AGENCY CUSTOMER ID:

ACORD®

MICHICAN COMMERCIAL ALITO

DATE	(MM/DD/YYYY)	

ACORD	, B												SECTION									DATE	(MM/D	D/YYYY)	
AGENCY												NAMEDI	NAMED INSURED(S)												
POLICY NUMBER									EFFE	ECTIVE DA	ATE	CARRIEF	?										NA	IC CODE	
BUSINESS AUTO SECTION																									
COVERAGES	COVERED AUTO SYMBOLS LIMITS												COVERA	GES	CO	/ERE) AUT	SY	иво	s	LIMITS				
LIABILITY	1 2		4 7		9		SL CH ACCID	BI EA PEI ENT	R \$																
	3		8				ERTY DAI	MAGE \$0- \$2,999	\$	3,000- 5,999	\$	66,000- 88,999													
PERSONAL INJURY	5					\$9,000-				515,000- 524,999	\$	825,000 ROVER					PHYS	ICAL	DAN	AGE					
PROTECTION	ECTION 7						THER: OORD /K LOSS	C	OORD IED EXF	DED		NK LOSS	TOWING & LABOR	3 7						\$					
LIMITED PROPERTY DAMAGE LIABILITY	5		7				CIDENT		\$ 1	1,000		bciow	COMP / OTC			2				8					
PROPERTY PROT	5	-	7			EA AC	CIDENT		\$ 1	1,000,0	000					3 7			+						
MEDICAL PAYMENTS	3		7		8	EACH	PERSON		\$				SPECIFIED CAUSES OF	3			4 8 7 8								
UNINSURED	2 3		6 7					_	R \$ \$				COLLISION			2 3				8	DED	\$			
MOTORIST	4					<u> </u>		- DI					LIMITED COI	LL							NO APPLIC NOT APPLIC				
UNDERINSURED	2		6					_					BROADENE	COLL							DED	\$			
MOTORIST	3 4		′			BIEAC	H ACCID	ENI	*																
HIRED / BORROWED LIABILITY	YE	ES O	S	TATE	S		OF HIRE			IF ANY BASIS				STATE	S	# DA	# DAYS #				COVERAGE / DEDUCTIBLE			TBLE	
	YE	ES	ST	ATES	S	<u> </u>	P TYPE			NUMBER OF			HIRED PHYSICAL								SPEC C OF L \$				
NON-OWNED LIABILITY	NO.	0							-				DAMAGE							t	C	OF L	Ψ		
LIADILITI						PARTNERS									COVERAGE IS:			F			RIMARY			ONDARY	
	NED AUT		8								S I A\A	(8) HI	RED	AUTOS	Y DESCR S ONLY AUTOS		AUTOS							
(-) -								•														7,0100	OITE		
Michigan Catast	rophic	: Clai	ims .	Ass	soci	ation ((MCCA) char	ge wi	II be ad	lded	to the	premium	per veh	icle	•									
SIGNATURE																									
																	OCEI	DUR	E, A	N IN	VEST	IGATIV	E CO	NSUMER	
REJECTION WOR INCOME LOSS A REJECTION TO A	RE ELI	GIBLE	E TO	RE	JEC	T COV	ERAGE	FOR V	VORK	LOSS															
I (WE), THE UNDE	RSIGN	ED, H	AVE	REA	AD T	HE ABO	OVE ST	ATEME	NT AN			WAIVE \	WORK LOSS	BENEF	ITS A	S PF	ROVIE	ED	UNI	DER	THE				
PRINT NAME										SIGNAT	URE											DATE (I	/IM/DD	YYYY)	
I HAVE BEEN INF PROVIDED IN ACC PREMIUM SECTION I UNDERSTAND T RENEWALS, CON	ORD 62 ON OF T HAT TH	MI, M THIS A HE CC	MICHI APPL OVER	IGAI ICA RAGE	N CC TION E SE	OLLISIO N. IF NO ELECTIO	N INSU OPTIC ON AND	RANCE N IS SE LIMIT (OPTIC ELECT CHOIC	ONS NO ED, I DO ES INDI	TICE NOT CATE	E. I HAV T WISH ED HER	E INDICATE TO PURCHA E OR IN AN	D MY SE ASE ANY	COL	TION	N FOR	EA OVE	CH Y	VEH	IICLE I	N THE HAT VE	COVE	RAGES /	
		STAN	CE N	ИΑТ	ERIA	L IS AV	/AILABL		/ THE	MICHIG				U, PO BO	OX 30)220,	LANS	SING	S, MI	489		09-7720; 517-373-0240			
APPLICANT'S SIGNATURE DATE											PRODUCER'S SIGNATURE								NATIO	NATIONAL PRODUCER NUMBER					

ACENCY	CUSTOMER II	n.
AGENCI	CUSTOMERII	

TRUCKERS SEC								AGE	NCY CUST	OME	R ID:																
COVERAGES	COVERED AUTO SYMBOLS																PHYSICAL DAMAGE										
		41		46	;			CSL		BI EA	PER	\$			COVERA	GES	A	COVE UTO SY		LS		LIMITS		DEDUCTIBLE			
LIABILITY		42		47	,		BI EACH ACCI			DENT		\$						42		47							
		43		50)		PRC			\$	000	# 0.000	COMP / OTC			43		J				\$					
							INCOME \$0- \$2,999 \$5,999 \$8,99 LEVEL: \$9,000- \$15,000- \$25,0							\$6,000- \$8,999 \$25,000		-	46										
PERSONAL INJURY PROTECTION		44				-	LEV			\$14,9	99	\$22	\$15,000- \$24,999		SPECIFIED			42		47	SCL	— FT	LSP				
PROTECTION	46						OTHER: COORD COORD WK LOSS MED EXI					ORD	DED \$		CAUSES OF LOSS			43		J	F	FT\	N	\$			
LIMITED PROPERTY DAMAGE LIABILITY			Г	46	. [\vdash		WK L	OSS		MED	\$ 1 ,	#	pers below				46									
PROPERTY PROT		44		46				ACCID ACCID					0,000	00	COLLISION			43		47				\$			
		42		46		1	LAZ	CCID	LINI			Ψ 1,	,000,0	00				46		'				Ψ			
MEDICAL PAYMENTS		43					EAC	HPEF	RSON	1		\$			TOWING			46									
		42		46	5			CSL		BI EA	PER	\$			& LABOR						\$						
UNINSURED MOTORIST		43					BI E	ACH A	CCIE			\$									ERCHAN						
MOTORIOT		45													COVERA	GES	SY	MBOL	# TR	AILER	S FARTH ZONE	# DAYS	DEDUCTIBLE				
		42		46	6			CSL		BI EA	PER	\$			COMP / OTO	0		48									
UNDERINSURED MOTORIST		43					BI EACH ACCIDENT \$					\$					<u> </u>	49									
		45													SPECIFIED	- 1 000		48									
NON-TRUCKERS HIRED / BORROWED		YES		,	STATE	ES	COST OF HIRE					IF /	ANY BAS	SIS	CAUSES OF	- LOSS	<u> </u>	49									
TRUCKERS		NO YES			STATE	=	\$					1			COLLISION			48						\$			
HIRED / BORROWED		NO		•	SIAIE	=5	COST OF HIRE					IF /	ANY BAS	SIS	TRAILER VALUE		\$	49									
LIABILITY		YES		S	TATE	s	\$ GROUP TYPE						NII IN	IBER OF			TES	# D	AYS	#	VEH						
NON-OWNED		NO		Ū			GRO			ES			NUIV	IBER OF				" -									
AUTO LIABILITY		1				ŀ	VOLUNT								HIRED												
						İ		PAR							PHYSICAL DAMAGE												
OTHER															DAWAGE												
																	CO	VERAG	E IS:		F	RIMARY		SECONDARY			
															LIMITED CC	DLL					NO	DED	APPLI	NOT APPLIC			
															BROADENE	D COLL	L				DEI	\$					
COVERED AUTO SYM (41) ANY AUTO	BOL	S									BJECT BJECT		O-FAULT									RAILERS IN THE POSSESSION OF ER TRUCKER UNDER A TRAILER					
(42) OWNED AUTOS (43) OWNED COMME			TOC (ONII '	V	(43	COI		SOR	Y UNIN	ISURE			(48) TRA	AILERS IN YOU RAILER INTER	JR POSS				(50)	INTERC	HANGE A	GREEMEN TOS ONLY				
ENDORSEMENT						COB	_				al Da	mar	ke Sal							` ′			TOS ONLY				
Michigan Catast					_									•	•			_	Jace	13 16	quirec	'')					
monigan outdoo	. Ор		O.u.		,,,,,,	000.0		. (.,	u. go		DO uu	404 10 1110	ргоннан	PO. 1	00										
SIGNATURE	A D.C.		TIC	NI =	.05	NO: :-	2000	\	- 10		-00-	.002	T1 1 A T	AC A D.S.	OF 0115 11	NDED!	VD:-	INIO 5	DO 2		_ ^*.	NIV/FOT	O A T'' ("	2010: 1175			
IN MAKING THIS A REPORT CONTAIN																				∟DUF	k⊏, AN	nveSfl	GATIVE	CONSUMER			
REJECTION WOR	ΚΙ	288	ΑΠ	_ IN	ISUR	EDS I	PR∩	VIDE	DС	OVF	RAGE	UND	ER TH	IS POLICY	WHO ARE A	AGF 60) OR	OI DE	R AN	ND H	AVE NO	EXPEC	TATION	OF ACTUAL			
INCOME LOSS A	RE	ELIG	SIBLE	E T	O RE	EJECT	T CC	OVER	AGE	FO	R WC	ORK L															
REJECTION TO A		•																									
I (WE), THE UNDE	RSI	GNE	:D, Н	IAVI	E RE	AD II	HE A	BOV	ESI	AIE	MENI	AND	WISH	TO WAIVE	WORK LOS	S BENI	EFIIS	SASF	PROV	/IDED	UNDE	RIHEP	IL COVE	RAGE.			
PRINT NAME													SIGNAT	URE									DATE (MM	DD/YYYY)			
												+										+					
I HAVE BEEN INF	OR	MED) IN	WR	RITING	G OF	THE	= V/A	RIOI	IS C	OLLIS	SION	COVE	RAGE OPTI	ONS AVAII	ARLE	AND	OF M	IY R	IGHT	OF RE	COVER	Y UNDER	R FACH AS			
PROVIDED IN ACC PREMIUM SECTION	ORD ON C	62 N F Th	MI, N HIS A	APP	HIGA PLICA	N CO	LLIS . IF N	10 O	NSU PTIC	JRAN DN IS	CE O SELE	PTIOI ECTEI	NS NO D, I DO	TICE. I HA\ NOT WISH	/E INDICATI TO PURCH	ED MY ASE AI	SEL NY C	ECTIC OLLIS	N FO	OR EA	CH VEI	HICLE IN	N THE CO	VERAGES / CLE.			
I UNDERSTAND T RENEWALS, CON NOTE: CONSUME	TIN	JATI	ONS	AN 8	ND CH	HANG	SES (JNLE	SS	TON I	IFY Y	OU C	OTHER	WISE IN WF	RITING.												
APPLICANT'S SIGNATU						_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 /		_, (ט	DAT					SIGNATURE	.5, 1 5	20/	. 00220	o, ∟ /1		o, ∓C	1		UCER NUMBER			

MOTOR CARRIE	R S	FC	ΓΙΩ	N							AGE	NCY CUST	OME	R ID:	:							
COVERAGES					SYMI	BOLS				LIMITS	3	PHYSICAL DAMAGE										
		61		67	7		CSL		BI EA PI	ER \$		COVERAG	GES	A	COV UTO S	ERED YMBO	LS		LIMITS		DEDUCTIBLE	
LIABILITY	62 68 63 71						BI EACH		ENT	\$ \$		COMP / OTC		62 63		67 68				\$		
		64							\$0-		\$3,000- \$6,000-				64							
PERSONAL INJURY		65					INCOME LEVEL:		\$0- \$2,999 \$9,000- \$14.999		\$3,000- \$5,999 \$15,000- \$24,999 \$25,000 \$2000 \$25,000 \$25,000 \$25,000	SPECIFIED		62		67	SC F	L FT FT\	LSP V	\$		
PROTECTION				OTH	ER:		COORE	DED \$	CAUSES OF LOSS			64	_									
LIMITED PROPERTY DAMAGE LIABILITY		65		67	7			LOSS		MED EX	# pers below 1,000	COLLISION			62 63		67				\$	
PROPERTY PROT		65		67	7		EA ACCIE	ENT		\$	1,000,000				64							
MEDICAL PAYMENTS		62 63		64 67			EACH PE	RSON		\$		TOWING & LABOR			63 67			\$				
		62		66	3		CSL		BI EA PI	ER \$								TERCHA				
UNINSURED MOTORIST		63		67	7		BI EACH A	ACCID	ENT	\$		COVERAG	GES	SY	MBOL 69	# TR	AILER	S FARTI ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		62	64 62 66			CSL		BI EA PI	ER \$		COMP / OTC	:		70								
UNDERINSURED MOTORIST	63 67						BI EACH A	SPECIFIED CAUSES OF		69 70												
NON-TRUCKERS HIRED / BORROWED		YES	3		STAT	ES	COST OF	HIRE			IF ANY BASIS	COLLISION			69						\$	
TRUCKERS		NO YES	 S		STAT	ES	\$ COST OF	HIRE			IF ANY BASIS	TRAILER VA	LUE	\$	70							
HIRED / BORROWED LIABILITY		NO					\$						STA	TES	#	DAYS	#	VEH				
		YES	3	5	STATE	S	GROUP T	YPE			NUMBER OF											
NON-OWNED AUTO		NO					EMF	LOYE	ES			HIRED PHYSICAL										
LIABILITY								UNTE				DAMAGE										
OTHER							177							СО	VERA	GE IS:		Щ	PRIMARY	8	SECONDARY	
												LIMITED CO							DED	NOT APPLIC		
COVERED AUTO SYM (61) ANY AUTO (62) OWNED AUTOS (63) OWNED PRIVATE	ONLY	,	TOS	S ON	ILY	(6		AUTO AUTO	S SUBJI S SUBJI	ECT TO	NO-FAULT (68) HIRI A COMPUL- (69) TRA	BROADENEI CIFICALLY DE ED AUTOS ON ILLERS IN YOU RAILER INTER	SCRIBE LY R POSS	SESSI	IU NO		`) YOUR ' ANOTH INTER(IER TRUCI CHANGE A		SSESSION OF R A TRAILER T	
ENDORSEMENT	<u>'S/</u>	REN	1AF	RKS	S (A	COF	RD 101, A	Addi	tional	Rem	arks Schedule, ma	ay be attac	hed i	f mo	ore s	расе	is re	equire	d)			
ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.																						
SIGNATURE																						
											DD THAT AS A PART TAINED FOR EACH D						EDUI	RE, AN	INVESTI	GATIVE (CONSUMER	
	RE I	ELIG	IBL	ΕТ	OR	EJEC	T COVER	RAGE	FOR	WOR	NDER THIS POLICY V K LOSS UNDER PER I.											
I (WE), THE UNDE	RSI	GNE	D, F	IAV	E RE	AD T	HE ABOV	E ST	ATEM	ENT A	ND WISH TO WAIVE	WORK LOSS	BENE	EFIT	S AS	PRO\	/IDE	UNDE	R THE P	IP COVE	RAGE.	
PRINT NAME											SIGNATURE									DATE (MM/	DD/YYYY)	
PROVIDED IN ACC	ORD	62 N	ΛI, ľ	ИIC	HIGA	N CC	DLLISION	INSU	RANC	E OPT	IN COVERAGE OPTI IONS NOTICE. I HAV IED, I DO NOT WISH	E INDICATE	D MY	SEL	ECTI	ON F	OR E	ACH VE	HICLE IN	N THE CC	VERAGES /	

ACORD 137 MI (2015/12)

APPLICANT'S SIGNATURE

DATE

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.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER