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COVERAGES		MBOL	s			LIMIT	's			COVERA	VFRF	D AU	TO S	YMBO	ı s			MITS									
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ADDITIONAL		5 OPTION #:												TOWING			3				9	\$					
P.I.P. MOTORCYCLE P.I.P.		7				+		APPLIES TO		\$		\$		& LABOR		7											
NAMED INDIVIDUAL- BROADENED P.I.P.	-	5		7		+	_				STED BELOW			COMP / OTC			2		4 8								
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MEDICAL PAYMENTS		3		7			EACH	PERSON	1	\$				SPECIFIED CAUSES OF	LOSS		3		7		0						
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NO						H,		JP TYPE EMPLOYE	ES		NUMBER OF			PHYSICAL										\$ \$			
NON-OWNED EMPLOYEE VOLUNTEE										DAMAGE									OLL .	,							
	PARTNERS													1		COVERAGE IS:					PR	IMARY	,	SECON	IDARY		
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	IED AL	JTOS			NGER	AUT	ros or	NLY	(5) OWI	NED A	JTOS SUB	JECT	TO NO-FA	ATE PASSENGI AULT MPULSORY UN				TS LA	w	(8) H	IRED	AUTO	Y DESCR S ONLY AUTOS (DNLY	ros		
ENDORSEMENT									• •											. ,							
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ANY PERSON WH STATEMENT OF C ANY FACT MATE PENALTIES.	LAIM	CO	NTA	ININ	IG AN	IY M	ИАТЕ	RIALLY	FALSE	INFO	DRMATIO	N OF	R CONC	EALS FOR T	HE PUR	POS	E OF	F MIS	SLEA	ADINO	3, INF	ORM	IATION	CONCE	RNING		
IF I HAVE REJECTACORD 60 KY.	ΓED (JNIN	ISUI	RED	(UM)	AN	ID/OR	UNDE	RINSU	IRED	(UIM) MC	OTOR	RISTS CO	OVERAGE, I	HAVE A	ALSO	SIG	SNED	TH	E KE	NTUC	CKY S	STATE S	3UPPLE	MENT,		
MOTORCYCLE PIF	P - DE	SCF	RIPT	ION	OF M	OTO	ORCY	YCLE(S)	TO BI	E CO\	/ERED		NAME	O INDIVIDUA	L - BRO	ADEN	NED	PIP -	LIS	T INC	IVIDI	JALS	TO BE	COVERI	ΞD		
APPLICABLE TO BI										RIER	IS/ARE	GAR	RAGING I	LOCATION(S) WITHIN	I CITY	Y LIN	MITS?	,		Υ/	N					
I UNDERSTAND T AND CHANGES UI											OICES IN	IDICA	ATED HE	RE WILL AF	PPLY TO	ALL	. FU	TURE	PC	OLICY	' REN	NEWA	LS, CO	NTINUA	TIONS		
APPLICANT'S SIGNATU	IRE								DATE			PRO	ODUCER'S	SIGNATURE								NATI	ONAL PR	ODUCER	NUMBER		

TRUCKERS SEC	TIO	N											AGE	NCY CUSTOME	R ID:											
COVERAGES	cov	ERED	AUT	TO SY	MBOL					LIMI	ITS			PHYSICAL DAMAGE												
		41		46			CSL		BI EA F	PER	\$			COVERAGES	A	COVI UTO S	ERED YMBO	LS		LIMITS		DEDUCTIBLE				
LIABILITY		42		47		ВП	BI EACH ACCIDENT \$									42		47								
		43		50		PR	PROPERTY DAMAGE \$							COMP / OTC		43					\$					
PERSONAL INJURY		44				\$	\$ FULL GUEST BUY									46										
PROTECTION		46				\$	\$ DED									42		47	sc	L FT	LSP					
ADDITIONAL 44						OPTION #:								SPECIFIED CAUSES OF LOSS		43			F	FT	N	\$				
P.I.P.		46				AG	AGGREGATE LIMIT \$								46											
MOTORCYCLE P.I.P.		44		46			APPLIES TO CYCLES LISTED BELOW \$									42		47								
NAMED INDIVIDUAL- BROADENED P.I.P.		44		46			APPLIES TO INDIVIDUALS LISTED BELOW \$							COLLISION		43					\$					
MEDICAL		42	42 46				EACH PERSON \$							46												
PAYMENTS		43				EA				TOWING		46			•											
UNINSURED MOT		42		46			CSL		BI EA F	PER	\$			& LABOR	L				\$							
STACKED		43				ВП	ACH A	CCIDI	ENT		\$								ITERCH/							
NON-STKD		45												COVERAGES	SY	MBOL	# TR	AILE	RS FART	# DAYS	RADIUS	DEDUCTIBLE				
UNDERINSURED MOT		42		46			CSL		│ BI │ EA F	PER	\$			COMP / OTO		48										
STACKED		43				BII	EACH A	CCIDI	ENT		\$			COMP / OTC	L	49										
NON-STKD		45									_			SPECIFIED		48										
NON-TRUCKERS		YES		STA	ATES	СО	ST OF I	IIRE			IF ANY	BASIS		CAUSES OF LOSS		49										
HIRED / BORROWED		NO														10										

IF ANY BASIS

NUMBER OF

48

COVERAGE IS:

NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED

Y/N

NATIONAL PRODUCER NUMBER

DAYS

VEH

PRIMARY

(49) YOUR TRAILERS IN THE POSSESSION OF

\$

STATES

COLLISION

HIRED PHYSICAL

DAMAGE

OTHER

(46) SPECIFICALLY DESCRIBED AUTOS

TRAILER VALUE

\$

SECONDARY

(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	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)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL

IF I HAVE REJECTED UNINSURED (UM) AND/OR UNDERINSURED (UIM) MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE KENTUCKY STATE SUPPLEMENT,

APPLICANT'S SIGNATURE

NO

YES

NO

YES

NO

STATES

STATES

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED

IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

COST OF HIRE

GROUP TYPE

EMPLOYEES

PARTNERS

VOLUNTEERS

(44) OWNED AUTOS SUBJECT TO NO-FAULT

APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS / ARE GARAGING LOCATION(S) WITHIN CITY LIMITS?

DATE

TRUCKERS HIRED / BORROWED

COVERED AUTO SYMBOLS

SIGNATURE

PENALTIES.

ACORD 60 KY.

LIABILITY

AUTO LIABILITY

OTHER

NON-OWNED

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS

PRODUCER'S SIGNATURE

MOTOR CARRIE	R S	SEC.	TIOI	N						AGE	NCY CUST	OME	R ID	:							
COVERAGES				TO SYMBOLS					LIMITS	 S											
		61		67		CSL		BI EA PE			COVERAG		COVE UTO S			L DAM	L	DEDUCTIBLE			
		62		68	BLE		CIDE		\$			T-	62		67						
LIABILITY		63		71					\$		COMP / OTC			63		68					\$
						Ť				64		1 1			•						
PERSONAL INJURY		64			\$				FUL	L GUEST BUY ONLY BACK				62		67	S	CL	FT	LSP	
PROTECTION 65				J	\$			DE	_	- ONET BACK	SPECIFIED		63		68	F		FTW		\$	
ADDITIONAL		65			ОРТ	ION #:					CAUSES OF	LOSS		64		1 1		_			•
ADDITIONAL P.I.P.		67		J	AGG	REGA	TE LII	MIT	\$					62		67					
MOTORCYCLE P.I.P.		65		67	APPLIES TO CYCLES LISTED BELOW \$					BELOW \$	COLLISION			63		68					\$
NAMED INDIVIDUAL- BROADENED P.I.P.		65		67		APPLIE	s to	INDIVIDU	ALS LIS	STED BELOW \$			64		1 1					•	
		62		64							TOWING			63							
MEDICAL PAYMENTS		63		67	EAC	H PER	SON		\$		& LABOR		67		'	\$					
UNINSURED MOT		62		66		CSL		BI EA PE	R \$						TRAII	LER IN	TERCH	ANGI			
STACKED		63		67	BIE	ACH AC	CIDE	_	\$		COVERAG	SES	SY	MBOL	# TR	AILER	SFAR	TH #	DAYS	RADIUS	DEDUCTIBLE
NON-STKD		64							·				69								
UNDERINSURED MOT		62		66		CSL		BI EA PE	R \$		COMP / OTC		70								
STACKED		63		67	BLE	ACH AC	CIDE		\$		CDECIFIED		69								
NON-STKD		64							Ť		SPECIFIED CAUSES OF	LOSS		70							
NON-TRUCKERS		YE:	S	STATES	cos	T OF H	IRE			IF ANY BASIS				69							
HIRED / BORROWED		NO			\$	\$					COLLISION			70							\$
TRUCKERS		YE:	S	STATES	cos	T OF H	IRE			IF ANY BASIS	TRAILER VA	\$									
HIRED / BORROWED LIABILITY		NO			\$,				ST	ATES	# [DAYS	#	VEH				
		YE:	S	STATES	GRC	UP TY	PE			NUMBER OF]										
NON-OWNED		NO				EMPL	OYEE	S			HIRED										
AUTO LIABILITY					VOLUNTEER			RS			PHYSICAL DAMAGE										
						PART	NERS	3													
OTHER													СО	VERAG	BE IS:			PRI	MARY	s	ECONDARY
											OTHER										
COVERED AUTO SYME (61) ANY AUTO (62) OWNED AUTOS O (63) OWNED PRIVATE	NLY PASS			(65) (66) ONLY	OWN OWN SOR	IED AU IED AU Y UNIN	TOS TOS SURI	SUBJEC ED MOTO	T TO T TO A DRIST	NO-FAULT (68) HIRE A COMPUL- (69) TRAII LAW A TR	CIFICALLY DES D AUTOS ONL' LERS IN YOUR AILER INTERCI	Y POSS HANGI	ESSIC E AGR	ON UND	١T	(71)	ANOTH INTERONON-C	HER T CHAN WNE	RUCKE	R UNDER A	SESSION OF A TRAILER
ENDORSEMENT	S/	REI	MAR	KS (ACOF	RD 10	01, A	ddit	ional	Rem	arks Schedule, ma	ay be attac	hed	if m	ore s	pace	is re	equir	ed)			
SIGNATURE																					

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MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED

APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS / ARE GARAGING LOCATION(S) WITHIN CITY LIMITS? Y/NIF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

DATE

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ACORD 137 KY (2015/09)

APPLICANT'S SIGNATURE

Page 3 of 3

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER