

PRODUCER

APPLICANT (First Named Insured)

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 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE IF ANY BASIS \$	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	COMP \$	
				SPEC C OF L \$	
				COLL \$	
			COVERAGE IS:		PRIMARY SECONDARY
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 \$	COMPREHENSIVE	42 46		
	42 47	BI EACH ACCIDENT \$		43 47		\$
	43 50	PROPERTY DAMAGE \$				
			SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$
				43 47	F FTW	
			COLLISION	42 46		\$
				43 47		
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43 45	BI EACH ACCIDENT \$	COVERAGES	SYMBOL # TRAILERS STATE # DAYS RADIUS DEDUCTIBLE		
	45		COMPREHENSIVE	48 49		
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49		
	43 45	BI EACH ACCIDENT \$		48 49		
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE IF ANY BASIS \$	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE		
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	COMP \$		
				SPEC C OF L \$		
				COLL \$		
			COVERAGE IS:		PRIMARY SECONDARY	
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	CSL	BI EA PER	\$	COMPREHENSIVE	62	67																				
	62	68	BI EACH ACCIDENT	\$	63		68																					
	63	71	PROPERTY DAMAGE	\$	64																							
	64				62		67	SCL					FT	LSP														
						SPECIFIED CAUSES OF LOSS	63	68	F	FTW	\$																	
							64																					
						COLLISION	62	67																				
							63	68				\$																
							64																					
MEDICAL PAYMENTS	62	64	EACH PERSON	\$		TOWING & LABOR	63		\$																			
	63	67					67																					
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE																						
	63	67	BI EACH ACCIDENT	\$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE																
	64					COMPREHENSIVE	69																					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$		70																					
	63	67	BI EACH ACCIDENT	\$		SPECIFIED CAUSES OF LOSS	69																					
	64						70																					
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE		IF ANY BASIS	COLLISION	69					\$																
			\$				70																					
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE		IF ANY BASIS			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE																	
			\$								COMP	\$																
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE						SPEC C OF L	\$																
						EMPLOYEES					COLL	\$																
						VOLUNTEERS																						
			PARTNERS																									
OTHER					OTHER																							
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">COVERED AUTO SYMBOLS</td> <td style="width:25%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%;">(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(61) ANY AUTO</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td></td> <td></td> <td></td> </tr> </table>													COVERED AUTO SYMBOLS	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	(61) ANY AUTO	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY	(62) OWNED AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT		(63) OWNED PRIVATE PASS AUTOS ONLY			
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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 FRAUD AN 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 AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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