

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$		43 <input type="checkbox"/>	46 <input type="checkbox"/>				
SUPPLEMENTAL AUTO COVERAGES	44 <input type="checkbox"/>	AUTO DEATH BEN <input type="checkbox"/> \$10,000 EA PER	TOTAL DISABILITY BENEFITS	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
	46 <input type="checkbox"/>	\$60 PER PERSON GAINFULLY EMPL <input type="checkbox"/> \$30 PER PERS - NOT GAINFULLY EMPL <input type="checkbox"/>			43 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>			\$	
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>			\$		
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	COMP / OTC	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48 <input type="checkbox"/>					\$
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	TRAILER VALUE	\$				
	NO <input type="checkbox"/>		EMPLOYEES		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
		VOLUNTEERS								
OTHER			PARTNERS							
				COVERAGE IS:		PRIMARY	SECONDARY			
				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

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

SIGNATURE

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT THESE COVERAGES ENTIRELY. _____ (INITIALS)

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									
LIABILITY	61	67	CSL	BI EA PER \$	COMP / OTC	62	67				\$	
	62	68		BI EACH ACCIDENT \$		63	68					
	63	71		PROPERTY DAMAGE \$		64	64					
	64											
SUPPLEMENTAL AUTO COVERAGES	65		AUTO DEATH BEN \$10,000 EA PER		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$	
	67		TOTAL DISABILITY BENEFITS			63	68	F	FTW			
			\$60 PER PERSON GAINFULLY EMPL	\$30 PER PERS - NOT GAINFULLY EMPL		64	64					
					COLLISION	62	67				\$	
						63	68				\$	
						64	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	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64				COMP / OTC	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	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69					\$	
	NO		\$			70						
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	TRAILER VALUE	\$						
	NO		\$				STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE							
	NO		EMPLOYEES									
				VOLUNTEERS								
			PARTNERS									
OTHER							COVERAGE IS:		PRIMARY	SECONDARY		
					OTHER							

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

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