



**CERTIFICATE OF INSURANCE**

08/16/2013  
ISSUE DATE(MM/DD/YYYY)

PRODUCER  
OWNER-OPERATOR SERVICES, INC.  
  
PO BOX 1000  
GRAIN VALLEY MO 64029-1000  
(816)229-5791  
  
CODE SUB-CODE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER <b>A</b>	OOIDA RISK RETENTION GROUP INC
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	COPY
COMPANY LETTER <b>E</b>	

INSURED  
EL CANGRINAJE TRUCKING LLC  
  
95 NUTMEG LN APT 307  
  
EAST HARTFORD CT 06118-1214

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP. DATE(MM/DD/YY)	POLICY LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE	S
					PRODUCTS-COMPS/OPS AGGREGATE	
					PERSONAL & ADVERTISING INJURY	S
					EACH OCCURENCE	S
					FIRE DAMAGE (Any one fire)	S
					MEDICAL EXPENSE (Any one person)	S
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> SPECIFIED AUTO	PL199515221	10/04/2012	10/04/2013	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (per person)	S
					BODILY INJURY (Per accident)	S
					PROPERTY DAMAGE	S
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURENCE	AGGREGATE S S
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<b>STATUTORY</b>	
					S	(EACH ACCIDENT)
					S	(DISEASB-POLICY LIMIT)
					S	(DISEASB-EACH EMPLOYEE)

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS:**  
2005 PETERBILT 1XP5DB9X75N852568 EFF 10/04/2012

<b>CERTIFICATE HOLDER</b>  CT DMV IRP UNIT  60 STATE ST ROOM 307  WETHERSFIELD CT 06161	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL UNDEAVOR TO MAIL 35 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Deborah Winkler</i>
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CERTIFICATE OF INSURANCE The American Hardware Mutual Insurance Company

**COPY**

Issue Date 08/07/08

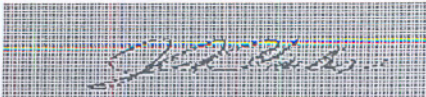
PRODUCER SACCO DAVID M 678 PO BOX 435 MINNEAPOLIS, MN 55440-0435	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED FLANNERY ENTERPRISES LLC DBA BELLTOWN MOTORS 80 E HIGH ST EAST HAMPTON, CT 06424	COMPANIES AFFORDING COVERAGE A. American Hardware Mutual Insurance Company B. AIG/TPA ASSOCIATES C. ACCOUNT NO.: 0920231

COVERAGES:  
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS.

CO	TYPE OF INSURANCE	POLICY NUMBER	EFF DATE	EXP DATE	LIMITS
	<u>GENERAL LIABILITY</u> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE \$ MEDICAL EXPENSE (Any one person) \$
A	<u>AUTOMOBILE LIABILITY</u> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> GARAGE LIABILITY OTHER THAN AUTO <input checked="" type="checkbox"/> GARAGE KEEPERS	2346650	02/15/08	02/15/09	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ COMBINED SINGLE LIMIT-EACH ACC. \$ 1,000,000 AGGREGATE \$ 3,000,000 GARAGE KEEPERS LIMIT \$ 300,000
A	<u>EXCESS LIABILITY</u> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	2346651	02/15/08	02/15/09	EACH OCCURENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<u>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</u>	WC9878342	02/15/08	02/15/09	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 100,000
	<u>OTHER</u>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES RESTRICTIONS/SPECIAL ITEMS:

94 KENWORTH INTL VIN 1NKDH68X8R.J630188

CERTIFICATE HOLDER CT DMV IRP UNIT. 60 STATE ST ROOM 260 WETHERFIELD, CT 06161	CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 



PATRIOT GENERAL  
 STEVENS POINT, WISCONSIN  
 (A PARTICIPATING STOCK COMPANY)  
 A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

CERTIFICATE OF INSURANCE

ACCOUNT NUMBER 24-61040

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Name and Address of  
 Certificate Holder

Name and Address  
 of the Insured

CT DMV  
 IRP UNIT, ROOM 250  
 60 STATE ST  
 WETHERSFIELD, CT 06161

GROS-ITE INDUSTRIES  
 1806 NEW BRITAIN AVE  
 FARMINGTON, CT 06032

COPY

This certificate is issued on 12-31-2007 and is effective until 12-31-2008. It certifies that policies of insurance listed below have been issued to the insured named above. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

Coverage Provided	Policy Number	Coverage Limits
General Liability	24-61040-04	General Aggregate \$ 3,000,000
Bodily Injury and Property Damage Combined	OCCURRENCE	Products Aggregate \$ 1,000,000
		Pers/Adv Injury \$ 1,000,000
		Each Occurrence \$ 1,000,000
		Premises Damage \$ 150,000
		Medical Expense \$ 10,000
Automobile Liability	24-61040-04	Each Accident \$ 1,000,000
Includes: Bodily Injury and Property Damage Combined -Any Auto		
Excess/Umbrella Liability	24-61040-04	Each Occurrence \$ 10,000,000
		General Aggregate \$ 10,000,000
		Products Aggregate \$ 10,000,000
Workers' Compensation and Employer's Liability	24-61040-05	Statutory
		Each Accident \$ 1,000,000
		Each Disease/Employee \$ 1,000,000
		Each Disease/Policy \$ 1,000,000

80-C1035 (SFA)

EDA 24-61040 33-110605  
 07-18-2008  
 PAGE 1  
 (0024)

0118JNS

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

OP ID SM  
NEWBE-2

DATE (MM/DD/YYYY)  
09/09/08

Northfork Agency  
55 West Ames Court, Suite 400  
Plainview NY 11803  
Phone: 516-576-0400 Fax: 516-576-1177

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INSURED

George Hufton Jr.  
New Beginnings Farms Llc.  
2 Winsted-Norfolk Road  
Winsted CT 06098

**COPY**

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Northland Insurance Co.  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC			
A		AUTOMOBILE LIABILITY	TN611929	06/03/08	06/03/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$
A		Motor Truck Cargo	TN611929	06/03/08	06/03/09	Limit	100,000
						Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
SEE ATTACHED VEHICLE SCHEDULE....

**CERTIFICATE HOLDER**

**CANCELLATION**

STATECT

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

CT DMV IRP UNIT  
860-263-5582  
60 STATE STREET RM 260  
WETHERSFIELD CT 06161-1010

AUTHORIZED REPRESENTATIVE

*R M Bower*

# VEHICLE SCHEDULE

DATE  
9/9/2008

No. Ext): 516-576-0400		APPLICANT (First Named Insured) New Beginnings Farms Llc.	
Agency es Court, Suite 400 NY 11803		EFFECTIVE DATE 06/03/08	EXPIRATION DATE 06/03/09
/DE: AGENCY CUSTOMER ID NEWBE-2		DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN AUDIT N
SUB CODE:		FOR COMPANY USE ONLY	

VEHICLE DESCRIPTION															
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	SYM/AGE	COST NEW								
1	1991	Mack		TRACTOR	1M2AA14Y7MW011809		\$ 15,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	15,000	\$	1,000	COLL	\$	
2	1989	Internatio		TRACTOR	1HSREADR0KH621659		\$ 12,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	12,000	\$	1,000	COLL	\$	
3	1989	Ford		TRACTOR	1FDYY95W3KVA06597		\$ 7,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	7,000	\$	1,000	COLL	\$	
4	1995	East		TRAILER	1E1DP281SRB18699		\$ 12,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	12,000	\$	1,000	COLL	\$	
5	1993	Wilson		TRAILER	1W1UCSYFOPD514923		\$ 10,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	10,000	\$	1,000	COLL	\$	
6	1997	Transcraft		TRAILER	1TTF48205V1052451		\$ 7,500								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	7,500	\$	1,000	COLL	\$	
7	1997	INT'L	9300	TRACTOR	2HSFBAMR1VC021904		\$ 15,000								
CITY, STATE, ZIP WHERE GARAGED		Winsted CT 06098	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	<input checked="" type="checkbox"/> COMP	SPEC C OF L	MISC DR/CR:		
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	AA	<input checked="" type="checkbox"/> ST AMT	\$	1,000	TOTAL PREM		
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL	\$	15,000	\$	1,000	COLL	\$	