

IN THE SUPREME COURT
STATE OF ARIZONA

STAKER & PARSON COMPANIES,
INC., d/b/a WESTERN ROCK
PRODUCTS, a Utah corporation

Plaintiff,

v.

SCOTTSDALE INSURANCE
COMPANY, an Ohio corporation;
COLORADO CASUALTY
INSURANCE COMPANY, a New
Hampshire corporation; HANCOCK-
LEAVITT INSURANCE AGENCY,
INC., an Arizona corporation; DOE
INDIVIDUALS 1-10, unknown
individuals; and ROE ENTITIES 1-10
unknown entities,

Defendants.

**ARIZONA SUPREME COURT
NO. CV-21-0256-CQ**

UNITED STATES DISTRICT
COURT DISTRICT OF UTAH –
CENTRAL DIVISION

Case No. 4:18-cv-14-DN-PK

SCOTTSDALE INSURANCE COMPANY’S SUPPLEMENTAL BRIEF

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Pursuant to A.R.S. Sup. Ct. Rule 27 (d)(1), Defendant Scottsdale Insurance Company (hereinafter “**Scottsdale**”), by and through its undersigned counsel of record, hereby submits the following Supplemental Brief.

BACKGROUND

This action arises out of a personal injury lawsuit filed in the Superior Court in Pima County, Arizona (No. C20150432) (the “Underlying Action”) in which William Baughn (“Baughn”) sued his employer, Blake Reidhead Inc., d/b/a BDR Transport, (“BDR Transport”) and Staker and Parsons Company, Inc., (“Staker”) for bodily injuries arising from an accident that occurred at a mine that was operated by Staker.

Staker operated the Ina Pit Mine (“Mine”), located in Pima, Arizona, where rock was mined, hauled and crushed on the Mine’s grounds. Staker hired BDR, as an independent contractor, to transport materials between the processing areas of the Mine. Under a Haul of Materials Agreement (“Haul Agreement”), Staker agreed that “[i]n the performance of all work hereunder, [BDR] shall be an independent contractor. [Staker] is to exercise, and have no control over the method and means of accomplishing the work other than to see that the desired results are achieved at the lowest possible costs to [Staker].” See, **Exhibit 1**, Haul of Materials Agreement.

On January 29, 2014, Baughn, a BDR employee and driver, was hauling rock in a BDR tractor and trailer. As he was driving on the mine’s road, maintained by

Staker, Baughn's trailer picked up a rock from the road which became lodged between one of the trailer's dual sets of tires. Baughn got out of the tractor, grabbed a hammer and began to strike the rock in an attempt to dislodge it. While hammering the rock, the tires exploded, causing multiple injuries to Baughn (the "Accident"). On the date of the Accident, BDR held an automobile liability insurance policy issued by Scottsdale (the "BDR Policy") and a commercial general liability policy issued by Colorado Casualty. At all times relevant, Staker was insured by Liberty Mutual Insurance.

Baughn initiated the Underlying Action on or about January 29, 2015, against Staker, Michael Gamez (Staker's Plant Manager) and BDR on January 29, 2015. On February 11, 2015, Staker tendered its defense and indemnity to Scottsdale on the BDR Policy. On March 26, 2015, Scottsdale denied the tender as Staker was not an insured on the BDR Policy. Similarly, Colorado Casualty denied Staker's tender as an additional insured on BDR's commercial general liability policy. A jury verdict was subsequently entered and Staker successfully appealed, the jury verdict was vacated and the Arizona Court of Appeals, Division Two remanded the case to the trial court to enter a judgment in favor of Staker.

On January 18, 2018, Staker initiated the instant action against Scottsdale, Colorado Casualty, and Hancock-Leavitt Insurance Agency, Inc., BDR's insurance agent. Staker asserted four causes of action against both Scottsdale and Colorado

Casualty for (1) breach of contract, (2) promissory estoppel, (3) bad faith, and (4) declaratory judgment based on the two insurers' denial of Staker's request for defense and indemnity in the Underlying Action. Because the jury verdict was vacated, Staker's indemnity claim is moot. Even though the Underlying Action's negligence claim is, in part, premised upon Staker's alleged negligence in maintaining its premises and its alleged failure to provide adequate training, Staker settled its claims against Colorado Casualty, a subsidiary of Staker's insurer, Liberty Mutual.

On January 29, 2021, Scottsdale and Staker filed competing dispositive motions. Scottsdale filed a motion for summary judgment on Staker's claims arguing, among other things, that Staker is not entitled to coverage under the terms of the BDR Policy issued by Scottsdale to BDR. In turn, Staker filed a motion for partial summary judgment, arguing, among other things, that Staker was an insured pursuant to a "permissive user" provision in the BDR Policy.

Staker argues that it was "using" the Baughn vehicle at the time of the accident and is thus entitled to insured status under the BDR Policy, however, neither the Complaint nor the Amended Complaint contain any allegations regarding any "use" of BDR's vehicles that would be in any way related to Staker's independent duty to adequately maintain its premises. The only connection to the vehicle operated and driven by Baughn relate to Baughn's use of the allegedly

improperly maintained roads which were solely the responsibility of Staker to maintain as a possessor of land. In essence, Staker argues that its own alleged failure to adequately maintain its premises should be covered under the BDR policy because BDR (an independent contractor), was hired to haul material for Staker.

However, Staker's argument that it is entitled to coverage as a "permissive user" of the BDR vehicle as it relates to Baughn's allegations is misplaced. This argument seeks to shift Staker's responsibility for the maintenance of its own premises, and attach liability upon its subcontractor and its insurer, neither of which have any responsibility or control over the manner in which Staker maintains its premises. Based upon the pleadings in the Underlying Action and the language of the BDR Policy, Staker is not entitled to coverage as a "permissive user" under the BDR Policy.

I. CERTIFIED QUESTIONS FROM THE UTAH DISTRICT COURT.

On October 19, 2021, the Honorable Judge David Nuffer of the United States District Court for the District of Utah certified the following questions to this Court:

1. UNDER ARIZONA LAW, IS AN ADDITIONALLY NAMED INSURED ON A COMMERCIAL AUTOMOBILE LIABILITY INSURANCE POLICY "USING" AN INDEPENDENT CONTRACTOR'S COVERED VEHICLE WHEN THAT VEHICLE IS BEING OPERATED BY AN EMPLOYEE OF THE INDEPENDENT CONTRACTOR TO TRANSPORT THE ADDITIONALLY INSURED'S CARGO AND THE ADDITIONALLY NAMED INSURED DOES NOT HAVE ACTIVE OR ACTUAL CONTROL OVER THE VEHICLE'S OPERATION OR THE INDEPENDENT CONTRACTOR'S EMPLOYEE?
2. UNDER ARIZONA LAW, IS AN ADDITIONALLY NAMED INSURED ON A COMMERCIAL AUTOMOBILE LIABILITY INSURANCE POLICY "USING" AN

INDEPENDENT CONTRACTOR'S COVERED VEHICLE WHEN THAT VEHICLE IS BEING OPERATED BY AN EMPLOYEE OF THE INDEPENDENT CONTRACTOR TO TRANSPORT THE ADDITIONALLY INSURED'S CARGO OVER PRIVATE ROADS THAT ARE OWNED AND MAINTAINED BY THE ADDITIONALLY NAMED INSURED, REGARDLESS OF WHETHER THE ADDITIONALLY NAMED INSURED HAS ACTIVE OR ACTUAL CONTROL OVER THE VEHICLE'S OPERATIONS OF THE INDEPENDENT CONTRACTOR'S EMPLOYEE?

3. UNDER ARIZONA LAW, CAN THE MANAGERIAL FUNCTIONS OF AN ADDITIONALLY NAMED INSURED ON A COMMERCIAL AUTOMOBILE LIABILITY INSURANCE POLICY, SUCH AS ESTABLISHING SAFETY TRAINING PROCEDURES FOR INDEPENDENT CONTRACTORS OPERATING VEHICLES ON THE ADDITIONALLY NAMED INSURED'S PROPERTY, CONSTITUTE A "USE" OF THE INDEPENDENT CONTRACTORS INSURED AUTO?
4. IF THE ANSWER TO ANY OF QUESTIONS (1) THROUGH (3) ABOVE IS "YES", UNDER ARIZONA LAW, IS THERE A SUFFICIENT CASUAL LINK BETWEEN THE ADDITIONALLY NAMED INSURED'S "USE" OF THE COVERED VEHICLE AND THEORIES OF LIABILITY FOR PERSONAL INJURIES SUSTAINED BY THE INDEPENDENT CONTRACTOR'S EMPLOYEE TO TRIGGER AND INSURER'S DUTY TO DEFEND THE ADDITIONALLY NAMED INSURED WHEN THE EMPLOYEE STOPPED AND EXITED THE VEHICLE AND WAS INJURED ATTEMPTING TO DISLODGE AN OBSTRUCTION THAT BECAME LODGED IN THE VEHICLE'S DUAL TIRES WHILE IT WAS BEING OPERATED ON THE ADDITIONALLY NAMED INSURED'S PRIVATE ROADS?

These questions address the primary issues remaining in this case, specifically: (1) whether Staker was "using" a vehicle covered by the BDR Policy, and (2) if Staker was "using" the covered vehicle, whether that "use" is casually related to the theories of liability alleged in the Underlying Action, sufficient to trigger a duty to defend Staker under the BDR Policy. While these questions have not been directly addressed by an Arizona appellate court, a review of case law from other jurisdictions as well as the public policy arguments surrounding these

questions demonstrates that Staker’s implicit invitation to expand the definition of “use” should be declined by this Court.

II. STAKER DOES NOT QUALIFY AS A “PERMISSIVE USER” UNDER PARAGRAPH A.1.b OF THE “WHO IS AN INSURED” SECTION IN THE BDR POLICY.

Section II, Paragraph A.1. of the Motor Carrier Coverage Form defines “Who Is An Insured,” in pertinent part, as follows:

The following are “insureds”:

- a. You for any covered “auto”.¹
- b. Anyone else while using with your permission a covered “auto” you own, hire or borrow except:
 - (1) The owner or any “employee”, agent or driver of the owner, or anyone else from whom you hire or borrow a covered “auto”.
 - (2) Your “employee” or agent if the covered “auto” is owned by that “employee” or agent or a member of his or her household.
 - (3) Someone using a covered “auto” while he or she is working in a business of selling, servicing, repairing, parking or storing “autos” unless that business is yours.
 - (4) Anyone other than your “employees”, partners (if you are a partnership), members (if you are a limited liability company) a lessee or borrower of a covered “auto” or any

¹ The Motor Carrier Coverage Form provides that the words “you” and “your” refer to the Named Insured shown in the Declarations: BDR.

of their “employees”, while moving property to or from a covered “auto”.

See, **Exhibit 2** BDR Policy at SCOTTSDALE 000063.

Based upon the allegations in the pleadings in the Underlying Action and the BDR Policy terms, Staker cannot meet its burden to establish coverage as a “permissive user” under the BDR Policy. The pleadings in the Underlying Action only assert a single cause of action, negligence, against Staker. Baughn’s negligence claim outlines three duties allegedly breached by Staker: (1) Staker had a practice of overloading and unevenly loading the trailers, (2) Staker failed to adequately maintain its premises, and (3) Staker failed to adequately devise and implement safety training and techniques. It is important to separately analyze the allegations supporting Staker’s alleged breach of the three separate duties. None of the allegations underpinning these three duties fall within coverage of the “permissive user” provision of the BDR Policy.

A. Allegations of improper loading.

With respect to the allegations of improper loading, Staker has previously acknowledged that the exclusion found at paragraph A.1.b.(4) of the “Who Is An Insured” section in the BDR Policy is “valid and enforceable”² under Arizona law.

² See, [Staker’s Motion for Summary Judgment at P. 31.](#)

Accordingly, to the extent Staker is deemed to have been “using” BDR’s tractor-trailer by loading the trailer, paragraph A.1.b.(4) specifically excludes Staker from qualifying as a permissive user under the BDR Policy. Further, Judge Nuffer acknowledged in his Order Certifying Questions to the Arizona Supreme Court, the allegation regarding Staker’s negligence in allegedly overloading and/or unevenly loading the trailers is excluded by the terms of the BDR Policy.³ Accordingly, to the extent Staker is deemed to have been “using” BDR’s tractor-trailer by loading the trailer, these specific exclusions preclude Staker from qualifying as a permissive user under the BDR Policy.

B. Staker’s alleged failure to adequately maintain its premises does not constitute a “use” of BDR’s insured vehicle.

Faced with valid and enforceable exclusions related to Staker’s only real “use” of the vehicle as alleged in the pleadings (i.e., loading the trailer), Staker attempts to expand the definition of “use” to encompass claims related to Staker’s alleged failure to adequately maintain its own premises.⁴ Staker argues that its own alleged failure to adequately maintain its premises should be covered under the BDR policy because BDR (an independent contractor), was hired to haul material for Staker. This argument seeks to shift Staker’s responsibility for the maintenance of its own

³ Dkt. No. 132, October 19, 2021, Order Certifying Questions to the Arizona Supreme Court at Pg. 32 fn. 107.

⁴ See, [Staker’s Motion for Summary Judgment at P. 31.](#)

premises, and attach liability upon its subcontractor and its insurer, neither of which have any responsibility or control over the way Staker maintains its premises.

While the particular issue in this case has not been specifically addressed by an Arizona court, courts from around the country have denied coverage for a “permissive user” when the injury occurred as the result of the negligent upkeep of, or defects on, the premises.⁵ Generally, these premises-liability claims do not fall within the purview of coverage under the automobile policy because the accident did not arise from the “use” of the vehicle, but rather, from the alleged negligent acts of the owner of the premises where the accident occurred.⁶

As one court observed, “It is difficult and probably impossible to formulate an exact measure of the degree of control which a person not owning or driving the particular automobile must exercise over it in order to ... be deemed entitled to the protection of automobile liability coverage.”⁷ A New Jersey appellate court observed, “A common theme in decisions ... that have considered whether a hired contractor’s vehicles are being ‘used’ by the hirer is that unless *active or actual control* is asserted over the *guidance or operation of the vehicles*, the ... hiring party will not be an additional insured.”⁸

⁵ See, [*Marathon Oil Co. v. Cont'l Cas. Co.*, 543 F. Supp. 1052, 1055 \(E.D. Mich. 1982\)](#); [*Int'l Bus. Machines Corp. v. Truck Ins. Exch.*, 474 P.2d 431, 436 \(1970\)](#)

⁶ [*Celina Mut. Ins. Co. v. Aetna Life & Cas. Co.*, 454 N.W.2d 93, 100 \(1990\)](#)

⁷ [*Hake v. Eagle Picher Co.*, 406 F.2d 893, 896 \(7th Cir. 1969\)](#).

⁸ [*Greentree Assocs. v. U.S. Fid. Guar. Co.*, 607 A.2d 175, 178 \(N.J. Super. Ct.](#)

In *Wakefern Food Corp. v. General Acc. Group*, the New Jersey Court of Appeals rejected an argument similar to *Stakers*.⁹ In *Wakefern*, a tractor-trailer owned by the driver's employer was backed into an unloading dock when the employee sustained injuries after his foot got caught in debris consisting of "a pallet, cardboard and excess wires."¹⁰ The trucking company's employee sued the property owner for its negligent maintenance of the unloading area. The property owner claimed that it was an additional insured and demanded defense and indemnity under the trucking company's "Business Auto Policy."¹¹ The trial judge found that the property owner was entitled to a defense under the Business Auto Policy.

The New Jersey Court of Appeals overruled the trial court, holding that although the employee's presence at the unloading area and his connecting of an electric cable to the trailer "were obviously related, in the required causal sense, to the unloading operation to be performed, *the cause of the accident, the hazardous condition of debris permitted by Wakefern to exist, was not 'within reason,' a condition necessary to the act of unloading nor had it any reasonable connection to that work.*"¹²

[App. Div. 1992](#)) (emphasis added.))

⁹ [188 N.J. Super. 77, 455 A.2d 1160 \(App. Div. 1983\).](#)

¹⁰ [Id. at 79.](#)

¹¹ [Id.](#)

¹² [Id. at 83-84 \(italics added\).](#)

The appellate court further highlighted that “It taxes the limits of judicial imagination and impoverishes that necessary decisional quality to contemplate that a needless accumulation of debris, a simple violation of Wakefern’s duty to its invitees, has any realistic nexus to the unloading process.”¹³ The court outright rejected the idea that inadequately maintained premises amount to “use” of the vehicles that come onto the premises.¹⁴ In other words, to construe a landowners failure to maintain its’ premises as a “use” of vehicles coming onto the premises “would be to extend automobile liability coverage to negligence occurring prior to the arrival of the truck,” that is, the landowner’s failure to remove or remedy dangerous conditions existing on the land.¹⁵

As in *Wakefern*, the pleadings in the Underlying Action allege that Staker failed to maintain the reasonably safe conditions on its property, which ultimately led to the accident. It was not BDR’s responsibility to address the alleged accumulation of rocks and other debris on Staker’s premises. Further, the presence of the rocks and debris was not a condition necessary for the completion of the work. Therefore, to reallocate the financial risks from Staker to BDR’s automobile insurance carrier, Scottsdale, shifts the liability caused by Staker’s negligence to

¹³ [*Id.*](#)

¹⁴ [*Id.*](#)

¹⁵ [Atl. Mut. Ins. Co. v. Richards](#), 100 N.J. Super. 180, 185, 241 A.2d 468, 471 (Ch. Div. 1968), *aff’d*, [105 N.J. Super. 48, 251 A.2d 134 \(App. Div. 1969\)](#).

BDR, and thereby Scottsdale. That is why other jurisdictions have refused, for sound policy reasons, to reallocate the financial risk of a landowner's negligence to an auto insurance company.¹⁶

In *Greentree Assocs. v. United States Fidelity & Guaranty Co.*,¹⁷ a general contractor retained a subcontractor to perform certain site clearing work. During the course of the work, a subcontractor's employee was injured while refueling the subcontractor's vehicle. The injured employee filed suit alleging that the general contractor negligently "maintained, controlled, and supervised the [construction site] thereby causing his injuries."¹⁸ After suit was filed, the general contractor sought coverage as an additional insured under the subcontractor's auto policy. The *Greentree* court held:

[general contractor] did not assume any control or direction over [the subcontractor's] vehicles or the operation of unloading the gasoline from the pickup truck and funneling it into the bulldozer. It [] therefore was not a user of those vehicles entitled to coverage as an additional insured.¹⁹

¹⁶ See [*Hake v. Eagle Picher Co.*, 406 F.2d 893, 896 \(7th Cir. 1969\)](#); [*Celina Mut. Ins. Co. v. Aetna Life & Cas. Co.*, 454 N.W. 2d 93, 100 \(Mich. 1990\)](#); [*Halifko v. Cities Serv. Oil Co.*, 510 F. Supp. 1131, 1136 \(D. N.J. 1981\)](#), *aff'd sub nom. Cities Serv. Oil Co. v. Fireman's Fund Ins. Co.*, 676 F.2d 684 (3d Cir. 1982); [*Marathon Oil Co. v. Cont'l Cas. Co.*, 543 F. Supp. 1052, 1055 \(E.D. Mich. 1982\)](#); [*Int'l Bus. Machines Corp. v. Truck Ins. Exch.*, 474 P.2d 431, 436 \(1970\)](#).

¹⁷ [*Greentree*, 607 A.2d 175.](#)

¹⁸ [*Id.*](#)

¹⁹ [*Id. at 178*](#)

The *Greentree* court noted that courts in other jurisdictions similarly ruled that a general contractor is not considered “using” vehicles unless it asserts “active or actual control ... over the guidance or operation of the vehicles.” The *Greentree* court also held that although the general contractor had broad responsibility to ensure jobsite safety, a “failure to meet that responsibility does not create the required nexus to the loading and unloading activity²⁰” for automobile insurance purposes.

Moreover, the *Greentree* court observed the negative policy implications of overextending the reach of permissive user coverage:

Sound policy considerations weigh strongly against construing an omnibus clause to cover the owner of a loading platform on which a named insured is injured solely due to an unsafe condition on the premises. Such an interpretation would reallocate the ultimate financial risk of the platform owner’s negligence to the truck driver’s insurance company. This reallocation, in turn, would inevitably result in increased premiums to the motor vehicle operator. As a consequence, the owner of a plant or warehouse at which trucks are unloaded would be freed from a financial incentive to maintain his premises in a safe condition. Truck owners and operators, who exercise little or no control over the premises on which they

²⁰ New Jersey law generally provides that a person or entity engaged in loading or unloading a vehicle is a “permissive user” related to that use. Arizona’s omnibus insurance statute and case law provides the same “permissive user” status for loading and unloading. However, as recognized in [*Whilshire Ins. Co. v. Home Ins. Co.*, 880 P.2d 1148 \(Ariz. Ct. App. 1994\)](#) the omnibus coverage requirement in Arizona does not apply to motor carriers as they are governed by a separate statute. Accordingly, an exclusion for loading and unloading contained in a motor carrier policy in Arizona may properly exclude a “permissive user” from coverage, whereas the same exclusion in New Jersey would generally be found unenforceable.

unload, would be forced to bear the entire financial burden of accidents resulting from platform owners' lack of care.²¹

The conclusion reached by the *Greentree* Court is further supported by an Indiana Court of Appeals case, *Protective Ins. Co. v. Coca Cola Bottling Co.*²² In *Coca Cola*, a trailer owned by the Coca Cola Bottling Company–Indianapolis (Coke) and loaded with empty bottles was being returned to Coke by a subcontractor. The driver was unable park at the loading dock, so the driver was instructed by a Coke employee as to where to park the trailer on Coke's premises. The driver and the owner of the tractor began to disconnect the trailer from the tractor. As the tractor was being driven away from the trailer, the tractor became stuck in the ice and snow that had accumulated in the parking lot.²³ In the ensuing attempt to free the tractor, the owner was killed.²⁴

Coke sought coverage under the vehicle owner's insurance policy. Like Staker in the instant case, Coke claimed that it was "using" the vehicle in question because it was putting the vehicle into its service and benefit.²⁵ The Indiana Court of Appeals found insufficient control to make Coke a user of the tractor, noting that "Coke's

²¹ [*Id.* at 179.](#) (quoting *Halifko v. Cities Serv. Oil Co.*, 510 *F.Supp.* 1131, 1136-37 (D.N.J.1981)).

²² [*Protective Ins. Co. v. Coca-Cola Bottling Co.-Indianapolis-Inc.*, 467 N.E.2d 786 \(Ind. Ct. App. 1984\)](#)

²³ [*Id.* at 787-88.](#)

²⁴ [*Id.* at 788.](#)

²⁵ [*Id.*](#)

dispatcher did not actively control, guide, or direct the movement of [the tractor] at the crucial moment, *i.e.*, when the truck was being disconnected.”²⁶ Similar to the *Greentree* Court, the Indiana Court of Appeals was cognizant of the public policy implications underpinning their decision, “[W]e also decline to extend coverage to one remotely connected with the insured vehicle. A contrary holding would force truck owners and operators who exercise little or no control over the premises upon which they unload, to bear the financial burden of accidents resulting from the negligent maintenance of the receiving premises.”²⁷

While Arizona law has not addressed the specific issues raised in this case, the Arizona Court of Appeals has considered whether a putative insured was “actively controlling” the insured vehicle in determining whether or not the putative insured was “using” the vehicle.²⁸ In *Westfield*, another motorist was injured by a driver towing the insured vehicle. The liability carrier of the tow truck company became insolvent, and the injured motorist sought UIM coverage under the auto insurance policy for the towed vehicle. The *Westfield* court held that the tow truck driver was “using” the towed vehicle at the time of the accident, reasoning that the tow truck driver, “[W]as actively controlling the movement of both the tow truck

²⁶ [*Id.* at 790.](#)

²⁷ [*Id.* at 790-91](#)

²⁸ [Westfield Ins. Co. v. Aetna Life & Cas. Co., 739 P.2d 218 \(Ariz. Ct. App. 1987\).](#)

and [the insured's] automobile. In our opinion, [tow driver] was 'using' [the insured's] automobile at the time of the accident.”²⁹

An examination as to whether and to what extent a putative “permissive user” was actively controlling the insured vehicle is further examined in a subsequent case, *Barber v. Encompass Indem. Co.*. In *Barber*, an insured vehicle was being carried on flatbed trailer at time of accident.³⁰ In distinguishing *Westfield*, the 9th Circuit Court of Appeals held, “[*Westfield*] involved insurance coverage of an actively controlled, towed automobile. Here, only the flat-bed trailer was being towed and actively controlled, while the insured vehicle was nothing more than passive cargo. *Westfield* does not decide how to treat such a situation.”³¹ Apart from *Westfield* and *Barber*, there does not appear to be an Arizona case analyzing whether or not a putative “permissive user” was actively controlling the vehicle in determining their status as an insured on an automobile policy.

There are no allegations in the Underlying Action which indicate that Staker was in any way actively controlling, guiding or directing Baughn or the insured vehicle at the time the accident. It is undisputed that BDR was an independent contractor for Staker. In the Underlying Action, the Arizona Court of Appeals noted

²⁹ [Id. at 222](#)

³⁰ [Barber v. Encompass Indem. Co., 458 F. App'x 617, 618 \(9th Cir. 2011\)](#)

³¹ [Id.](#)

that “contractually, Staker had no power or say over how BDR and its employees removed rocks from their equipment.”³²

The *Baughn* Court acknowledged, “[t]he law is clear in Arizona that the proprietor of a business is under an affirmative duty to make the premises reasonably safe for use by invitees.”³³ The *Baughn* court also noted that, “[b]ecause Staker was a possessor of land and Baughn, as an employee of independent contractor BDR performing work for Staker, was a business invitee, Staker clearly owed a duty to Baughn of providing a workplace free of unreasonably dangerous conditions.”³⁴ Plainly, Staker’s duty to provide a safe workplace did not involve or require Staker to “use” BDR’s vehicles. Staker’s attempt to expand the definition of “use” to encompass its alleged failure to keep its premises safe should be rejected by this Court.

C. Staker’s alleged failure to devise and implement safety training and techniques.

Staker also claims that the allegations related to Staker’s failure to provide adequate safety training fall within Section A.1.b. of the “Who Is An Insured” provision. This argument is similar to its argument related to the premises liability allegations. Essentially, Staker argues that because Baughn was transporting rock

³² [*Baughn v. Staker & Parson Companies, Inc.*, No. 2 CA-CV 2017-0209, 2018 WL 5249968, at ¶ 18 \(Ariz. Ct. App. Oct. 22, 2018\)](#)

³³ [*Id.* at ¶ 11](#) (quoting *Preuss v. Sambo's of Arizona, Inc.*, 130 Ariz. 288, 289 (1981)).

³⁴ [*Id.* at ¶ 23.](#)

and dirt for Staker, Staker is a “permissive user” under Section A.1.b. and, is accordingly entitled to coverage. Staker does not explain how its alleged failure to provide adequate safety training is in any way causally related to its alleged “use” of BDR’s vehicle. Staker has not cited to any case (nor has Scottsdale found a case) that extends the definition of “using” a vehicle to include allegations related a putative insured’s supervisory or managerial functions regarding safety training.

The idea that a company’s failure to properly manage its business constitutes a “use” of an insured auto merely because somewhere, somehow, an automobile accident occurs, which may have been avoided had the company correctly performed its managerial functions, is devoid of sound logic. If that were the case, an insurance company’s duty to defend would be triggered whenever a company can point to a managerial mishap or oversight that is, at most, distantly related to an automobile accident. Such an approach is contrary to the well-established logic applied by Arizona courts over the years

In interpreting an insurance contract, “the rule in Arizona is that [courts] construe a clause subject to different interpretations by examining the language of the clause, public policy considerations, and the purpose of the transaction as a whole.”³⁵ Public policy is not advanced by Staker’s attempt to shift its responsibility for site safety and safety training onto BDR and Scottsdale. Companies like Staker

³⁵ [*Id.*](#) (citation omitted).

will have no incentive to adequately maintain their premises or address worksite safety because any financial liability would fall on their subcontractor's insurers thus removing any financial incentive to avoid negligence.

CONCLUSION

Scottsdale respectfully requests this Court resolve the certified questions by holding that Staker's alleged failure to adequately maintain its premises and alleged failure to properly train and communicate with workers do not constitute a "use" of the covered vehicle.

DATED this 24th day of January 2022.

GOEBEL ANDERSON PC

/s/ Timothy J. Curtis
Timothy J. Curtis
*Attorneys for Defendant Scottsdale
Insurance Company*

EXHIBIT 1

HAUL of MATERIALS AGREEMENT

THIS LABOR AND MATERIALS AGREEMENT (the "Agreement") is entered into as of the day of December 19, 2013 (the "Effective Date") by and between Staker Parson Co, a _____ corporation (hereinafter "Owner") and BDR Transport _____ a _____ corporation (hereinafter "Contractor").

WITNESSETH:

THAT, for and in consideration of the covenants, agreements, terms, provisions and conditions hereinafter set forth and other valuable consideration, the receipt of which is acknowledged by the parties, the parties do hereby mutually agree, each with the other, as follows:

1. SCOPE OF WORK. Subject to the terms and conditions of this Agreement, Contractor undertakes to provide Owner with the labor, services, and materials described in **Exhibit A** attached hereto and made a part hereof (the "Work").
2. TERM. The term of this Agreement shall commence _____, 2013 and end _____, 2016. Notwithstanding the foregoing, Owner shall have the right to terminate this Agreement at any time, without cause, upon written notice to Contractor. Unless Contractor is otherwise advised by Owner in writing, the term of this Agreement shall be automatically extended until completion of any work or services in progress.
3. COMPENSATION. It is agreed that the Work to be furnished during the term of this Agreement shall be furnished at the rates set forth on **Exhibit A**.
4. INVOICE AND PAYMENT TERMS. Contractor shall invoice Owner on a monthly basis. Owner shall pay Contractor for services rendered hereunder within forty-five (45) days from the date of receipt by Owner of Contractor's invoice documents.
5. WARRANTY.
 - (a) Contractor represents and warrants that it is experienced in the Work to be undertaken on behalf of Owner and possesses the skills to complete the Work.
 - (b) Contractor warrants and guarantees that all Work rendered, performed or furnished by Contractor under this Agreement shall be performed in a good and workmanlike manner in accordance with the best standard practices and in a manner protective of its employees, the public and the environment. In the event of Work that does not meet the standards set forth above, such Work shall be re-performed to standard at no cost to Owner.
6. CONFLICTING PROVISIONS. The terms, provisions, covenants, or conditions contained in this base Agreement shall control in the event of any conflict with any provision, term, covenant or condition in any of the documents attached hereto and made a part hereof, or any work orders, purchase orders, requisitions, or any other forms or documents.
7. INDEMNIFICATION.
 - (a) Contractor agrees to protect, indemnify, hold harmless and defend Owner, its parent, and related companies, and the officers, directors, employees, workmen, agents, servants and invitees of Owner, its parent, and related companies, from and against all losses, damages, demands, claims, suits

and other liabilities, including attorney fees and other expenses of litigation, because of (i) bodily injury, including death at any time resulting therefrom; and (ii) damages to all property, including loss of use thereof and downtime; and (iii) violation of or failure to comply with any applicable law, regulation, rule or order, which occur, either directly or indirectly, in connection with performance of the Work contemplated hereunder or by reason of Contractor and its employees, workmen, agents, servants, subcontractors and vendors being present on Owner's premises, except to the extent attributable to the negligence of Owner. Contractor's said agreement to protect, indemnify, hold harmless and defend as set forth in the immediately preceding sentence shall not be negated or reduced by virtue of Contractor's insurance carrier's denial of insurance coverage for the occurrence or event which is the subject matter of the claim and/or refusal to defend Contractor or Owner. In addition, Contractor will pay all costs and expenses, including attorney fees and all other expenses of litigation incurred by Owner to enforce the foregoing agreement to protect, indemnify, hold harmless and defend Owner. Contractor's indemnity and defense obligations shall apply to any claim against Owner covered by Contractor's indemnity obligations hereunder that is set forth by any employee of Contractor and Contractor shall not assert as a defense in any suit by Owner to enforce Contractor's obligations under this section 7 or any immunity or other defense provided under any worker's compensation or other laws.

8. **INSURANCE.** Without limiting, negating or reducing Contractor's undertaking to protect, indemnify, hold harmless, reimburse and defend Owner and other parties as provided in Paragraph 7 hereof, and as part of the consideration for any sums paid Contractor by Owner hereunder, Contractor shall at its own cost and expense procure and keep in force and effect throughout the term of this Agreement the insurance listed below with insurance carrier(s) acceptable to Owner. Before commencing Work, Contractor shall furnish Owner with Certificates of Insurance attested by a duly authorized representative of the insurance carrier(s) evidencing: (i) that the insurance required hereunder is in force and effect; (ii) that such insurance will not be canceled or materially changed without giving to Owner at least 30 days prior written notice; (iii) that Owner is named as an additional insured party; and (iv) that all rights of subrogation against Owner are waived. In the event Contractor fails to furnish Owner with acceptable Certificates of Insurance before the time named in this Agreement for commencing Work, Owner shall have the right to terminate this Agreement.

(a) **Worker's Compensation and Employer's Liability Insurance:** Contractor and all subcontractors retained by or through Contractor, and all their employees, workmen, agents, and servants shall comply with all requirements of the worker's or workmen's compensation laws of the state or states or other governmental authority in which Contractor or any subcontractor retained by or through Contractor is performing any work hereunder. In addition, Contractor shall carry Employer's Liability Insurance covering all operations and Work hereunder in an amount not less than \$1,000,000 per occurrence. Unless prohibited by applicable law, such Worker's Compensation and Employer's Liability Insurance shall expressly provide that all rights of subrogation against Owner are waived.

(b) **Comprehensive General Liability** - \$1,000,000 per occurrence for all liability arising out of injury to or death of one or more persons, in any one occurrence, and \$1,000,000 for all liability arising out of damage to or destruction of property, including loss of use thereof and downtime, in any one occurrence and with a General Annual Aggregate not less than \$2,000,000; with excess umbrella limits of at least \$1,000,000;

(c) **Automobile Liability Insurance** on all motor vehicles owned, hired, or non-owned, which may be used or connected with any of the work hereunder, with limits of not less than \$1,000,000 for all liability arising out of injury to or death of one or more persons, in any one occurrence, and \$1,000,000 for all liability arising out of damage to or destruction of property, including loss of use thereof and downtime, in any one occurrence.

The policy or policies providing for such insurance shall be endorsed to specifically include the liability assumed by Contractor under this Agreement in Paragraph 7 above in the amounts shown in this Paragraph 8. In addition, such insurance shall specifically name Owner as an additional insured party and shall be primary to any and all other insurance of Owner with respect to any and all claims and demands which may be made against Owner for bodily injury or death resulting therefrom, including injury to or death to Contractor, its employees, workmen, agents and servants, and for property damage, including damage to Owner's or Contractor's property, caused by, or alleged to have been caused by, any act, omission or default, negligent or otherwise, of Contractor by reason of operations or Work hereunder. Such insurance shall specifically provide that it applies separately to each insured against which claim is made or suit is brought, except with respect to the limits of the insurer's liability, and that all rights of subrogation against Owner are waived.

(c) The above insurance requirements are minimum requirements and shall not limit Contractor's liability to Owner in any manner.

9. INDEPENDENT CONTRACTOR. In the performance of all Work hereunder, Contractor shall be an independent contractor. Owner is to exercise, and have no control over the method and means of accomplishing the work other than to see that the desired results are achieved at the lowest possible cost to Owner.

10. MECHANICS AND MATERIALMEN'S LIENS. The Work shall be completed by the Contractor free and clear of all mechanic's, materialmen's and similar liens. Insofar as allowed by law, the Contractor, for itself and all subcontractors, hereby waives any rights they may have to such liens, it being the intention of the parties hereto to eliminate the possibility of mechanic's, materialmen's and similar liens, attaching to the property as the result of the Work performed or materials supplied hereunder, insofar as is possible under law. The Contractor agrees to protect, defend, indemnify and save harmless Owner and any other party so designated by Owner, from all mechanic's, materialmen's and similar liens and all related claims and litigation. The Contractor shall transfer any lien to bond, or provide other security satisfactory to Owner, within ten (10) days of any lien being filed. The Contractor shall conform to prevailing state lien laws and file any required notices such as Notices of Commencements, Completion, etc. The Contractor shall obtain a similar waiver of lien from any subcontractor, materialmen or others providing work or services hereunder and shall immediately advise Owner in writing in the event any such persons refuse to furnish a waiver of lien.

11. FORCE MAJEURE. Except for the payment of any sums due, neither party shall be responsible for any failure to fulfill any term of this Agreement, if fulfillment has been delayed, hindered or interfered with or prevented by any circumstance whatsoever, which are not within the control of the party in question and could not have been prevented or overcome by the exercise of due diligence by the party concerned.

12. COMPLIANCE WITH LAWS AND REGULATIONS.

(a) Contractor agrees to comply with the Federal Social Security Act, the state and Federal Unemployment Insurance Act, the state worker's or workmen's compensation laws, the wage and hour laws, any and all applicable sales, use, and gross receipts tax laws and regulations, applicable safety and health laws, standards and regulations, any applicable environmental laws and regulations, and all other applicable laws, regulations, guidelines, permits, licenses and approvals concerning performance of the Work and services hereunder; and the Contractor assumes exclusive liability for the reporting and payment of any and all contributions and taxes required thereby.

(b) Contractor shall abide by any and all of Owner's safety and health regulations while performing any Work hereunder, as well as any other policies, procedures, etc. of Owner.

(c) In connection with the performance of this Agreement, Contractor shall, and shall cause its suppliers and subcontractors to, abide by the CRH Supplier Code of Conduct which can be viewed at <http://www.crh.com/our-group/our-people/corporate-governance/codes-of-conduct> (the "Code"). By signing this contract Contractor acknowledges familiarity with such Code. Any violation of such Code by Contractor or its suppliers, subcontractors or agents shall constitute a material breach of this Agreement.

13. ASSIGNMENTS AND SUBCONTRACTS. Contractor shall not assign this Agreement or sublet the Work as a whole or part without the prior written consent of Owner.

(a) In no event shall there be any obligation on the part of Owner to pay any sum due any subcontractor, notwithstanding any consent that may have been given to Contractor by Owner.

(b) The Contractor shall pay each subcontractor, upon receipt of payment from Owner, all amounts due and owing each subcontractor on account of each subcontractor's work in connection with the Work.

14. GOVERNING LAW. This Agreement shall be construed, and the rights of the parties shall be determined, in accordance with the laws of the State of AZ without regard to principles of conflict of laws.

15. NOTICES. All notices required under this Agreement shall be in writing and if to Owner, shall be sufficient in all respects if delivered in person, by registered or certified mail, return receipt requested, or by a nationally known overnight courier to:

OWNER:
Staker Parson Co _____
5400 W. Massingale Rd.
Tucson, AZ 85743 _____

and if to Contractor shall be sufficient in all respects if delivered in person, by registered or certified mail, return receipt requested, or by a nationally known overnight courier to:

CONTRACTOR:

Blake Reidhead Inc. _____
PO Box 1649 _____
Cortaro, AZ 85652 _____

16. ENTIRETY OF AGREEMENT. This Agreement is intended by the parties as the final, complete and exclusive statement of the terms, conditions and specifications of their agreement and is intended to supersede all previous agreements and understandings between the parties relating to this subject matter. No prior stipulation, agreement, understanding or course of dealing between the parties or their agents with respect to the subject matter of this Agreement shall be valid or enforceable unless embodied in this Agreement. No amendment, modification, termination notice or waiver of any provision of this Agreement shall be valid or enforceable unless in writing and signed by the party to be charged. This Agreement shall supersede, and shall not be modified or amended in any way by, the printed terms of any

purchase order, proposal, quotation or other document which may be issued by either party covering work or services rendered.

17. WAIVER. The failure to insist upon strict performance of any of the terms, conditions and provisions of this Agreement shall not be deemed a waiver of future compliance therewith by the party by which the same is required to be performed hereunder and shall in no way prejudice the remaining provisions of this Agreement.

18. BINDING EFFECT. All rights conferred by this Agreement shall be binding upon, inure to the benefit of, and be enforceable by or against the respective successors and permitted assigns of the parties hereto.

19. SEVERABILITY. If any provision of this Agreement or the application of any such provision to any person or in any circumstance is held invalid, the application of such provision to any other person or in any other circumstance, and the remainder of this Agreement, shall not be affected thereby, but shall remain in full force and effect.

20. HEADINGS. The headings in this Agreement are inserted for convenience only and shall not affect the construction hereof.

20. MANDATORY BINDING ARBITRATION.

ALL CLAIMS OR CONTROVERSIES ARISING OUT OF OR RELATED TO THIS AGREEMENT SHALL BE SUBMITTED TO AND RESOLVED BY BINDING ARBITRATION BY A SINGLE ARBITRATOR IN COBB COUNTY, GEORGIA. THE AMERICAN ARBITRATION ASSOCIATION ("AAA") SHALL CONDUCT THE ARBITRATION UNLESS THE PARTIES MUTUALLY AGREE TO USE AN ALTERNATIVE ARBITRATION SERVICE. JUDGMENT UPON ANY AWARD MADE BY THE ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF, IF NECESSARY

21. COUNTERPARTS. This Agreement may be executed simultaneously in two counterparts, each of which shall be deemed an original, but both of which together shall constitute one and the same instrument, provided that all such counterparts, in the aggregate, shall contain the signatures of all parties hereto. Facsimile and other copies shall have the same force and effect as the original.

22. DRAFTER. Neither party hereof shall be considered to be the drafter of this Agreement, or any of its provisions, for the purpose of any statute case law or rule of interpretation or construction that would or might cause any provision to be construed against the drafter

IN WITNESS WHEREOF, this Services Agreement has been executed as of the Effective Date first above written.

OWNER: [Staker Parson Co.]

By: 
Name: Mike Gahner
Title: General Manager

CONTRACTOR: [BDR Transport DBA]

By: Blake Reidhead
Name: BLAKE Reidhead
Title: Pres.

EXHIBIT A

Scope of Work

Description of Work:

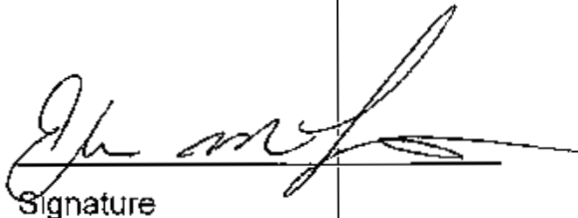
Pay Rate: Per Ton

EXHIBIT 2



Certification

I, Ebone M Lewis, as a duly authorized Scottsdale Insurance Company associate entrusted with oversight of the system of record from which this copy was produced, based upon information and belief, certify under the penalty of perjury that this attached copy of OPS0062348, 10/23/2013 to 10/23/2014 was made at or near the time of certification, as part of regularly conducted business activities, and is a true and accurate copy of the official record kept as part of regular business activities.


Signature

February 7, 2018

Date

EBONE M LEWIS

Print Name

CL Lead Processor

Title

DEPOSITION
EXHIBIT
Exhibit 5.

ADDENDUM

Some internal notes, stamps or typing on the Declaration sheet may appear. The intended use for these is internal only and may not have been a part of the policy received by the insured.

Policy fees, inspection fees or taxes, or additional instructional stamps may have appeared on the policy received by the insured but may not appear on this copy.



National Casualty Company

Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

CLAIM REPORTING INFORMATION

Your insurance policy has been placed with the Scottsdale Insurance Group, a subsidiary of the Nationwide Insurance Company. The Scottsdale Insurance Group is a reliable, service-oriented group of companies that will help protect you against certain losses.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact the Scottsdale Insurance Group 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our Web site at www.scottsdaleins.com.

Thank you for your business and as always, we appreciate the opportunity to serve you.

HOW TO REPORT A CLAIM

Call **1-800-423-7675** or visit our Web site at www.scottsdaleins.com

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

Please refer to your policy for specific claim reporting requirements.



Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.

Secretary

President

The information contained herein replaces any similar information contained elsewhere in the policy.

COMMON POLICY DECLARATIONSOPS0061024
Renewal of Number**SCOTTSDALE INSURANCE COMPANY®****Policy Number**
OPS0062348

Home Office:

One Nationwide Plaza o Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive o Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

ITEM 1. Named Insured and Mailing AddressBLAKE REIDHEAD, INC.
DBA BDR TRANSPORT
P.O. BOX 1649
CORTARO AZ 85652**Agent Name and Address**COLONIAL GENERAL INSURANCE
AGENCY INC
5373 S GREEN ST STE 525
MURRAY UT 84123Agent No.:
43006

Program No.: NONE

ITEM 2. Policy Period

From: 10-23-2013

To: 10-23-2014

Term: 1 Year

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: TRUCKING FOR HIRE

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. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)**Premium Summary**

Commercial General Liability Coverage Part	\$ NOT COVERED
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ 5,428.00
Commercial Auto Coverage Part	\$ 135,735.00
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
	\$
	\$
Total Policy Premium	\$ 141,163.00
	\$
	\$
Policy Total	\$ 141,163.00

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. OPS0062348

Effective Date: 10-23-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COMMON POLICY FORMS AND ENDORSEMENTS

NOTX0178CW	02-06	CLAIM REPORTING INFORMATION
UTS-COVPG	12-09	COVER PAGE
OPS-D-1	08-10	COMMON POLICY DECLARATIONS
UTS-SP-2L	12-95	SCHEDULE OF FORMS & ENDORSEMENTS
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 02 58	01-12	ARIZONA CHANGES-CANC & NONRENEWAL
IL 09 35	07-02	EXCL OF CERTAIN COMPUTER-RELATED LOSSES
IL 09 52	03-08	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR
IL 09 85	01-08	DISCLOSURE PURSUANT/TERROR RISK INS ACT
UTS-74G	08-95	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

INLAND MARINE FORMS AND ENDORSEMENTS

CIS-SD-2	04-12	MOTOR TRUCK CARGO COV SUPP DEC
CM 00 01	09-04	COMMERCIAL IM CONDITIONS
CM 01 43	06-04	ARIZONA CHANGES
IMS-53	04-12	COMMON TERMS AMENDED
IMS-56	04-12	ADDITIONAL PROPERTY NOT COVERED
IMS-72	04-12	SCHEDULED AUTO LIMITATION
IMS-77	04-12	THEFT FROM UNATTENDED AUTO EXCLUSION
IMS-P-3	04-12	MOTOR TRUCK CARGO COVERAGE FORM

AUTOMOBILE FORMS AND ENDORSEMENTS

CTS-SD-1	10-13	MOTOR CARRIER COV FORM SUPP DEC
UTS-234	04-06	SCHEDULE OF COVERED AUTOS YOU OWN
UTS-232	03-10	SCHEDULE OF LOSS PAYEE(S)
CAS-141	09-12	HYDRAULIC FRACTURING EXCLUSION
CA 00 20	03-10	MOTOR CARRIER COVERAGE FORM
CA 01 75	07-04	ARIZONA CHANGES
CA 03 01	03-10	DEDUCTIBLE LIABILITY COVERAGE
CA 04 44	03-10	WVR OF TRNSFR OF RGHTS OF RCVRY AGNST
CA 20 01	03-06	ADDL INSD-LESSOR
CA 20 48	02-99	DESIGNATED INSURED
CA 21 39	07-09	AZ UNINSURED MOTORIST COVERAGE
CA 21 40	07-09	AZ UNDERINSURED MOTORISTS COVERAGE
CA 99 28	03-10	STATED AMOUNT INSURANCE
CA 99 44	12-93	LOSS PAYABLE CLAUSE
UTS-3G	03-92	AMENDED MILEAGE RESTRICTION
MC 1622Q	11-11	ENDORSEMENT FOR MOTOR CARRIER POLICIES

SCOTTSDALE000006

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:

A. Under any Liability Coverage, to "bodily injury" or "property damage":

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

ARIZONA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 CRIME AND FIDELITY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A.** The following is added to the **Cancellation** Common Policy Condition (and applies except in situations where **B.**, below, applies):

7. Cancellation Of Policies In Effect For 60 Days Or More

If this policy has been in effect for 60 days or more, or if this policy is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

- a.** Nonpayment of premium;
- b.** Your conviction of a crime arising out of acts increasing the hazard insured against;
- c.** Acts or omissions by you or your representative constituting fraud or material misrepresentation in the procurement of this policy, in continuing this policy or in presenting a claim under this policy;
- d.** Substantial change in the risk assumed, except to the extent that we should have reasonably foreseen the change or contemplated the risk in writing the contract;
- e.** Substantial breach of contractual duties or conditions;

- f.** Loss of reinsurance applicable to the risk insured against resulting from termination of treaty or facultative reinsurance initiated by our reinsurer or reinsurers;

- g.** Determination by the Director of Insurance that the continuation of the policy would place us in violation of the insurance laws of this state or would jeopardize our solvency; or

- h.** Acts or omissions by you or your representative which materially increase the hazard insured against.

If we cancel this policy based on one or more of the above reasons, we will mail by certified mail to the first Named Insured, and mail to the agent, if any, written notice of cancellation stating the reason(s) for cancellation. We will mail this notice to the last mailing addresses known to us, at least:

- a.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b.** 45 days before the effective date of cancellation if we cancel for any of the other reasons.

B. If the Commercial Property Coverage Part, Capital Assets Program (Output Policy) Coverage Part or the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form provides coverage for:

1. Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
2. Personal property (except business or farm personal property) of a person residing in such real property;

the following provisions apply (instead of those provided in Item **A.** above) with respect to cancellation of such coverage:

If this policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel only for one or more of the following reasons:

- a. Nonpayment of premium;
- b. Your conviction of a crime arising out of acts increasing the hazard insured against;
- c. Acts or omissions by you or your representative constituting fraud or material misrepresentation in obtaining the policy, continuing the policy or presenting a claim under the policy;
- d. Discovery of grossly negligent acts or omissions by you substantially increasing any of the hazards insured against;
- e. Substantial change in the risk assumed by us, since the policy was issued, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing the contract;
- f. A determination by the Director of Insurance that the continuation of the policy would place us in violation of the insurance laws of this state; or
- g. Your failure to take reasonable steps to eliminate or reduce any conditions in or on the insured premises which contributed to a loss in the past or will increase the probability of future losses.

If we cancel this policy based on one or more of these reasons, we will mail written notice of cancellation, stating the reason(s) for cancellation, to the first Named Insured. We will mail this notice to the last mailing address known to us, at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- (2) 30 days before the effective date of cancellation, if we cancel for any of the other reasons.

C. The following is added and supersedes any provision to the contrary (and applies except in situations where **D.**, below, applies):

Nonrenewal

1. If we elect not to renew this policy, we will mail by certified mail to the first Named Insured, and mail to the agent, if any, written notice of nonrenewal. We will mail this notice to the last mailing addresses known to us at least 45 days prior to the expiration of this policy.
2. If notice is mailed, proof of mailing will be sufficient proof of notice.
3. If either one of the following occurs, we are not required to provide written notice of nonrenewal:
 - a. We or a company within the same insurance group has offered to issue a renewal policy; or
 - b. You have obtained replacement coverage or agreed in writing to do so.
4. If written notice of nonrenewal is mailed less than 45 days prior to expiration of this policy, and neither **3.a.** or **3.b.** applies, the coverage shall remain in effect until 45 days after the notice is mailed. Earned premium for any period of coverage that extends beyond the expiration date of this policy shall be considered pro rata based upon the previous year's rate.

D. If the Commercial Property Coverage Part, Capital Assets Program (Output Policy) Coverage Part or the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form provides coverage for:

1. Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
2. Personal property (except business or farm personal property) of a person residing in such real property;

the following provisions apply (instead of those provided in Item **C.** above) with respect to nonrenewal of such coverage:

1. If we elect not to renew, we will mail written notice of nonrenewal to the first Named Insured. We will mail this notice to the last mailing address known to us, at least 30 days before the end of the policy period. Proof of mailing will be sufficient proof of notice.
2. If either one of the following occurs, we are not required to provide notice of nonrenewal:
 - a. You have agreed to nonrenewal; or
 - b. You have accepted replacement coverage.

3. If our nonrenewal is based on the condition of the premises, you will be given 30 days' notice to remedy the identified conditions. If the identified conditions are remedied, coverage will be renewed. If the identified conditions are not remedied to our satisfaction, you will be given an additional 30 days, upon payment of premium, to correct the defective conditions.

E. The following condition is added:

Renewal

1. If we elect to renew this policy and the renewal is subject to any of the following:

- a. Increase in premium;
- b. Change in deductible;
- c. Reduction in limits of insurance; or
- d. Substantial reduction in coverage;

we will mail or deliver written notice of the change(s) to the first Named Insured, at the last mailing address known to us, at least 30 days before the anniversary or expiration date of the policy.

2. If renewal is subject to any condition described in 1.a. through 1.d. above, and we fail to provide notice 30 days before the anniversary or expiration date of this policy, the following procedures apply:

- a. The present policy will remain in effect until the earlier of the following:

- (1) 30 days after the date of mailing or delivery of the notice; or
- (2) The effective date of replacement coverage obtained by the first Named Insured.

- b. If the first Named Insured elects not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the following rates:

- (1) The rates applicable to the terminated policy; or
- (2) The rates presently in effect.

- c. If the first Named Insured accepts the renewal, the premium increase, if any, and other changes are effective the day following this policy's anniversary or expiration date.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
STANDARD PROPERTY POLICY

- A.** We will not pay for loss ("loss") or damage caused directly or indirectly by the following. Such loss ("loss") or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss ("loss") or damage.
- 1.** The failure, malfunction or inadequacy of:
 - a.** Any of the following, whether belonging to any insured or to others:
 - (1)** Computer hardware, including micro-processors;
 - (2)** Computer application software;
 - (3)** Computer operating systems and related software;
 - (4)** Computer networks;
 - (5)** Microprocessors (computer chips) not part of any computer system; or
 - (6)** Any other computerized or electronic equipment or components; or
 - b.** Any other products, and any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in Paragraph **A.1.a.** of this endorsement;

due to the inability to correctly recognize, process, distinguish, interpret or accept one or more dates or times. An example is the inability of computer software to recognize the year 2000.
 - 2.** Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph **A.1.** of this endorsement.
- B.** If an excluded Cause of Loss as described in Paragraph **A.** of this endorsement results:
- 1.** In a Covered Cause of Loss under the Crime and Fidelity Coverage Part, the Commercial Inland Marine Coverage Part or the Standard Property Policy; or
 - 2.** Under the Commercial Property Coverage Part:
 - a.** In a "Specified Cause of Loss", or in elevator collision resulting from mechanical breakdown, under the Causes of Loss – Special Form; or
 - b.** In a Covered Cause of Loss under the Causes Of Loss – Basic Form or the Causes Of Loss – Broad Form;

we will pay only for the loss ("loss") or damage caused by such "Specified Cause of Loss", elevator collision, or Covered Cause of Loss.
- C.** We will not pay for repair, replacement or modification of any items in Paragraphs **A.1.a.** and **A.1.b.** of this endorsement to correct any deficiencies or change any features.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 STANDARD PROPERTY POLICY

A. Cap On Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application Of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

POLICY NUMBER: OPS0062348

IL 09 85 01 08

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$ INCLD

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):

INLAND MARINE

Additional information, if any, concerning the terrorism premium:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO.

Attached to and forming a part of

Policy No. OPS0062348

Named Insured BLAKE REIDHEAD, INC.

Endorsement Effective Date 10-23-13

12:01 A.M., Standard Time

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

In consideration of the premium charged, it is agreed that this policy does not apply to a claim of or indemnification for punitive or exemplary damages.

Punitive or exemplary damages also include any damages awarded pursuant to statute in the form of double, treble or other multiple damages in excess of compensatory damages.

If suit is brought against any insured for a claim falling within coverage provided under the policy, seeking both compensatory and punitive or exemplary damages, then the Company will afford a defense to such action; however, the Company will have no obligation to pay for any costs, interest or damages attributable to punitive or exemplary damages.

AUTHORIZED REPRESENTATIVE

/

DATE
SCOTTSDALE000016

SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL INLAND MARINE COVERAGE PART
MOTOR TRUCK CARGO COVERAGE FORM
SUPPLEMENTAL DECLARATIONS

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006**Item 1—Business Description:**

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

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

Item 2—Description of Covered Property

BLDG MATERIALS, AGGREGATES

Item 3—Coverage, Limits of Insurance and Premium

Coverage	Limits of Insurance	Premium
Motor Truck Cargo Coverage: Property In Or On Any Automobile, Truck Or Other Power Unit, Including Property In All Attached Trailers	\$ 100000	\$ 5428
☐ If this box is checked, see Scheduled Automobile Limitation.	See Scheduled Automobile Limitation Endorsement	\$
Owner's Cargo Coverage	See Schedule on Owner's Cargo Coverage Endorsement	\$
Contingent Cargo Coverage	See Schedule on Contingent Cargo Coverage Endorsement	\$
Property At Terminals, But We Will Cover Only At The Following Terminals: 1. _____ 2. _____ 3. _____ ☐ If this box is checked, see Schedule of Additional Terminals.	\$ \$ \$ See Schedule of Additional Terminals	\$
All Covered Property In Any One Occurrence	\$ 500000	\$
Deductible: \$ 2500	Premium for Endorsements	\$
	Estimated Total Premium (This policy may be subject to final audit.):	\$

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SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL INLAND MARINE COVERAGE PART
MOTOR TRUCK CARGO COVERAGE FORM
SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: **BLAKE REIDHEAD, INC.**Agent No.: 43006**Item 4—Reporting Policies**

Reporting Period	Estimated Annual	Rate	Estimated Annual Premium
	☐ Gross Receipts ☐ Mileage ☐ Reported Autos	☐ Per \$100 ☐ Per Mile ☐ Per Auto	
☐ DR (Daily) ☐ WR (Weekly) ☐ MR (Monthly) ☐ QR (Quarterly) ☐ PR (Policy Year)	\$	\$	\$
Limit of Insurance: \$ _____ Deposit: \$ _____ Deductible: \$ _____ Minimum Premium: \$ _____ \$ _____ Monthly Annually			

Item 5—Special Provisions (if any):**FORMS AND ENDORSEMENTS** (Other than applicable Forms and Endorsements shown elsewhere in this policy)

Form(s) and Endorsement(s) applying to this Coverage Form and made part of this policy when issued:

See Schedule of Forms and Endorsements

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER
 WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S)
 COMPLETE THE ABOVE-NUMBERED POLICY.

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COMMERCIAL INLAND MARINE CONDITIONS

The following conditions apply in addition to the Common Policy Conditions and applicable Additional Conditions in Commercial Inland Marine Coverage Forms:

LOSS CONDITIONS

A. Abandonment

There can be no abandonment of any property to us.

B. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

1. Pay its chosen appraiser; and
2. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

C. Duties In The Event Of Loss

You must see that the following are done in the event of loss or damage to Covered Property:

1. Notify the police if a law may have been broken.
2. Give us prompt notice of the loss or damage. Include a description of the property involved.
3. As soon as possible, give us a description of how, when and where the loss or damage occurred.
4. Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.

5. You will not, except at your own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.

6. As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.

Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.

7. We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

8. Send us a signed, sworn proof of loss containing the information we request to settle the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.

9. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or suit.

10. Cooperate with us in the investigation or settlement of the claim.

D. Insurance Under Two Or More Coverages

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

E. Loss Payment

1. We will give notice of our intentions within 30 days after we receive the sworn proof of loss.
2. We will not pay you more than your financial interest in the Covered Property.
3. We may adjust losses with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claim against us for the owners' property. We will not pay the owners more than their financial interest in the Covered Property.
4. We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.

5. We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss if you have complied with all the terms of this Coverage Part and:

- a. We have reached agreement with you on the amount of the loss; or
- b. An appraisal award has been made.

6. We will not be liable for any part of a loss that has been paid or made good by others.

F. Other Insurance

1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Coverage Part. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Coverage Part bears to the Limits of Insurance of all insurance covering on the same basis.
2. If there is other insurance covering the same loss or damage, other than that described in 1. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

G. Pair, Sets Or Parts

1. Pair Or Set

In case of loss or damage to any part of a pair or set we may:

- a. Repair or replace any part to restore the pair or set to its value before the loss or damage; or
- b. Pay the difference between the value of the pair or set before and after the loss or damage.

2. Parts

In case of loss or damage to any part of Covered Property consisting of several parts when complete, we will only pay for the value of the lost or damaged part.

H. Recovered Property

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expenses to repair the recovered property, subject to the Limit of Insurance.

I. Reinstatement Of Limit After Loss

The Limit of Insurance will not be reduced by the payment of any claim, except for total loss or damage of a scheduled item, in which event we will refund the unearned premium on that item.

J. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Part has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

1. Prior to a loss to your Covered Property.
2. After a loss to your Covered Property only if, at time of loss, that party is one of the following:
 - a. Someone insured by this insurance; or
 - b. A business firm:
 - (1) Owned or controlled by you; or
 - (2) That owns or controls you.

This will not restrict your insurance.

GENERAL CONDITIONS

A. Concealment, Misrepresentation Or Fraud

This Coverage Part is void in any case of fraud, intentional concealment or misrepresentation of a material fact, by you or any other insured, at any time, concerning:

1. This Coverage Part;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this Coverage Part.

B. Control Of Property

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance.

The breach of any condition of this Coverage Part at any one or more locations will not affect coverage at any location where, at the time of loss or damage, the breach of condition does not exist.

C. Legal Action Against Us

No one may bring a legal action against us under this Coverage Part unless:

1. There has been full compliance with all the terms of this Coverage Part; and
2. The action is brought within 2 years after you first have knowledge of the direct loss or damage.

D. No Benefit To Bailee

No person or organization, other than you, having custody of Covered Property will benefit from this insurance.

E. Policy Period, Coverage Territory

We cover loss or damage commencing:

1. During the policy period shown in the Declarations; and
2. Within the coverage territory.

F. Valuation

The value of property will be the least of the following amounts:

1. The actual cash value of that property;

2. The cost of reasonably restoring that property to its condition immediately before loss or damage; or
3. The cost of replacing that property with substantially identical property.

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART

A. The following exclusion is added:

- 1.** We will not pay for loss or damage arising out of any act committed:
 - a.** By or at the direction of any insured; and
 - b.** With the intent to cause a loss.
- 2.** However, this exclusion will not apply to deny an insured's claim for an otherwise covered property loss under this Coverage Part if such loss is caused by an act of domestic violence by another insured under this Coverage Part and the insured making claim:
 - a.** Did not cooperate in or contribute to the creation of the loss; and
 - b.** Cooperates in any investigation relating to the loss.
- 3.** If we pay a claim pursuant to Paragraph **A.2.**, our payment to the insured is limited to that insured's insurable interest in the property as reduced by any payments we first made to a mortgagee or other party with a secured interest in the property. In no event will we pay more than the Limit of Insurance.

B. The Transfer Of Rights Of Recovery Against Others To Us Loss Condition in the Commercial Inland Marine Conditions is amended by the addition of the following:

If we pay an insured for a loss described in Paragraph **A.2.**, the rights of the insured to recover damages from the perpetrator of the domestic violence are transferred to us to the extent of our payment. Following the loss, the insured may not waive such rights to recover against the perpetrator of the domestic violence.

C. The Concealment, Misrepresentation Or Fraud General Condition in the Commercial Inland Marine Conditions is replaced by the following:

We will not pay for any loss or damage in any case involving misrepresentations, omissions, concealment of facts or incorrect statements:

- 1.** That are fraudulent;
- 2.** That are material either to the acceptance of the risk, or to the hazard assumed by us; and
- 3.** Where, if the true facts had been made known to us as required either by the application for the policy or otherwise, we in good faith would either:
 - a.** Not have issued the policy;
 - b.** Not have issued the policy in as large an amount; or
 - c.** Not have provided coverage with respect to the hazard resulting in the loss.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMON TERMS AMENDED

The following terms, used throughout this Policy, are replaced by the term Motor Truck Cargo Coverage Form:

Motor Truck Cargo Carriers Coverage Form; and

Motor Truck Cargo Owners Coverage Form.

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Endorsement Effective Date 10-23-13

Policy No. OPS0062348

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL PROPERTY NOT COVERED

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Paragraph **2. Property Not Covered** of Section **A. Coverage** if an "X" is shown in the corresponding box in the Schedule below:

SCHEDULE**Description of Property**

- ☒ 1. Alcoholic Beverages (except beer and wine)
- ☒ 2. Tobacco products
- ☒ 3. Eggs
- ☐ 4. Other: _____
- ☐ 5. Other: _____
- ☐ 6. Other: _____
- ☐ 7. Other: _____
- ☐ 8. Other: _____

AUTHORIZED REPRESENTATIVE_____
DATE

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Endorsement Effective Date 10-23-13

Policy No. OPS0062348

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED AUTO LIMITATION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORMThe following is added to Section **C. Limits of Insurance**:

1. We only cover loss to Covered Property on or in an "auto" if the "auto" is described in the Auto Schedule shown below. The most we will pay for loss to Covered Property on or in a scheduled "auto" is the limit indicated in the schedule for the "auto" that is involved in the loss.
2. The same Limit of Insurance for Covered Property for a designated "auto" will also apply to any "auto" you do not own while used as a temporary substitute for any "auto" shown in the Auto Schedule below that is out of service due to:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

AUTO SCHEDULE

Auto No.	Auto Description	Limit
7	2001 PETERBILT VIN#1XP5DB9X41N542095	\$ 100,000
8	2001 PETERBILT VIN#1XP5DB9X01N542093	\$ 100,000
9	2001 PETERBILT VIN#1XP5DB9X11D562519	\$ 100,000
10	2001 PETERBILT VIN#1XP5DB9X21D542098	\$ 100,000
13	2002 PETERBILT VIN#1XP5DB9X92D578064	\$ 100,000
		\$

☐ If this box is checked, see Schedule of Additional Scheduled Autos for Scheduled Auto Limitation.

AUTHORIZED REPRESENTATIVE_____
DATE



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THEFT FROM UNATTENDED AUTO EXCLUSION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Section **B. Exclusions**:

Theft From Unattended Auto

We do not pay for loss or damage caused by or resulting from theft of property from an "auto" or theft or disappearance of property in or on an "auto" when the "auto" is stolen or disappears unless at the time of the loss:

1. You have parked the "auto" overnight in a fenced and lighted area; or

2. The employee or owner-operator is in or on the "auto" while the "auto" is in transit or with the "auto" at a terminal or other location for loading or unloading; or
3. The employee or owner-operator is within 1,000 feet of the "auto" in conjunction with regular and normal breaks while in due course of transit.

AUTHORIZED REPRESENTATIVE

DATE

MOTOR TRUCK CARGO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section **F. Definitions**.

A. Coverage

We will pay those sums that you become legally obligated to pay for loss to Covered Property caused by a Covered Cause of Loss.

1. Covered Property

We will pay all sums you must pay because of loss to lawful goods and merchandise of others while in your custody or control in the ordinary course of transit for which you are legally liable as a motor carrier under a written or electronic bill of lading, shipping receipt or written contract of carriage.

We have the right and duty to defend any insured against a "suit" asking payment for such loss. However, we have no duty to defend any insured against a "suit" seeking payment for loss to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the cargo coverage Limits of Insurance shown in the Declarations has been exhausted by payment of judgments or settlements.

2. Property Not Covered

Covered Property does not include:

- a. Accounts, bills, currency, deeds, evidences of debt, letters of credit, money, notes, securities, or other documents of value;
- b. Bullion, gold or other precious metals, jewelry, watches, precious or semiprecious stones;
- c. Furs or garments trimmed with fur;
- d. Coin collections, stamp collections or other collectibles;
- e. Live animals unless death or destruction is directly resulting from or made necessary by a "specified peril."
- f. The "auto(s)" carrying the property or its equipment, including tarpaulins and fittings; including "autos" you own, lease, hire, rent or borrow.
- g. Intermodal containers, unless included in the value of the shipment;
- h. Property while waterborne. However, we cover property while aboard vessels on inland waterways when the waterborne transportation is incidental to the land portion of the journey;
- i. Import shipments:
 - (1) Until discharged from the import conveyance; or
 - (2) Until Ocean Marine insurance ceases; whichever occurs last;
- j. Export shipments:
 - (1) After placed on the outbound conveyance; or
 - (2) When Ocean Marine insurance applies to the shipment; whichever occurs first;
- k. Works of art unless described in the Declarations;
- l. Contraband, or property in the course of illegal transportation or trade;
- m. Copper when specifically described on the bill of lading, shipping receipt or contract of carriage; or

- n. Aluminum when specifically described on the bill of lading, shipping receipt or contract of carriage.

3. Covered Causes Of Loss

Covered Causes of Loss means Direct Physical Loss Or Damage to Covered Property for which you are legally liable except those causes of loss listed in the Exclusions.

4. Coverage Extensions

These extensions are in addition to the Limits of Insurance shown in the Declarations.

a. Earned Freight Charges

We also cover your earned freight charges that you are unable to collect arising from a loss covered by this coverage form.

b. Newly Acquired Terminals

If this policy covers terminal locations shown in the Declarations you may extend that insurance to apply to:

- (1) Terminals you acquire or lease at locations other than the described premises.

The most we will pay for loss or damage under this extension is \$50,000 at each terminal.

(2) Period of Coverage

With respect to insurance at each newly acquired terminal, coverage will end when any of the following first occurs:

- (a) This policy expires;
- (b) Up to thirty (30) days from the date you acquire or lease the terminal; or
- (c) You report the acquired or leased terminal to us.

We will charge you additional premium from the date you acquire or lease the terminal.

c. Removal Expenses

(1) Coverage

- (a) We will pay the cost for which you are legally liable to remove the debris of

covered property that is caused by a covered peril that occurs during the policy period. Debris removal does not include clean-up or removal of "pollutants" except as provided in **1.a.(2)** below.

- (b) We will pay expenses for which you are legally liable to extract "pollutants" from land or water if the release, discharge or dispersal of the "pollutants" is a direct result of a covered peril that occurs during the policy period to covered property.

(2) Exclusion

This extension of coverage, removal expenses, does not include costs to:

- (a) Repair or replace damage to your "auto" from "pollutants"; or
- (b) Remove, restore or replace polluted land or water.

- (3) The most we pay in any one occurrence during the policy period for Debris Removal is \$25,000.

- (4) We do not pay any costs or expenses unless they are reported to us in writing within one hundred eighty (180) days of the earlier of:

- (a) The date of direct physical loss to covered property; or
- (b) The end of the policy period.

d. Claim Mitigation Expense

We will pay the necessary expense you incur to prevent further loss to Covered Property if that expense is incurred within a twelve (12) hour period after a covered cause of loss occurs.

The most we will pay under this coverage extension is \$5,000 in any one occurrence. No deductible will be applied to claim mitigation expense.

e. Fire Department Service Charge

We will pay up to \$25,000 to cover your liability for fire department service charges. This coverage is limited to charges incurred when

the fire department is called to save or protect covered property from a covered peril.

f. Reload Expense

We will pay to reload Covered Property which has spilled due to a covered cause of loss to the auto.

g. Traffic and Security Expense

We will pay the cost to control traffic and provide security to oversee and/or roundup the cargo if there is an occurrence which causes us to tow and/or reload Covered Property which has spilled due to a covered cause of loss to the auto.

5. Supplementary Payments

In addition to the applicable Limits of Insurance shown in the Declarations, we will pay, with respect to any claim we investigate or settle, or a "suit" against any insured we defend:

1. All expenses we incur.
2. The cost of bonds or release attachments in any "suit" against the insured we defend, but only for bond amounts within our Limits of Insurance shown in the Declarations.
3. All reasonable expenses incurred by you at our request, including actual loss of earnings up to \$250 a day because of time off from work.
4. All costs taxed against the insured in any "suit" against the insured we defend.
5. Interest in the full amount of any judgment that accrues after entry of the judgment in any "suit" against the insured we defend; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limits of Insurance shown in the Declarations.
6. Prejudgment interest on the amount of any judgment in any "suit" against the insured on that part of the judgment we pay. If we make an offer to pay the applicable Limits of Insurance shown in the Declarations, we will not pay any prejudgment interest based on that period of time after the offer.

B. Exclusions

This insurance does not apply to:

1. Your liability for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this coverage form.

b. Nuclear Hazard

Any weapon employing atomic fission or fusion; or

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if nuclear reaction or radiation, or radioactive contamination results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this coverage form.

c. War And Military Action

(1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

Exclusions **B.1.a.** through **B.1.c.** apply whether or not the loss event results in widespread damage or affects a substantial area.

2. Your liability for loss or damage caused by or resulting from any of the following:

- a. Improper packing, packaging or stowage, or rough handling.
- b. Delay, loss of use, loss of market or any other indirect or consequential loss.
- c. Breakdown of refrigeration or heating equipment. But we will pay for such loss caused directly by fire, lightning, explosion, windstorm, vandalism, aircraft, rioters, strikers, theft or attempted theft, or by "accident" to the "auto" carrying the property if these causes of loss would be covered under this coverage form.
- d. Your operation as a transportation broker or freight forwarder.
- e. Dishonest or criminal act committed by:
 - (1) You, any of your partners, employees, directors, trustees, or authorized representatives;
 - (2) A manager or a member if you are a limited liability company;
 - (3) Anyone else with an interest in the property, or their employees or authorized representatives; or
 - (4) Anyone else to whom the property is entrusted for any purpose.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

This exclusion does not apply to Covered Property that is entrusted to others who are carriers for hire or to acts of destruction by your employees, but theft by employees (including leased employees) is not covered.

- 3. Your liability for loss or damage caused by or resulting from any of the following. But if loss or damage by a Covered Cause of Loss results, we will pay for the loss or damage caused by that Covered Cause of Loss.
 - a. Any quality in the property that causes it to damage or destroy itself.
 - b. Contamination, gradual deterioration or corrosion.
 - c. Dampness, extremes of temperature.

- d. Insects, vermin or rodents.
 - e. Cotton, within seventy-two (72) hours after ginning.
 - f. Voluntary parting whether or not induced to do so by fraudulent scheme, trick or false pretense.
- 4. We will not pay for any costs, fines or penalties you incur for your violation of any law or regulation that applies to your delay in payments, denial or settlement of any claim made against you by others for loss to Covered Property.

C. Limits Of Insurance

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. Deductible

We will not pay for loss or damage in any one occurrence until the amount of the adjusted loss or damage before applying the applicable Limits of Insurance shown in the Declarations exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted loss or damage in excess of the Deductible, up to the applicable Limits of Insurance shown in the Declarations.

E. Additional Conditions

- 1. The Valuation General Condition in the Commercial Inland Marine Conditions is replaced by the following:

The value of property will be the least of the following amounts:

- a. The cost of reasonably restoring that property to its condition immediately before loss;
- b. The cost of replacing that property with substantially identical property;
- c. The value, if any, stated in the bill of lading, shipping receipt or contract of carriage; or
- d. The limitation stated in the tariff.

In the event of loss, the value of property will be determined as of the time of loss or damage.

- 2. The following condition applies in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

Coverage Territory

We cover property wherever located within:

- (1) The United States of America (including its territories and possessions);
- (2) Puerto Rico; and
- (3) Canada.

3. The premium charged at inception is based on the Covered Property shown under **Item 2.** of the Supplemental Declarations. This policy may be subject to additional premium in the event of loss or damage to Covered Property not described on the Supplemental Declarations.

4. Bankruptcy

Bankruptcy or insolvency of the insured or the insured's estate will not relieve us of any obligation under this coverage form.

5. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

6. Premium Audit

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

F. Definitions

1. "Accident" means:

- a. Upset or overturn of the transporting "auto"; or
- b. The violent and accidental contact of the transporting "auto" with another "auto" or object, but not including contact with:
 - (1) The roadbed or curbing;
 - (2) Rails or ties of street, steam or electric railroad; or
 - (3) Any stationary object while backing for loading or unloading purposes.

2. "Auto" means:

- a. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
- b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

3. "Pollutants" means:

Any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

4. "Specified peril" means the perils of:

- a. Fire;
- b. Lightning;
- c. Windstorm;
- d. Hail;
- e. Collapse of bridges or culverts;
- f. Collision or overturn, or derailment of a transporting conveyance; or
- g. Theft.

5. "Suit" includes an arbitration proceeding to which you must submit or submit with our consent.

6. "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer.



SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Item 1.—Business Description: TRUCKING FOR HTRF			
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 Motor Carrier Coverage Form next to the name of the coverage.			
Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	67	The Most We Will Pay for Any One Accident or Loss \$1,000,000	\$ 81,438
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 CAS-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		each insured	
Medical Expense And Income Loss Benefits (Virginia only)		Separately stated in the Medical Expense And Income Loss Benefits endorsement.	
Uninsured Motorists (UM)	67	Separately stated in each UM endorsement.	\$ 468
Underinsured Motorists (UIM) (when not included in UM Coverage)	67	Separately stated in each UIM endorsement.	\$ 390
Trailer Interchange Comprehensive Coverage		Least of actual cash value, cost of repair or Limit of Insurance, minus Deductible for each covered "trailer."	
Trailer Interchange Specified Causes of Loss Coverage			
Trailer Interchange Collision Coverage			
Physical Damage Comprehensive Coverage		Actual cash value or 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.") See Schedule of Covered Auto You Own. See Item 4. for Hired and Borrowed Autos	
Physical Damage Specified Causes of Loss Coverage	67		\$ 21,351
Physical Damage Collision Coverage	67		\$ 32,013

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SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL AUTO COVERAGE
MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)**

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Item 2.—Schedule of Coverages and Covered Autos (continued)			
Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Premium
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	\$ 75
		Estimated Total Premium (This policy may be subject to final audit.)	\$ 135,735

Item 3. —Schedule of Covered Autos You Own
See Schedule of Covered Autos You Own.

Item 4.—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)					
State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
Total Hired Auto Premium					NOT APPLICABLE

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 (e.g., 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.



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL AUTO COVERAGE
MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)**

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006**Item 4.**—Schedule of Hired or Borrowed Covered Auto Coverage and Premiums (continued).Covered Autos Liability Coverage—Cost of Hire Rating Basis for "Autos" **NOT** used in your Motor Carrier Operations (Other than Mobile Or Farm Equipment).

State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
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.

Physical Damage Coverages—Cost of Hire Rating Basis for All "Autos" (Other than Mobile or Farm Equipment).

Coverage	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire For Each State (Excluding Autos Hired With A Driver)	Premium
Comprehensive	Actual cash value, cost of repair or whichever is less, minus Deductible for each covered "auto."		
Specified Causes of Loss	Actual cash value, cost of repair or whichever is less, minus Deductible for each covered "auto."		
Collision	Actual cash value, cost of repair or whichever is less, minus Deductible for each covered "auto."		
Total Hired Auto Premium			N/A

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.

Hired or Borrowed Mobile and Farm Equipment

If this box is checked ☐ , see Mobile and Farm Equipment Supplementary Schedule.

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SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL AUTO COVERAGE
MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)**

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Item 5.—Schedule for Non-ownership Covered Autos Liability		
Rating Basis	Number	Premium
Number of Employees		
Number of Partners (Active and Inactive)		
Total Non-ownership Covered Autos Liability Premium		NOT APPLICABLE

Item 6.—Trailer Interchange Coverage		
Coverages	Limits of Insurance	Premium
Comprehensive	Stated in Item 2.	
Specified Causes of Loss		
Collision		
Total Trailer Interchange Premium		

Item 7.—Schedule for Gross Receipts or Mileage Basis		
Address of Business Headquarters Location:		
Type Of Risk (Check One)		
☐ Motor Carriers ☐ Public Autos ☐ Leasing Or Rental Concerns		
Rating Basis (Check One)		Estimated Yearly (Gross Receipts Or Mileage)
☐ Gross Receipts (Per \$100) ☐ Mileage (Per Mile)		
	Rate	Premium
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)		
Uninsured Motorists (UM)		
Underinsured Motorists (UIM) (when not included in UM Coverage)		
Trailer Interchange		
Comprehensive		
Specified Causes Of Loss		
Collision		
Towing And Labor		
Total Premium:		
Minimum Premium		

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SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL AUTO COVERAGE
MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)**

Policy No.: OPS0062348Effective Date: 10-23-13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

When gross receipts or mileage is used as a premium basis:

For Motor Carriers:

Gross receipts means the total amount earned by the named insured for shipping or transporting property regardless of whether you or any other carrier originate the shipment or transportation. Gross receipts includes the total amount received from renting equipment, with or without drivers, to any person or organization not engaged in the business of transporting property for hire by "auto" and fifteen percent (15%) of the total amount received from renting any equipment with or without drivers, to any person or organization engaged in the business of transporting property for hire by "auto." Gross Receipts does not include:

1. Amounts you 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 merchandise including collection fees.
5. Warehouse storage fees.

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

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" operated 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" leased or rented to others without drivers during the policy period.

**THESE SUPPLEMENTAL DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS AND THE
FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE POLICY.**

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SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ1	1999	KENWORTH W900	1XKWDB9X5XR797365
AZ2	1997	PETERBILT	1XP5DB8X0VD432240
AZ3	2003	PETERBILT 6X4 119.5 BBC ALUM LONG CO	2XP5DB9X13M591340
AZ4	2000	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9XXYD525463
AZ5	2001	KENWORTH 6X4 120 BBC ALUM & FG LONG	1XKWDU9X61R870066
AZ6	2001	KENWORTH 6X4 120 BBC ALUM & FG LONG	1XKWDU9X11R870086
AZ7	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X41N542095
AZ8	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X01N542093
AZ9	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X11D562519
AZ10	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X21D542098

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ1	CAMP VERDE, AZ	129		\$ 15,000
AZ2	CORTARO, AZ	118		\$ 15,000
AZ3	CAMP VERDE, AZ	129		\$ 25,000
AZ4	CORTARO, AZ	118		\$ 15,000
AZ5	CORTARO, AZ	118		\$ 15,000
AZ6	CORTARO, AZ	118		\$ 15,000
AZ7	CAMP VERDE, AZ	129		\$ 30,000
AZ8	CAMP VERDE, AZ	129		\$ 30,000
AZ9	CAMP VERDE, AZ	129		\$ 30,000
AZ10	CAMP VERDE, AZ	129		\$ 30,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ1	500 OR INTRASTATE		50,000	6	505210
AZ2	500 OR INTRASTATE		46,000	6	505210
AZ3	500 OR INTRASTATE		52,000	6	505210
AZ4	500 OR INTRASTATE		110,000	6	505210
AZ5	500 OR INTRASTATE		50,000	6	505210
AZ6	500 OR INTRASTATE		50,000	6	505210
AZ7	500 OR INTRASTATE		52,000	6	505210
AZ8	500 OR INTRASTATE		52,000	6	505210
AZ9	500 OR INTRASTATE		52,000	6	505210
AZ10	500 OR INTRASTATE		52,000	6	505210



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ1	\$ 1,667			
AZ2	\$ 2,310			
AZ3	\$ 1,667			
AZ4	\$ 2,310			
AZ5	\$ 2,310			
AZ6	\$ 2,310			
AZ7	\$ 1,667			
AZ8	\$ 1,667			
AZ9	\$ 1,667			
AZ10	\$ 1,667			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ1					\$ 12	\$ 10	\$ 1,689
AZ2					\$ 12	\$ 10	\$ 2,332
AZ3					\$ 12	\$ 10	\$ 1,689
AZ4					\$ 12	\$ 10	\$ 2,332
AZ5					\$ 12	\$ 10	\$ 2,332
AZ6					\$ 12	\$ 10	\$ 2,332
AZ7					\$ 12	\$ 10	\$ 1,689
AZ8					\$ 12	\$ 10	\$ 1,689
AZ9					\$ 12	\$ 10	\$ 1,689
AZ10					\$ 12	\$ 10	\$ 1,689

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ1	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ2	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ3	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ4	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ5	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ6	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ7	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ8	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ9	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ10	1,000		\$ 358	1,000	\$ 536		\$ 894



SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ11	2002	KENWORTH 6X4 120 BBC ALUM & FG LONG	1XKWDB9X02R895261
AZ12	2003	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X83D589199
AZ13	2002	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X92D578064
AZ14	2003	PETERBILT 6X4 119.5 BBC ALUM LONG CO	2XP5DB9X53M591339
AZ15	2003	PETERBILT 6X4 119.5 BBC ALUM LONG CO	2XP5DB9X33M591341
AZ16	2004	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X64D836933
AZ17	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X35D878106
AZ18	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X15D878105
AZ19	2005	EAGLE ROCK END DUMP TRAILER	1E9DM392X5T316121
AZ20	2005	EAGLE ROCK END DUMP TRAILER	1E9DM39255T316155

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ11	CAMP VERDE, AZ	129		\$ 25,000
AZ12	CORTARO, AZ	118		\$ 25,000
AZ13	CAMP VERDE, AZ	129		\$ 25,000
AZ14	CAMP VERDE, AZ	129		\$ 25,000
AZ15	CAMP VERDE, AZ	129		\$ 25,000
AZ16	CORTARO, AZ	118		\$ 25,000
AZ17	CAMP VERDE, AZ	129		\$ 30,000
AZ18	CORTARO, AZ	118		\$ 30,000
AZ19	CAMP VERDE, AZ	129		\$ 25,000
AZ20	CAMP VERDE, AZ	129		\$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ11	500 OR INTRASTATE		50,000	6	505210
AZ12	500 OR INTRASTATE		52,000	6	505210
AZ13	500 OR INTRASTATE		52,000	6	505210
AZ14	500 OR INTRASTATE		52,000	6	505210
AZ15	500 OR INTRASTATE		52,000	6	505210
AZ16	500 OR INTRASTATE		52,000	6	505210
AZ17	500 OR INTRASTATE		52,000	6	505210
AZ18	500 OR INTRASTATE		52,000	6	505210
AZ19	500 OR INTRASTATE			6	675210
AZ20	500 OR INTRASTATE			6	675210



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SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

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Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ11	\$ 1,667			
AZ12	\$ 2,310			
AZ13	\$ 1,834			
AZ14	\$ 1,667			
AZ15	\$ 1,667			
AZ16	\$ 2,310			
AZ17	\$ 1,667			
AZ18	\$ 2,310			
AZ19	\$ 55			
AZ20	\$ 55			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ11					\$ 12	\$ 10	\$ 1,689
AZ12					\$ 12	\$ 10	\$ 2,332
AZ13					\$ 12	\$ 10	\$ 1,856
AZ14					\$ 12	\$ 10	\$ 1,689
AZ15					\$ 12	\$ 10	\$ 1,689
AZ16					\$ 12	\$ 10	\$ 2,332
AZ17					\$ 12	\$ 10	\$ 1,689
AZ18					\$ 12	\$ 10	\$ 2,332
AZ19					\$	\$	\$ 55
AZ20					\$	\$	\$ 55

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ11	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ12	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ13	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ14	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ15	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ16	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ17	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ18	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ19	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ20	1,000		\$ 298	1,000	\$ 447		\$ 745



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Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ21	1996	J&L NEUMATIC TRAILER	5JLSN4222T5T02694
AZ22	2006	PETERBILT	1XP5DB9X26D889843
AZ23	2006	PETERBILT	1XP5DB9X46D889844
AZ24	2006	KENWORTH	1NKDXUTXX6R118461
AZ25	2006	KENWORTH	1NKDXUTX06R118467
AZ26	2006	RANCO	1R9ESD5026L008152
AZ27	2007	PETERBILT 379	1XP5DB9X37D659021
AZ28	2006	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X36D659017
AZ29	2006	EAGLE ROCK END DUMP	1E9DM39216T316364
AZ30	2006	EAGLE ROCK END DUMP	1E9DM39246T316455

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ21	CORTARO, AZ	118		\$ 15,000
AZ22	CAMP VERDE, AZ	129		\$ 35,000
AZ23	CAMP VERDE, AZ	129		\$ 35,000
AZ24	CORTARO, AZ	118		\$ 60,000
AZ25	CORTARO, AZ	118		\$ 60,000
AZ26	CORTARO, AZ	118		\$ 15,000
AZ27	CAMP VERDE, AZ	129		\$ 55,000
AZ28	CORTARO, AZ	118		\$ 35,000
AZ29	CAMP VERDE, AZ	129		\$ 25,000
AZ30	CAMP VERDE, AZ	129		\$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ21	500 OR INTRASTATE			6	675210
AZ22	500 OR INTRASTATE		45,000+	6	505210
AZ23	500 OR INTRASTATE		45,000+	6	505210
AZ24	500 OR INTRASTATE		45,000+	6	505210
AZ25	500 OR INTRASTATE		45,000+	6	505210
AZ26	500 OR INTRASTATE			6	675210
AZ27	500 OR INTRASTATE		45,000+	6	505210
AZ28	500 OR INTRASTATE		110,000	6	505210
AZ29	500 OR INTRASTATE			6	675210
AZ30	500 OR INTRASTATE			6	675210



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SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

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Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ21	\$ 77			
AZ22	\$ 1,834			
AZ23	\$ 1,834			
AZ24	\$ 2,310			
AZ25	\$ 2,310			
AZ26	\$ 77			
AZ27	\$ 1,667			
AZ28	\$ 2,403			
AZ29	\$ 55			
AZ30	\$ 55			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ21							\$ 77
AZ22					\$ 12	\$ 10	\$ 1,856
AZ23					\$ 12	\$ 10	\$ 1,856
AZ24					\$ 12	\$ 10	\$ 2,332
AZ25					\$ 12	\$ 10	\$ 2,332
AZ26							\$ 77
AZ27					\$ 12	\$ 10	\$ 1,689
AZ28					\$ 12	\$ 10	\$ 2,425
AZ29							\$ 55
AZ30							\$ 55

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ21	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ22	1,000		\$ 383	1,000	\$ 575		\$ 958
AZ23	1,000		\$ 383	1,000	\$ 575		\$ 958
AZ24	1,000		\$ 572	1,000	\$ 858		\$ 1,430
AZ25	1,000		\$ 573	1,000	\$ 859		\$ 1,432
AZ26	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ27	1,000		\$ 524	1,000	\$ 786		\$ 1,310
AZ28	1,000		\$ 383	1,000	\$ 575		\$ 958
AZ29	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ30	1,000		\$ 298	1,000	\$ 447		\$ 745



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

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Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ31	2006	EAGLE ROCK END DUMP	1E9DM39226T316454
AZ32	2007	PETERBILT 379	1XP5DB9X97D659024
AZ33	2005	RANCO END DUMP TRAILER	1R9ESD5015L008920
AZ34	2006	TRANSCRAFT TRAILER	1TTF4520362018342
AZ35	2007	PETERBILT TRACTOR 357	1NPALUTX97D743991
AZ36	2007	POLAR PNEUMATIC TRAILER	1PMB1422575005862
AZ37	2007	RANCO END DUMP TRAILER	1R9ESD50X7L008773
AZ38	2007	RANCO END DUMP TRAILER	1R9ESD5087L008805
AZ39	2006	TRANSCRAFT TRAILER	1TTF4520162018341
AZ40	2007	RANCO END DUMP TRAILER	1R9ESD5087L008772

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ31	CAMP VERDE, AZ	129		\$ 25,000
AZ32	CAMP VERDE, AZ	129		\$ 55,000
AZ33	CORTARO, AZ	118		\$ 15,000
AZ34	CORTARO, AZ	118		\$ 10,000
AZ35	CORTARO, AZ	118		\$ 65,000
AZ36	CORTARO, AZ	118		\$ 25,000
AZ37	CORTARO, AZ	118		\$ 10,000
AZ38	CORTARO, AZ	118		\$ 10,000
AZ39	CORTARO, AZ	118		\$ 10,000
AZ40	CORTARO, AZ	118		\$ 10,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ31	500 OR INTRASTATE			6	675210
AZ32	500 OR INTRASTATE		45,000+	6	505210
AZ33	500 OR INTRASTATE			6	675210
AZ34	500 OR INTRASTATE			6	675210
AZ35	500 OR INTRASTATE		52,000	6	505210
AZ36	500 OR INTRASTATE			6	675210
AZ37	500 OR INTRASTATE			6	675210
AZ38	500 OR INTRASTATE			6	675210
AZ39	500 OR INTRASTATE			6	675210
AZ40	500 OR INTRASTATE			6	675210



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SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

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Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ31	\$ 55			
AZ32	\$ 1,667			
AZ33	\$ 77			
AZ34	\$ 80			
AZ35	\$ 2,403			
AZ36	\$ 77			
AZ37	\$ 80			
AZ38	\$ 80			
AZ39	\$ 80			
AZ40	\$ 77			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ31							\$ 55
AZ32					\$ 12	\$ 10	\$ 1,689
AZ33							\$ 77
AZ34							\$ 80
AZ35					\$ 12	\$ 10	\$ 2,425
AZ36							\$ 77
AZ37							\$ 80
AZ38							\$ 80
AZ39							\$ 80
AZ40							\$ 77

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ31	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ32	1,000		\$ 524	1,000	\$ 786		\$ 1,310
AZ33	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ34	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ35	1,000		\$ 589	1,000	\$ 882		\$ 1,471
AZ36	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ37	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ38	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ39	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ40	1,000		\$ 129	1,000	\$ 193		\$ 322



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SCHEDULE OF COVERED AUTOS YOU OWN

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Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ41	2004	KENWORTH T800 DUMP TRUCK	1NKDX0EX24R058551
AZ42	2007	REITNOUER	1RNF48A2X7R017890
AZ43	2006	KENWORTH	1NKDXUTX76R118465
AZ44	2007	REITNOUER	1RNF48A217R017888
AZ45	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9XX5D878104
AZ46	2000	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X5YD525466
AZ47	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DU9X81N542144
AZ48	2000	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X1YD521284
AZ49	2001	PETERBILT	1XP5DU9XX1N542145
AZ50	2006	KENWORTH 6X4 121 BBC ALUM & FG LONG	1XKDDU9X96R122281

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ41	CORTARO, AZ	118		\$ 40,000
AZ42	CAMP VERDE, AZ	129		\$ 10,000
AZ43	CORTARO, AZ	118		\$ 55,000
AZ44	CORTARO, AZ	118		\$ 10,000
AZ45	CORTARO, AZ	118		\$ 30,000
AZ46	CORTARO, AZ	118		\$ 15,000
AZ47	CORTARO, AZ	118		\$ 15,000
AZ48	CAMP VERDE, AZ	129		\$ 15,000
AZ49	CORTARO, AZ	118		\$ 15,000
AZ50	CORTARO, AZ	118		\$ 30,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ41	500 OR INTRASTATE		45,000+	6	505210
AZ42	500 OR INTRASTATE			6	675210
AZ43	500 OR INTRASTATE		50,000	6	505210
AZ44	500 OR INTRASTATE			6	675210
AZ45	500 OR INTRASTATE		52,000	6	505210
AZ46	500 OR INTRASTATE		46,000	6	505210
AZ47	500 OR INTRASTATE		52,000	6	505210
AZ48	500 OR INTRASTATE		46,000	6	505210
AZ49	500 OR INTRASTATE		50,000	6	505210
AZ50	500 OR INTRASTATE		85,000	6	505210



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SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

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Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ41	\$ 2,403			
AZ42	\$ 55			
AZ43	\$ 2,310			
AZ44	\$ 77			
AZ45	\$ 2,310			
AZ46	\$ 2,310			
AZ47	\$ 2,310			
AZ48	\$ 1,667			
AZ49	\$ 2,310			
AZ50	\$ 2,310			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ41					\$ 12	\$ 10	\$ 2,425
AZ42							\$ 55
AZ43					\$ 12	\$ 10	\$ 2,332
AZ44							\$ 77
AZ45					\$ 12	\$ 10	\$ 2,332
AZ46					\$ 12	\$ 10	\$ 2,332
AZ47					\$ 12	\$ 10	\$ 2,332
AZ48					\$ 12	\$ 10	\$ 1,689
AZ49					\$ 12	\$ 10	\$ 2,332
AZ50					\$ 12	\$ 10	\$ 2,332

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ41	1,000		\$ 438	1,000	\$ 657		\$ 1,095
AZ42	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ43	1,000		\$ 524	1,000	\$ 786		\$ 1,310
AZ44	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ45	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ46	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ47	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ48	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ49	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ50	1,000		\$ 358	1,000	\$ 536		\$ 894



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Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ51	2006	KENWORTH 6X4 121 BBC ALUM & FG LONG	1XKDDU9X06R122301
AZ52	1996	PETERBILT	1XPAX90X9TD413550
AZ53	2006	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X36D643819
AZ54	2001	MATE	1M9A395231H036677
AZ55	2001	MATE	1M9A395251H036678
AZ56	2001	MATE	1M9A395271H036682
AZ57	2001	MATE	1M9A395291H036683
AZ58	2001	MATE	1M9A3952X1H036684
AZ59	2001	MATE	1M9A395221H036676
AZ60	2001	MATE	1M9A395241H036686

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ51	CORTARO, AZ	118		\$ 30,000
AZ52	CORTARO, AZ	118		\$ 15,000
AZ53	CAMP VERDE, AZ	129		\$ 35,000
AZ54	CAMP VERDE, AZ	129		\$ 15,000
AZ55	CAMP VERDE, AZ	129		\$ 15,000
AZ56	CAMP VERDE, AZ	129		\$ 15,000
AZ57	CAMP VERDE, AZ	129		\$ 15,000
AZ58	CAMP VERDE, AZ	129		\$ 15,000
AZ59	CAMP VERDE, AZ	129		\$ 15,000
AZ60	CAMP VERDE, AZ	129		\$ 15,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ51	500 OR INTRASTATE		85,000	6	505210
AZ52	500 OR INTRASTATE		50,000	6	505210
AZ53	500 OR INTRASTATE		52,000	6	505210
AZ54	500 OR INTRASTATE			6	675210
AZ55	500 OR INTRASTATE			6	675210
AZ56	500 OR INTRASTATE			6	675210
AZ57	500 OR INTRASTATE			6	675210
AZ58	500 OR INTRASTATE			6	675210
AZ59	500 OR INTRASTATE			6	675210
AZ60	500 OR INTRASTATE			6	675210



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Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ51	\$ 2,310			
AZ52	\$ 2,310			
AZ53	\$ 1,667			
AZ54	\$ 61			
AZ55	\$ 61			
AZ56	\$ 61			
AZ57	\$ 61			
AZ58	\$ 61			
AZ59	\$ 61			
AZ60	\$ 61			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ51					\$ 12	\$ 10	\$ 2,332
AZ52					\$ 12	\$ 10	\$ 2,332
AZ53					\$ 12	\$ 10	\$ 1,689
AZ54							\$ 61
AZ55							\$ 61
AZ56							\$ 61
AZ57							\$ 61
AZ58							\$ 61
AZ59							\$ 61
AZ60							\$ 61

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ51	1,000		\$ 358	1,000	\$ 536		\$ 894
AZ52	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ53	1,000		\$ 383	1,000	\$ 575		\$ 958
AZ54	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ55	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ56	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ57	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ58	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ59	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ60	1,000		\$ 186	1,000	\$ 279		\$ 465



SCHEDULE OF COVERED AUTOS YOU OWN

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Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ61	2001	MATE	1M9A395261H036687
AZ62	2002	MATE	1M9A395222H036736
AZ63	2003	CLEMENT	5C2BB38B13M003806
AZ64	2002	VANTAGE	4EPAA39272ATA4195
AZ65	2003	VANTAGE	4EPAA39293ATA4873
AZ66	2003	RANCO	1R9ESD5083L008619
AZ67	2004	VANTAGE	4E7AA392X4ATA0168
AZ68	2004	VANTAGE	4E7AA39294ATA0209
AZ69	2004	EAGLE	1E9DM39241T316068
AZ70	2004	EAGLE	1E9DM392X4T316067

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ61	CAMP VERDE, AZ	129		\$ 15,000
AZ62	CAMP VERDE, AZ	129		\$ 15,000
AZ63	CAMP VERDE, AZ	129		\$ 10,000
AZ64	CAMP VERDE, AZ	129		\$ 15,000
AZ65	CAMP VERDE, AZ	129		\$ 15,000
AZ66	CAMP VERDE, AZ	129		\$ 10,000
AZ67	CAMP VERDE, AZ	129		\$ 20,000
AZ68	CAMP VERDE, AZ	129		\$ 20,000
AZ69	CAMP VERDE, AZ	129		\$ 25,000
AZ70	CAMP VERDE, AZ	129		\$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ61	500 OR INTRASTATE			6	675210
AZ62	500 OR INTRASTATE			6	675210
AZ63	500 OR INTRASTATE			6	675210
AZ64	500 OR INTRASTATE			6	675210
AZ65	500 OR INTRASTATE			6	675210
AZ66	500 OR INTRASTATE			6	675210
AZ67	500 OR INTRASTATE			6	675210
AZ68	500 OR INTRASTATE			6	675210
AZ69	500 OR INTRASTATE			6	675210
AZ70	500 OR INTRASTATE			6	675210



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ61	\$ 61			
AZ62	\$ 61			
AZ63	\$ 61			
AZ64	\$ 61			
AZ65	\$ 61			
AZ66	\$ 61			
AZ67	\$ 61			
AZ68	\$ 61			
AZ69	\$ 61			
AZ70	\$ 61			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ61							\$ 61
AZ62							\$ 61
AZ63							\$ 61
AZ64							\$ 61
AZ65							\$ 61
AZ66							\$ 61
AZ67							\$ 61
AZ68							\$ 61
AZ69							\$ 61
AZ70							\$ 61

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ61	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ62	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ63	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ64	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ65	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ66	1,000		\$ 129	1,000	\$ 193		\$ 322
AZ67	1,000		\$ 248	1,000	\$ 372		\$ 620
AZ68	1,000		\$ 248	1,000	\$ 372		\$ 620
AZ69	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ70	1,000		\$ 298	1,000	\$ 447		\$ 745



SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ71	2004	VANTAGE	4E7AA39274ATA0290
AZ72	2005	EAGLE	1E9DM39265T316116
AZ73	2000	WITZCO	1W8A11E33YS000608
AZ74	2007	RANCO	1R9ESB5067L008547
AZ75	2007	RANCO	1R9ESB5087L008548
AZ76	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1NP5LB9X21D570450
AZ77	2002	RELIANCE TRAILER	5REFA52882S024003
AZ78	2006	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X56D899606
AZ79	2013	NONOWNED TRLR ATTACH TO COVERED AUTO	UNDESCRIBED
AZ80	1996	WARASH	1JJF48269TI383137

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ71	CAMP VERDE, AZ	129		\$ 25,000
AZ72	CAMP VERDE, AZ	129		\$ 25,000
AZ73	CAMP VERDE, AZ	129		
AZ74	CAMP VERDE, AZ	129		\$ 15,000
AZ75	CAMP VERDE, AZ	129		\$ 15,000
AZ76	CAMP VERDE, AZ	129		\$ 20,000
AZ77	CORTARO, AZ	118		\$ 5,000
AZ78	CAMP VERDE, AZ	129		\$ 35,000
AZ79	CAMP VERDE, AZ	129		
AZ80	CORTARO, AZ	118		

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ71	500 OR INTRASTATE			6	675210
AZ72	500 OR INTRASTATE			6	675210
AZ73	500 OR INTRASTATE			6	675210
AZ74	500 OR INTRASTATE			6	675210
AZ75	500 OR INTRASTATE			6	675210
AZ76	500 OR INTRASTATE		110,000	6	505210
AZ77	500 OR INTRASTATE			6	675210
AZ78	500 OR INTRASTATE		110,000	6	505210
AZ79	500 OR INTRASTATE			2	675210
AZ80	500 OR INTRASTATE			6	675210



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ71	\$ 61			
AZ72	\$ 61			
AZ73	\$ 55			
AZ74	\$ 61			
AZ75	\$ 61			
AZ76	\$ 1,667			
AZ77	\$ 80			
AZ78	\$ 1,667			
AZ79	\$ 55			
AZ80	\$ 80			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ71							\$ 61
AZ72							\$ 61
AZ73							\$ 55
AZ74							\$ 61
AZ75							\$ 61
AZ76					\$ 12	\$ 10	\$ 1,689
AZ77							\$ 80
AZ78					\$ 12	\$ 10	\$ 1,689
AZ79							\$ 55
AZ80							\$ 80

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ71	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ72	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ73							
AZ74	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ75	1,000		\$ 186	1,000	\$ 279		\$ 465
AZ76	1,000		\$ 248	1,000	\$ 372		\$ 620
AZ77	1,000		\$ 67	1,000	\$ 100		\$ 167
AZ78	1,000		\$ 383	1,000	\$ 575		\$ 958
AZ79							
AZ80							



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWNPolicy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ81	2005	EAGLE ROCK TRAILER	1E9DM39235T316204
AZ82	2006	EAGLE ROCK TRAILER	1E9DM39297T316517

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ81	CAMP VERDE, AZ	129		\$ 25,000
AZ82	CAMP VERDE, AZ	129		\$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ81	500 OR INTRASTATE			6	675210
AZ82	500 OR INTRASTATE			6	675210



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN (continued)Policy No.: OPS0062348Effective Date: 10-23-13Named Insured: BLAKE REIDHEAD, INC.

12:01 A.M. Standard Time

Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ81	\$ 61			
AZ82	\$ 61			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ81							\$ 61
AZ82							\$ 61

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ81	1,000		\$ 298	1,000	\$ 447		\$ 745
AZ82	1,000		\$ 298	1,000	\$ 447		\$ 745



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 10-23-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 10-23-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
28	BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 10-23-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
24 25	PEOPLE'S UNITED EQUIPMENT; FINANCE CORP 17320 RED HILL AVE, STE 250 IRVINE, CA 92614



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 10-23-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 10-23-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
27	TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HYDRAULIC FRACTURING EXCLUSION

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

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

- A.** The following exclusion is added to Paragraph **B. Exclusions** of Section **II—Liability Coverage** in the Business Auto, Motor Carrier and Truckers Coverage Forms and for **“Garage Operations”—Covered “Autos”** in the Garage Coverage Form:

Hydraulic Fracturing

This insurance does not apply to:

1. “Bodily injury,” “property damage” or “covered pollution” cost or expense:
 - a. “Arising,” in whole or in part, out of any operation involving substances under pressure being pumped underground with the objective of creating fractures in geologic formations to facilitate the release and extraction of hydrocarbons, including but not limited to oil or natural gas. Such operations include but are not limited to “hydraulic fracturing,” “gas fracking” and/or the actual, alleged, threatened or suspected contact with, exposure to, existence of or presence of any “flowback” or the handling, transporting, storage, release or disposal of any “flowback” by any “insured” or by any other person or entity; or
 - b. Caused, directly or indirectly or in whole or in part, by any operation involving substances

under pressure used for pumping underground with the objective of creating fractures in geologic formations to facilitate the release and extraction of hydrocarbons, including but not limited to oil or natural gas. Such operations include, but are not limited to, “hydraulic fracturing,” “gas fracking” and/or the actual, alleged, threatened or suspected contact with, exposure to, existence of or presence of any “flowback” or the handling, transporting, storage, release or disposal of any “flowback” by any “insured” or by any other person or entity, that are, or that are contained in any property that is:

- (a) Being transported or towed by, handled or handled for movement into, onto or from, the covered “auto”;
 - (b) Otherwise in the course of transit by any “insured” or by any other person or entity; or
 - (c) Being stored, disposed of, treated or processed in or upon the covered “auto.”
2. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, remediating, disposing of, or in any way responding to or assessing the effects of “hydraulic fracturing,”

“gas fracking” or “flowback” by any “insured” or by any other person or entity.

We will have no duty to settle any claim or defend any “suit” against the “insured” arising out of or in any way related to items **1.** or **2.** above.

B. With respect to this endorsement, the following additional definitions apply:

1. “Hydraulic fracturing” or hydrofracking means the process by which water, “proppants,” chemicals and/or other fluid additives are injected at high pressure into underground geologic formations to create fractures, to facilitate the extraction of any hydrocarbons including but not limited to natural gas and/or oil.

2. “Flowback” means any substance containing returned “hydraulic fracturing” fluid, including but not limited to water, “proppants,” “hydraulic fracturing” fluid additives; and, any hydrocarbon compounds, salts, conventional pollutants, organics, metals, and naturally occurring radioactive material brought to the surface with the water.

3. “Gas Fracking” or liquefied propane/butane gas fracturing means the waterless process by which propane gel and “proppants” are injected at high pressure into geologic formations to create fractures, to facilitate the release and extraction of natural gas.

4. “Proppant” means particles that are used to keep fractures open after a “hydraulic fracturing” treatment.

AUTHORIZED REPRESENTATIVE

DATE

MOTOR CARRIER COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section VI – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
61	Any "Auto"	
62	Owned "Autos" Only	Only the "autos" you own (and for Liability Coverage any "trailers" you don't own while connected to a power unit you own). This includes those "autos" you acquire ownership of after the policy begins.
63	Owned Private Passenger Type "Autos" Only	Only the "private passenger type" "autos" you own. This includes those "private passenger type" "autos" that you acquire ownership of after the policy begins.
64	Owned Commercial "Autos" Only	Only those trucks, tractors and "trailers" you own (and for Liability Coverage any "trailers" you don't own while connected to a power unit you own). This includes those trucks, tractors and "trailers" you acquire ownership of after the policy begins.
65	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the no-fault law in the state where they are licensed or principally garaged.
66	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that, because of the law in the state where they are licensed or principally garaged, are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
67	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
68	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "private passenger type" "auto" you lease, hire, rent or borrow from any member of your household, any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or agents or members of their households.
69	"Trailers" In Your Possession Under A Written Trailer Or Equipment Interchange Agreement	Only those "trailers" you do not own while in your possession under a written "trailer" or equipment interchange agreement in which you assume liability for "loss" to the "trailers" while in your possession.

Symbol	Description Of Covered Auto Designation Symbols	
70	Your "Trailers" In The Possession Of Anyone Else Under A Written Trailer Interchange Agreement	Only those "trailers" you own or hire while in the possession of anyone else under a written "trailer" interchange agreement. When Symbol 70 is entered next to a Physical Damage Coverage in Item Two of the Declarations, the Physical Damage Coverage exclusion relating to "loss" to a "trailer" in the possession of anyone else does not apply to that coverage.
71	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "private passenger type" "autos" owned by your "employees" or partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.
79	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

B. Owned Autos You Acquire After The Policy Begins

1. If Symbols **61, 62, 63, 64, 65, 66** or **79** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **67** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".

3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We will have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner, or any "employee", agent or driver of the owner, or anyone else from whom you hire or borrow a covered "auto".
 - (2) Your "employee" or agent if the covered "auto" is owned by that "employee" or agent or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
 - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company), a lessee or borrower of a covered "auto" or any of their "employees", while moving property to or from a covered "auto".
 - (5) A partner (if you are a partnership), or member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. The owner or anyone else from whom you hire or borrow a covered "auto" that is a "trailer" while the "trailer" is connected to another covered "auto" that is a power unit, or, if not connected, is being used exclusively in your business.

- d. The lessor of a covered "auto" that is not a "trailer" or any "employee", agent or driver of the lessor while the "auto" is leased to you under a written agreement if the written agreement between the lessor and you does not require the lessor to hold you harmless and then only when the leased "auto" is used in your business as a "motor carrier" for hire.
- e. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

However, none of the following is an "insured":

- (1) Any "motor carrier" for hire or his or her agents or "employees", other than you and your "employees":
 - (a) If the "motor carrier" is subject to motor carrier insurance requirements and meets them by a means other than "auto" liability insurance.
 - (b) If the "motor carrier" is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are leased to that "motor carrier" and used in his or her business.
- However, Paragraph (1) above does not apply if you have leased an "auto" to the for-hire "motor carrier" under a written lease agreement in which you have held that "motor carrier" harmless.
- (2) Any rail, water or air carrier or its "employees" or agents, other than you and your "employees", for a "trailer" if "bodily injury" or "property damage" or a "covered pollution cost or expense" occurs while the "trailer" is detached from a covered "auto" you are using and:
 - (a) Is being transported by the carrier; or
 - (b) Is being loaded on or unloaded from any unit of transportation by the carrier.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend; but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed we will:

- (1) Increase the Limit of Insurance for Liability Coverage to meet the limit specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing "motor carriers" of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of "loss" because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement. But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or

- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph **a.** above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of "your work" after that work has been completed or abandoned.

In the exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph **a.** or **b.** above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – TRAILER INTERCHANGE COVERAGE

A. Coverage

1. We will pay all sums you legally must pay as damages because of "loss" to a "trailer" you don't own or its equipment under:

a. Comprehensive Coverage

From any cause except:

- (1) The "trailer's" collision with another object; or
- (2) The "trailer's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the "trailer".

c. Collision Coverage

Caused by:

- (1) The "trailer's" collision with another object; or
- (2) The "trailer's" overturn.

2. We have the right and duty to defend any "insured" against a "suit" asking for these damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

3. Coverage Extensions

The following apply as **Supplementary Payments**. We will pay for you:

- a. All expenses we incur.

- b. The cost of bonds to release attachments, but only for bond amounts within our Limit of Insurance.
- c. All reasonable expenses incurred at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- d. All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- e. All interest on the full amount of any judgment that accrues after entry of the judgment; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for loss of use.

3. Other Exclusions

We will not pay for "loss" due and confined to:

- a. Wear and tear, freezing, mechanical or electrical breakdown.
- b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

C. Limit Of Insurance

The most we will pay for "loss" to any one "trailer" is the least of the following amounts:

1. The actual cash value of the damaged or stolen property at the time of the "loss".
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
3. The Limit of Insurance shown in the Declarations.

D. Deductible

For each covered "trailer", our obligation to pay:

1. The actual cash value of the damaged or stolen property at the time of the "loss" will be reduced by the applicable deductible shown in the Declarations.
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality will be reduced by the applicable deductible shown in the Declarations.
3. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Declarations prior to the application of the Limit of Insurance shown in the Declarations.

SECTION IV – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

a. Comprehensive Coverage

From any cause except:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

c. Collision Coverage

Caused by:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

2. Towing – Private Passenger Type Autos

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the "private passenger type" is disabled. However, the labor must be performed at the place of disablement.

3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extension

a. Transportation Expenses

We will also pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the "private passenger type". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";

(2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

(3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for "loss" to any of the following:

- a. Any covered "auto" while in anyone else's possession under a written "trailer" interchange agreement. But this exclusion does not apply to a loss payee; however, if we pay the loss payee, you must reimburse us for our payment.
- b. Any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
- c. Tapes, records, discs or similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

- d. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed-measurement equipment.
 - e. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
 - f. Any accessories used with the electronic equipment described in Paragraph e. above.
3. Exclusions 2.e. and 2.f. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
- a. Permanently installed in or upon the covered "auto";
 - b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
 - c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
 - d. Necessary for the normal operation of the "auto" or the monitoring of the "auto's" operating system.
4. We will not pay for "loss" due and confined to:
- a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.
- This exclusion does not apply to "loss" resulting from the total theft of a covered "auto".
5. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limits Of Insurance

- 1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

- 2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
 - c. An integral part of such equipment.
- 3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- 4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

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

SECTION V – MOTOR CARRIER CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
 - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
 - (4) Authorize us to obtain medical records or other pertinent information.
 - (5) Submit to examination at our expense, by physicians of our choice, as often as we reasonably require.
- c. If there is a "loss" to a covered "auto" or its equipment you must also do the following:
 - (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
 - (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
 - (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
 - (4) Agree to examination under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligation under this coverage form.

2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This coverage form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this coverage form.

3. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this coverage form.

5. Other Insurance – Primary And Excess Insurance Provisions

a. While any covered "auto" is hired or borrowed from you by another "motor carrier", this coverage form's liability coverage is:

(1) Primary if a written agreement between you as the lessor and the other "motor carrier" as the lessee requires you to hold the lessee harmless.

(2) Excess over any other collectible insurance if a written agreement between you as the lessor and the other "motor carrier" as the lessee does not require you to hold the lessee harmless.

b. While any covered "auto" is hired or borrowed by you from another "motor carrier" this coverage form's liability coverage is:

(1) Primary if a written agreement between the other "motor carrier" as the lessor and you as the lessee does not require the lessor to hold you harmless, and then only while the covered "auto" is used exclusively in your business as a "motor carrier" for hire.

(2) Excess over any other collectible insurance if a written agreement between the other "motor carrier" as the lessor and you as the lessee requires the lessor to hold you harmless.

c. While a covered "auto" which is a "trailer" is connected to a power unit, this coverage form's Liability Coverage is:

(1) Provided on the same basis, either primary or excess, as the liability coverage provided for the power unit if the power unit is a covered "auto".

(2) Excess if the power unit is not a covered "auto".

d. Any Trailer Interchange Coverage provided by this coverage form is primary for any covered "auto".

e. Except as provided in Paragraphs a., b., c. and d. above, this coverage form provides primary insurance for any covered "auto" you own and excess insurance for any covered "auto" you don't own.

f. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

g. Regardless of the provisions of Paragraphs a., b., c., d. and e. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".

h. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.

b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

a. During the policy period shown in the Declarations; and

b. Within the coverage territory.

The coverage territory is:

(1) The United States of America;

(2) The territories and possessions of the United States of America;

- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:
 - (a) A covered "auto" of the "private passenger type" is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
 - (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us apply to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION VI – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
 - 1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
 - 2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.

- D. "Covered pollution cost or expense" means any cost or expense arising out of:

- 1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
- 2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
 - (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
- 1. A lease of premises;
 - 2. A sidetrack agreement;
 - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or

6. That part of any other contract or agreement, entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your employees, if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" unless the covered "auto" is used in your business as a "motor carrier" for hire as in Section II, Paragraph A.1.d. of the Who Is An Insured provision.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J. "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
- 1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - 3. Vehicles that travel on crawler treads;
 - 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;

5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:

- a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
- b. Cherry pickers and similar devices used to raise or lower workers; or

6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

L. "Motor carrier" means a person or organization providing transportation by "auto" in the furtherance of a commercial enterprise.

M. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

N. "Private passenger type" means a private passenger or station wagon type "auto" and includes an "auto" of the pickup or van type if not used for business purposes.

O. "Property damage" means damage to or loss of use of tangible property.

P. "Suit" means a civil proceeding in which:

- 1. Damages because of "bodily injury" or "property damage"; or
- 2. A "covered pollution cost or expense", to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" submits with our consent.

Q. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

R. "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer. But for Trailer Interchange Coverage only, "trailer" also includes a container.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA CHANGES

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

Changes In Conditions

The **Concealment, Misrepresentation Or Fraud** General Condition is replaced by the following:

We will not pay for any "loss" or damage in any case involving misrepresentations, omissions, concealment of facts or incorrect statements:

1. That are fraudulent;
2. That are material either to the acceptance of the risk, or to the hazard assumed by us; and
3. Where, if the true facts had been known to us as required either by the application for the policy or otherwise, we in good faith would either:
 - a. Not have issued the policy;
 - b. Not have issued the policy in as large an amount; or
 - c. Not have provided coverage with respect to the hazard resulting in the "loss".

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 03 01 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DEDUCTIBLE LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:**Endorsement Effective Date:****SCHEDULE**

Liability Coverage is subject to one of the following two deductibles shown below:

Liability Deductible:		Per "Accident"
OR		
"Property Damage" Only Liability Deductible:	\$ 500	Per "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

Liability Coverage is changed as follows:**A. Liability Coverage Deductible**

If a Liability Deductible, and not a "Property Damage" Only Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage will be reduced by the Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

B. Property Damage Only Liability Coverage Deductible

If a "Property Damage" Only Liability Deductible, and not a Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage for "property damage" will be reduced by the "Property Damage" Only Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

C. Our Right To Reimbursement

To settle any claim or "suit" we may pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 04 44 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:**Endorsement Effective Date:****SCHEDULE****Name(s) Of Person(s) Or Organization(s):**M.R. TANNER MINING, INC.,
M.R. TANNER MINING E&L, L.L.C.,
QUEEN CREEK PIT, LLC, AND RANKIN PIT, LLC

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PACCAR FINANCIAL CORP Address: PO BOX 2374 DENTON, TX USA 76202	
Designation Or Description Of 'Leased Autos': AZ 35 2007 PETERBILT TRACTOR 357 1NPALUTX97D743991	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP Address: 17320 RED HILL AVE SUITE 250 IRVINE, CA USA 92614	
Designation Or Description Of 'Leased Autos': AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 AZ 25 2006 KENWORTH 1NKDXUTX06R118467	

Coverages	Limit Of Insurance
Liability	1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL Address: 530 E SWEDESFORD RD WAYNE, PA USA 19087	
Designation Or Description Of 'Leased Autos': AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO 1XP5DB9X01N542093	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 48 02 99**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE**Name of Person(s) or Organization(s):**CEMEX, INC. AND SHIPPER, AFFILIATES, SUBSIDIARIES
PO BOX 1128
GLENVIEW, IL 60025WESTERN ROCK PRODUCTS
851 N RED ROCK ROAD
ST GEORGE, UT 84770VULCAN MATERIALS CO. AND ITS SUBSIDIARY COMPANIES
2526 EAST UNIVERSITY DRIVE
PHOENIX, AZ 85034GINS BROKERAGE INC
592 N MILL ST
PLYMOUTH, MI 48170

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 48 02 99**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE**Name of Person(s) or Organization(s):**HANSON AGGREGATE AZ, INC
PO BOX 1630
CLARKDALE, AZ 86324M.R. TANNER MINING, INC.
M.R. TANNER MINING E&L LLC
QUEEN CREEK PIT LLC
RANKING PIT LLC
1327 W SAN PEDRO STREET
GILBERT, AZ 85233

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

POLICY NUMBER:OPS0062348

COMMERCIAL AUTO
CA 21 39 07 09**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ARIZONA UNINSURED MOTORISTS COVERAGE**

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:**Endorsement Effective Date:****SCHEDULE**

Limit Of Insurance:	\$	30,000	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Punitive or exemplary damages.
2. Any claim settled without our consent.
3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", insureds' premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one accident is the Limit of Insurance for Uninsured Motorists Coverage shown in the Schedule of Declarations.
2. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage form and any Liability Coverage Form, Medical Payments Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

We will not make a duplicate payment under this Coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible, including all sums paid under the policy's Liability Coverage.

We will not pay for any element of "loss" for which an "insured" is entitled to receive payment under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The conditions are changed for Uninsured Motorists Coverage as follows:

1. **Other Insurance** in The Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are changed by addition of the following:
 - a. The reference to "other collective insurance" applies only to other collective uninsured motorists insurance.
 - b. Any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form shall be excess over any other collective uninsured motorists insurance providing coverage on a primary basis.
2. **Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - b. Promptly send us copies of the legal papers if a "suit" is brought.
3. **Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

"If we make any payment under this coverage, and the "insured" or someone on behalf of the "insured", has a right to recover damages from the owner or operator of the "uninsured motor vehicle", we shall be subrogated to that right.
4. **Two Or More Coverage Forms Or Policies Issued By Us** Condition is replaced by the following:

"This coverage form and any other coverage form or policy issued to the Named Insured by us or any company affiliated with us apply to the same "accident". Only one coverage form or policy shall be applicable to the "accident". The Named Insured shall select the one coverage form or policy that will apply. This condition does not apply to any coverage form or policy issued by us or any affiliated company which is excess insurance over this coverage form.

5. The following conditions are added:

a. Arbitration

- (1) If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured" then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (2) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

b. Time Limitation

- (1) We will not be liable for uninsured motorists coverage benefits unless the "insured" gives us written notice of the "insured's" intent to pursue an uninsured motorists coverage claim under this coverage form within three years after the date of the "accident" that caused the bodily injury. However, the "insured" may make an uninsured motorists coverage claim within three years after the earliest of the following:
 - (a) The date the "insured" knew that the tortfeasor was uninsured;
 - (b) The date the "insured" knows or should have known that coverage was denied by the tortfeasor's insurer;
 - (c) The date the "insured" knows or should have known of the insolvency of the tortfeasor's insurer.

- (2) If we and the "insured" do not settle a claim for uninsured motorists coverage under this coverage form for which the "insured" has given us timely written notice in accordance with Paragraph (1) above, we will not be liable for uninsured motorists coverage benefits unless within three years after the date the "insured" provides us with such written notice the "insured":
 - (a) Files a lawsuit against us for uninsured motorists coverage benefits under this coverage form; or
 - (b) Requests arbitration pursuant to the provisions of this coverage form.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in on, out of, or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. for which no liability bond or policy at the time of an "accident" provides at least the amount specified in Section 28-4009 of the Arizona Revised Statutes;
 - b. for which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - c. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must either:
 - (1) Hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying" or
 - (2) Cause bodily injury to an "insured" without hitting an "insured", a covered "auto" or a vehicle an "insured" is "occupying", provided the facts of the "accident" can be corroborated by any additional and confirming testimony, fact or evidence that strengthens and adds weight or credibility to the "insured's" representation of the "accident".

However, "uninsured motor vehicle" does not include any vehicle designed for use mainly off public roads while not on public roads.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 21 40 07 09**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ARIZONA UNDERINSURED MOTORISTS COVERAGE**

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Limit Of Insurance:	\$	30,000	Each "Accident"
----------------------------	----	--------	------------------------

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Error! AutoText entry not defined.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle".
2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Punitive or exemplary damages.
2. Any claim settled without our consent.
3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "autos", insureds' premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit of Insurance for Underinsured Motorists Coverage shown in the Schedule or Declarations.

2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage Form, Medical Payments Coverage Endorsement or Uninsured Motorists Coverage Endorsement attached to this Coverage Part.

We will not make a duplicate payment under this Coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible, including all sums paid under the policy's Liability Coverage.

3. We will reduce the "insured's" total damages by any amount available to that "insured" under any bodily injury liability bonds or policies applicable to the "underinsured motor vehicle", that such "insured" did not recover as a result of a settlement between that "insured" and the insurer of an "underinsured motor vehicle". However, any reduction of the "insured's" total damages will not reduce the limit of liability for this coverage.

E. Changes In Conditions

The conditions are changed for Underinsured Motorists Coverage as follows:

1. **Other Insurance** in The Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are changed by addition of the following:

- a. The reference to "other collective insurance" applies only to other collective underinsured motorists insurance.
- b. Any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form shall be excess over any other collective underinsured motorists insurance providing coverage on a primary basis.

2. **Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Promptly send us copies of the legal papers if a "suit" is brought.

3. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to Underinsured Motorists Coverage.

4. **Two Or More Coverage Forms Or Policies Issued By Us** Condition is replaced by the following:

If this coverage form and any other coverage form or policy issued to the Named Insured by us or any company affiliated with us apply to the same "accident", only one coverage form or policy shall be applicable to the "accident". The Named Insured shall select the one coverage form or policy that will apply. This Condition does not apply to any coverage form or policy issued by us or any affiliated company which is excess insurance over this coverage form.

5. The following conditions are added:

a. Arbitration

- (1) If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured," then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (2) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

b. Time Limitation

- (1) We will not be liable for underinsured motorists coverage benefits unless the insured gives us written notice of the insured's intent to pursue an underinsured motorists coverage claim under this coverage form within three years after the date of the "accident" that caused the "bodily injury", and the "insured" has either made a claim with the tortfeasor's insurer or filed an action against the tortfeasor within the time limits prescribed by Section 12-542 of the Arizona Revised Statutes, or within the corresponding limitation period provided under the law of the location where the "accident" occurred. However, the "insured" may make an underinsured motorists coverage claim within three years after the date the "insured" knows or should have known that the tortfeasor has insufficient liability insurance to cover the "insured's" injuries.

- (2) If we and the "insured" do not settle a claim for underinsured motorists coverage under this coverage form for which the "insured" has given us timely written notice in accordance with Paragraph (1) above, we will not be liable for underinsured motorists coverage benefits unless within three years after the date the "insured" provides us with such written notice the "insured":
 - (a) Files a lawsuit against us for underinsured motorists coverage benefits under this coverage form; or
 - (b) Requests arbitration pursuant to the provisions of this coverage form.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in on, out of, or off.
3. "Underinsured motor vehicle" means a land motor vehicle or trailer for which the sum of all bonds or policies applicable at the time of an "accident" does not provide at least the amount an "insured" is legally entitled to recover as damages resulting from "bodily injury" caused by the "accident".

However, "underinsured motor vehicle" does not include any vehicle designed for use mainly off public roads while not on public roads.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 99 28 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
 GARAGE COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM
 TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible	Premium
SEE UTS-234		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
		\$ Limit Of Insurance	\$
		\$ Deductible	
Total Premium			\$

NOTE:

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
SEE UTS-234		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

B. For a covered "auto" described in the Schedule **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

Limit Of Insurance

1. The most we will pay for "loss" in any one accident is the least of the following amounts:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
 - c. The Limit of Insurance shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

C. Deductible

1. For each covered "auto", our obligation to pay:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule.
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule or
 - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

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

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
- B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C.** We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.

Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.

- D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO.

Policy No. OPS0062348

Effective Date: 10-23-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

AMENDED MILEAGE RESTRICTION

IN CONSIDERATION OF THE PREMIUM CHARGED IT IS HEREBY UNDERSTOOD AND AGREED THAT THE MILEAGE RESTRICTION DESCRIBED IN ENDORSEMENT CA-2 DOES NOT APPLY TO VEHICLES 2001 PETERBILT VIN#1XP5DB9X11D562519 AND 2007 REITNOUER FLAT BED TRAILER VIN# 1RNF49A2X7R017890

Public Burden Statement

OMB NO: 2126-0008
Expiration Date: 03/31/2013

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Issued to BLAKE REIDHEAD, INC DBA BDR of 5400 W MASSINGALE TUCSON, AZ
Dated at MURRAY, UT this 25TH day of NOVEMBER, 20 13
Amending Policy No. OPS0062348 Effective Date 10-23-2013
Name of Insurance Company SCOTTSDALE INSURANCE COMPANY

Countersigned by _____
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]," for the limits shown:

☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: _____.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other

endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

Form MCS-90 (page 1 of 2)

SCHEDULE OF LIMITS--PUBLIC LIABILITY

Topic	Description	Page
1. The first step in the process of creating a new product is to identify a market need.	For example, if you are creating a new product, you need to identify a market need.	1
2. The second step in the process is to develop a business plan.	For example, if you are creating a new product, you need to develop a business plan.	2
3. The third step in the process is to create a prototype.	For example, if you are creating a new product, you need to create a prototype.	3
4. The fourth step in the process is to launch the product.	For example, if you are creating a new product, you need to launch the product.	4

Form MCS-90 (page 2 of 2)



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 001

Policy No. OPS0062348

Effective Date: 11-04-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ 1,514.00
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0083 – AZ 2013 TRINITY TRAILER VIN# 1T9SC4021DB656317

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

CA 20 01	03-06	ADDL INSD-LESSOR
UTS-232	03-10	SCHEDULE OF LOSS PAYEE(S)

PREMIUM CHANGE

Additional \$ 1,514.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 11 04 13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ83	A	2013	TRINITY TRAILER	1T9SC4021DB656317

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ83	CAMP VERDE, AZ	129		\$ 66,500

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ83	500 OR INTRASTATE			2	675210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)

Policy No.: OPS0062348 Effective Date: 11 04 13
 12:01 A.M. Standard Time
 Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ83	\$ 59			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ83							59 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ83	\$ 1,000		\$ 582	\$ 1,000	\$ 873		1455 A/P



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 11-04-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 11-04-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
28	BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 11-04-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
24 25	PEOPLE'S UNITED EQUIPMENT; FINANCE CORP 17320 RED HILL AVE, STE 250 IRVINE, CA 92614



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 11-04-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 11-04-1312:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
27	TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PACCAR FINANCIAL CORP Address: PO BOX 2374 DENTON, TX USA 76202	
Designation Or Description Of 'Leased Autos': AZ 35 2007 PETERBILT TRACTOR 357 1NPALUTX97D743991	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP Address: 17320 RED HILL AVE SUITE 250 IRVINE, CA USA 92614	
Designation Or Description Of 'Leased Autos': AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 AZ 25 2006 KENWORTH 1NKDXUTX06R118467	

Coverages	Limit Of Insurance
Liability	1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL Address: 530 E SWEDES FORD RD WAYNE, PA USA 19087	
Designation Or Description Of 'Leased Autos': AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO 1XP5DB9X01N542093	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

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2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): EK LEASING Address: 8200 FTSENMAN RD BOISE, ID USA 83716	
Designation Or Description Of 'Leased Autos': AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

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 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 002

Policy No. OPS0062348

Effective Date: 12-03-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.☐

Commercial Property

☐

Commercial General Liability

☐

Commercial Crime

☐

Commercial Inland Marine

☒

COMMERCIAL AUTO

\$ 2,429.00

☐**CHANGE DESCRIPTION**

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0084 – AZ 2004 KENWORTH 6X4 121 BBC ALUM & FG LONG VIN#
3WKDDU9X54F066467**PREMIUM CHANGE**

Additional \$ 2,429.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 12 03 13

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ84	A	2004	KENWORTH 6X4 121 BBC ALUM & FG LONG	3WKDDU9X54F066467

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ84	CORTARO, AZ	118		\$ 13,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ84	500 OR INTRASTATE		85,000	6	505210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)

Policy No.: OPS0062348 Effective Date: 12 03 13
 12:01 A.M. Standard Time
 Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ84	\$ 2,051			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ84					\$ 11	\$ 9	2071 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ84	\$ 1,000		\$ 143	\$ 1,000	\$ 215		358 A/P



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 003

Policy No. OPS0062348

Effective Date: 01-09-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ 2,169.00
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

WELLS FARGO EQUIPMENT FINANCE, INC
 1540 FOUNTAINHEAD PKWY
 TEMPE AZ 85282

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0085 - AZ 2005 PETERBILT 6X4 119.5 BBC ALUM LONG CO VIN#
 1XP5DB9X55D862246

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

CA 20 01	03-06	ADDL INSD-LESSOR
UTS-232	03-10	SCHEDULE OF LOSS PAYEE(S)

PREMIUM CHANGE

Additional \$ 2,169.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 01 09 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ85	A	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X55D862246

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CAMP VERDE, AZ	129		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)

Policy No.: OPS0062348 Effective Date: 01 09 14
 12:01 A.M. Standard Time
 Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ85	\$ 1,310			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ85					\$ 9	\$ 8	1327 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ85	\$ 1,000		\$ 337	\$ 1,000	\$ 505		842 A/P



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
28	BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173
85	WELLS FARGO EQUIPMENT FINANCE, INC 1540 FOUNTAINHEAD PKWY TEMPE, AZ 85282



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
24 25	PEOPLE'S UNITED EQUIPMENT; FINANCE CORP 17320 RED HILL AVE, STE 250 IRVINE, CA 92614



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
27	TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PACCAR FINANCIAL CORP Address: PO BOX 2374 DENTON, TX USA 76202	
Designation Or Description Of 'Leased Autos': AZ 35 2007 PETERBILT TRACTOR 357 1NPALUTX97D743991	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
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E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
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TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP Address: 17320 RED HILL AVE SUITE 250 IRVINE, CA USA 92614	
Designation Or Description Of 'Leased Autos': AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 AZ 25 2006 KENWORTH 1NKDXUTX06R118467	

Coverages	Limit Of Insurance
Liability	1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

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1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

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1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
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E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL Address: 530 E SWEDES FORD RD WAYNE, PA USA 19087	
Designation Or Description Of 'Leased Autos': AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO 1XP5DB9X01N542093	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): EK LEASING Address: 8200 FTSENMAN RD BOISE, ID USA 83716	
Designation Or Description Of 'Leased Autos': AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): WELLS FARGO EQUIPMENT FINANCE, INC Address: 1540 FOUNTAINHEAD PKWY TEMPE, AZ USA 85282	
Designation Or Description Of 'Leased Autos': AZ 85 2005 PETERBILT 6X4 119.5 BBC ALUM LONG CO 1XP5DB9X55D862246	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 004

Policy No. OPS0062348

Effective Date: 01-09-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ -2,169.00
☐		

CHANGE DESCRIPTION

ENDORSEMENT # 3, EFFECTIVE 1/9/2014, IS HEREBY DECLARED NULL AND VOID.

PREMIUM CHANGE

Additional \$

Return \$ -2,169.00

 AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 01 09 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ85	D	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X55D862246

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CAMP VERDE, AZ	129		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)
Policy No.: OPS0062348Effective Date: 01 09 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ85	\$ -1,310			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ85					\$ -9	\$ -8	-1327 R/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ85	\$ 1,000		\$ -337	\$ 1,000	\$ -505		-842 R/P



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 005

Policy No. OPS0062348

Effective Date: 01-09-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ 2,675.00
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:

WELLS FARGO EQUIPMENT FINANCE, INC
 1540 FOUNTAINHEAD PKWY
 TEMPE AZ 85282

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0085 - AZ 2005 PETERBILT 6X4 127 BBC EXTENDED HOOD VIN#
 1XP5DB9X55D862246

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

CA 20 01	03-06	ADDL INSD-LESSOR
UTS-232	03-10	SCHEDULE OF LOSS PAYEE(S)

PREMIUM CHANGE

Additional \$ 2,675.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 01 09 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ85	A	2005	PETERBILT 6X4 127 BBC EXTENDED HOOD	1XP5DB9X55D862246

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CORTARO, AZ	118		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)

Policy No.: OPS0062348 Effective Date: 01 09 14
 12:01 A.M. Standard Time
 Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ85	\$ 1,816			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ85					\$ 9	\$ 8	1833 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ85	\$ 1,000		\$ 337	\$ 1,000	\$ 505		842 A/P



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address
	Except for towing, all covered 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."
28	BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173
85	WELLS FARGO EQUIPMENT FINANCE, INC 1540 FOUNTAINHEAD PKWY TEMPE, AZ 85282



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
24 25	PEOPLE'S UNITED EQUIPMENT; FINANCE CORP 17320 RED HILL AVE, STE 250 IRVINE, CA 92614



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOSS PAYEE(S)Policy No. OPS0062348Effective Date 01-09-1412:01 A.M. Standard TimeNamed Insured BLAKE REIDHEAD, INC.Agent No. 43006

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered 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."
27	TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PACCAR FINANCIAL CORP Address: PO BOX 2374 DENTON, TX USA 76202	
Designation Or Description Of 'Leased Autos': AZ 35 2007 PETERBILT TRACTOR 357 1NPALUTX97D743991	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
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As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
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With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
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SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP Address: 17320 RED HILL AVE SUITE 250 IRVINE, CA USA 92614	
Designation Or Description Of 'Leased Autos':	AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 AZ 25 2006 KENWORTH 1NKDXUTX06R118467

Coverages	Limit Of Insurance
Liability	1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
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A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
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 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

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1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
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1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
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As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL Address: 530 E SWEDES FORD RD WAYNE, PA USA 19087	
Designation Or Description Of 'Leased Autos': AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO 1XP5DB9X01N542093	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): EK LEASING Address: 8200 FTSENMAN RD BOISE, ID USA 83716	
Designation Or Description Of 'Leased Autos': AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 01 03 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LESSOR – ADDITIONAL INSURED AND LOSS PAYEE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY	
Policy Number: OPS0062348	Effective Date: 10-23-2013
Expiration Date: 10-23-2014	
Named Insured: BLAKE REIDHEAD, INC.	
Address: P.O. BOX 1649 CORTARO AZ 85652-	
Additional Insured (Lessor): WELLS FARGO EQUIPMENT FINANCE, INC Address: 1540 FOUNTAINHEAD PKWY TEMPE, AZ USA 85282	
Designation Or Description Of 'Leased Autos': AZ 85 2005 PETERBILT 6X4 127 BBC EXTENDED HOOD 1XP5DB9X55D862246	

Coverages	Limit Of Insurance
Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, **Who Is An Insured** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the loss results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 006

Policy No. OPS0062348

Effective Date: 01-01-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ -1,265.00
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0083 - AZ 2013 TRINITY TRAILER VIN# 1T9SC4021DB656317

PREMIUM CHANGE

Additional \$

Return \$

-1,265.00

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 01 01 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ83	D	2013	TRINITY TRAILER	1T9SC4021DB656317

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ83	CAMP VERDE, AZ	129		\$ 66,500

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ83	500 OR INTRASTATE			2	675210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)
Policy No.: OPS0062348Effective Date: 01 01 1412:01 A.M. Standard TimeNamed Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ83	\$ -49			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ83							-49 R/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ83	\$ 1,000		\$ -486	\$ 1,000	\$ -730		-1216 R/P



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 007

Policy No. OPS0062348

Effective Date: 04-28-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☐	Commercial Inland Marine	
☒	COMMERCIAL AUTO	\$ 1,575.00
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

ISSUING AGENCY/PRODUCER OFFICE IS CHANGED TO READ:

5373 S GREEN ST STE 525
MURRAY, UT 84123-4743

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0086 – AZ 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO VIN#
1XP5DB9X81D562520**PREMIUM CHANGE**

Additional \$ 1,575.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 04 28 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ86	A	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X81D562520

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ86	CORTARO, AZ	118		\$ 30,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ86	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)
Policy No.: OPS0062348Effective Date: 04 28 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ86	\$ 1,127			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ86					\$ 6	\$ 5	1138 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ86	\$ 1,000		\$ 175	\$ 1,000	\$ 262		437 A/P



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 008

Policy No. OPS0062348

Effective Date: 05-08-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property	
☐	Commercial General Liability	
☐	Commercial Crime	
☒	Commercial Inland Marine	\$ -500.00
☐		
☐		

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

DELETE CARGO COVERAGE 2001 PETERBILT #2519

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

IMS-72 04-12 SCHEDULED AUTO LIMITATION

PREMIUM CHANGE

Additional \$

Return \$

-500.00

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. 008

Attached to and forming a part of

Endorsement Effective Date 05-08-14

Policy No. OPS0062348

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED AUTO LIMITATION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORMThe following is added to Section **C. Limits of Insurance**:

1. We only cover loss to Covered Property on or in an "auto" if the "auto" is described in the Auto Schedule shown below. The most we will pay for loss to Covered Property on or in a scheduled "auto" is the limit indicated in the schedule for the "auto" that is involved in the loss.
2. The same Limit of Insurance for Covered Property for a designated "auto" will also apply to any "auto" you do not own while used as a temporary substitute for any "auto" shown in the Auto Schedule below that is out of service due to:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

AUTO SCHEDULE

Auto No.	Auto Description	Limit
7	2001 PETERBILT VIN#1XP5DB9X41N542095	\$ 100,000
8	2001 PETERBILT VIN#1XP5DB9X01N542093	\$ 100,000
10	2001 PETERBILT VIN#1XP5DB9X21D542098	\$ 100,000
13	2002 PETERBILT VIN#1XP5DB9X92D578064	\$ 100,000
		\$
		\$

☐ If this box is checked, see Schedule of Additional Scheduled Autos for Scheduled Auto Limitation.

 AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

CHANGE ENDORSEMENT NO. 009

Policy No. OPS0062348

Effective Date: 07-08-14

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC.

Agent No. 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

☐	Commercial Property		
☐	Commercial General Liability		
☐	Commercial Crime		
☐	Commercial Inland Marine		
☒	COMMERCIAL AUTO	\$	121.00
☐			

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE EXPOSURE FOR WAIVER OF SUBROGATION HAS BEEN CHANGED FROM 1 TO 2.

THE PREMIUM FOR WAIVER OF SUBROGATION HAS BEEN CHANGED FROM \$75 TO \$150.

THE FOLLOWING VEHICLE HAS BEEN DELETED:

0061 – AZ 2001 MATE VIN# 1M9A395261H036687

THE FOLLOWING VEHICLE HAS BEEN ADDED:

0087 – AZ 2002 ALUMITECH VIN# 1EPEB39242L185855

THE FOLLOWING FORM(S) HAS BEEN AMENDED:

CA 04 44	03-10	WVR OF TRNSFR OF RGHTS OF RCVRY AGNST
CA 20 48	02-99	DESIGNATED INSURED

PREMIUM CHANGE

Additional \$ 121.00

Return \$

AUTHORIZED AGENT



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF AUTO CHANGES

Policy No.: OPS0062348

Effective Date: 07 08 14

12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC.

Agent No.: 43006

Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ61	D	2001	MATE	1M9A395261H036687
AZ87	A	2002	ALUMITECH	1EPEB39242L185855

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ61	CAMP VERDE, AZ	129		\$ 15,000
AZ87	CAMP VERDE, AZ	129		\$ 20,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
AZ61	500 OR INTRASTATE			6	675210
AZ87	500 OR INTRASTATE			6	675210

SCOTTSDALE INSURANCE COMPANY®
SCHEDULE OF AUTO CHANGES (continued)
Policy No.: OPS0062348Effective Date: 07 08 1412:01 A.M. Standard TimeNamed Insured: BLAKE REIDHEAD, INC.Agent No.: 43006

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ61	\$ -18			
AZ87	\$ 18			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
AZ61							-18 R/P
AZ87							18 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
AZ61	\$ 1,000		\$ -54	\$ 1,000	\$ -82		-136 R/P
AZ87	\$ 1,000		\$ 73	\$ 1,000	\$ 109		182 A/P

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 04 44 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:**Endorsement Effective Date:****SCHEDULE****Name(s) Of Person(s) Or Organization(s):**M.R. TANNER MINING, INC.,
M.R. TANNER MINING E&L, L.L.C.,
QUEEN CREEK PIT, LLC, AND RANKIN PIT, LLC

VULCAN MATERIALS CO.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 48 02 99**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE**Name of Person(s) or Organization(s):**CEMEX, INC. AND SHIPPER, AFFILIATES, SUBSIDIARIES
PO BOX 1128
GLENVIEW, IL 60025WESTERN ROCK PRODUCTS
851 N RED ROCK ROAD
ST GEORGE, UT 84770VULCAN MATERIALS CO. AND ITS SUBSIDIARY COMPANIES
2526 EAST UNIVERSITY DRIVE
PHOENIX, AZ 85034GINS BROKERAGE INC
592 N MILL ST
PLYMOUTH, MI 48170

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO
CA 20 48 02 99**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE**Name of Person(s) or Organization(s):**HANSON AGGREGATE AZ, INC
PO BOX 1630
CLARKDALE, AZ 86324M.R. TANNER MINING, INC.
M.R. TANNER MINING E&L LLC
QUEEN CREEK PIT LLC
RANKING PIT LLC
1327 W SAN PEDRO STREET
GILBERT, AZ 85233

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.