

BUSINESS AUTO  
COVERAGE PART DECLARATIONS  
Issue Date: 10-28-13 EX

ITEM ONE: Policy Number: BA-189C1415-13-SEL

INSURING COMPANY:  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Declarations Period: From: 12-06-13 to 12-06-14 12:01 A.M. Standard  
Time at your mailing address shown in the Common Policy Declarations.

The Commercial Automobile Coverage Part consists of these  
Declarations and the Business Auto Coverage Form shown below.

FORM OF BUSINESS: CORPORATION

ITEM TWO:  
A. COVERAGE AND LIMITS OF INSURANCE:

Coverage applies only to those Autos shown as Covered Autos by entry  
of one or more Symbols from SECTION 1 - Covered Auto of the  
BUSINESS AUTO COVERAGE FORM

COVERAGE	COVERED AUTO SYMBOL	LIMITS OF INSURANCE
		The most we will pay for any one accident or loss.
LIABILITY	8 9	\$ 1,000,000
PHYSICAL DAMAGE Comprehensive Coverage	8	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN for each covered Auto, but no deductible applies to loss caused by fire or lightning. SEE ITEM FOUR FOR HIRED OR BORROWED "AUTOS".

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COVERAGE	COVERED AUTO SYMBOL	LIMITS OF INSURANCE
PHYSICAL DAMAGE Collision Coverage	8	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN for each covered auto. SEE ITEM FOUR FOR HIRED OR BORROWED "AUTOS".

B. AUDIT PERIOD: NOT AUDITABLE

C. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS:  
 Symbols 1-9, 19: SEE BUSINESS AUTO COVERAGE FORM Section 1  
 Covered Autos

D. LOSS PAYEE: Any loss under Physical Damage Coverages is payable as  
 interest may appear to you and the Loss Payee named in the Declarations  
 (see Loss Payable Clause on reverse side)