

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																																																					
BODILY INJURY LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL COMPREHENSIVE	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
	42 <input type="checkbox"/>	47 <input type="checkbox"/>		43 <input type="checkbox"/>																																																							
	43 <input type="checkbox"/>	50 <input type="checkbox"/>		46 <input type="checkbox"/>																																																							
COMPULSORY PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	PER PERSON \$ _____ DED \$ _____	OPTIONAL SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
	46 <input type="checkbox"/>	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		43 <input type="checkbox"/>																																																							
				46 <input type="checkbox"/>																																																							
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
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	43 <input type="checkbox"/>	50 <input type="checkbox"/>		46 <input type="checkbox"/>																																																							
OPTIONAL MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL TOWING & LABOR	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
	43 <input type="checkbox"/>			43 <input type="checkbox"/>																																																							
				46 <input type="checkbox"/>																																																							
COMPULSORY UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	TRAILER INTERCHANGE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">OPTIONAL COMPREHENSIVE</td> <td>48 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">OPTIONAL SPECIFIED CAUSES OF LOSS</td> <td>48 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">OPTIONAL COLLISION</td> <td>48 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49 <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">TRAILER VALUE</td> <td colspan="5">\$ _____</td> </tr> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	OPTIONAL COMPREHENSIVE	48 <input type="checkbox"/>						49 <input type="checkbox"/>						OPTIONAL SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						OPTIONAL COLLISION	48 <input type="checkbox"/>						49 <input type="checkbox"/>						TRAILER VALUE		\$ _____				
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	49 <input type="checkbox"/>																																																										
TRAILER VALUE		\$ _____																																																									
	43 <input type="checkbox"/>		OPTIONAL HIRED PHYSICAL DAMAGE	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
	45 <input type="checkbox"/>			43 <input type="checkbox"/>																																																							
				46 <input type="checkbox"/>																																																							
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
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OPTIONAL BODILY INJURY TO OTHERS	41 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTIONAL COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																					
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OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE _____ IF ANY BASIS	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>STATES</th> <th># DAYS</th> <th># VEH</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				STATES	# DAYS	# VEH																																																		
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	NO <input type="checkbox"/>	\$ _____																																																									
OPTIONAL NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE	NUMBER OF	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGE IS:</th> <th>PRIMARY</th> <th>SECONDARY</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			COVERAGE IS:	PRIMARY	SECONDARY																																																		
	COVERAGE IS:	PRIMARY	SECONDARY																																																								
		NO <input type="checkbox"/>	EMPLOYEES																																																								
		VOLUNTEERS																																																									
		PARTNERS																																																									
OTHER			OTHER																																																								

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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
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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	61	67			BI EACH PERSON \$	
	62	68			BI EACH ACCIDENT \$	
	63	71				
	64					
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$			DED \$	
	67	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>				
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64		62	67	
	62	67		63	68	
	63	68		64		
OPTIONAL MEDICAL PAYMENTS	62	64		62	67	
	63	67		63	68	
COMPULSORY UNINSURED MOTORIST	62	66		62	67	
	63	67		63	68	
	64			64		
UNDERINSURED MOTORIST	62	66		62	67	
	63	67		63	68	
	64			64		
OPTIONAL BODILY INJURY TO OTHERS	61	64		62	67	
	62	67		63	68	
	63	68		64		
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES	STATES		69		
	NO			70		
OPTIONAL TRUCKERS HIRED / BORROWED	YES	STATES		69		
	NO			70		
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		69		
	NO			70		
				70		
OTHER				69		
				70		

TRAILER INTERCHANGE							
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
OPTIONAL COMPREHENSIVE	69						
OPTIONAL SPECIFIED CAUSES OF LOSS	70						
OPTIONAL COLLISION	69						
	70						

COVERED AUTO SYMBOLS			
(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT
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