

MISCELLANEOUS TYPE VEHICLE ENDORSEMENT

SCHEDULE

Description and Type of Vehicle	Passenger Hazard Excluded			
1.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Coverages	Limit Of Liability	Premium		
		Auto 1	Auto 2	Auto 3
Liability	Bodily Injury	\$ _____	\$ _____	\$ _____
	\$ _____ Each Person			
	\$ _____ Each Accident			
	Property Damage	\$ _____	\$ _____	\$ _____
	\$ _____ Each Accident			
Medical Payments	\$ _____ Each Person	\$ _____	\$ _____	\$ _____
Uninsured Motorists	Bodily Injury	\$ _____	\$ _____	\$ _____
	\$ _____ Each Person			
	\$ _____ Each Accident			
	Property Damage	\$ _____	\$ _____	\$ _____
	\$ _____ Each Accident			
Combined Uninsured and Underinsured Motorists	Bodily Injury	\$ _____	\$ _____	\$ _____
	\$ _____ Each Person			
	\$ _____ Each Accident			
	Property Damage	\$ _____	\$ _____	\$ _____
	\$ _____ Each Accident			
Damage to your Auto				
	Collision Loss			
Other Than Collision Loss	\$ _____ Less \$ _____ Ded.	\$ _____	\$ _____	\$ _____
	\$ _____ Less \$ _____ Ded.	\$ _____	\$ _____	\$ _____

With respect to the **miscellaneous type vehicles** and coverages described in the [Schedule or] Declarations, the provisions of the policy apply unless modified by this endorsement.

I. DEFINITIONS

The Definitions Section is amended as follows:

- A. For the purpose of the coverage provided by this endorsement **miscellaneous type vehicle** means a motorcycle, golfcart or other similar type vehicle and a snowmobile.

- B. The definition of **your covered auto** is replaced by the following:

Your covered auto means:

1. Any **miscellaneous type vehicle** shown in the [Schedule or] Declarations.
2. A **newly acquired auto**
3. Any **trailer** you own that is designed to be pulled by any **miscellaneous type vehicle** shown in the [Schedule or] Declarations.

4. Any **miscellaneous type vehicle** of the same type shown in the [Schedule or] Declarations that you do not own while used as a temporary substitute for a vehicle described in 1. or 2 of this definition which is out of normal use because of its:

- a. breakdown;
- b. repair;
- c. servicing;
- d. loss; or
- e. destruction.

- C. The first paragraph of the definition of **newly acquired auto** is replaced by the following:

Newly acquired auto means any **miscellaneous type vehicle** of the same type shown in the [Schedule or] Declarations that you become the owner of during the policy period.

II. LIABILITY COVERAGE

Part A is amended as follows:

- A. The definition of **insured** is replaced by the following:

Insured means:

1. You or any **family member** for the ownership, maintenance or use of **your covered auto**.
2. Any person using **your covered auto**.
3. For **your covered auto**, any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under this Part.

- B. The Exclusions Section is amended as follows:

The following exclusion applies under Part A to any vehicle for which the [Schedule or] Declarations indicates that the passenger hazard is excluded:

We do not provide Liability Coverage for any **insured** for **bodily injury** to any person while **occupying** the described **miscellaneous type vehicle**.

III. MEDICAL PAYMENTS COVERAGE

Part B, Medical Payments Coverage, is amended as follows:

If **your covered auto** is a motorcycle and the [Schedule or] Declarations of this policy indicate Medical Payments Coverage is in effect for it, Part B, Exclusion 11. does not apply.

IV. COVERAGE FOR DAMAGE TO YOUR AUTO

The Insuring Agreement of Part D is replaced by the following:

We will pay for direct and accidental loss to **your covered auto** including its equipment. Direct and accidental loss does not include any reduction in the value of any vehicle after it has been repaired, as compared to its value before it was damaged. We will pay for loss to **your covered auto** caused by:

1. **Other than collision** only if the [Schedule or] Declarations indicate that that **Other than Collision** coverage is provided for that vehicle.
2. **Collision** only if the [Schedule or] Declarations indicate that Collision coverage is provided for that vehicle.

Our payment will be reduced by any deductible shown in the [Schedule or] Declarations.