Company_____Group_____
NAIC Number_____

Exhibit A
Standard Policy Verbal Threshold-Combined Single Limits

Standard Verbal Threshold

Territory	35,000	50,000	75,000	100,000	200,000	300,000	500,000	1,000,000	Other or Higher
01									
02									
03									
04									
05									
06									
07									
08									
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11									
12									
13									
14									
15									
16									
17									
19									
22									
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25									
26									
27									
31									
38									
39									
40									

Company_____ Group_____

NAIC Number_____

Exhibit B

Standard Policy Verbal Threshold-Split Limits of Liability

Standard Verbal Threshold

Territory	5,000	10,000	15,000	20,000	25,000	50,000	100,000	250,000	300,000	500,000	1,000,000	Other or Higher
01												
02												
03												
04												
05												
06												
07												
08												
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11												
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13												
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26												
27												
31												
38												
39												
40												

Company_____Group___
NAIC Number_____

Exhibit C
Standard Policy No Threshold-Combined Single Limits

Standard No Threshold

Territory	35,000	50,000	75,000	100,000	200,000	300,000	500,000	1,000,000	Other or Higher
01									
02									
03									
04									
05									
06									
07									
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27									
31									
38									
39									
40									

Company_____Group_____
NAIC Number_____

Exhibit D
Standard Policy No Threshold-Split Limits of Liability

Standard No Threshold

Territory	5,000	10,000	15,000	20,000	25,000	50,000	100,000	250,000	300,000	500,000	1,000,000	Other or Higher
01												
02												
03												
04												
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06												
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Company_____Group____
NAIC Number_____

Exhibit E
Basic Poilcy Bodily Injury Option

Basic Policy

Territory	$0 BI Limit	10000 BI Limit
01		
02		
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