

This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

COMMON POLICY DECLARATIONS



POLICY NUMBER: 61 UEC PP2199 SC
RENEWAL OF: 61 UEC PP2199

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

UT PHYSICIANS

6431 FANNIN ST STE JJL475
HOUSTON , TX 77030
(HARRIS COUNTY)

Policy Period:

From 06/30/16 To 06/30/17

12:01 A.M. , Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

Total Advance Premium:

Coverage Part and Insurance Company Summary

Advance Premium

COMMERCIAL AUTO
SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA
HARTFORD , CT 06155

TEXAS ABTPA FEE

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 IL00171198 IH99400409 IH99410409 IL00210908 HA00250615

Agent/Broker Name:

Countersigned by
(Where required by law)

Suean S. Castaneda

Authorized Representative

05/24/16
Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISCELLANEOUS CHANGE ENDORSEMENT

POLICY NUMBER: 61 UEC PP2199 SC
CHANGE NUMBER: 001A



This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below. (Premium adjustment, if any, for the addition, deletion or other change described in this endorsement is shown in the Premium Column below.)

Effective Date: 11/08/16

Named Insured: UT PHYSICIANS

Producer's Name:

Pro Rata Factor: .641

Description of Change:

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS. THIS IS NOT A BILL.

SENTINEL INSURANCE COMPANY, LIMITED

FOR THIS ENDORSEMENT THE ADDITIONAL PREMIUM OF IS DUE AT
POLICY CHANGE EFFECTIVE DATE.
ADDITIONAL TEXAS ABTPA FEE

THE FOLLOWING COVERED "AUTO(S)" IS/ARE ADDED (SEE SCHEDULE)

00003

Countersigned by *Sueann S. Castaneda*
(Where required by law) Authorized Representative

11/14/16
Date

MISCELLANEOUS CHANGE ENDORSEMENT (Continued)

POLICY NUMBER: 61 UEC PP2199 SC

THE FOLLOWING VEHICLE(S) IS/ARE ADDED TO FORM CA9923 FOR RENTAL REIMBURSEMENT COVERAGE:

00003

THE FOLLOWING ENDORSEMENT(S) IS/ARE REVISED:

PERSONAL INJURY PROTECTION (TEXAS) LIMIT \$ 5000

RENTAL REIMBURSEMENT COVERAGE (SEE SCHEDULE) \$ 27.00AP

FORMS REVISED

CA22641013 CA21091013 CA99231013

SCHEDULE OF COVERED AUTOS YOU OWN

ABSENCE, IF ANY, OF A LIMIT ENTRY MEANS THAT THE LIMIT ENTRY SHOWN IN THE CORRESPONDING ITEM TWO OF THE DECLARATIONS LIMIT COLUMN APPLIES INSTEAD.

NO. 00003 17 FORD Van Cargo ID NO. 1FTYE9ZGXHKA23326
GARAGED: THE WOODLANDS TX TERR: 040 CLASS: 03399
ORIG. COST NEW: \$ 76,170
TAX CODE: ZIP CODE: 77384

COVERAGES: ANNUAL PREMIUMS SEQ. NO. 00006 ADDITIONAL/RETURN PREMIUMS
LIABILITY

PERSONAL INJURY PROTECTION \$ 5,000 EACH INSURED

UNINSURED MOTORISTS

COMPREHENSIVE \$ 1.000 DEDUCTIBLE

COLLISION \$ 1.000 DEDUCTIBLE

ENDORSEMENT PREMIUM
RENTAL REIMBURSEMENT
\$ 43

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM**



POLICY NUMBER: 61 UEC PP2199

This COMMERCIAL AUTOMOBILE COVERAGE PART consists of:

- A. This Declarations Form;
- B. Business Auto Coverage Form; and
- C. Any Endorsements issued to be a part of this Coverage Form and listed below.

ITEM ONE - NAMED INSURED AND ADDRESS

The Named Insured is stated on the Common Policy Declarations.

ADVANCE PREMIUM: \$

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations".

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

| | | | | |
|------------|-------------|------------|------------|------------|
| HA00040302 | HA00120615T | CA00011013 | HA21020614 | CA22641013 |
| CA21091013 | CA20011013 | CA01961013 | CA99231013 | CA99951013 |
| HA00240614 | HA99080614 | HA99160312 | | |

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 61 UEC PP2199

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the advance premium column below. 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 of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

| Coverages | Covered Autos | Limit The Most We Will Pay for Any One Accident or Loss | Advance Premium |
|--|---------------|--|-----------------|
| COVERED AUTOS LIABILITY | 07, 08, 09 | \$ 1,000,000 | \$ |
| PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage) | 07 | Separately stated in each Personal Injury Protection Endorsement. | \$ |
| ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault coverage) | | Separately stated in each Added Personal Injury Protection Endorsement. | |
| OPTIONAL BASIC ECONOMIC LOSS (New York only) | | \$25,000 each eligible injured person. | |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | Separately stated in the Property Protection Insurance Endorsement. | |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only) | | Separately stated in the Medical Expense and Income Loss Benefits Endorsement. | |
| AUTO MEDICAL PAYMENTS | | \$ Each Insured or the limit separately stated for each "auto" in ITEM THREE. | |
| UNINSURED MOTORISTS | 07 | \$ SEE FORM HA2102 OR STATE FORM(S) | \$ |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorist Coverage) | | \$ | |

**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 61 UEC PP2199

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

| Coverages | Covered Autos | Limit The Most We Will Pay for Any One Accident or Loss | Advance Premium |
|---|------------------|--|-----------------|
| PHYSICAL DAMAGE | | See ITEM FOUR for hired or borrowed "autos". | |
| COMPREHENSIVE COVERAGE | 07 | Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto". | \$ |
| SPECIFIED CAUSES OF LOSS COVERAGE | | Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus \$ deductible for each covered "auto" for "loss" caused by mischief or vandalism. | |
| COLLISION COVERAGE | 07 | Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto". | \$ |
| TOWING AND LABOR | | \$ or the amount separately stated for each "auto" in ITEM THREE, whichever is greater, for each disablement. | |
| DOWNTIME LOSS AND RENTAL REIMBURSEMENT & TOWING COVERAGE | | Downtime Loss or Rental Reimbursement up to a maximum of \$100 per day, subject to a combined maximum of \$3,000 per loss. Towing up to a maximum of \$500 per "disablement" subject to a maximum \$2,500 per policy period | |
| | | Endorsement Premium (Not included above) | \$ |
| | | TOTAL ADVANCE PREMIUM: | \$ |

**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 61 UEC PP2199

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
 FORM HA0012 ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE

RATING BASIS IS COST OF HIRE. Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

| State | Estimated Cost of Hire IF ANY | Rate Per Each \$100 Cost of Hire 1.646 | Advance Premium \$ |
|-------|----------------------------------|---|-----------------------|
|-------|----------------------------------|---|-----------------------|

TOTAL COVERED AUTOS HIRED AUTO ADVANCE PREMIUM: \$

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

| Named Insured's Business | Rating Basis | Number | Advance Premium |
|------------------------------------|---|--------|-----------------|
| Other than a Social Service Agency | Number of Employees Number of Partners | 25 | \$ |
| Social Service Agency | Number of Employees Number of Volunteers | | |

TOTAL ADVANCE PREMIUM: \$

**SCHEDULE OF COVERED AUTOS YOU OWN
(ITEM THREE OF THE DECLARATIONS)**



POLICY NUMBER: 61 UEC PP2199

Absence, if any, of a limit entry below means that the limit entry shown in the corresponding ITEM TWO of the Declarations Limit Column applies instead.

 NO. 00001 15 HOND Sport Utility Vehi ID NO. 5FNYF3H20FB008151
 GARAGED: HOUSTON TX TERR: 001 CLASS: 73910
 ORIG. COST NEW: \$ 30,310 USE: PPT
 LESSOR NO. 01
 TAX LOC: ZIP CODE: 77030

| COVERAGES: | SEQ. NO. 00004 | PREMIUMS |
|-----------------------------------|-----------------------|----------|
| LIABILITY | | \$ |
| PERSONAL INJURY PROTECTION | \$ 5,000 EACH INSURED | \$ |
| UNINSURED MOTORISTS | | \$ |
| COMPREHENSIVE \$ 1,000 DEDUCTIBLE | | \$ |
| COLLISION \$ 1,000 DEDUCTIBLE | | \$ |
| ENDORSEMENT PREMIUM | | |
| RENTAL REIMBURSEMENT | | \$ |

NO. 00002 16 HOND Sport Utility Vehi ID NO. 5FNYF5H11GB033953
 GARAGED: HOUSTON TX TERR: 001 CLASS: 73910
 ORIG. COST NEW: \$ 34,550 USE: PPT
 LESSOR NO. 01
 TAX LOC: ZIP CODE: 77030

| COVERAGES: | SEQ. NO. 00005 | PREMIUMS |
|-----------------------------------|-----------------------|----------|
| LIABILITY | | \$ |
| PERSONAL INJURY PROTECTION | \$ 5,000 EACH INSURED | \$ |
| UNINSURED MOTORISTS | | \$ |
| COMPREHENSIVE \$ 1,000 DEDUCTIBLE | | \$ |
| COLLISION \$ 1,000 DEDUCTIBLE | | \$ |
| ENDORSEMENT PREMIUM | | |
| RENTAL REIMBURSEMENT | | \$ |

POLICY NUMBER: 61 UEC PP2199



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE
AND UNDERINSURED MOTORISTS COVERAGE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- AUTO DEALERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| |
|-------------------------------|
| Endorsement Effective: |
| Named Insured: |

The Limit shown in ITEM TWO of the Declarations for Uninsured Motorists Coverage and for Underinsured Motorists Coverage (when not included in Uninsured Motorists Coverage) is replaced by the limits shown below for the state indicated.

SCHEDULE

| COVERAGE | LIMIT | STATE |
|---|------------------------------|-------|
| UNINSURED MOTORISTS | \$ 1,000,000 each "accident" | TX |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| UNDERINSURED MOTORISTS (when not included in Uninsured Motorists Coverage) | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |
| | \$,000 each "accident" | |

The state limit shown above completes the limit entry required on the endorsement(s) applicable in the same state.