

# Non-owned Auto Physical Damage Reimbursement (Employee Vehicles) Checklist

NONPROFITS OWN™ Enhancement Endorsement to BUSINESS AUTO

NONPROFITS' OWN™ specialized coverage

Competitor Name

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<input checked="" type="checkbox"/> \$5,000 per claim limit/ \$25,000 annual aggregate limit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Reimburses member for the payments made to employee for the physical damage to employee's personal vehicle while performing work-related duties	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



The insurance policy, not this brochure, forms the contract between the insured and the insurance carrier. The policy may contain limits, exclusions, and limitations that are not disclosed in this brochure. Coverages may differ by state.

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