURED MOTORISTS (when not included in Unineured Motorists coverage)		10	\$ 100,000 CSL (BI & PD)		s	378
PHYSICAL DAMA	GE INSURANCE					
COMPREHENSIVE COVERAGE		7	See M 3831c (12/2001)		\$	INCL
SPECIFIED CAUSES OF LOSS			\$		\$	
COLLISION COVERAGE		7	\$ See M 3831c (12/2001)		\$	1,240
TOWING AND LABOR			\$ Deductible FOR EACH COVERED AUTO		\$	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION PREMIUM FOR ENDORSEMENTS						
See M4572 (12/1	1994)			ESTIMATED TOTAL PREMIUM	s	4,160
	10 DESCRIPTION HERE: Only those autos describ	ed in item Three of the	Declarations with Liability p	premium shown.		
POLICY SUBJEC	T TO A FULLY EARNED POL	CYWRITING MINIMUM PI	REMIUM OF \$	0 IF CANCELLED	BY THE	INSURED.
ITEM THREE - SC	HEDULE OF COVERED AUT	OS AS ATTAC	HED			
Countersigned At	Cochrane & Company, A Di Spokane, WA	vision of Cochrane Agen	c <b>y</b> , By	Im Caprane		

In Witness whereof, we have caused this policy to be executed and attested.

Secretary

President

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AUTHORIZED SIGNATURE

12/01/2020 M-5605 (02/2011)