

GOSS INSURANCE AGENCY INC
 4706 HIXSON PIKE #104
 HIXSON, TN
 37343

Grange Indemnity Insurance Co.
 671 S. High St.
 Columbus, Ohio 43206

DBS

(423) 875-0949
 Agent No. 41-090-06
 anne@gossinsurance.com
 www.gossinsurance.com

Named Insured and Address

Policy Type: **Commercial AutoAccel**

Reason Issued: *Renewal*
 Policy Number: XA 2012861-01
 Issue Date: 01/04/14

BRANDON TANKERSLEY
 318 FARMWAY DR SE
 CLEVELAND TN 37323

From: 02/08/14 To: 02/08/15 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the application, common policy conditions, forms and endorsements, if any, complete the above numbered policy. 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.

Commercial Auto Coverage Part/Business Auto Coverage Form Declarations
Named Insured's Legal Entity is: <i>INDIVIDUAL</i>

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 Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
Liability Coverage Combined Single Limits	07	\$500,000 Per Accident	\$ 6,285.00
Maximum PIP Benefits			
Maximum Added PIP Benefits Medical Payments			
Uninsured Motorists Combined Single Limits Property Damage	07	\$100,000 Per Accident Included, \$200 Ded applies	243.00
Underinsured Motorists Combined Single Limits	07	\$100,000 Per Accident	Incl
Physical Damage Insurance Comprehensive	07	Actual cash value or cost of repair, or the amount stated in the Declarations, whichever is less, minus deductible shown. See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning.	678.00
Collision	07	See Item 3 for deductible for each covered auto.	1,545.00
Rental Reimbursement On-Hook Towing Acts of Terrorism Municipal Taxes Other State Specific Charge Fees Fees		State/Federal Filing Financial Responsibility	18.00

Premium for Endorsements

THIS IS NOT A BILL. Any outstanding balance due will be billed at a later date.

Your Estimated Total Policy Premium Is **\$ 8,769.00**

Premium does not include service charges.

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Zip Code	Year	Description	Vehicle Identification Number	Non-Truck Use	Class	Stated Amount	Change Date
010	TN	040	37323	04	INTL DELIVERY VAN	1HTMMAAL14H662829		124080	30000	02/08/14
011	TN	040	37323	01	STRG DELIVERY VAN	2FZAAHBW71AJ30979		124080	25000	02/08/14
012	TN	040	37323	02	INTL DELIVERY VAN	1HTMMAAL12H540971		124080	15000	02/08/14

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMP D	UIM	PIP	API P	RENTAL
010	2095			63	18	Incl			
011	2095			63	18	Incl			
012	2095			63	18	Incl			

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	On-Hook Ded.	On-Hook Prem.	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	Spec. Perils Ded.	Spec. Perils Prem.	Other	Total Prem.
010			1000	278	1000	584				3038
011			1000	238	1000	544				2958
012			1000	162	1000	417				2755

Item 7 - Driver Information

Driver	Name	Sex	Marital Status	Date of Birth	Status
01	BRANDON TANKERSLEY	Male	Single	10/03/85	
02	DANIEL BRAMBLETT	Female	Married	09/26/86	
03	BRANDON RAINES	Male	Single	11/17/86	

*EXC=Excluded **FR=Financial Responsibility

Named Insured: BRANDON TANKERSLEY
Policy No. XA 2012861 *Commercial AutoAccel*

Endorsement

CA 01 46	(07/01)	Tennessee Changes
CA 75	(03/12)	Policy Changes - Who Is An Insured
CA 50	(05/07)	Asbestos, Silica, Mixed Dust Excl
IL 00 21	(07/02)	Nuclear Energy Liability Exclusion
XA 01	(08/06)	Commercial Auto Coverage Form
XA 15	(05/11)	Common Policy Conditions-Tennessee
XA 16	(03/08)	Amendment of Policy Provisions
CA 21 20	(03/06)	TN Uninsured Motorists Coverage
CA 99 17	(03/06)	Individual Named Insured

* Indicates Added Form

Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43216-1218

Dear Policyholder:

Thank you for choosing Grange Insurance Companies for your commercial insurance needs. We understand that you have many insurance options available and we value and appreciate your insurance decision. Studies have shown a relation between a consumer's driving record, loss history, and financial history and his/her future insurance loss potential. In the interest of providing our customers with quality insurance products at a fair and equitable price, we use a variety of consumer reports to assist in the development of the appropriate insurance premium for each risk we insure. These consumer reports include Motor Vehicle Reports. Based on the information obtained from your consumer reports, your premium has increased or the rate assigned to your policy - while it is the best rate available to you - is not the lowest possible rate.

You have the right to dispute the accuracy or completeness of any information provided in the Motor Vehicle consumer report(s) we obtained. You have the right to obtain a free copy of the Motor Vehicle Consumer report(s) we used from Explore within sixty (60) days. Explore did not make any decision regarding your rates; therefore, they are unable to answer any questions regarding your insurance rate.

To receive a free copy of your consumer report(s), please contact Explore at the number, address, or email below:

Explore Consumer Service
P.O. Box 281300
Lakewood, CO 80228
1-888-888-0236
www.exploredata.com

Monday - Friday 8:00 a.m. - 7:00 p.m. Central Time

How can you get more information?

For 90 days after we send this notice, you may obtain in writing the specific information supporting our reasons for the action we have taken, if the information is not stated above or protected from disclosure by law. You may also:

- Learn about and access recorded information about you;
- Request correction of the information and reconsideration of any underwriting decision based on incorrect information;
- File a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information;
- Learn the identity of others to whom we may have disclosed this information in the previous 2 years.

To do so, send a written request to:

Grange Insurance Companies
Attn: Commercial Lines Business Unit
P.O. Box 1218
Columbus, Ohio 43216-1218

Please describe the kind of information you want to review. Please include the following information in your request:

- Your full name
- Address
- Policy number (if applicable)
- Date of birth
- Social security number
- Driver's license number