Named Insured:

DRIVERS STATEMENT

I HAVE APPLIED FOR THE FOLLOWING COVERAGES:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY LIMITS

		SPLIT I	<u>LIMITS</u>			
20,000/40,000/10,000 100,000/300,000/100,		25,000/50,000/25,000 250,000/500,000/100,000		50,000/100,000/50,000 500,000/1,000,000/100,000		
OTHER						
COMBINED SINGLE LIMITS						
50,000	100,000	□300,000	500,000	OTHER		
MEDICAL PAYMENTS BASIC REPARATIONS BENEFIT						
1,000 3,000 2,000 4,000 5,000	10,000 OTHER_ REJECTED	_	REJECTED BASIC ADDITIONAL_	OTHI	ER	
PHYSICAL DAMAGE	V1	V2	V3	V4	V5	
COMPREHENSIVE						
COLLISION						
FULL GLASS						
RENTAL						
TOWING						
I HAVE READ MY APPLICATION AND UNDERSTAND THE COVERAGES, WHICH I HAVE APPLIED FOR. I DECLARE THAT THE COVERAGES LISTED ON THE APPLICATION ARE THOSE THAT I HAVE REQUESTED AND NOT CHOSEN FOR ME OR SUGGESTED BY MY AGENT. I UNDERSTAND THERE ARE HIGHER LIMITS OF LIABILITY AND/OR OPTIONAL COVERAGES, WHICH I HAVE CHOSEN NOT TO PURCHASE. I UNDERSTAND THAT THE PREMIUM QUOTATION IS BASED ON THE INFORMATION I PROVIDED ON THE APPLICATION AND I STATE THAT ALL INFORMATION PROVIDED BY ME ON THE APPLICATION, INCLUDING ALL DRIVING HISTORIES ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE PREMIUM MAY CHANGE IF INFORMATION PROVIDED IS FOUND TO BE INCORRECT.						
X				DATE		
SERVICE CHARGED BY PRODUCERS						
IN ACCORDANCE WITH SECTION 38A-707-2, THIS POLICY INCLUDES A FEE OF \$35.						
X WAIVED / NOT APPLICABLE				DATE		