

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																			
LIABILITY	41 <input type="checkbox"/>	47 <input type="checkbox"/>	COMBINED SINGLE LIMIT (CSL)	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">COVERED AUTO SYMBOLS</th> <th style="width:15%;">LIMITS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)</td> <td>42 <input type="checkbox"/></td> <td>47 <input type="checkbox"/></td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46 <input type="checkbox"/></td> <td></td> </tr> <tr> <td rowspan="3">SPECIFIED CAUSES OF LOSS (SPEC C of L)</td> <td>42 <input type="checkbox"/></td> <td>47 <input type="checkbox"/></td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46 <input type="checkbox"/></td> <td></td> </tr> <tr> <td rowspan="3">COLLISION (COLL)</td> <td>42 <input type="checkbox"/></td> <td>47 <input type="checkbox"/></td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46 <input type="checkbox"/></td> <td></td> </tr> <tr> <td rowspan="3">TOWING & LABOR</td> <td>46 <input type="checkbox"/></td> <td></td> <td>\$</td> </tr> </tbody> </table>	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$	43 <input type="checkbox"/>		46 <input type="checkbox"/>		SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$	43 <input type="checkbox"/>		46 <input type="checkbox"/>		COLLISION (COLL)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$	43 <input type="checkbox"/>		46 <input type="checkbox"/>		TOWING & LABOR	46 <input type="checkbox"/>		\$																	
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																																																		
	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																		
		43 <input type="checkbox"/>																																																				
46 <input type="checkbox"/>																																																						
SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																			
	43 <input type="checkbox"/>																																																					
	46 <input type="checkbox"/>																																																					
COLLISION (COLL)	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																																																			
	43 <input type="checkbox"/>																																																					
	46 <input type="checkbox"/>																																																					
TOWING & LABOR	46 <input type="checkbox"/>		\$																																																			
	42 <input type="checkbox"/>	50 <input type="checkbox"/>	BODILY INJURY (BI) EACH PERSON	\$																																																		
	43 <input type="checkbox"/>		BODILY INJURY (BI) EACH ACCIDENT	\$																																																		
46 <input type="checkbox"/>		PROPERTY DAMAGE	\$																																																			
PERSONAL INJURY PROTECTION (P.I.P.)	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
EXTENDED P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 62 FL.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
UNINSURED MOTORIST (UM)	42 <input type="checkbox"/>	46 <input type="checkbox"/>	Attach ACORD 61 FL.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
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 style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
OTHER	NO <input type="checkbox"/>		EMPLOYEES		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
			VOLUNTEERS		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
			PARTNERS		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</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">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">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> </tbody> </table>				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 <input type="checkbox"/>						49 <input type="checkbox"/>						SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						49 <input type="checkbox"/>						COLLISION	48 <input type="checkbox"/>					\$	49 <input type="checkbox"/>					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS					RADIUS	DEDUCTIBLE																																												
COMP / OTC	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																																																					
	49 <input type="checkbox"/>																																																					
COLLISION	48 <input type="checkbox"/>					\$																																																
	49 <input type="checkbox"/>																																																					
					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">F</th></tr></thead></table>				COVERAGES	SYMBOL	# TRAILERS	F																																										
COVERAGES	SYMBOL	# TRAILERS	F																																																			

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	61	67	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62	67	\$					
	62	68		63	68						
	63	71		64							
	64										
PERSONAL INJURY PROTECTION (P.I.P.)	65	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	62	67	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>					
	67			63	68						
				64							
EXTENDED P.I.P.	65	67	COLLISION (COLL)	62	67	\$					
ADDITIONAL P.I.P.	65	67		63	68						
MEDICAL PAYMENTS	62	64	TOWING & LABOR	63		\$					
	63	67		67							
UNINSURED MOTORIST (UM)	62	66	TRAILER INTERCHANGE								
	63	67	Attach ACORD 61 FL.	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64			COMP / OTC	69						
					70						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69				
	NO		\$				70				\$
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$					
	NO		\$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF							
	NO		EMPLOYEES								
			VOLUNTEERS								
OTHER			PARTNERS			OTHER	COVERAGE IS:		PRIMARY	SECONDARY	

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER