٨	CEN	\sim	\sim	ГОМЕЯ	יחו כ
4	GEN	U 1	CUO		t ID.

ACORD®	VERMONT COMI COVERAGES / L		DATE (MM/DD/YYYY)	·
AGENCY		NAMED INSURED(S)	-	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE	:

POLICY NUMBER											EFFE	CTIVE DATE	CARRIE	र											NAIC CODE	
BUSINESS AUT	0.5	FCT	ION																							_
COVERAGES		VERE			YME	ROLS					MITS			COVERA	AGES	CO	/FRF	D AU1	0.5	/MR	าเร			LIMI	TS	_
		1		4		9		CSL		BI A PER	\$			OOVER	1020			<i>D</i> A01			<u> </u>					
LIABILITY		3		8				ACH AC			\$															
																		DUV	SICA	. DA	MAG					
														TOWING & LABOR			3		SICA	LDA	INIAG	\$				
														COMP / OTC	;		2		4		8					
MEDICAL PAYMENTS		2 3		4		8	EAC	H PERS	ON		\$			SPECIFIED CAUSES OF	LOSS		2 3		4		8					
UNINSURED MOTORIST		2		6				CSL ACH AC	CIDEN.	I A PER T \$	\$			COLLISION			2		4		8					
MOTORIST 3 /				PRC DAM	PERTY IAGE	\$			\$	DED						'		•								
HIRED / BORROWED LIABILITY		YES NO	i	S	TAT	ES	cos \$	T OF HI	RE		IF	ANY BASIS			STATE	S	# D/	AYS	#	VEF	1	cov	ERAGE	/ DED	OUCTIBLE	
NON OWNER		YES NO		ST	TATE	S	GRO	OUP TYP				NUMBER	OF	HIRED PHYSICAL DAMAGE									SPEC C OF L COLL	\$ \$		
NON-OWNED LIABILITY		1						VOLUN	ITEERS	8				DAWAGE						_						
AUTO (2) AL	Y AUT L OWN VNED	NED.			SENG	ER AI	PARTN JTOS	ERS	(5) AL	L OWN	IED AUTOS V	HICH RE	 RIVATE PASS QUIRE NO-FAU OMPULSORY	SENGER ULT COVE			: IS:	(8) H	IIRE	S SP		ED ON S	_	SECONDARY DULE	
ENDORSEMENT	S/	REM	IAR	KS	(A	COR	D 10	1, Ad	ditior	nal Re	emar	ks Sched	ule, ma	y be attacl	hed if m	nore	spa	ice i	s re	qui	red)				

SI	6	N	Δ	ΤI	ΙR	F

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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.

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

AGENCY	CHSTO	MEB ID.

TRUCKERS SEC																							
COVERAGES	СО	VERE	D AL	UTO S	SYMBO	DLS			В		MITS						COV			DAMA			
		41		46		-		CSL	E.	I A PER				COVERA	GES	A	COV UTO S	YMBO			LIMITS		DEDUCTIBLE
LIABILITY		42		47			BI E	ACH AC	CIDENT		\$				_		42		47				
		43		50			PRO	PERTY	DAMAG	E	\$			COMP / OTO	2		43]				\$
																_	46						
														SPECIFIED			42		47	SCI	L FT	LSP	
														CAUSES OF	LOSS		43		J	F	FT	W	\$
				_												-	46	_					
MEDICAL PAYMENTS		42		46			EAC	H PERS	SON		\$						42		47				
TATMENTO		43							В	ı				COLLISION			43]				\$
UNINSURED		42		46		-		CSL	E.	I A PER	\$					-	46						
MOTORIST		43							CIDENT	\$				TOWING			46			\$			
		45					DAM	PERTY IAGE	\$			\$	DEC	& LABOR									
																	FART						
														COVERA	GES	SY	MBOL	# TR	AILER	SFARTI	# DAYS	RADIUS	DEDUCTIBLE
														COMP / OTO	2		48						
NON-TRUCKERS HIRED / BORROWED		YES		S	TATES			T OF H	IRE		IF	ANY BAS	IS			-	49						
	_	NO				-	\$							SPECIFIED			48						
TRUCKERS HIRED / BORROWED		YES		S	TATES		cos	T OF H	IRE		IF	ANY BAS	IS	CAUSES OF	LOSS	├-	49						
LIABILITY	-	NO			TATES	-	\$							COLLISION			48						\$
NON OWNER		YES NO		3	IAIES	-	GRC	UP TY			Г	NUM	BER OF	TRAILER VA		\$	49						
NON-OWNED AUTO		INO				ŀ			OYEES					TRAILLIN VA	_	⊥Ψ ATES	#1	DAYS	#	VEH			
LIABILITY						H			NTEERS						017		"	5,110		V = 1.1			
OTHER								PARTI	NERS					HIRED									
														PHYSICAL									
														DAMAGE									
																	VERAC	25 10.			PRIMARY		SECONDARY
														OTHER			VLIVAC	JL 10.			FIXIMAKT		BLCONDAKT
COVERED AUTO SYN	/BOL	s				(44)) OW	NED AI	ITOS SI	IR IECT	T TO N	IO-FAULT	(46) SPE	CIFICALLY DE	SCRIBE	-D ΔI	ITOS		(49)	VOLIB.	TRAII ERS	IN THE PO	SSESSION OF
(41) ANY AUTO) OWI	NED A	JTOS SL	JBJECT	TO A		(47) HIR	ED AUTOS ON	NLY				(43)	ANOTH	IER TRUCI	KER UNDEI	R A TRAILER
(42) OWNED AUTOS (43) OWNED COMME			TOS	ONLY	1			MPULS TORIST	ORY UN	INSURE	<u>-</u> D			VILERS IN YOU RAILER INTER					(50)			GREEMEN TOS ONLY	I
ENDORSEMENT	rs/	REN	MAF	RKS	(AC	ORE	D 10	1, Ac	dition	al Re	mar	ks Sch	edule, ma	y be attac	hed if	mo	re sp	ace	is re	quire	<u></u>		
													·										
SIGNATURE																							
I ACKNOWLEDGE	TH	AT I	JNIN	ISUR	RED M	10TC	ORIS	TS (U	M) CO	VERA(GES	HAVE B	EEN EXPL	AINED TO M	1E, ANI	D TH	ATII	HAVF	BEE	N OFFI	ERED UN	/ COVER	AGE UP TO
THE LIMIT(S) OF I	MY E	BODI	LYI	NJU	RY AN	ND P	ROP	PERTY	DAMA	GE LI	ABIL	TY COV	ERAGE. I H	AVE SELEC	TED T	HE L	IMITS	INDI	CATE	D IN T	HIS APP	LICATION	l.
I UNDERSTAND T AND CHANGES U											CHOIC	CES IND	ICATED HE	RE WILL A	PPLY ⁻	ΓΟ Α	LL FL	JTUR	E POI	LICY R	ENEWAI	S, CONT	INUATIONS
APPLICANT'S SIGNAT									DA				PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER

AGENCY CUSTOMER ID:

MOTOR CARRIER SECTION

COVERAGES				I N ITO SYMBOL	9			LIMIT	re						DH/	/SICAI	DAMAG	F		
COVERAGES	- 00	61	DAG	67	.5	CSL	BI	A PER \$			COVERA	GES		COVE UTO SY			DAMAG	LIMITS		DEDUCTIBLE
		62		68	BI	EACH AC		APER 4			COVERN	<u> </u>	A	62	WIBOI	67		Limito		DEDOOTIBLE
LIABILITY		63		71		OPERTY					COMP / OTC	;		63		68				\$
		64		1	' ' '	OI LIVII	D7 ((V)) (O	- 4	,					64						
		04												62		67	SCL	FT	LSP	
											SPECIFIED			63		68	- F	FTV		\$
											CAUSES OF	LOSS		64		"	—'`		•	,
												62 67								
											COLLISION			63		68				\$
											0022.0.0.1			64						
MEDICAL		62		64							TOWING			63						
PAYMENTS		63		67	EA	CH PERS	ON	\$	5		& LABOR			67		' '	\$			
		62		66		CSL	BI	A PER \$	 S						TRAIL	ER INT	ERCHAI	NGE		
UNINSURED MOTORIST		63		67	ВІ	EACH AC					COVERA	GES	SY	MBOL			FARTH		RADIUS	DEDUCTIBLE
MOTORIST		64				OPERTY MAGE		,	\$	DED				69			LONE			
						IWIAGE	•		•	<u> </u>	COMP / OTC	;		70						
											CDECIFIED			69						
											SPECIFIED CAUSES OF	LOSS		70						
NON-TRUCKERS		YES	3	STATES	CC	ST OF HI	RE		IF ANY BA	ASIS				69						
HIRED / BORROWED		NO			\$				_		COLLISION			70						\$
TRUCKERS		YES	3	STATES		ST OF HI	RE		IF ANY BA	ASIS	TRAILER VA	LUE	\$							
HIRED / BORROWED LIABILITY		NO			\$				_			STA	TES	# 0	AYS	#	VEH			
		YES	3	STATES	GR	OUP TYP	E		NUI	MBER OF	1									
NON-OWNED	D NO					EMPLOYEES														
AUTO LIABILITY					VOLUNTEERS															
						PARTN	ERS													
OTHER						•							CO	VERAG	E IS:		F	PRIMARY	S	ECONDARY
											OTHER									
COVERED AUTO SYM	BOLS					NED CON					CIFICALLY DES		TUA	os						SESSION OF
(61) ANY AUTO (62) OWNED AUTOS C	NLY								NO-FAULT A COMPUL		D AUTOS ONL LERS IN YOUR		SSIC	N UND	ER			R TRUCKE IANGE AGI		A TRAILER
(63) OWNED PRIVATE		AUT	os c			RY UNINS					AILER INTERC							NED AUTO		
ENDORSEMENT	ΓS /	REN	/IAR	KS (ACC)RD 1	01, Ad	dition	al Ren	narks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quired)		
SIGNATURE																				
I ACKNOWLEDGE	TH4	יי דג	NIN	SURED M	TORI	STS (LIN	(I) COV	/FRACE	S HΔ\/F I	REEN EYDI A	UNED TO M	F ANIT) TU	ATIL	IΔ\/⊏	REEN	I OFFE	RED IIM	COVED	AGE LIP TO
THE LIMIT(S) OF I																				
I UNDERSTAND 1	ГНАТ	THI	F C)/FRAGE	SEL E	CTION /	ייו חמי	MIT CH	OICES IN	DICATED HE	:RF \\/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PPI ∨ 1	Ω A	FI	ITI IDI	F POI	ICV PI	ENEW/AI	S CONT	INITATIONS
AND CHANGES U									OIOLO IIVI	PIONIED HE	VVILL AI		JA	LL FU	IOK	LFUL	LIOI KI	LINE VVAL	J, JONI	HOVITONS
APPLICANT'S SIGNAT	URE						DAT	ΓE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER