

CAB #	DESCRIPTION	VIN NUMBER
51	2003 Ford Explorer	1FMZU72KX3ZA54842
1	2005 Chrysler Town Country	2C8GP54L45R326813
14	2001 Chrysler Town Country	2C8GPG4L41R297023
13	2002 Chrysler Town Country	2C4GP44372R553680
35	2002 Chrysler Town Country	2C8GP54L62R520318
42	2001 Dodge Grand Caravan	2B4GP44321R312153
10	2002 Ford Explorer	1FMZU73E42UC07977
40	2001 Dodge Grand Caravan	2B8GP44301R224622
12	2007 Dodge Caravan	1D4GP24R67B151389
6	2005 Chrysler Town Country	2C4GP64L45R295019
21	2002 Dodge caravan	1B4GP44332B624157
8	2001 Chrysler Town Country	2C4GP44G41R104474
7	2001 Chrysler Town Country	2C8GP64L31R240814
3	2006 Dodge caravan	2D4GP44L76R615300

Royal Cab Erimos
 Madem Afude

Attn: Cheryl Spain

AMENDED 05/05/17
 ITEM ONE Named Insured and Address

Policy No: CVA 000-5392-975-6
 Producer Name and Address

BENISH CORP
 DBA ROYAL CAB & LIMO
 954 SOUTH HIGH STREET
 HARRISONBURG VA 22801

GULATI INSURANCE AGENCY
 LLC
 7420 ALBAN STN BLVD #B224
 SPRINGFIELD VA 22150

Producer Code: .050

Broker:

PREV POLICY NO: 7382534

Report Basis: ANNUAL

Policy Period: From 09/02/16 to 09/02/17 at 12:01 A.M. Standard Time at your mailing address shown above.

Insurer Company and Code: 001 NATIONAL CONTINENTAL INSURANCE COMPANY

Named Insured's Business: 2 TAXI SERVICE *NRP FILING FEE* *MAN CERT

Form of Business: CORPORATION

\$0

*This policy may be subject to final audit.

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

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. 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 symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS
LIABILITY	1	125,000 CSL
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		Separately stated in each added PIP endorsement
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.P.I. endorsement
AUTO MEDICAL PAYMENTS		
UNINSURED MOTORISTS	7	25,000 PER PERSON 50,000 PER ACCIDENT 20,000 PER ACCIDENT
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE TOWING AND LABOR (Not available in California)		\$ for each disablement of a private passenger auto.

ADDED DRIVER DENNIS VELASQUEZ AS REQUESTED

CA DS 03 03 06

Batch Rep Cur Date Run Seq
 F10215 E G 17145 2419

End Last Run Eff Date Pages
 035 17142 05/05/17 33440

Yr INSURED
 16

POD