

**CASUALTY INSURANCE
ENDORSEMENT MV-4**

The policy to which this endorsement is attached is written in pursuance of and is construed in accordance with the MOTOR CARRIER ACT, (Title 69, Chapter 12, Montana Code Annotated), and the rules and regulations of the Public Service Commission of the state of Montana adopted thereunder. The policy is to be filed with the state in accordance with said statutes and rules.

In consideration of the premium stated in the policy to which this endorsement is attached, the Company hereby agrees to pay any final judgment recovered against the insured for bodily injury to or to the death of any person or loss of or damage to any property of others (excluding injury to or death of the insured's employees while engaged in the course of their employment, and the loss of or damage to property of the insured, and property transported by the insured, designated as cargo), resulting from the negligent operation, maintenance, or use of motor vehicles under certificate of public convenience and necessity or certificate of compliance issued to the insured by the Public Service Commission of the State of Montana, under the Motor Carrier Act (Title 69, Chapter 12, MCA), within the limits of liability hereinafter provided, regardless of whether such motor vehicles are specifically described in the policy or not. It is understood and agreed that upon failure of the Company to pay any such final judgment, recovered against the insured, the judgment creditor may maintain an action in any court of competent jurisdiction against the Company to compel such payment. The bankruptcy or insolvency of the insured shall not relieve the Company of any of its obligations hereunder. The liability of the Company extends to such losses, damages, injuries, or deaths whether incurring on the route or in the territory authorized to be served by the insured or elsewhere in the State of Montana.

The liability of the Company on each motor vehicle for the following limits shall be continuing once notwithstanding any recovery hereunder:

**SCHEDULE OF LIMITS
MOTOR CARRIERS BODILY INJURY AND PROPERTY DAMAGE LIABILITY**

KIND OF EQUIPMENT	
<i>Passenger Equipment (Seating Capacity)</i>	
Seven (7) passengers or less	\$ 100,000
Eight (8) to Fifteen (15) passengers	500,000
Sixteen (16) to Twenty-six (26) passengers	750,000

EXCEPTION: Any motor carrier operating under a certificate of compliance authorizing passenger operations only, within a particular city or ten (10) mile radius thereof is required to carry a minimum of \$500,000 insurance regardless of the size of vehicle used, other than that utilizing seven (7) passengers or less equipment noted above.

Freight Equipment
(check space provided below for limits applicable)

- _____ 1) **\$100,000 for transportation of nonhazardous freight in a vehicle designed, equipped and primarily intended for the transportation of 7 passengers or less or a vehicle of manufacturer's GVW rating of 10,000 pounds or less designed, equipped and primarily intended for transportation of cargo.**
- _____ 2) **\$500,000 for transportation of nonhazardous freight for all other vehicles.**
- _____ 3) **The Federal Department of Transportation minimum insurance limits for hazardous materials freight, as hazardous materials is defined by that Department.**

Nothing contained in the policy or any other endorsement thereon, nor the violation of any of the provision of the policy or any endorsement thereon by the insured, shall relieve the Company from liability hereunder or from the payment of any such final judgment.

This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the Public Service Commission of the State of Montana at its offices at 1701 Prospect Avenue, PO Box 202601, Helena, Montana 59620-2601, said thirty (30) days' notice to commence to run from the date notice is actually received at the office of said Commission.

Attached to and forming a part of Policy No. _____ issued by the _____

Insurance Company to _____

(DATE)

(Signature of Agent or other Officer)