## **AUTO-DRIVERS STATEMENT**

Named Insured:									
I HAVE APPLIED FO	R THE FOL	LOWING	G COVE	 RAGES:					
BODILY INJURY AN	D PROPERT	ΓY DAM	IAGE LIA	ABILITY I	LIMITS	S			
			SPL	IT LIMITS	<u>S</u>				
30,000/60,000/2	50,000/100,000/50,000				100,000/300,000/100,000				
250,000/500,000/100,000						500,000/500,000/100,000			
		COMB	INGED S	SINGLE IT	<u>EMS</u>				
50,000 100,00		300,		000 5		500,000		OTHER	
		<u>ME</u>	DICAL F	AYMENT	<u> </u>				
1,000		2,000		3,000			4,0000		
5,000		10,000		REJECTEI		O OTHER		THER	
PHYSICAL DAMAGE	V1	V2		V3		V4		V5	
COMPREHENSIVE									
COLLISION FULL GLASS									
RENTAL									
TOWING									
I HAVE READ MY AI HAVE APPLIED FOR ARE THOSE THAT I OR SUGGESTED BY LIABILITY AND/OR PURCHASE.	. 1 DECLAR HAVE REQ MY AGENT	RE THAT UESTEI T. 1 UND	THE CO DAND N DERSTAI	OVERAGE OT CHOS ND THERI	ES LIST SEN FO E ARE	ΓED ON OR ME HIGHEF	THE R LM	APPLICATION ITS OF	
1 UNDERSTAND THA INFORMATION 1 PRO INFORMATION PRO	OVIDED ON	N THE A	PPLICA	TION ANI	D 1 ST.	ATE TH	AT A		

HISTORIES ARE CORRECT TO THE BEST OF MY KNOWLEDGE. 1 UNDERSTAND THAT THE PREMIUM MAY CHANGE IF INFORMATION PROVIDED IS FOUND TO BE INCORRECT.

X: \_\_\_\_\_\_ Date: \_\_\_\_\_