AGENCY CUSTOMER ID:																											
ACORD NEW YORK COMN COVERAGES / LIN														,												_	
PRODUCER												N	NAMED	AMED INSURED(S)													
POLICY NUMBER EFFECTIVE DATE											C	CARRIEI	CARRIER											NAIC	CODE	_	
BUSINESS AUT	BUSINESS AUTO SECTION																										
COVERAGES					SYME	BOLS				LIMITS	s			COVERA	GES	СО	VERE	ED AU	TO S	YMB	ols			TS			
		1		4		9		CSL	BI EA PEI	R \$																	
LIABILITY		2		7			BI EACH ACCIDENT \$																				
		3		8			PRO	OPERTY DA	MAGE	\$																	
PERSONAL INJURY PROTECTION		5		7			\$			DI	ED \$																
OBEL		5		7			\$											PH	/SIC	AL DA	MAG	;E					
ADDITIONAL		5				•	\$		,	WOR	KLOSS \$			TOWING			3										
P.I.P.		7					ОТН	HER EXP \$	;		DEATH BENEFIT \$			& LABOR		7						\$					
WORK LOSS COORD		5		7				YES			NO					2			4 8								
MEDICAL EXP ELIM		5		7				NAMED IN	IS ONLY		NAMED INS	SUR!	ED ES	COMP / OTC			3		7								
MEDICAL		2		4		8		NI DEDOOM		•				SPECIFIED			2		4		8						
PAYMENTS		3 7 EACH PERSON				\$				CAUSES OF		3		7													
STATUTORY		2		6						R \$				COLLISION			2		4		8						
UNINSURED MOTORIST		3		7			BIE	ACH ACCIE	DENT	\$				COLLISION			3		7								
WIGTORIOT		4							1																		
SUPPLEMENTARY UNINSURED /		2		6				CSL	BI EA PEI	R \$																	
UNDERINSURED		3		7			BIE	ACH ACCIE	DENT	\$																	
MOTORIST (SUM)		4																									
HIRED / BORROWED YES STATES COST OF HIRE LIABILITY						IF ANY BASIS				STATE	ES # DAYS				# VEI	1	COVERAGE / DEDUCTIBLE										
LIABILITI	\/F0 0T4TF0						\$															COMP \$					
	YES STATES					:5	GR	OUP TYPE			NUMBER OF			HIRED PHYSICAL									SPEC C OF L	. \$			
NON-OWNED		NO				EMPLOYEES							DAMAGE									COLL	\$				
LIABILITY							VOLUNTEERS							-													
COVERED (1) ANY	ALIT	<u></u>						PARTNER		ED ALI	TOS OTHER T	ΉΔΝ	N PRIVA	TE PASSENGE		COVE		E IS:		(7)	_	PRIMA	ARY ALLY DE	_		NDARY	_
AUTO (2) OWI SYMBOLS (3) OWI	NED A	AUTO			ENG	SER AL	JTOS		(5) OWNE	ED AU	ITOS SUBJECT	ГΤО	NO-FA					TS LA	w	(8)	HIRE	D AU	TOS ONI ED AUT	_Y		100	
ENDORSEMENT	S/	REN	//AF	RKS	(A	COR	D 10	01, Addi	ional F	Rem	arks Sched	dul	le, ma	y be attach	ned if n	nore	sp	ace	is r	equ	ired	)					
SIGNATURE																											_
ANY APPLICANT (	COV	ERE	D B	YΑ\	WAC	GE CO	ITNC	NUATION	PLAN?																	Υ/	N
NAME OF PLAN						PE	RSO	N COVERE	D			1 [	NAME	OF PLAN					PE	RSON	(CO	/EREI	)				7
I HAVE HAD STA																											
AVAILABLE OPTIC ALL FUTURE REN	ONS	AND	) LIN	/IITS	EX	PLAIN	NED	TO ME. I	UNDER	STAN	ND THAT TH	E C	COVER	AGE SELEC	IA NOIT	ND L	.IMIT	CHO	DICE								
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IF YOU HAVE PUR A LOSS COVERED LOCATION OR A F	UN C	IDEF	R YC	UR	POL	LICY,	NEV	VYORK L	AW STA		_							_								-	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

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

TRUCKERS SECTION AGEN													ENCY CUSTOMER ID:													
COVERAGES	COVERED AUTO SYMBOLS										PHYSICAL DAMAGE															
		41		46	5			CSL	-	BI EA P	ER \$	i			COVERAG	GES	А	COVE UTO SY	RED MBOL	.s			LIMIT	s		DEDUCTIBLE
LIABILITY		42		47	,		BIE	ACH	ACCID		\$							42		47						
		43		50	)		PRO	OPER	TY DA	MAGE	\$	;			COMP / OTC	;		43								\$
PERSONAL INJURY PROTECTION		44		46	5		\$					DED \$						46								
OBEL		44		46	i		\$								SPECIFIED			42		47	s	CL	F	FT	LSP	
ADDITIONAL	44						\$ WORK LOSS \$						CAUSES OF	LOSS		43		-	F		FTW		'	\$		
P.I.P.		46		_	_	_	OTH	HER E	XP \$			DEATH BENEFIT	\$					46		_						
WORK LOSS COORD		44		46				YES			_	NO NAMED	INSIII	RED	0011101011			42		47						
MEDICAL EXP ELIM		44		46				NAM	MED IN	S ONLY		NAMED AND RE	LATIV	ĖŠ	COLLISION			43								\$
MEDICAL PAYMENTS		42		46	6		EAC	CH PE	RSON		\$	;						46								
TATMENTO		43		40				001		BI	ER \$				TOWING & LABOR			46			\$					
STATUTORY UNINSURED		42		46	Ó		DI F	CSL							u Enbort				TDAII	ED IN	TEDCL					
MOTORIST		43 45					DIE	АСП	ACCID	ENI	\$	)			COVERAG	GES.	sv	MBOL			FARTH ZONE				PADILIS	DEDUCTIBLE
SUPPLEMENTARY		42		46				CSL		BI	ER \$	<u> </u>			COVERA	GL3	31	48	# 110	- ILLIN	3 ZOI	NE	# DAI	3	RADIUS	DEDOCTIBLE
UNINSURED /		43		70	,		BLE				ER ♥ \$				COMP / OTC			49								
UNDERINSURED MOTORIST (SUM)		45		_			BI EACH ACCIDENT \$							ODEO(E)ED			48	+								
NON-TRUCKERS		YES	3		STATE	S	cos	ST O	HIRE			IF ANY BAS	SIS		SPECIFIED CAUSES OF	LOSS		49								
HIRED / BORROWED		NO					\$					1						48					+			
TRUCKERS		YES	3	S	TATE	S	COST OF HIRE IF ANY BASIS								COLLISION			49								\$
HIRED / BORROWED LIABILITY		NO					\$								TRAILER VA	\$									•	
		YES	3	S	TATE	S	GRO	OUP :	TYPE			NUM	/BER	OF		STA	ATES	# 0	DAYS	#	VEH					
NON-OWNED AUTO		NO						EMI	PLOYE	ES																
LIABILITY						VOI	UNTE	ERS					HIRED PHYSICAL													
								PAF	RTNER	S					DAMAGE											
OTHER																										
																	CO	VERAG	E IS:			PI	RIMAR	Υ	5	SECONDARY
															OTHER											
COVERED AUTO SYM (41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME ENDORSEMENT	ONLY	, L AUT				(45	OW CO MO	MPU TOR	AUTO LSORY IST LA	S SUBJ UNINS W	ECT TO			(47) HIRE (48) TRA A TE	CIFICALLY DE ED AUTOS ON ILERS IN YOU RAILER INTER	ILY R POSS CHANG	SESSI E AGI	ON UN REEME	NT	(50)	ANO INTE NON-	THE RCH OW	R TRU IANGE	CKE AG		SSESSION OF R A TRAILER T
SIGNATURE																										
ANY APPLICANT	COV	FRF	D B	ΥA	WAG	SE CO	ITINC	NUA	TION	DI AN	?															Y/N
NAME OF PLAN	v			. , ,					VERE		-		$\neg$	NAME	OF PLAN					PERS	SON C	OVI	RED			17.1
						'																				
I HAVE HAD STA AVAILABLE OPTIC ALL FUTURE REN	ONS	AND	LIN	AITS	S EXI	PLAIN	NED	1 OT	ME. I I	JNDEF	RSTA	ND THAT	THE	COVER	AGE SELEC	CTION	AND	LIMIT	CHO	DICES						
IF YOU HAVE PUI A LOSS COVEREI LOCATION OR A I	U C	IDER	YO	UR	POL	JCY,	NEW	V YO	RK L	AW ST																
ANY PERSON WINSURANCE OR A CONCEALS FOR WITH SUCH APPREPORT OF THE MOTOR VEHICLE PENALTY NOT TO	OR LICA TH S OI EX	ATEI THE TION EFT, R AN	MEN PUF N OF DE I INS	NT C RPC R C STF SUF	OF CI OSE ( CLAIM RUCT RANC	LAIM OF M 1, KN TION, CE CO	FOR ISLE OWI DAM DMP	R AN ADII NGL MAG ANY	Y COI NG, IN Y MA E OR COM	MMER NFORM KES ( CON' MITS A	CIAL MATIC DR KI VERS A FR	OR PERSON CONCENOWINGLY SION OF A	ONA ERNII Y AS NY I T INS	L INSUF NG ANY SISTS, MOTOR SURANC SUBJEC	RANCE BEN FACT MAT ABETS, SO VEHICLE TO DE ACT, WH T MOTOR V	EFITS ERIAL LICITS TO A L HICH IS	CON THI OR WA_	TAIN ERETO CON ENFO CRIME	ING A D, AN SPIR DRCE E, ANI	ANY MENTES WEST	MATE NY PE VITH T AG ALL A	RIA AN AN EN	ON VOTHECY, TO BE	FAL VHC R HE SU VIO	SE INFO, IN CO TO MAK DEPAR JBJECT LATION	ORMATION, DNNECTION Œ A FALSE RTMENT OF TO A CIVIL
APPLICANT'S SIGNATI	UKE									DATE			rku	DOCEK S	SIGNATURE								IAN	IUN	AL PKUD	UCER NUMBER

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																
COVERAGES	COVERED AUTO SYMBOLS			PHYSICAL DAMAGE												
	61 67	CSL BI EA PER \$		COVERAG	AŲ.	COVER TO SY	ED MBOLS		LIMITS	DEDUCTIBLE						
LIABILITY	62 68	BI EACH ACCIDENT \$					62	6	7							
LIABILITI	63 71	PROPERTY DAMAGE \$		COMP / OTC			63	68	3			\$				
DEDOONAL IN HIDY	64						64									
PERSONAL INJURY PROTECTION	65 67	\$ DED	\$	SPECIFIED			62	6	7	SCL F	LSP					
OBEL	65 67	\$		CAUSES OF	LOSS		63	- 6	3	F F	W	\$				
ADDITIONAL P.I.P.	65	\$ WORK LO					64									
	67		ATH NEFIT \$	0011101011			62	6								
WORK LOSS COORD  MEDICAL EXP ELIM	65 67 65 67		NO NAMED INSURED AND RELATIVES	COLLISION			63 64	68	1			\$				
MEDICAL EXP ELIM	62 64	INAIVIED INS ONLY	AND RELATIVES	TOMUNO			63									
PAYMENTS	63 67	EACH PERSON \$		TOWING & LABOR			67		\$							
STATUTORY	62 66	CSL BI EA PER \$					т	RAILER	INTERO	HANGE						
UNINSURED	63 67	BI EACH ACCIDENT \$		COVERAG	SES	SYM	BOL	# TRAIL	ERS FA	RTH ONE # DAYS	DEDUCTIBLE					
MOTORIST	64			COMP / OTC		69										
SUPPLEMENTARY UNINSURED /	62 66	CSL BI EA PER \$					70									
UNDERINSURED	63 67	BI EACH ACCIDENT \$		SPECIFIED			69									
MOTORIST (SUM)	64			CAUSES OF	LOSS		70									
NON-TRUCKERS HIRED / BORROWED	YES STATES		ANY BASIS	COLLISION			69					\$				
TRUCKERS	NO YES STATES	\$		TRAILER VAL	HE	\$	70									
HIRED / BORROWED LIABILITY	NO OTATES	COST OF HIRE IF A	ANY BASIS	TIVALELI VAL		ATES	# DA	YS	# VEH							
LIABILITI	YES STATES	GROUP TYPE	NUMBER OF													
NON-OWNED	NO	EMPLOYEES	NOMBEROI	HIRED												
AUTO LIABILITY		VOLUNTEERS		PHYSICAL DAMAGE												
		PARTNERS		27 102												
OTHER						COVI	ERAGE	IS:		PRIMARY		SECONDARY				
				OTHER												
COVERED AUTO SYMBOLS  (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (62) OWNED AUTOS ONLY (63) OWNED AUTOS ONLY (64) OWNED AUTOS SUBJECT TO A COMPUL- (65) OWNED AUTOS SUBJECT TO A COMPUL- (65) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL- (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY  ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																
SIGNATURE	COVERED BY A WAGE (	CONTINUIATION DI ANO										V/N				
NAME OF PLAN		PERSON COVERED	NAME O	F PLAN				Р	ERSON	COVERED		Y/N				
AVAILABLE OPTION	ONS AND LIMITS EXPLA	MOTORISTS AND SUPPLEMEI NED TO ME. I UNDERSTAND T IS AND CHANGES IN MY POLIC	THAT THE COVERA	AGE SELEC	TION	AND I	LIMIT	CHOIC								
A LOSS COVEREI LOCATION OR A I	D UNDER YOUR POLICY PARTICULAR CONCERN		AT YOU HAVE THE	RIGHT TO	UTILIZ	ZE AN	Y REI	NTAL \	/EHICL	E COMPAI	NY, RENT	AL VEHICLE				
LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.  ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.																
APPLICANT'S SIGNATI	URF	DATE	PRODUCER'S	SIGNATURE						NATIO	NAI PROD	UCER NUMBER				