

Texas Personal Injury Protection Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

☐ I select Personal Injury Protection Coverage.

☒ I reject Personal Injury Protection Coverage.



Signature of Named Insured

5/26/17
Date

Texas Uninsured/Underinsured Motorists Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

☐ I select Uninsured/Underinsured Motorists Coverage
with the following limit:

☒ I reject Uninsured/Underinsured Motorists Coverage.

Combined Single Limit	
<input type="checkbox"/>	\$ 85,000
<input type="checkbox"/>	\$ 100,000
<input type="checkbox"/>	\$ 250,000
<input type="checkbox"/>	\$ 350,000
<input type="checkbox"/>	\$ 500,000
<input type="checkbox"/>	\$ 1,000,000



Signature of Named Insured

5/26/17
Date

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 1532.00
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.


Policyholder / Applicant's Signature

Liberty Syndicates 2623
.....Syndicate on behalf of
certain underwriters at Lloyd's

Print Name

20762

Policy Number

Date

NAMED INSURED QUESTIONNAIRE

1. Description of Operation: _____
2. List all Commodities Hauled: _____
3. Are all owned commercial vehicles scheduled on this policy? ☐ YES ☐ NO
4. Are ICC or Federal Filings Required?
TX DOT# _____ MC# _____ US DOT# _____
5. Radius of operations: 0-50miles _____% 50-200miles _____% 200+ _____%
6. How long has the insured been in business? _____
7. Does the insured allow passengers to ride in units? ☐ YES ☐ NO
8. Is there a vehicle maintenance program in operation? ☐ YES ☐ NO
9. Are any vehicles lease to others? ☐ YES ☐ NO
10. Do any units require placards? ☐ YES ☐ NO
11. Any Hold Harmless agreements? ☐ YES ☐ NO
12. Does the insured maintain MVR's on all drivers? ☐ YES ☐ NO

HIRED AND NON OWNED AUTO COVERAGE (IF REQUESTED)

1. Type of operation: _____
2. Annual cost of hired autos _____
3. Does any individual or company lease autos in the insured's name? ☐ YES ☐ NO
4. Does the insured use owner operators or subcontractors? ☐ YES ☐ NO
5. Types of Autos hired: _____
6. What is the average term of lease _____
7. Does the insured own or have controlling interest in any other entity? ☐ YES ☐ NO
8. How often are non-owned autos used in insured's business? _____
9. Do employee's lease autos on insured's behalf? ☐ YES ☐ NO
10. Why is hired and or non-owned coverage being requested? _____
11. Do your employee's use their personal autos for business purposes? ☐ YES ☐ NO

COVERAGE CAN ONLY BE BOUND BY AN AUTHORIZED REPRESENTATIVE OF M. D. JENSVOLD & CO., INC.
BINDER IS AUTOMATICALLY CANCELLED WHEN POLICY OR CERTIFICATE IS ISSUED.

THE APPLICANT WARRANTS THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND CORRECT BASED ON THE APPLICANT'S RECORDS, KNOWLEDGE, AND WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL VOID ANY POLICY ISSUED.


 _____
Signature of Named Insured

5/26/17

Date

Signature of Agent

5/26/17

Date

Towing and Cleanup Extension Coverage Selection / Rejection

Unless rejected, an additional sum of \$5,000 per occurrence in respect of Towing and/or Clean Up costs, which shall apply in excess of any Scheduled Vehicle limits and shall not be considered a sub limit. In addition \$5,000 per occurrence shall apply to any Scheduled auto with Liability coverage in excess of the scheduled physical damage limits or when no limits of physical damage are listed. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided. **NO DOWNTIME COVERAGE IS PROVIDED.**

☒ I select Towing and Cleanup Extension Coverage with the following limit:

☐ I reject Towing and Cleanup Extension Coverage.

Towing and Cleanup Limit / Premium	
<input checked="" type="checkbox"/> \$ 5,000	INCL.
<input type="checkbox"/> \$ 10,000	USD 50 per Unit
<input type="checkbox"/> \$ 15,000	USD 100 per Unit
<input type="checkbox"/> \$ 20,000	USD 150 per Unit
<input type="checkbox"/> \$ 25,000	USD 200 per Unit



Signature of Named Insured

Date