



COMMERCIAL LINES COMMON POLICY DECLARATIONS

INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED BY AN "X":

Stock
Company

- PENN-AMERICA INSURANCE COMPANY
 - PENN-STAR INSURANCE COMPANY
 - PENN-PATRIOT INSURANCE COMPANY
- Bala Cynwyd, Pennsylvania 19004

State Control Number
970015

GOSS INSURANCE AGENCY, INC.
4706 HIXSON PIKE
STE 104
HIXSON, TN 37343

Renewal of Number

POLICY NUMBER: PAC7065642

1. NAMED INSURED: BRANDON TANKERSLEY

DBA: SOUTHEAST MOVING SERVICE

MAILING ADDRESS: 318 FARMWAY DRIVE
CLEVELAND TN 37323

**If property coverage is afforded
by this policy, the POLICY IS A
CO-INSURANCE CONTRACT.**

2. POLICY PERIOD: From 05/13/2014 To 05/13/2015 at 12:01 A.M.
Standard Time at your mailing address shown above.

3. FORM OF BUSINESS: INDIVIDUAL OTHER DESC:

4. BUSINESS DESCRIPTION: TRUCKER

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.

5. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial General Liability Coverage Part	\$	<u>550.00</u>
Commercial Property Coverage Part	\$	<u>NOT COVERED</u>
Commercial Crime Coverage Part	\$	<u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$	<u>NOT COVERED</u>
Professional Liability Coverage Part	\$	<u>NOT COVERED</u>
Liquor Liability Coverage Part	\$	<u>NOT COVERED</u>
Commercial Umbrella Coverage Part	\$	<u>NOT COVERED</u>
Owners Contractors Protective Coverage Part	\$	<u>NOT COVERED</u>
TRIA	\$	<u>NOT COVERED</u>
6. TOTAL PREMIUM PAYABLE AT INCEPTION	\$	<u>550.00</u>
Policy Fee	\$	<u>110.00</u>
Service/Underwriting	\$	<u>NOT COVERED</u>
Surplus Lines Tax	\$	<u>33.00</u>
	\$	<u> </u>
	\$	<u> </u>
Other:	\$	<u> </u>
TOTAL	\$	<u>693.00</u>

THIS INSURANCE CONTRACT IS
WITH AN INSURER NOT LICENSED
TO TRANACT INSURANCE IN THIS
STATE AND IS ISSUED AND
DELIVERED AS A SURPLUS LINE
COVERAGE PURSUANT TO THE
TENNESSEE INSURANCE STATUTES.

7. FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE:*
AS PER FORM COMSCHD(10/00) ATTACHED

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART
DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED
TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Agency Code: 02147
TAPCO-NC.
Burlington, NC

By [Signature]
Authorized Representative

SMCBRID 05/16/14

COMMERCIAL LINES COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:
PAC7065642

NAMED INSURED
BRANDON TANKERSLEY
SOUTHEAST MOVING SERVICE

Form/Endorsement No./Edition Date

Forms Applicable - PAC COVERAGE

NAA105[10-10]	UNITED AMERICA PRIVACY NOTICE
NAA169[12-10]	CLAIMS REPORTING PROCEDURES
IL0003[09-08]	CALCULATION OF PREMIUM
IL0017[11-98]	COMMON POLICY CONDITIONS
S1003[08-91]	MINIMUM EARNED PREMIUM
EAA100[01-12]	IN WITNESS CLAUSE
EAA230[12-09]	SERVICE OF SUIT

Form/Endorsement No./Edition Date

ADDITIONAL FORMS ATTACHED

Forms Applicable - GL COVERAGE

S2000[06-01]	GL SUBDEC
IL0021[09-08]	NUCLEAR ENERGY LIAB EXCL
NAA200[07-13]	GL POLICYHOLDER NOTICE
CG0001[04-13]	CGL COVERAGE FORM
CG0300[01-96]	DEDUCTIBLE LIABILITY INSURANCE
CG2139[10-93]	CONTRACTUAL LIABILITY LIMIT
CG2147[12-07]	EMPLOYMENT RELATED PRAC EXCL
CG2155[09-99]	TOTAL POLLUTION EXCLUSION
CG2167[12-04]	FUNGI OR BACTERIA EXCLUSION
CG2173[01-08]	EXCL OF CERTIFIED ACTS OF TERROR
CG2196[03-05]	SILICA OR SILICA-RELATED DUST EX
EPA1723[03-14]	EXCL - INJURY TO EMPLOYEES/WORKE
S2002[08-02]	COMBINED PROVISIONS END'T
S2005[06-05]	ASSAULT OR BATTERY EXCLUSION
S2113[10-07]	AUTO EXCLUSION

GLOBAL INDEMNITY GROUP, INC.

PRIVACY NOTICE

We at Global Indemnity Group, Inc. which includes Diamond State Insurance Company, Penn-America Insurance Company, Penn-Patriot Insurance Company, Penn-Star Insurance Company, United National Insurance Company, United National Casualty Insurance Company, United National Specialty Insurance Company and our affiliated companies and subsidiaries, are required to protect our customers' nonpublic personal financial information.

We collect your nonpublic personal financial information from the following sources:

- **Information obtained from you, including information from your application, such as name, address, telephone number, social security number, assets and income.**
- **Information about transactions and experiences, such as your premium payment and claims history.**
- **Information from a consumer reporting agency, such as your credit history.**

WE DO NOT DISCLOSE YOUR NONPUBLIC PERSONAL FINANCIAL INFORMATION, EXCEPT AS PERMITTED OR REQUIRED BY LAW. WE RESERVE THE RIGHT, HOWEVER, TO CHANGE THIS POLICY AT ANY TIME. SHOULD THIS POLICY CHANGE WE WILL GIVE AFFECTED CUSTOMERS AN OPPORTUNITY TO DIRECT THAT THEIR NONPUBLIC PERSONAL FINANCIAL INFORMATION NOT BE DISCLOSED.

We maintain electronic, physical and procedural safeguards that comply with Federal regulations to protect your nonpublic personal financial information. We limit access to your nonpublic personal financial information to those employees who need to know that information to perform their job responsibilities.

We disclose nonpublic personal financial information of former customers to affiliated and nonaffiliated third parties as permitted by law.