

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 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$		3 7		
	4	PD \$ _____ DED				
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$				
	3 7	BI EACH ACCIDENT \$				
	4					
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		EMPLOYEES	NUMBER OF	COMP \$
	NO	VOLUNTEERS				SPEC C OF L \$
		PARTNERS			COLL \$	
			COVERAGES 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 43	EACH PERSON \$	TOWING & LABOR	46			\$	
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE					
	43 46	BI EACH ACCIDENT \$	COMPREHENSIVE	48 49				
	45	PD \$ _____ DED						
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49				
	43 46	BI EACH ACCIDENT \$						
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49			\$	
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE		EMPLOYEES	NUMBER OF	COVERAGES IS:		
	NO	VOLUNTEERS					PRIMARY	SECONDARY
		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 \$	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 \$	COMPREHENSIVE	69						
	64		PD \$ _____ DED		70						
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69						
	63	67	BI EACH ACCIDENT \$		70						
	64										
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ _____ IF ANY BASIS	COLLISION	69						
					70						
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ _____ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE								
			EMPLOYEES		NUMBER OF						
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER							
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>											

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES
 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. 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 I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

1. I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. _____ (INITIALS)
2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
4. I REJECT UMPD 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
-----------------------	------	----------------------