

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67				
	62	68	BI EACH ACCIDENT \$		63	68				
	63	71	PROPERTY DAMAGE \$		64					
	64									
				SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			
					63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW			
					64					
				COLLISION	62	67				
					63	68				
					64					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63					
	63	67			67					
UNINSURED 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 \$	COMPREHENSIVE	69					
					70					
				SPECIFIED CAUSES OF LOSS	69					
					70					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
	<input type="checkbox"/> NO	\$			70					
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	<input type="checkbox"/> NO	\$								
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES	GROUP TYPE	NUMBER OF							
	<input type="checkbox"/> NO	<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>							
		<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>							
		<input type="checkbox"/> PARTNERS	<input type="checkbox"/>							
OTHER				OTHER	COVERAGE IS:		<input type="checkbox"/> PRIMARY	<input type="checkbox"/>	<input type="checkbox"/> SECONDARY	

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. 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 INSTRUCTIONS 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 (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I ALSO UNDERSTAND THAT STATE LAW ALLOWS ME TO PURCHASE UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, TO REJECT UM PD ONLY, OR TO REJECT UM BI AND UM PD COVERAGES ENTIRELY.

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| 1. I APPLY FOR UM BI AND PD LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS) | 2. I REJECT UM PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS) |
| | 3. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS) |

ALSO, IF I HAVE TEN (10) OR MORE COVERED MOTOR VEHICLES AND I HAVE SELECTED "NON-STACKABLE" UM COVERAGE, I HAVE COMPLETED THE STATE SUPPLEMENT.

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	NATIONAL PRODUCER NUMBER
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