



**Allied
Insurance**

a Nationwide® company
On Your Side®

ALLIED COM-PAK SUMMARY

PRINTED 04/05/2012

1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

Number: **ACP 7105584487** Effective from **03/29/2012** to **03/29/2013**

Named Insured: **ENVIRONMENTAL RECLAIM, LLC**

Mailing Address: **3900 SULLIVANT AVE
COLUMBUS, OH 43228-3172**

Agency Name: **HUNTINGTON INSURANCE INC** **34 27339-001** **74**

Agency Address: **WESTERVILLE OH 43082-7229** **(614)899-8500**
Producer: **HUNTINGTON INSURANCE INC**

Division	Program	Total Premium
A	BUSINESS AUTO (ALLIED P & C)	\$8,084.00

Not a bill. Your bill is sent separately.

AI

Estimated Total Premium: \$ **8,084.00**

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

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INSURED COPY

ACP 7105584487

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BUSINESS AUTO DECLARATIONS

27339

ALLIED PROPERTY AND CASUALTY INS CO
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

Number: **ACP BAPC 7105584487**

Effective from **03/29/2012** to **03/29/2013** 12:01 A.M. Standard time at the mailing address below

Named Insured: **ENVIRONMENTAL RECLAIM, LLC**

Mailing Address: **3900 SULLIVANT AVE
COLUMBUS, OH 43228-3172**

Agency Name: **HUNTINGTON INSURANCE INC**
Agency Address: **WESTERVILLE OH 43082-7229**

34 27339-001 081 74
(614)899-8500

Insured is a(n): **LIMITED LIABILITY CO** Operating as a(n): **RECYCLING FOR ELECTRONICS**

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.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO'S section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000	\$ 6,137.00
PERSONAL INJURY PROTECTION		See Schedule or Coverage Endorsement	\$ No Coverage
MEDICAL PAYMENTS/EXPENSE	7	See Schedule or Coverage Endorsement	\$ 208.00
		\$	\$
UNINSURED MOTORIST BODILY INJURY	7	See Schedule or Coverage Endorsement	\$ 28.00
UNDERINSURED MOTORISTS	7	See Schedule or Coverage Endorsement	\$ 226.00
			\$
PHYSICAL DAMAGE - COMPREHENSIVE COVERAGE	7	See Item Three or Item Four for the Deductible Applicable for Each Covered Auto	\$ 222.00
PHYSICAL DAMAGE - SPECIFIED CAUSES OF LOSS COVERAGE			\$ No Coverage
PHYSICAL DAMAGE - COLLISION COVERAGE	7		\$ 878.00
TOWING AND LABOR		\$50 for each disablement of a private passenger auto	\$
CARGO LIABILITY		SEE VEHICLE SCHEDULE	\$
MISCELLANEOUS PREMIUM			\$ 385.00

Estimated Basic Premium:	\$ 8,084.00
Estimated Surcharge(s):	\$
Estimated Tax(es):	\$
Estimated Total Premium:	\$ 8,084.00

Countersigned By _____
Authorized Representative

DECLARATIONS-Continued ITEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN Policy No.: ACP BAPC 7105584487

AUTO NO. 1	VEHICLE DESCRIPTION 1995 MACK MS52		OCN/ SYMBOL	40,000	AGE	6	STATED AMOUNT
	VIN NUMBER VG6M116A9SB102565		GVW/GCW	H	RADIUS	L	USE C
PRINCIPAL GARAGING COLUMBUS, OH 43228-3172			TERRITORY 0003	LOSS PAYEE			
			CLASS CODE 3319900				
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
	LIABILITY	P.I.P.	MED PAY	UM BI	UIM BI		
LIMIT/DED	1,000,000	See P.I.P. Endorsement	5,000	1,000,000	1,000,000		
PREMIUM	2,333.00		104.00	14.00	113.00		
	COMPREHENSIVE	COLLISION					
LIMIT/DED	500 Deductible	500 Deductible				Days	TOTAL PREMIUM
PREMIUM	87.00	221.00					2,872.00

AUTO NO. 2	VEHICLE DESCRIPTION 1987 FREIGHTLINER TRUCK-TRACTOR		OCN/ SYMBOL	80,000	AGE	6	STATED AMOUNT
	VIN NUMBER 1FUYZCYB8HH403424		GVW/GCW	EHTT	RADIUS	L	USE
PRINCIPAL GARAGING COLUMBUS, OH 43228-3172			TERRITORY 0003	LOSS PAYEE			
			CLASS CODE 5019900				
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
	LIABILITY	P.I.P.	MED PAY	UM BI	UIM BI		
LIMIT/DED	1,000,000	See P.I.P. Endorsement	5,000	1,000,000	1,000,000		
PREMIUM	3,804.00		104.00	14.00	113.00		
	COMPREHENSIVE	COLLISION					
LIMIT/DED	500 Deductible	500 Deductible				Days	TOTAL PREMIUM
PREMIUM	135.00	657.00					4,827.00

AUTO NO.	VEHICLE DESCRIPTION		OCN/ SYMBOL		AGE		STATED AMOUNT
	VIN NUMBER		GVW/GCW		RADIUS		USE
PRINCIPAL GARAGING			TERRITORY	LOSS PAYEE			
			CLASS CODE				
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
		P.I.P.					
LIMIT/DED		See P.I.P. Endorsement					
PREMIUM							
LIMIT/DED	Deductible	Deductible				Days	TOTAL PREMIUM
PREMIUM							

AUTO NO.	VEHICLE DESCRIPTION		OCN/ SYMBOL		AGE		STATED AMOUNT
	VIN NUMBER		GVW/GCW		RADIUS		USE
PRINCIPAL GARAGING			TERRITORY	LOSS PAYEE			
			CLASS CODE				
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
		P.I.P.					
LIMIT/DED		See P.I.P. Endorsement					
PREMIUM							
LIMIT/DED	Deductible	Deductible				Days	TOTAL PREMIUM
PREMIUM							

Absence of a deductible or limit entry in any column means that the limit or deductible, if any, in the corresponding ITEM TWO column applies instead.