APPENDIX A
ARIZONA MUNICPAL RISK RETENTION POOL
MUNICIPAL AUTO DECLARATIONS

Coverage Agreement Number: **AM XXXX**
Previous Coverage Agreement Number: **AM XXXX**

Item 1. **MEMBER:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Item 2. **ORIGINAL COVERAGE DATE:** XX/XX/XX

RATING PERIOD FROM: **XX/XX/XX** **12:01 AM at the Mailing Address on the Common Declarations**
TO: **XX/XX/XX**

Item 3. **DESCRIPTION OF MEMBER:** Municipality

IN RETURN FOR THE PAYMENT OF MEMBERSHIP FEES, AND SUBJECT TO ALL THE TERMS OF THE POOL'S INTERGOVERNMENTAL AGREEMENT AND THIS COVERAGE AGREEMENT, THE POOL AGREES TO PROVIDE THE MEMBER WITH THE COVERAGES AS STATED IN THIS COVERAGE PART.

Item 4. **SCHEDULE OF COVERAGES:**

This Coverage Part provides only those coverages where a coverage symbol is shown in the Covered Autos column below. Each of those 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 Municipal Auto Coverage Form next to the name of the coverage.

Coverage Description	**Covered "Autos"**	**Limits Of Coverage**
Municipal Auto Liability	1	$ 2,000,000 Each Accident
Municipal Auto Medical Payments	3	$ 5,000 Each Person
Uninsured/Underinsured Motorists	2	$ 1,000,000 Each Accident
Comprehensive Coverage	3,4,5	See Auto Schedule
Specified Causes Of Loss	X	See Auto Schedule
Collision Coverage	3,4,5	See Auto Schedule

Item 5. **MUNICIPAL AUTO LIABILITY DEDUCTIBLE:** $ XX,XXX Each Accident

Item 6. **MUNICIPAL AUTO PHYSICAL DAMAGE DEDUCTIBLES:** See Auto Schedule

Item 7. **FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:**

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_____
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THESE DECLARATIONS, TOGETHER WITH THE COMMON DECLARATIONS, THE COMMON CONDITIONS, THE AUTO SCHEDULE, AND THE MUNICIPAL AUTO COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE MUNICIPAL AUTO COVERAGE PART. PLEASE READ THEM CAREFULLY.