

PRODUCER	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1	4	9	CSL	BI EA PER \$			
	2	7			BI EACH ACCIDENT \$			
	3	8			PROPERTY DAMAGE \$			
PHYSICAL DAMAGE								
			TOWING & LABOR	3 7	\$			
			COMPREHENSIVE	2 3	4 7 8			
MEDICAL PAYMENTS	2 3	4 7	8	EACH PERSON	\$			
UNINSURED/ UNDERINSURED MOTORIST	2	6		CSL	BI EA PER \$			
	3	7			BI EACH ACCIDENT \$			
	4				PROPERTY DAMAGE \$200 DED \$			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
		EMPLOYEES				COVERAGE IS:	PRIMARY	SECONDARY
		VOLUNTEERS						
		PARTNERS						
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS								

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41	46	CSL	BI EA PER \$							
	42	47			COMPREHENSIVE	42 43	46 47	\$			
	43	50			SPECIFIED CAUSES OF LOSS	42 43	46 47	\$			
							SCL	FT	LSP		
							F	FTW			
					COLLISION	42 43	46 47	\$			
MEDICAL PAYMENTS	42 43	46	EACH PERSON	\$	TOWING & LABOR	46		\$			
UNINSURED/ UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	43				COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45				COMPREHENSIVE	48 49					
					SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	COLLISION	48 49						\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$			
		EMPLOYEES				COVERAGE IS:	PRIMARY	SECONDARY			
		VOLUNTEERS									
		PARTNERS									
OTHER				OTHER							
COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY											

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																															
LIABILITY	61	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">COVERED AUTO SYMBOLS</th> <th style="width:15%;">LIMITS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">COMPREHENSIVE</td> <td>62</td> <td>67</td> <td rowspan="3">\$</td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> <tr> <td rowspan="3">SPECIFIED CAUSES OF LOSS</td> <td>62</td> <td>67</td> <td rowspan="3">\$</td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> <tr> <td rowspan="3">COLLISION</td> <td>62</td> <td>67</td> <td rowspan="3">\$</td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> </tbody> </table>	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COMPREHENSIVE	62	67	\$	63	68	64		SPECIFIED CAUSES OF LOSS	62	67	\$	63	68	64		COLLISION	62	67	\$	63	68	64	
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																														
	COMPREHENSIVE	62	67	\$																														
		63	68																															
64																																		
SPECIFIED CAUSES OF LOSS	62	67	\$																															
	63	68																																
	64																																	
COLLISION	62	67	\$																															
	63	68																																
	64																																	
62	68	BI EACH ACCIDENT	\$																															
63	71	PROPERTY DAMAGE	\$																															
64																																		
MEDICAL PAYMENTS	62	64	EACH PERSON	\$	TOWING & LABOR	63	\$																											
	63	67				67																												
UNINSURED/UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	TRAILER INTERCHANGE																												
	63	67	BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE																							
	64		PROPERTY DAMAGE \$200 DED	\$	COMPREHENSIVE	69																												
					SPECIFIED CAUSES OF LOSS	70																												
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	\$	COLLISION	69					\$																							
						70																												
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	\$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE																									
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	EMPLOYEES						<input type="checkbox"/> COMP	\$																							
				VOLUNTEERS						<input type="checkbox"/> SPEC C OF L	\$																							
				PARTNERS					<input type="checkbox"/> COLL	\$																								
OTHER					COVERAGE IS:			PRIMARY		SECONDARY																								

COVERED AUTO SYMBOLS

(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

- I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
- I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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