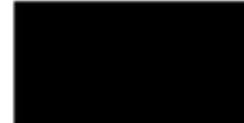


Wells Fargo Insurance Services USA, Inc.  
330 Madison Avenue  
7th Floor  
New York, NY 10017-5001



July 25, 2013

Mr. Leon Black  


*RE: Automobile Insurance*

Dear Leon:

Enclosed please find Fireman's Fund Insurance Company policy  renewing your automobile insurance for a further period of one year from July 26, 2013. Also attached is our invoice in the amount of \$21,075 representing the annual premium.

The policy covers on eleven vehicles which are as follows:

1989 Mercedes Benz 560 SL	2009 Honda Pilot
2004 Mercedes Benz S600	2011 Chevrolet K1500 Silverado
2004 Toyota Highlander	2012 Mercedes Benz R350
2004 Acura TL	2012 Chevrolet Tahoe LT
2007 Bentley	2013 Mercedes Benz S600
2008 Jeep Patriot	

All of these vehicles are garaged in Bedford Hills, New York. There is \$1,000 deductible comprehensive fire, theft and collision coverages. Liability protection is afforded with a limit of \$500,000 bodily injury/property damage. You have excess umbrella liability covering over and above this primary insurance.

I trust you will find all in order and remain

Sincerely,

Jeffrey A. Haber

JAH:ya  
Encl.

G:\Finz App\B\Black, Leon & Del\w\Automobile\13 RenewalLetter.doc



EFTA01077973

**Declarations**

**Personal Auto Policy**

Policy Number [REDACTED]  
 Policy Period: From 07/26/2013 To 07/26/2014  
(12:01 [REDACTED] Time at the Address of Named Insured as Stated Herein)

**Fireman's Fund Insurance Companies**  
 Coverage is provided in the following company,  
 a stock company

**Insured's Name and Mailing Address**

Leon D Black  
 Debra R Black  
 [REDACTED]  
 [REDACTED]

13 - Associated Indemnity Corporation  
 Auto(s) principally garaged at mailing address unless  
 otherwise stated.  
 #1-3 200 The Narrows Bedford Hills, NY

Zip Code  
 10506

Loss Payee Per Auto

TAX TERRITORY: 05704

**DESCRIPTION OF AUTO(S) OR TRAILER(S)**

Auto No.	Model Year	Trade Name, Model, Body Type	Identification Number	Symbol	Age	Class / Tier	Terr.	[REDACTED]
1	2011	Chevrolet K1500 Silverado	1GCNKPEA8BZ116619	A	2011	883120H	65	[REDACTED]
2	1989	Mercedes Benz 560SL	WDBBA48D3KA100433	A	1989	891122H	65	[REDACTED]
3	2012	Chevrolet Tahoe LT	1GNSKBE05CR302060	E	2012	883120H	65	15%

Coverage Is Provided Where A Premium And Limit Of Liability Are Shown For The Coverage

Coverages	Limit of Liability	Full Term Premium		
		\$ Auto 1	\$ Auto 2	\$ Auto 3
A. Liability (Single Limit)	\$ 500,000 Each Accident	406	804	406
A. Liability (Split Limits)	Bodily Injury \$ ,000 Each Person \$ ,000 Each Accident			
	Property Damage \$ ,000 Each Accident			
B. Medical Payments	\$ 100,000 Each Person	9	10	9
C. Uninsured/Underinsured Motorists (Single Limit)	\$ 500,000 Each Accident	**170	**170	**170
C. Uninsured Motorists (Split Limits)	Bodily Injury \$ ,000 Each Person \$ ,000 Each Accident			
	Property Damage \$ ,000 Each Accident			
D. Damage To Your Auto	Collision Loss (ACV Means Actual Cash Value) Auto 1: ACV Minus \$1000 Deductible Auto 2: ACV Minus \$1000 Deductible Auto 3: ACV Minus \$1000 Deductible	341	457	389
	Other Than Collision Loss Auto 1: \$ ACV Minus \$ Deductible Auto 1: \$ Minus \$1000 Deductible Auto 2: \$ Minus \$1000 Deductible Auto 3: \$ Minus \$1000 Deductible	93	291	98
Towing and Labor Costs	Each Disablement	*incl	*incl	*incl
Rental Reimbursement or Ext. Transportation	See Endorsement	*incl	*incl	*incl
Personal Injury Protection	see attached See Endorsement	76	159	76
NY Motor Vehicle Enforcement Fee		10	10	10
*Prestige Auto		*incl	*incl	*incl
**Supplemental Endorsement (SUM)				
Endorsements Attached PP0001 PP0179 PP0346 PP0364 PP0409 PP0476 PP0587 PP0588 PP0593 PP1301 102164 102173 102192	Total Premium Per Auto	1105	1901	1158
	Endorsement Premium			\$ *257
	Total Policy Premium			\$ see pg.4
	Discounts: see attached			
Date of Issue 7/18/13 CEB	Countersignature of Authorized Agent			

5965-5-95

This Declarations Page Is Issued In Conjunction With And Is Part Of The Personal Auto Policy

INSURED COPY

**Declarations**

**Personal Auto Policy**

Policy Number [REDACTED]

**Fireman's Fund Insurance Companies**

Coverage is provided in the following company,  
a stock company

Policy Period: From 07/26/2013 To 07/26/2014  
(12:01 [REDACTED] Standard Time at the Address of Named Insured as Stated Herein)

Insured's Name and Mailing Address

Leon D Black  
Debra R Black  
[REDACTED]

13 - Associated Indemnity Corporation  
Auto(s) principally garaged at mailing address unless  
otherwise stated.  
#4-6 200 The Narrows Bedford Hills, NY

Zip Code  
10506

Loss Payee Per Auto

TAX TERRITORY: 05704

**DESCRIPTION OF AUTO(S) OR TRAILER(S)**

Auto No.	Model Year	Trade Name, Model, Body Type	Identification Number	Symbol	Age	Class / Tier	Terr.	[REDACTED]
4	2012	Chevrolet Silverado K2500HD	1GC1KXCG8CF189577	J	2012	815120H	65	15%
5	2004	Mercedes Benz S600	WDBNG76J74A399157	Y	2004	883120H	65	15%
6	2004	Toyota Highlander	JTEEP21A840031177	A	2004	883121H	65	15%

**Coverage Is Provided Where A Premium And Limit Of Liability Are Shown For The Coverage**

Coverages	Limit of Liability	Full Term Premium		
		\$ Auto 4	\$ Auto 5	\$ Auto 6
A. Liability (Single Limit)	\$ 500,000 Each Accident	452	416	406
A. Liability (Split Limits)	Bodily Injury	\$ ,000 Each Person		
	Property Damage	\$ ,000 Each Accident		
B. Medical Payments	\$ 100,000 Each Person	9	9	9
C. Uninsured/Underinsured Motorists (Single Limit)	\$ 500,000 Each Accident	**170	**170	**170
C. Uninsured Motorists (Split Limits)	Bodily Injury	\$ ,000 Each Person		
	Property Damage	\$ ,000 Each Accident		
D. Damage To Your Auto	Collision Loss (ACV Means Actual Cash Value) Auto 4: ACV Minus \$1000 Deductible Auto 5: ACV Minus \$1000 Deductible Auto 6: ACV Minus \$1000 Deductible	537	769	228
	Other Than Collision Loss Auto : \$ ACV Minus \$ Deductible Auto 4: \$ Minus \$1000 Deductible Auto 5: \$ Minus \$1000 Deductible Auto 6: \$ Minus \$1000 Deductible	159	401	68
Towing and Labor Costs	Each Disablement	*incl	*incl	*incl
Rental Reimbursement or Ext. Transportation	See Endorsement	*incl	*incl	*incl
Personal Injury Protection	see attached See Endorsement	83	79	76
NY Motor Vehicle Enforcement Fee		10	10	10
*Prestige Auto		*incl	*incl	*incl
**Supplemental Endorsement (SUM)				
Endorsements Attached	Total Premium Per Auto	1420	1854	967
	Endorsement Premium			\$ *incl
	Total Policy Premium			\$ see pg.4
Date of Issue 7/18/13 CEB	Discounts: see attached	Countersignature of Authorized Agent		

5965-5-95

This Declarations Page Is Issued In Conjunction With And Is Part Of The Personal Auto Policy

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**Declarations**

**Personal Auto Policy**

Policy Number [REDACTED]

**Fireman's Fund Insurance Companies**

Coverage is provided in the following company,  
a stock company

Policy Period: From 07/26/2013 To 07/26/2014  
(12:01 [REDACTED] Standard Time at the Address of Named Insured as Stated Herein)

13 - Associated Indemnity Corporation

Insured's Name and Mailing Address

Leon D Black  
Debra R Black  
[REDACTED]

Auto(s) principally garaged at mailing address unless otherwise stated.

#7-9 200 The Narrows Bedford Hills, NY

Zip Code

10506

Loss Payee Per Auto

TAX TERRITORY: 05704

**DESCRIPTION OF AUTO(S) OR TRAILER(S)**

Auto No.	Model Year	Trade Name, Model, Body Type	Identification Number	Symbol	Age	Class / Tier	Terr.	[REDACTED]
7	2007	Bentley Continental GTC	SCBDR33W17C046196	Y	2007	816120H	65	15%
8	2008	Jeep Patriot Limited	1J8FT48W08D700745	E	2008	883120H	65	15%
9	2009	Honda Pilot	5FNYP48269B053993	E	2009	815120H	65	15%

**Coverage Is Provided Where A Premium And Limit Of Liability Are Shown For The Coverage**

Coverages	Limit of Liability	Full Term Premium			
		\$ Auto 7	\$ Auto 8	\$ Auto 9	
A. Liability (Single Limit)	\$ 500,000 Each Accident	452	416	464	
A. Liability (Split Limits)	Bodily Injury	\$ ,000 Each Person			
	Property Damage	\$ ,000 Each Accident			
B. Medical Payments	\$ 100,000 Each Person	9	9	9	
C. Uninsured/Underinsured Motorists (Single Limit)	\$ 500,000 Each Accident	**170	**170	**170	
C. Uninsured Motorists (Split Limits)	Bodily Injury	\$ ,000 Each Person			
	Property Damage	\$ ,000 Each Accident			
D. Damage To Your Auto	Collision Loss	(ACV Means Actual Cash Value) Auto 7: ACV Minus \$1000 Deductible Auto 8: ACV Minus \$1000 Deductible Auto 9: ACV Minus \$1000 Deductible	1657	315	382
	Other Than Collision Loss	Auto : \$ ACV Minus \$ Deductible Auto 7: \$ Minus \$1000 Deductible Auto 8: \$ Minus \$1000 Deductible Auto 9: \$ Minus \$1000 Deductible	1215	85	108
Towing and Labor Costs	Each Disablement	*incl	*incl	*incl	
Rental Reimbursement or Ext. Transportation	See Endorsement	*incl	*incl	*incl	
Personal Injury Protection	see attached See Endorsement	83	79	86	
NY Motor Vehicle Enforcement Fee		10	10	10	
*Prestige Auto		*incl	*incl	*incl	
**Supplemental Endorsement (SUM)					
Endorsements Attached	Total Premium Per Auto	3596	1084	1229	
	Endorsement Premium			\$ *incl	
	Total Policy Premium			\$ see pg 4	
Date of Issue 7/18/13 CEB	Countersignature of Authorized Agent				

5965-5-95

This Declarations Page Is Issued In Conjunction With And Is Part Of The Personal Auto Policy

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**Declarations**

**Personal Auto Policy**

Policy Number AAE 12263565

**Fireman's Fund Insurance Companies**

Coverage is provided in the following company, a stock company

Policy Period: From 07/26/2013 To 07/26/2014

(12:01 Standard Time at the Address of Named Insured as Stated Herein)

Insured's Name and Mailing Address

Leon D Black  
Debra R Black

13 - Associated Indemnity Corporation

Auto(s) principally garaged at mailing address unless otherwise stated.

#10-12 200 The Narrows Bedford Hills, NY

Zip Code

10506

Loss Payee Per Auto

TAX TERRITORY: 05704

**DESCRIPTION OF AUTO(S) OR TRAILER(S)**

Auto No.	Model Year	Trade Name, Model, Body Type	Identification Number	Sym- bol	Age	Class / Tier	Terr.	
10	2012	Mercedes Benz R350 GL	4JGCB5HE9CA146170	U	2012	883120H	65	15%
11	2004	Acura TL	19UUA66264A046329	K	2004	861120H	65	15%
12	2013	Mercedes Benz S600	WDDNG7GB4DA515347	Y	2013	802120H	65	15%

**Coverage Is Provided Where A Premium And Limit Of Liability Are Shown For The Coverage**

Coverages	Limit of Liability	Full Term Premium			
		\$ Auto 10	\$ Auto 11	\$ Auto 12	
A. Liability (Single Limit)	\$ 500,000 Each Accident	406	677	406	
A. Liability (Split Limits)	Bodily Injury	\$ ,000 Each Person \$ ,000 Each Accident			
	Property Damage	\$ ,000 Each Accident			
B. Medical Payments	\$ 100,000 Each Person	9	9	9	
C. Uninsured/Underinsured Motorists (Single Limit)	\$ 500,000 Each Accident	**170	**170	**170	
C. Uninsured Motorists (Split Limits)	Bodily Injury	\$ ,000 Each Person \$ ,000 Each Accident			
	Property Damage	\$ ,000 Each Accident			
D. Damage To Your Auto	Collision Loss	(ACV Means Actual Cash Value) Auto 10: ACV Minus \$1000 Deductible Auto 11: ACV Minus \$1000 Deductible Auto 12: ACV Minus \$1000 Deductible	705	526	1738
	Other Than Collision Loss	Auto : \$ ACV Minus \$ Deductible Auto 10: \$ Minus \$1000 Deductible Auto 11: \$ Minus \$1000 Deductible Auto 12: \$1,000 Minus \$ Deductible	226	125	855
Towing and Labor Costs	Each Disablement	*incl	*incl	*incl	
Rental Reimbursement or Ext. Transportation	See Endorsement	*incl	*incl	*incl	
Personal Injury Protection	see attached See Endorsement	76	121	76	
NY Motor Vehicle Enforcement Fee		10	10	10	
*Prestige Auto		*incl	*incl	*incl	
**Supplemental Endorsement (SUM)					
Endorsements Attached	Total Premium Per Auto	1602	1638	3264	
	Endorsement Premium			\$ *incl	
	Total Policy Premium			\$ 21075	
	Discounts: see attached				
Date of Issue 7/18/13 CEB	Countersignature of Authorized Agent				

5965-5-95

This Declarations Page Is Issued In Conjunction With And Is Part Of The Personal Auto Policy

INSURED COPY



**Fireman's  
Fund**

**PERSONAL AUTOMOBILE POLICY DECLARATIONS SUPPLEMENT**

**POLICY NUMBER**  
[REDACTED]

**EFFECTIVE DATE**  
07/26/2013

**COMPANY**  
ASSOCIATED INDEMNITY  
CORPORATION

**NAMED INSURED**  
LEON D BLACK  
DEBRA R BLACK  
[REDACTED]

**YOUR AGENT IS**  
WELLS FARGO INS SVCS USA, INC  
31-576-750

**POLICY PERIOD: FROM 07/26/2013 TO 07/26/2014**

THE FOLLOWING INFORMATION CONCERNING CREDIT, SURCHARGES, OR MINIMUM COVERAGE IS REQUIRED BY LAW.

\*\*\*THE MAXIMUM AMOUNT PAYABLE UNDER THE SUM COVERAGE SHALL BE THE POLICY'S SUM LIMIT REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT.

DISCOUNTS	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5	VEH 6
Passive Restraint	\$ 57	\$ 40	\$ 57	\$ 57	\$ 57	\$ 57
Anti-Theft Device	\$ N/A	\$ N/A	\$ 25	\$ 36	\$ 141	\$ 14
Anti-Lock Brakes	\$ 33	\$ 61	\$ 36	\$ 47	\$ 57	\$ 28
Accident Free	\$ 73	\$ 146	\$ 78	\$ 103	\$ 140	\$ 59
Daytime Running Lights	\$ 23	\$ N/A	\$ 24	\$ 30	\$ N/A	\$ 19
Tier Factor	\$ INCL					
Multi-Car	\$ INCL					
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

**SURCHARGES**

INCLUDED IN THE TOTAL PREMIUM CHARGE IS A SURCHARGE OF \$ 254 CHARGED AS A RESULT OF VIOLATION ACTIVITY OR ACCIDENT INVOLVMENT.

Violations: 4/12/10, 9/24/10 & 1/21/11

NEW YORK REGULATIONS REQUIRE THAT EACH DISCOUNT OR SURCHARGE BE SHOWN AS IF IT WERE THE ONLY DISCOUNT OR SURCHARGE APPLICABLE. IF A POLICY HAS MULTIPLE DISCOUNTS OR SURCHARGES, THEIR COMBINATION MAY RESULT IN A TOTAL AMOUNT THAT DIFFERS FROM THOSE SHOWN INDIVIDUALLY.



PERSONAL AUTOMOBILE POLICY DECLARATIONS SUPPLEMENT

POLICY NUMBER

EFFECTIVE DATE

COMPANY
ASSOCIATED INDEMNITY
CORPORATION

NAMED INSURED
LEON D BLACK
DEBRA R BLACK

YOUR AGENT IS
WELLS FARGO INS SVCS USA, INC
31-576-750

POLICY PERIOD: FROM 07/26/2013 TO 07/26/2014

THE FOLLOWING INFORMATION CONCERNING CREDIT, SURCHARGES, OR MINIMUM COVERAGE IS
REQUIRED BY LAW.

\*\*\*THE MAXIMUM AMOUNT PAYABLE UNDER THE SUM COVERAGE SHALL BE THE POLICY'S SUM
LIMIT REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE
POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY
INVOLVED IN THE ACCIDENT.

Table with 7 columns: DISCOUNTS, VEH 7, VEH 8, VEH 9, VEH 10, VEH 11, VEH 12. Rows include Passive Restraint, Anti-Theft Device, Anti-Lock Brakes, Accident Free, Daytime Running Lights, Tier Factor, Multi-Car.

SURCHARGES

INCLUDED IN THE TOTAL PREMIUM CHARGE IS A SURCHARGE OF \$ 254 CHARGED AS A RESULT OF
VIOLATION ACTIVITY OR ACCIDENT INVOLVMENT.

Violations: 4/12/10, 9/24/10 & 1/21/11

NEW YORK REGULATIONS REQUIRE THAT EACH DISCOUNT OR SURCHARGE BE SHOWN AS IF IT WERE
THE ONLY DISCOUNT OR SURCHARGE APPLICABLE. IF A POLICY HAS MULTIPLE DISCOUNTS OR
SURCHARGES, THEIR COMBINATION MAY RESULT IN A TOTAL AMOUNT THAT DIFFERS FROM THOSE
SHOWN INDIVIDUALLY.



**PERSONAL AUTOMOBILE POLICY DECLARATIONS SUPPLEMENT  
PERSONAL INJURY PROTECTION**

<b>POLICY NUMBER</b> [REDACTED]	<b>EFFECTIVE DATE</b> 07/26/2013	<b>COMPANY</b> ASSOCIATED CORPORATION	<b>INDEMNITY</b>
<b>NAMED INSURED</b> LEON D BLACK DEBRA R BLACK [REDACTED]		<b>YOUR AGENT IS</b> WELLS FARGO INS SVCS USA, INC 31-576-750	

	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
<b>MANDATORY BASIC ECON LOSS</b> LIMIT: \$ 50,000	\$ 57	\$ 138	\$ 57	\$ 64	\$ 59
<b>ADDITIONAL PERSONAL INJURY</b> LIMIT: \$ 100,000	\$ 15	\$ 16	\$ 15	\$ 15	\$ 15
<b>OPTIONAL BASIC ECON LOSS</b> LIMIT: \$ 25,000	\$ 4	\$ 5	\$ 4	\$ 4	\$ 5
<b>AGGREGATE NO-FAULT BENEFITS</b> LIMIT: \$ 175,000	\$ 76	\$ 159	\$ 76	\$ 83	\$ 79
<b>WORK LOSS COORD DOES NOT APPLY</b>					
<b>DEDUCTIBLE OF \$ NIL APPLIES</b>					
<b>MAXIMUM MONTHLY WORK LOSS</b> LIMIT: \$ 4,000	\$ INCL				
<b>DEATH BENEFIT</b> LIMIT: \$ 2,000	\$ INCL				
<b>OTHER NECESSARY EXPENSES \$ 25 per day</b>					

**EXCLUSION OF MEDICAL EXPENSE FROM PERSONAL INJURY PROTECTION COVERAGE PER ENDORSEMENT**

	Registrant No.1		Registrant No.2	
Vehicle 1	Leon D Black	788071306	Debra R Black	539647350
Vehicle 2	Leon D Black	788071306	Debra R Black	539647350
Vehicle 3	Leon D Black	788071306	Debra R Black	539647350
Vehicle 4	Leon D Black	788071306	Debra R Black	539647350
Vehicle 5	Leon D Black	788071306	Debra R Black	539647350
Vehicle 6				



**PERSONAL AUTOMOBILE POLICY DECLARATIONS SUPPLEMENT  
PERSONAL INJURY PROTECTION**

<b>POLICY NUMBER</b> [REDACTED]	<b>EFFECTIVE DATE</b> 07/26/2013	<b>COMPANY</b> ASSOCIATED CORPORATION	<b>INDEMNITY</b>
<b>NAMED INSURED</b> LEON D BLACK DEBRA R BLACK [REDACTED]		<b>YOUR AGENT IS</b> WELLS FARGO INS SVCS USA, INC 31-576-750	

	VEH 6	VEH 7	VEH 8	VEH 9	VEH 10
MANDATORY BASIC ECON LOSS LIMIT: \$ 50,000	\$ 57	\$ 64	\$ 59	\$ 66	\$ 57
ADDITIONAL PERSONAL INJURY LIMIT: \$ 100,000	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15
OPTIONAL BASIC ECON LOSS LIMIT: \$ 25,000	\$ 4	\$ 4	\$ 5	\$ 5	\$ 4
AGGREGATE NO-FAULT BENEFITS LIMIT: \$ 175,000	\$ 76	\$ 83	\$ 79	\$ 86	\$ 76
WORK LOSS COORD DOES NOT APPLY					
DEDUCTIBLE OF \$ NIL APPLIES					
MAXIMUM MONTHLY WORK LOSS LIMIT: \$ 4,000	\$ INCL				
DEATH BENEFIT LIMIT: \$ 2,000	\$ INCL				
OTHER NECESSARY EXPENSES \$ 25 per day					

EXCLUSION OF MEDICAL EXPENSE FROM PERSONAL INJURY PROTECTION COVERAGE PER ENDORSEMENT

	<b>Registrant No.1</b>	[REDACTED]	<b>Registrant No.2</b>	[REDACTED]
Vehicle 1	Leon D Black		Debra R Black	
Vehicle 2	Leon D Black		Debra R Black	
Vehicle 3	Leon D Black		Debra R Black	
Vehicle 4	Leon D Black		Debra R Black	
Vehicle 5	Leon D Black		Debra R Black	
Vehicle 6	Leon D Black		Debra R Black	



**PERSONAL AUTOMOBILE POLICY DECLARATIONS SUPPLEMENT  
PERSONAL INJURY PROTECTION**

<b>POLICY NUMBER</b> [REDACTED]	<b>EFFECTIVE DATE</b> 07/26/2013	<b>COMPANY</b> ASSOCIATED INDEMNITY CORPORATION
<b>NAMED INSURED</b> LEON D BLACK DEBRA R BLACK [REDACTED]		<b>YOUR AGENT IS</b> WELLS FARGO INS SVCS USA, INC 31-576-750

	VEH 11	VEH 12	VEH	VEH	VEH
MANDATORY BASIC ECON LOSS LIMIT: \$ 50,000	\$ 101	\$ 57	\$	\$	\$
ADDITIONAL PERSONAL INJURY LIMIT: \$ 100,000	\$ 15	\$ 15	\$	\$	\$
OPTIONAL BASIC ECON LOSS LIMIT: \$ 25,000	\$ 5	\$ 4	\$	\$	\$
AGGREGATE NO-FAULT BENEFITS LIMIT: \$ 175,000	\$ 121	\$ 76	\$	\$	\$
WORK LOSS COORD DOES NOT APPLY					
DEDUCTIBLE OF \$ NIL APPLIES					
MAXIMUM MONTHLY WORK LOSS LIMIT: \$ 4,000	\$ INCL	\$ INCL	\$	\$	\$
DEATH BENEFIT LIMIT: \$ 2,000	\$ INCL	\$ INCL	\$	\$	\$
OTHER NECESSARY EXPENSES \$ 25 per day					

EXCLUSION OF MEDICAL EXPENSE FROM PERSONAL INJURY PROTECTION COVERAGE PER ENDORSEMENT

Vehicle 1	Registrant No.1	[REDACTED]	Registrant No.2	[REDACTED]
Vehicle 2	Leon D Black		Debra R Black	
Vehicle 3	Leon D Black		Debra R Black	
Vehicle 4				
Vehicle 5				
Vehicle 6				

# Prestige Auto® Premier - Coverage Endorsement - New York

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by this endorsement.

## ValueLock® COVERAGE SCHEDULE

Auto Description	ValueLock® Limit of Liability
1) 2011 Chevrolet K1500 Silverado	\$ 14,053
2) 1989 Mercedes Benz 560SL	\$ 15,950
3) 2012 Chevrolet Tahoe LT	\$ 55,677
4) 2012 Chevrolet Silverado K2500HD	\$ 45,270
5) 2004 Mercedes Benz S600	\$ 13,337
6) 2004 Toyota Highlander	\$ 10,589
7) 2007 Bentley Continental GTC	\$ 108,575
8) 2008 Jeep Patriot Limited	\$ 14,807
9) 2009 Honda Pilot	\$ 19,945
10) 2012 Mercedes Benz R350GL	\$ 63,000
11) 2004 Acura TL	\$ 11,381
12) 2013 Mercedes Benz S600	\$ 180,000

## DEFINITIONS

The following provisions are added to and replace any conflicting provisions in Definition J.2., and Definition K.2. when included in your policy:

The broadest coverage of any of your covered autos shown in the Declarations will apply to a newly acquired vehicle provided you ask us to insure it within 30 days after you become the owner if:

1. The vehicle is in addition to any vehicle shown in the Declarations; or
2. You want Collision and Other Than Collision coverage.

However, if Collision or Other Than Collision coverage does not apply to any vehicle already shown in the Declarations, you must ask us to insure it within 4 days after you become the owner. We will provide these coverages with a deductible of \$500 to the newly acquired vehicle.

Coverage begins from the date you become the owner if you ask us to insure the vehicle within the specified time period.

## EXTENDED NON-OWNED AUTO COVERAGE

### COVERAGE FOR VEHICLES FURNISHED FOR YOUR REGULAR USE

Part A and Part B are amended as follows with respect to you:

#### A. PART A - LIABILITY COVERAGE

Exclusions A.7. and B.2.b. do not apply.

#### B. PART B - MEDICAL PAYMENTS COVERAGE

Exclusion 5.b. does not apply. The last sentence of Exclusion 8. is replaced by the following:

This exclusion (8.) does not apply to **bodily injury** sustained while **occupying a:**

1. Private passenger auto, pickup, or van; or
2. Trailer used with a vehicle described in 1. above.

## WORLDWIDE COVERAGE FOR OWNED, NON-OWNED, AND NEWLY ACQUIRED VEHICLES

## WARNING

In Mexico, and other countries, only liability coverage purchased from a local licensed insurance company will meet the auto insurance requirements of that country. Failure to purchase any required insurance policy could result in fines or other penalties. Check with your rental car provider.

If you rent, borrow, or lease a non-owned auto, purchase an auto, or temporarily relocate an auto shown in the Schedule or Declarations outside the United States of America, its territories or possessions, Puerto Rico, or Canada, your coverage under Part A - Liability Coverage, Part B - Medical Payments, and Part D - Collision, Other Than Collision, and Transportation Expenses for loss of use will apply to the operation or use of that vehicle by you or any family member provided:

1. An underlying policy of automobile liability insurance is purchased or provided to the extent required by the country or jurisdiction in which the vehicle is being operated. We will pay only that part of a covered loss that exceeds the limit of liability of that underlying policy.
2. The rental, lease, or use of the non-owned auto is for a period of not more than 90 days.
3. You notify us within 30 days after you purchase or relocate a vehicle.

## EXCESS MEDICAL PAYMENTS COVERAGE

The following is added to the LIMIT OF LIABILITY provision of PART B:

- C. In addition to any limit of liability shown in the Declarations for this coverage, we will pay up to \$10,000 for each person injured in any one accident. However, this additional limit shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses.

## CARJACKING COVERAGE

We will pay, without a deductible, carjacking expenses incurred by you or a family member solely and directly as a result of a carjacking occurrence provided:

1. The occurrence involves the unlawful forced removal or detention of you or a family member while operating or occupying your covered auto or non-owned auto during the theft or attempted theft of the vehicle; and
2. The carjacking occurrence is reported promptly to the police or other law enforcement agency.

Carjacking expenses include the reasonable and necessary costs for:

1. Medical or psychiatric expenses incurred within one year of the carjacking occurrence for you or a family member who witnessed the carjacking occurrence; and
2. Income continuation benefits if unable to resume the duties of you or a family member usual occupation during the first 60 days following a carjacking occurrence. This coverage is excess over any other valid and collectible benefits including:
  - A. disability insurance,
  - B. workers compensation,
  - C. unemployment compensation,
  - D. salary or wage continuation plans; or
  - E. other similar plans.
3. Funeral Expenses up to \$10,000 per person.

## LIMIT OF LIABILITY

Our limit of liability as a result of any one carjacking occurrence shall be the lesser of:

1. The actual reasonable and necessary carjacking expenses incurred; or
2. \$100,000

This is the most we will pay regardless of the number of:

1. Insureds;
2. Policies applicable;

**24-hour  
Emergency  
Service** For Roadside Response call  
1.866.FUNDTOW (1.866.386.3869\*)

Policy Number: [REDACTED]

Policy Period: 07-26-2013  
to 07-26-2014

Named Insured:  
LEON D & DEBRA R BLACK



\*For emergency roadside assistance  
dispatch only.

**24-hour  
Emergency  
Service** For Roadside Response call  
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Policy Number: [REDACTED]

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to 07-26-2014

Named Insured:  
LEON D & DEBRA R BLACK



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dispatch only.

THIS TOLL-FREE NUMBER IS THE DISPATCH FOR EMERGENCY ROADSIDE ASSISTANCE ONLY.  
FOR ALL OTHER INSURANCE MATTERS, PLEASE CONTACT YOUR INSURANCE REPRESENTATIVE.  
These services are provided by an independent company under contract to Fireman's Fund.

ROADSIDE HELP: Call 1.866.FUNDTOW (1.866.386.3869) anytime for emergency roadside assistance.

CLAIMS SERVICE: Call 1.888.FIREHAT (1.888.347.3428) anytime to report claims.

Provide the operator with the:

- exact location in the United States or Canada;
- description of the auto;
- ownership (e.g., yours, borrowed or rented);\*
- cause of disablement (e.g., accident); and
- where you can be reached by phone

Note: Fireman's Fund provides roadside response coverage for autos you insure with us for Towing And Labor Costs coverage (includes autos you don't own, but are temporarily using).

THIS CARD IS NOT EVIDENCE OF LIABILITY INSURANCE COVERAGE.

302659 01-03

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NEW YORK STATE INSURANCE IDENTIFICATION CARD

043 Associated Indemnity Corp.

Name & Address of Issuer FIREMAN'S FUND INSURANCE CO
777 SAN MARIN DRIVE
NOVATO, CA 94998

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

BLACK,LEON,D
BLACK,DEBRA,R

Policy Number

AAE12263565

Effective Date

07/26/2013

12:01

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2011

Year

Expiration Date

07/26/2014

12:01

CHEVR

Make

Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

043 Associated Indemnity Corp.

Name & Address of Issuer FIREMAN'S FUND INSURANCE CO
777 SAN MARIN DRIVE
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BLACK,DEBRA,R

Policy Number

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Effective Date

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2011

Year

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FS-20

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FAX INSTRUCTIONS:

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300534(PS)-7-01

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12:01 12:01
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Applicable with respect to the following Motor Vehicle:

1989 ME/BE

Vehicle Identification Number

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1989 ME/BE

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Policy Number

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777 SAN MARIN DRIVE
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Effective Date Expiration Date

07/26/2013 07/26/2014

12:01 a.m. 12:01 a.m.
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after 45 days from effective date.)

Applicable with respect to the following
Motor Vehicle:

2004 ME/BE

Year Make

Vehicle Identification Number

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Effective Date Expiration Date

07/26/2013 07/26/2014

12:01 a.m. 12:01 a.m.

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Applicable with respect to the following Motor Vehicle:

2004 TOYOT

Year Make

Vehicle Identification Number

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BLACK, LEON, D  
BLACK, DEBRA R

FS-20

FAX: Scanable Bar Code

FAX INSTRUCTIONS:

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**THIS ID CARD MUST BE CARRIED IN THE INSURED  
VEHICLE FOR PRODUCTION UPON DEMAND**

**WARNING:** Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

300534(PS)-7-01

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300534(PS)-7-01

NEW YORK STATE INSURANCE IDENTIFICATION CARD

043 Associated Indemnity Corp.

Name & Address of Issuer FIREMAN'S FUND INSURANCE CO
777 SAN MARIN DRIVE
NOVATO, CA 94998

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

BLACK,LEON,D
BLACK,DEBRA,R
760 PARK AVE
NEW YORK NY 10021

Policy Number
Effective Date 07/26/2013
Expiration Date 07/26/2014
Applicable with respect to the following Motor Vehicle:

2007 BENTL
Year Make

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

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Name & Address of Issuer FIREMAN'S FUND INSURANCE CO
777 SAN MARIN DRIVE
NOVATO, CA 94998

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BLACK,LEON,D
BLACK,DEBRA,R

Policy Number
Effective Date 07/26/2013
Expiration Date 07/26/2014
Applicable with respect to the following Motor Vehicle:

2007 BENTL
Vehicle Identification Number

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777 SAN MARIN DRIVE
NOVATO, CA 94998

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BLACK,LEON,D
BLACK,DEBRA,R

Policy Number

Effective Date Expiration Date

07/26/2013 07/26/2014
12:01 12:01

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2008 JEEP

Year Make

Vehicle Identification Number

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NEW YORK STATE INSURANCE IDENTIFICATION CARD

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777 SAN MARIN DRIVE
NOVATO, CA 94998

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BLACK,DEBRA,R

Policy Number

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Year Make

Vehicle Identification Number

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NEW YORK STATE INSURANCE IDENTIFICATION CARD

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Policy Number

Name & Address of Issuer FIREMAN'S FUND INSURANCE CO
777 SAN MARIN DRIVE
NOVATO, CA 94998

Effective Date Expiration Date

07/26/2013 07/26/2014
12:01 12:01

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2009 HONDA
Year Make

Vehicle Identification Number

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BLACK,LEON,D
BLACK,DEBRA,R



FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

043 Associated Indemnity Corp.

Policy Number

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777 SAN MARIN DRIVE
NOVATO, CA 94998

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BLACK,DEBRA,R

Policy Number

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Applicable with respect to the following Motor Vehicle:

2012 ME/BE

Year Make

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Policy Number

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777 SAN MARIN DRIVE
NOVATO, CA 94998

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BLACK,LEON,D
BLACK,DEBRA,R

Policy Number

Effective Date Expiration Date

07/26/2013 07/26/2014

12:01 12:01

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Applicable with respect to the following Motor Vehicle:

2004 ACURA

Vehicle Identification Number

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NOVATO, CA 94998

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BLACK,DEBRA,R

Policy Number

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Applicable with respect to the following Motor Vehicle:

2004 ACURA

Year Make

Vehicle Identification Number

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Vehicle Identification Number

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