



# DECLARATIONS – GARAGE POLICY

CENTRAL MUTUAL INSURANCE COMPANY

## ITEM ONE

**POLICY NUMBER:** GP 8875491

**RENEWAL OF POLICY** 8875491

**NAMED INSURED AND MAILING ADDRESS**

MAGNUM AUTO GROUP LLC  
3720 LACON RD  
HILLIARD OH

43026-1258

**AGENT** HG01

(614)899-8500

HUNTINGTON INSURANCE INC  
400 POLARIS PKWY  
WESTERVILLE OH 43082-7986

[www.huntington.com/insurance](http://www.huntington.com/insurance)

**POLICY PERIOD:** FROM 08/12/2011 TO 08/12/2012  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** USED CAR DEALERSHIP  
**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**PREMIUM SHOWN IS PAYABLE AT INCEPTION:** \$4,271.00

**AUDIT PERIOD (IF APPLICABLE):** ANNUAL

**ENDORSEMENTS ATTACHED TO THIS POLICY:**

CA0005 03 06	CA0145 03 06	CA2133 06 10	CA2394 03 06	CA2505 03 06
CA2536 03 06	CA2539 03 06	CA9903 03 06	CA176 01 87	IL0017 11 98
IL0021 09 08	IL0244 09 07	PA0209 09 02	3-2637 03 06	3-2751 03 06
3-2752 03 06	3-2819 03 09	3-2894 01 11	20-1768 08 91	20-1769 08 91
20-1900 09 92				



\*504010338875491105\*

## GARAGE POLICY DECLARATIONS, CONTINUED

NAMED INSURED  
MAGNUM AUTO GROUP LLC

POLICY NUMBER  
GP 8875491

### ITEM TWO--SCHEDULE OF COVERAGES AND COVERED AUTOS

THIS POLICY PROVIDES ONLY THOSE COVERAGES WHERE A CHARGE IS SHOWN IN THE PREMIUM COLUMN ON PAGE 2. 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 SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS"

COVERED AUTOS	COVERAGES	LIMIT	PREMIUM
21	LIABILITY		\$2,462.00
	EACH ACCIDENT "GARAGE OPERATIONS"		
	"AUTO" ONLY	\$1,000,000	
	OTHER THAN "AUTO" ONLY	\$1,000,000	
	AGGREGATE "GARAGE OPERATIONS"		
	OTHER THAN "AUTO" ONLY	\$1,000,000	
22	MEDICAL PAYMENTS	\$5,000	\$94.00
	"AUTO" AND GARAGE OPERATIONS EACH PERSON		
22	UNINSURED MOTORISTS	\$1,000,000	\$145.00
22	UNDERINSURED MOTORISTS	\$1,000,000	\$405.00
	PHYSICAL DAMAGE		
31	COMPREHENSIVE	** SEE BELOW	\$732.00
31	COLLISION	*** SEE BELOW	\$422.00
	PREMIUM FOR CERTIFIED ACTS OF TERRORISM UNDER THE TERRORISM RISK INSURANCE ACT		\$11.00
	ESTIMATED TOTAL POLICY PREMIUM		\$4,271.00

THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

PHYSICAL DAMAGE COMPREHENSIVE COVERAGE  
 \*\*ACTUAL CASH VALUE OR COST TO REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE SHOWN IN ITEM THREE FOR EACH COVERED AUTO.  
 HOWEVER, NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.

PHYSICAL DAMAGE COLLISION COVERAGE  
 \*\*\*ACTUAL CASH VALUE OR COST TO REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE SHOWN IN ITEM THREE FOR EACH COVERED AUTO.

## GARAGE POLICY DECLARATIONS, CONTINUED

NAMED INSURED  
MAGNUM AUTO GROUP LLC

POLICY NUMBER  
GP 8875491

ITEM THREE - SCHEDULE OF LOCATIONS AND COVERAGES

LOCATION	ADDRESS	PREMIUM
001	3720 LACON RD HILLIARD OH 43026	T-703

LIABILITY COVERAGE:

CLASSES OF OPERATORS	RATING FACTORS	NUMBER OF PERSONS	RATING UNITS
CLASS I-EMPLOYEES REGULAR OPERATORS	1.000	1.00	1.00
CLASS I-EMPLOYEES ALL OTHERS	.400	1.00	.40
CLASS II-NON-EMPLOYEES UNDER AGE 25	.000	.00	.00
CLASS II-NON-EMPLOYEES AGE 25 AND OVER	.000	.00	.00
TOTAL RATING UNITS			1.40

LIABILITY PREMIUM \$2,462.00

PROPERTY DAMAGE DEDUCTIBLE PER ACCIDENT : \$0

MEDICAL PAYMENTS PREMIUM \$94.00

PHYSICAL DAMAGE COVERAGE:  
COVERAGES LIMIT OF INSURANCE AND DEDUCTIBLE  
COMPREHENSIVE \$200,000 \$732.00  
\$1,000 DEDUCTIBLE PER AUTO FOR ALL PERILS  
\$3,000 MAXIMUM PER LOSS

STATE	NUMBER OF DEALER PLATES	
OH - UNINSURED MOTORIST	5	\$145.00
OH - UNDERINSURED MOTORIST	5	\$405.00

COLLISION LIMIT OF INSURANCE AND DEDUCTIBLE  
(ALL LOCATIONS) \$200,000  
\$1,000 DEDUCTIBLE PER AUTO

BLANKET ANNUAL COLLISION RATES			ADJUSTMENT	
FIRST	\$50,000 TO	OVER	FACTOR	
\$50,000	\$100,000	\$100,000		
.594	.236	.113	.800	\$422.00



\*504011338875491105\*

**GARAGE POLICY DECLARATIONS, CONTINUED**

**NAMED INSURED**  
MAGNUM AUTO GROUP LLC

**POLICY NUMBER**  
GP 8875491

**ITEM FOUR - LIABILITY COVERAGE DEFINITIONS**

**DEFINITIONS**

**CLASS I - EMPLOYEES**

REGULAR OPERATOR - PROPRIETORS, PARTNERS, AND OFFICERS ACTIVE IN THE "GARAGE OPERATIONS", SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS, ANY "EMPLOYEE" WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED "AUTOS" OR WHO IS FURNISHED A COVERED "AUTO".

ALL OTHERS - ALL OTHER "EMPLOYEES".

**NOTE:**

- 1) PART-TIME "EMPLOYEES" WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH.
- 2) PART-TIME "EMPLOYEES" WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT EACH.

**CLASS II - NON-EMPLOYEES**

ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED "AUTO": INACTIVE PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.

**ITEM FIVE - LIABILITY COVERAGE FOR YOUR CUSTOMERS**

PARAGRAPH A.(2)(d) OF WHO IS AN INSURED UNDER SECTION II - LIABILITY COVERAGE DOES NOT APPLY.

**ITEM SIX - GARAGEKEEPERS COVERAGE**

GARAGEKEEPERS COVERAGE DOES NOT APPLY.

**GARAGE POLICY DECLARATIONS, CONTINUED**

**NAMED INSURED**  
MAGNUM AUTO GROUP LLC

**POLICY NUMBER**  
GP 8875491

---

ITEM SEVEN - PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - REPORTING OR NON-REPORTING BASIS

EACH OF THE FOLLOWING PHYSICAL DAMAGE COVERAGES THAT IS INDICATED IN ITEM TWO APPLIES ONLY TO THE TYPES OF "AUTOS" AND INTERESTS INDICATED BELOW:

COMPREHENSIVE COVERAGE:

TYPES OF AUTOS: USED AUTOS, DEMONSTRATORS AND SERVICE VEHICLES

COLLISION COVERAGE:

TYPES OF AUTOS: USED AUTOS, DEMONSTRATORS AND SERVICE VEHICLES

OUR LIMIT OF INSURANCE FOR "LOSS" AT LOCATIONS OTHER THAN THOSE STATED IN ITEM THREE.

\$100,000 - ADDITIONAL LOCATIONS WHERE YOU STORE COVERED "AUTOS"  
\$ 50,000 - IN TRANSIT

PREMIUM BASIS - YOUR REPORTING BASIS IS:

NONREPORTING BASIS - STATED LIMIT OF INSURANCE SHOWN IN ITEM THREE APPLIES

COUNTERSIGNED BY \_\_\_\_\_

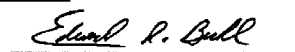
DATE 06/30/2011

10

PRESIDENT



SECRETARY



THESE DECLARATIONS REPLACE ALL PRIOR DECLARATIONS IF ANY,  
AND WITH POLICY PROVISIONS AND ENDORSEMENTS, COMPLETE THIS POLICY.