



AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES		COVERED AUTO SYMBOLS				LIMITS				COVERAGES		COVERED AUTO SYMBOLS				LIMITS			
LIABILITY		1		4		9		CSL		BI EA PER	\$								
		2		7			BI EACH ACCIDENT		\$										
		3		8			PROPERTY DAMAGE		\$										
												PHYSICAL DAMAGE							
												TOWING & LABOR		3			\$		
													7						
														2		4		8	
												COMP / OTC		3		7			
MEDICAL PAYMENTS		2		4		8		CSL		BI EA PER	\$	SPECIFIED CAUSES OF LOSS		2		4		8	
		3		7									3		7				
UNINSURED / UNDERINSURED MOTORIST		2		6				CSL		BI EA PER	\$	COLLISION		2		4		8	
		3		7									3		7				
		4											3		7				
HIRED / BORROWED LIABILITY		YES	STATES				COST OF HIRE		IF ANY BASIS			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE			
		NO				\$											COMP	\$	
NON-OWNED LIABILITY		YES	STATES				GROUP TYPE		NUMBER OF										
		NO					EMPLOYEES												
							VOLUNTEERS												
							PARTNERS												
												COVERAGE IS:			PRIMARY		SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO						(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY						(7) SPECIFICALLY DESCRIBED AUTOS						
	(2) OWNED AUTOS ONLY						(5) OWNED AUTOS SUBJECT TO NO-FAULT						(8) HIRED AUTOS ONLY						
	(3) OWNED PRIVATE PASSENGER AUTOS ONLY						(6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW						(9) NON-OWNED AUTOS ONLY						

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

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SIGNATURE

<p>IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.</p>			
<p>I UNDERSTAND THAT MAINE LAW REQUIRES UNINSURED MOTOR VEHICLE COVERAGE LIMITS TO EQUAL THE LIMITS I HAVE SELECTED FOR LIABILITY COVERAGE FOR BODILY INJURY OR DEATH IN THIS POLICY UNLESS I EXPRESSLY REJECT SUCH AN AMOUNT OF COVERAGE. PURSUANT TO THE MAINE REVISED STATUTES, TITLE 24-A, SECTION 2902, SUBSECTION 2, I HAVE ELECTED TO PURCHASE UNINSURED MOTOR VEHICLE COVERAGE WITH LESSER LIMITS.</p>			<p>_____ APPLICANT'S INITIALS</p>
<p>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.</p>			
<p>APPLICANT'S SIGNATURE</p>	<p>DATE</p>	<p>PRODUCER'S SIGNATURE</p>	<p>NATIONAL PRODUCER NUMBER</p>

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		41		47		CSL		BI		EA PER	\$	COMP / OTC		42		47			\$				
		42		50		BI		EACH ACCIDENT	\$		43												
		43				PROPERTY DAMAGE	\$		46														
		46																					
												SPECIFIED CAUSES OF LOSS		42		47		SCL		FT		LSP	\$
														43				F		FTW			
														46									
MEDICAL PAYMENTS		42		46		EACH PERSON	\$	COLLISION		42		47										\$	
		43								43													
		46								46													
UNINSURED / UNDERINSURED MOTORIST		42		46		CSL		BI		EA PER	\$	TOWING & LABOR		46		\$							
		43				BI		EACH ACCIDENT	\$														
		45																					
												TRAILER INTERCHANGE											
												COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	SPECIFIED CAUSES OF LOSS		48															
	NO		\$					49															
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION		48															
	NO		\$					49										\$					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF	TRAILER VALUE	\$																
	NO		EMPLOYEES			HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH													
		VOLUNTEERS																					
		PARTNERS																					
OTHER																							
						OTHER																	

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

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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																																																													
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE																																																							
LIABILITY		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67						\$																																													
		62		68		BI EACH ACCIDENT		\$						63		68																																																			
		63		71		PROPERTY DAMAGE		\$						64																																																					
		64																																																																	
												SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$																																												
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														64																																																					
MEDICAL PAYMENTS		62		64		EACH PERSON		\$				TOWING & LABOR		63								\$																																													
		63		67										67																																																					
UNINSURED / UNDERINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	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">COMP / OTC</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	69						70						SPECIFIED CAUSES OF LOSS	69						70						COLLISION	69						70					
	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																																																												
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TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES				COST OF HIRE		IF ANY BASIS				TRAILER VALUE \$																																																							
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NON-OWNED AUTO LIABILITY	YES	STATES				GROUP TYPE		NUMBER OF																																																											
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OTHER												COVERAGE IS: _____ PRIMARY _____ SECONDARY _____ OTHER _____																																																							

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
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