AGENCY CUSTOMER ID:

R
ACORD

ACORD	CORI										COVERAGES / LIMITS SECTION												DA	TE (N	IM/DD/Y	YYY)	
											INSURED(S)																
POLICY NUMBER									EF	FECTIVE	DATE	CARRIE	R											NAIC C	ODE		
BUSINESS AUT	0 SI	ECTI	ON																								
COVERAGES										LIMIT	s			COVE	RAGES	CO	/ERE	D AU	то ѕ	умв	OLS	LIMITS					
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	2 6 CSL BI EA PER \$											COLLISION			2		4		8								
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NON-OWNED LIABILITY		NO					EMPLOYEES							PHYSICAL DAMAGE								COLL \$					
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AUTO (2) ALL OWNED AUTOS SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS							(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (8) HIRED AUTO (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (9) NON-OWNE										TOS										
ENDORSEMENT	S/	REM	AR	KS	(A	tach	n AC	ORD	101,	Add	ition	al Rem	narks	Sched	lule, if mo	re spac	e is ı	requ	uired	d)							
SIGNATURE																											
A CREDIT REPOI SUBSEQUENT RE POLICY WILL BE COLLECTED, MA' SHARE SUCH IN MARKETING. YO WHICH MAY BE INFORMATION W POLICY.	ENEW TREAY, UN FOR U HA WRO	WALS ATED NDER MATI AVE T ONG. OLLE	. AI CC CE ON HE IF CT,	NY I ONFI ERTA WIT RIG YO ASI	INFO IDEI AIN TH SHT OU A K Y	ORMA NTIAL CIRC AFFIL TO S ARE I	ATION LLY. CUMS LIATE SEE P INTEI AGE	N WHICHOWE TANCE D CO ERSO RESTE NT, O	CH W EVER ES, B MPA NAL ED IN R, IF	/E HA , THIS E DIS NIES INFO I OBT	IVE C S INF SCLO FOR RMA ^T FAINI J HA	OR MAY ORMATI SED WI SUCH TION CO NG A D VE BEEI	OBTA ION, A THOU PURF DLLEC DESCR N ISS	IN ABO AS WELL T PRIOI POSES TED AB IPTION UED A	UT YOU O AS OTHE R AUTHOR AS CLAIM SOUT YOU, OF OUR POLICY, F	R OTHER R PERSO IZATION S HANDL AND YOU INFORMA	INDINAL (TO NO	VIDU OR F ON-/ SEF /E T I PR	JALS PRIV AFFII RVIC HE F ACT AT	LIS LIAT ING RIGH THE	STED GED FED , UN HT TO S, AI E AD	AS I INFO THIR IDER O CO ND \	POLIC DRMA D PA WRIT DRRE /OUR SS P	CYHOL ATION S RTIES. ING A CT AN' R RIGH PROVID	.DER SUBS . WE .ND Y INI ITS I	S ON Y SEQUE MAY INSURA FORMA REGAR WITH Y	YOUR NTLY ALSO ANCE ATION DING YOUR
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AN INSURER WE STATEMENT OF TONE VIOLATION I	ГНЕ	REAS	SON	IS IT	Γ DE	ENIEC	CO ₁	/ERAG	E. IN	I GEI	NERA	L, UNDE	ER CA	LIFORN	IIA LAW A	GOOD DF	RIVER	RIS	A PE	RS	V NC	VHO	HAS				
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IN ADDITION, I HA THIS OPTION.	AVE	REEN	I OF	-FEF	KED) WAI	IVER	UF CC	LLIS	SION I	DEDL	JCTIBLE	. IF TI	HIS OPT	ION IS NO	INDICA	iED (ד אט	HIS	API	PLIC.	ATIO	N, Th	IĒN I F	HAVE	: REJE	CTED
I UNDERSTAND T RENEWALS, CON	TINU												RWISI	E IN WR	ITING.		E SUF	PPLE	EMEI	NT \	VILL	APP					
APPLICANT'S SIGNAT	URE								[DATE			PRO	DUCER'S	SIGNATUR	Ē							NAT	IONAL	PROD	UCER N	IUMBER

AGENCY CUSTOMER ID:

TRUCKERS SECTION AGENCY CUSTOMER ID:																									
COVERAGES	COVERED AUTO SYMBOLS														PHYSICAL DAMAGE COVERED										
		41		46			CSL		BI EA PER	\$			COVE	RAGI	ES	Αl	COV JTO S	YMBO	LS			LIMITS		DEDUCTIBLE	
LIABILITY	ABILITY 42 47						BI EACH ACCIDENT \$										42		47						
		43		50		PRO	OPERTY	/ DAM	AGE	\$			COMP/C	TC			43	L						\$	
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						+							SPECIFIE	D			42	\vdash	47		SCL	FT FT	LSP		
													CAUSES	OF L	LOSS		43				- [FTW	,	\$	
MEDION		42		46													46 42	Τ	47						
MEDICAL PAYMENTS		43				EAC	CH PER	SON		\$			COLLISIC	N			43							\$	
		42		46			CSL		BI EA PER	\$			WAI	VER UCT	OF IBLE		46								
UNINSURED MOTORIST		43				BIE	ACH A	CCIDEI	NT	\$			TOWING				46			\$					
		45				PRO	OPERTY	/ DAM	AGE	\$			& LABOR							Ф					
																				ITERC					
												COVE	RAGI	ES	SYI	MBOL	# T	RAILE	RS ZÖ	ŇĖ	# DAYS	RADIUS	DEDUCTIBLE		
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NON-TRUCKERS HIRED / BORROWED		NO			.,20		ST OF F	IIKE			ANY BASIS	•					49 48	+							
TRUCKERS		YES		S	TATES	+ -	COST OF HIRE IF ANY BASIS							SPECIFIED CAUSES OF LOSS			49								
HIRED / BORROWED LIABILITY		NO				\$							COLLISIC		48										
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NON-OWNED AUTO		NO					EMPL	OYEES	3				TRAILER	VAL		\$									
LIABILITY							1	NTEEF	S	-			-		STA	TES	#	DAYS	7	# VEH					
OTHER							PART	NERS					LUDED												
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COVERED AUTO SYME	OLS								JBJECT T		-FAULT		CIFICALLY D			AUT	os		(49)					SESSION OF	
(42) OWNED AUTOS O					(40	COM	/IPULSC	RY UN	JBJECT T IINSURED			(48) TRAIL	D AUTOS C LERS IN YO	UR F	POSSE				(50)	INTER	RCHA	ANGE AG	REEMENT	A TRAILER	
. ,	(43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																								
ENDORSEMENT	3/1	KEIV	IAK	NO	Allaci	II AC	OKD	101,	Additio	Onai	Remain	(S Scrieu	uie, ii iii	ore	s Spa	Ce is	STEC	uire	;u)						
CICNATURE																									
A CREDIT REPOR	RT O	R O	THE	R II	NVESTIC	GATIV	/F RFI	PORT	ABOUT	YOL	I MAY B	F REQUES	STED IN	(0.0	NNEC	TION	J WIT	гн т	HIS A	PPI I	CAT	ION FO	R INSUR	ANCE AND	
SUBSEQUENT RE	NEV	VALS	S. Al	NY	INFORM	IATIO	N WHI	CH W	E HAVE	OR	MAY OB	TAIN ABOL	JT YOU C	OR C	OTHE	RINI	DIVID	UAL	S LIS	TED A	AS F	POLICY	HOLDER	S ON YOUR	
POLICY WILL BE TO COLLECTED, MAY																									
SHARE SUCH IN MARKETING. YO																									
WHICH MAY BE	WRC	NG.	IF	YC	U ARE	INTE	REST	ED IN	OBTAII	NING	A DESC	CRIPTION	OF OUR	INF	FORM	ATIC	ON P	RAC	TICES	s, AN	DΥ	OUR R	IGHTS R	EGARDING	
INFORMATION W POLICY.	E CC	JLLE	:CI,	AS	K YOUR	RAGE	:NI, C)R, IF	YOU H	IAVE	BEEN IS	SSUED A I	POLICY,	PLE	ASE	WRI	IE U	SAI	IHE	ADD)RE	SS PRC	OVIDED V	VITH YOUR	
IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS																									
STATE, IS SUBJE									AIE W	HEN,	IN FACT	I, IHAI A	PPLICAN	I KI	ESIDE	-5 0)K 15	ЪО	VIICIL	בט ווי	I A	STATE	OTHER	THAN THIS	
AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN																									
ONE VIOLATION F																							I HAD IV	IORE THAN	
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OPTIONS OF SEL REJECTED UMBI																									
SUPPLEMENT, AC						_						- · - · ·					-,-		,				0		
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IN ADDITION, I HA	I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA. IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION																								

APPLICANT'S SIGNATURE

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.

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

MOTOR CARRIE	R S	FC	TIOI	N							AGE	NCY CUST	OMEF	R ID:									
COVERAGES				JTO SYMBO	DLS				LIMIT	s						PH	YSICAL	DAMA	GE				
		61		67			CSL	BI EA F	FR \$	<u> </u>		COVERAG	GES	Δ	COV UTO S	ERED	ol S		LIMITS		DEDUCTIBLE		
LIABILITY		62 63		68 71		BI EACH ACCIDENT \$ PROPERTY DAMAGE \$						COMP / OTC		62 63		67				\$			
						FINOFERIT DAIWAGE \$									64								
												SPECIFIED CAUSES OF	LOSS		62 63 64		67	SC F	FT\	LSF V	\$		
												COLLISION	P 05		62		67 68				\$		
MEDICAL		62		64		FACH	PERSOI	N.	\$	<u> </u>		TOWING	TIBLE		64	L		\$					
PAYMENTS		63		67								& LABOR			67								
UNINSURED		62		66	}		CSL	_	ER \$			COVERAG		CV	MDOL			FART		DEDUCTIBLE			
MOTORIST	63 67						CH ACCI PERTY DA		\$			COMP / OTC	31	MBOL 69	# 11	# TRAILERS F		# DAYS	RADIUS	DEDUCTIBLE			
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NON-TRUCKERS HIRED / BORROWED		YE NO		STATES		COST	OF HIRE			IF ANY BASIS		COLLISION WAIVER DEDUC	R OF TIBLE		69 70						\$		
TRUCKERS HIRED / BORROWED LIABILITY		YE NO		STATES		COST	OF HIRE	•		IF ANY BASIS		TRAILER VAI	LUE	\$ ATES	#1	DAYS	#	VEH					
NON-OWNED AUTO LIABILITY		YE NO		STATES		,	JP TYPE EMPLOYI OLUNTE PARTNEF	ERS		NUMBER	R OF	HIRED PHYSICAL DAMAGE											
OTHER							AKTNET	νο				OTHER		CO	VERAC	GE IS:			PRIMARY		SECONDARY		
COVERED AUTO SYM (61) ANY AUTO (62) OWNED AUTOS (63) OWNED PRIVATE ENDORSEMENT	ONLY E PAS	SS AL			(65 (66	OWN OWN SOR	ED AUTO ED AUTO Y UNINSI	OS SUBJ OS SUBJ JRED M	ECT TO ECT TO OTORI		(68) HIRE (69) TRA A TE	CIFICALLY DE ED AUTOS ONI ILERS IN YOU! RAILER INTERC	LY R POSS CHANG	SESSI E AG	ON UN	ENT	(71)	ANOTH INTER		KER UNDE GREEMEN			
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IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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		