

Mail To:
Insured

BRANDON TANKERSLEY
SOUTHEAST MOVING SERVICE
318 FARMWAY DR., SE
CLEVELAND TN 37323-9420

Info used for Internal Implementation Purposes only

Form Name = MAILINS

Reference Number TCP 0000542 00

Sequence Number

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 01

POLICY NUMBER TCP 0000542 00	POLICY CHANGES EFFECTIVE 10/04/2014	COMPANY TRANSGUARD INSURANCE CO 30/03
NAMED INSURED BRANDON TANKERSLEY SOUTHEAST MOVING SERVICE		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED		
<p style="text-align: center;">CHANGES</p> Add Vehicle ADDED 2014 GMC TRUCK TO THE POLICY. VIN: 3GTU2VEC7EG482352 ADDITIONAL PREMIUM: \$2,240.00 ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.		

Carol S. Rutledge

Authorized Representative Signature



Policy Number:
TCP 0000542 00
Named Insured:
BRANDON TANKERSLEY
Agent:
J. SMITH LANIER

COMMERCIAL AUTO

1001060

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

Unit #	DESCRIPTION Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED		LOCATION State Territory
		Original Cost New	Stated Amount	
1	2002 INTL TRUCK 1HTMMAAL12H540971	\$46,956		TN 128
2	2004 INTL TRUCK 1HTMMAA114H662829	\$50,271		TN 128
3	2001 STLG TRUCK 2FZAAHBW71AJ30979	\$58,019		TN 128
4	2014 GMC TRUCK 3GTU2VEC7EG482352	\$43,000		TN 128

Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Grp
					Liability	Physical Damage		
1	33599	Intermediate	Commercial	20,001-45,000 GVW				3
2	33599	Intermediate	Commercial	20,001-45,000 GVW				1
3	33699	Long Dist.	Commercial	20,001-45,000 GVW				4
4	03599	Intermediate	Commercial	0-10,000 GVW				1

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	P.P.I. (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
1	\$1,000,000	\$1,840					
2	\$1,000,000	\$1,840					
3	\$1,000,000	\$4,439					
4	\$1,000,000	\$1,567					
		\$9,686					

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	UNINSURED MOTORIST		UNDERINSURED MOTORIST**	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE & INCOME LOSS (VA Only)	
	Limit	Premium	Premium	Limit	Premium	Limit Stated in Each Medical Expense and Income Loss Endorsement for Each Person	Premium
1	\$1,000,000	\$96	INCL	\$1,000	\$26		
2	\$1,000,000	\$96	INCL	\$1,000	\$26		
3	\$1,000,000	\$96	INCL	\$1,000	\$159		
4	\$1,000,000	\$96	INCL	\$1,000	\$26		
		\$384			\$237		

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium
1	\$1,000	\$150		\$1,000	\$377		
2	\$1,000	\$175		\$1,000	\$453		
3	\$1,000	\$210		\$1,000	\$325		
4	\$1,000	\$312		\$1,000	\$943		
		\$847			\$2,098		

** In NY, this is referred to as Supplementary Uninsured/Underinsured Motorists (SUM)

Issued Date: 10/07/2014

INSURED COPY

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Moving & Storage Program
 Phone: 800-252-6725
 Fax: 877-684-5296
 e-mail: billing@TransGuard.com

Account Summary

Name of Customer	Local Insurance Agent
BRANDON TANKERSLEY 318 FARMWAY DR., SE CLEVELAND TN 373239420	J. SMITH LANIER 1610 S. CHURCH ST. MURFREESBORO TN 37130

Customer Number: BRATNU0006	Invoice Date: 10/23/2014
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POLICY INFORMATION			
Package Policy	Policy Number:	TCP0000542-00	
Umbrella Policy	Policy Number:	Not Applicable	
Work Comp Policy	Policy Number:	Not Applicable	
Term of Policy:	Effective Date:	July 2, 2014	
	Expiration Date:	July 2, 2015	
	Cancellation Date:		

PAYMENTS DUE FOR THESE POLICIES

Description of Payment	Premium Due	Taxes or Fees*	Prior Payments	Amount Due	Due on or Before
Deposit/Installment #1	\$ 3,693.00	0.00	(3,693.00)	\$ -	8/2/2014
Installment #2	\$ 1,231.00	10.00	(1,241.00)	\$ -	8/2/2014
Installment #3	\$ 1,231.00	10.00	(1,241.00)	\$ -	9/2/2014
Installment #4	\$ 1,231.00	10.00	(1,241.00)	\$ -	10/2/2014
Installment #5	\$ 1,604.33	10.00	(0.00)	\$ 1,614.33	11/2/2014
Installment #6	\$ 1,604.33	0.00	(0.00)	\$ 1,604.33	12/2/2014
Installment #7	\$ 1,604.33	0.00	(0.00)	\$ 1,604.33	1/2/2015
Installment #8	\$ 1,604.33	0.00	(0.00)	\$ 1,604.33	2/2/2015
Installment #9	\$ 1,604.33	0.00	(0.00)	\$ 1,604.33	3/2/2015
Installment #10	\$ 1,604.35	0.00	(0.00)	\$ 1,604.35	4/2/2015
Installment #11	\$ 0.00	0.00	(0.00)	\$ -	5/2/2015
Installment #12	\$ 0.00	0.00	(0.00)	\$ -	6/2/2015
TOTAL FOR POLICY	\$ 17,012.00	40.00	(7,416.00)	\$ 9,636.00	

* Future installments DO NOT include the \$10.00 billing fee until invoiced.

Make your checks payable to **TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.**
 Show your customer number on the check and send to **File 51138, Los Angeles, CA 90074-1138.** If you have any questions about your payments or if you would like to arrange for payment by automatic debit or credit card, call Billing Customer Service at 800-252-6725.

Once the policy has been issued, you will receive a statement approximately 15 days prior to the due date. Late payment of premiums can result in cancellation of policies, Certificates and governmental filings.