

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/> 46 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	EA PER \$ EA ACC \$		43 <input type="checkbox"/> 46 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	\$			
SNGL LMT <input type="checkbox"/> SPL LMT <input type="checkbox"/>	46 <input type="checkbox"/>	DED \$ NAMED INSURED <input type="checkbox"/> NAMED INS & RES RELATIVES <input type="checkbox"/>		44 <input type="checkbox"/>					
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	EA PER \$ EA ACC \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	46 <input type="checkbox"/>	NAMED INSURED <input type="checkbox"/> NAMED INSURED & RESIDENT RELATIVES <input type="checkbox"/>		43 <input type="checkbox"/> 46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$		44 <input type="checkbox"/>					
	43 <input type="checkbox"/>		TOWING & LABOR	46 <input type="checkbox"/>		\$			
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>		COMP / OTC	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		49 <input type="checkbox"/>					
	NO <input type="checkbox"/>		SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		49 <input type="checkbox"/>					
	NO <input type="checkbox"/>		COLLISION	48 <input type="checkbox"/>					\$
NON-OWNED AUTO LIABILITY	YES STATES <input type="checkbox"/>	GROUP TYPE	TRAILER VALUE	49 <input type="checkbox"/>					
	NO <input type="checkbox"/>	EMPLOYEES	\$						
		VOLUNTEERS	STATES	# DAYS	# VEH				
		PARTNERS							
OTHER			HIRED PHYSICAL DAMAGE						
			OTHER						
COVERED AUTO SYMBOLS									
(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF						
(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A	(47) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER						
(43) OWNED COMMERCIAL AUTOS ONLY	COMPULSORY UNINSURED	(48) TRAILERS IN YOUR POSSESSION UNDER	INTERCHANGE AGREEMENT						
	MOTORIST LAW	A TRAILER INTERCHANGE AGREEMENT	(50) NON-OWNED AUTOS ONLY						

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU 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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE. IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	BI EA PER \$	COMP / OTC	62					
	62	BI EACH ACCIDENT \$		63					
	63	PROPERTY DAMAGE \$		64					
	64								
PERSONAL INJURY PROTECTION	65	EA PER \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67	DED \$		63	68	F	FTW		
				64					
ADDITIONAL P.I.P.	65	EA PER \$	COLLISION	62	67				
	67	NAMED INSURED		63	68				
				64					
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63					
	63			67					
UNINSURED MOTORIST	62	BI EA PER \$	TRAILER INTERCHANGE						
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		COMP / OTC	69					
					70				
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE \$	COLLISION	69					
	NO	IF ANY BASIS		70					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE \$	TRAILER VALUE \$						
	NO	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE		NUMBER OF					
		EMPLOYEES							
		VOLUNTEERS							
	NO	PARTNERS							
OTHER			COVERAGE IS:		PRIMARY	SECONDARY			
			OTHER						

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 / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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