AGENCY CUSTOMER ID:

ACORD [®] NEI	BRASKA COMI COVERAGES / LII	MERCIAL AUTO MITS SECTION	DATE (MM/DD/YYYY	r)
AGENCY		NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC COD	E

POLICY NUMBER										EFF	ECTIVE DATE CARRIER											NAIC CODE		
BUSINESS AUTO) 51	-CT	101																					
COVERAGES				TO S	VMR	01.5				IMITS			COVERA	GES	CO	/ERE	D AII	רח פי	YMBC	ı s	1.18	NITS		
COVERAGES		1		4		9	CSL		BI EA PER				COVERA				<i>-</i>							
LIABILITY		2		7			BI EACH A	CCIDE																
		3		8		_	PROPERT			\$ \$														
		0					T KOT LIKT	D/ ((V)	/ LOL	Ψ_														
															-		PHY	SICA	L DAI	MAG	 ВЕ			
													TOWING		PHYSICAL DAMAG									
													& LABOR			7					\$			
																2		4		8				
													COMP / OTC		3		7							
MEDICAL		2		4		8				\$			SPECIFIED			2		4		8				
PAYMENTS		3		7			EACH PERSON					CAUSES OF LOSS			3		7							
		2		6			CSL BI EA PER \$									2		4		8				
UNINSURED MOTORIST		3		7			BI EACH A	CCIDE	NT	\$			COLLISION			3		7						
		4																						
		2		6			CSL		BI EA PER	\$														
UNDERINSURED MOTORIST		3		7			BI EACH A	CCIDE	NT	\$														
		4																						
HIRED / BORROWED		YES	3	ST	ATE	S	COST OF I			F ANY BASIS			STATE	ES	# DAYS			# VEH		COVERAGE / DE	DUCTIBLE			
LIABILITY		NO	Ψ																COMP \$					
		YES	3	ST	ATE	S	GROUP TYPE				NUMBER	OF	HIRED PHYSICAL								SPEC C OF L \$			
NON-OWNED	NO				EMPLOYEES						DAMAGE								COLL \$					
LIABILITY	<u> </u>						VOLUNTEERS												_	L				
(4) (5)	A 1 1 T						PART				OO OTHER TH	ANI DDIVA	TE BAROENOE							PRIMARY SECONDARY CIFICALLY DESCRIBED AUTOS				
COVERED (1) ANY AUTO (2) OWN	IED A	AUTO						(5	OWNE	D AU1	OS OTHER TH	TO NO-FA	ULT						(8) H	IIREI	D AUTOS ONLY			
							TOS ONLY		,		OS SUBJECT										-OWNED AUTOS O	NLY		
ENDORSEMENT	<u>S / I</u>	REN	//AR	KS	(AC	OR	D 101, A	dditi	onal R	ema	rks Sched	ule, ma	y be attach	ned if m	nore	spa	ice i	s re	qui	red	i)	1		

C	2	N	۸	TI	JR	_

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI 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

TRUCKERS SEC	CTIC	N_										1											
COVERAGES	COVERED AUTO SYMBOLS LIMITS											PHYSICAL DAMAGE											
		41		46			CSL	COVERA	GES	Δ.	COVE UTO SY	RED	٠		DEDUCTIBLE								
LIABILITY		42		47		DI D	ACH ACC		PER 9						42	T T	47		LIMITS				
LIABILITI				1								COMP / OTC					7"						
	-	43		50		PR	OPERTY D	AMAGI	Ξ \$	5		- COIVIF / OTC	,		43						\$		
														<u> </u>	46		\perp						
															42		47	SCL	FT	LSP			
												SPECIFIED CAUSES OF	1088		43			F	FT\	N	\$		
												0/10020 01	2000		46		' F						
		40		40										_		T	47						
MEDICAL PAYMENTS		42		46		EAG	CH PERSO	N	9	3		0011101011			42		41						
PATMENTS		43		_				Б				COLLISION			43						\$		
		42		46			CSL	EA	PER \$	3				L	46								
UNINSURED MOTORIST		43				BIE	ACH ACC	DENT	\$	3		TOWING			46			_					
WOTOKIOT		45										& LABOR					- 1	\$					
		42		46			CSL	BI	PER \$:						TRAII	FRINT	ERCHA	NGF				
UNDERINSURED				1.0								COVERA	CES	ev		FARTI		RADIUS	DEDUCTIBLE				
MOTORIST		43				BIE	ACH ACC	DENI	\$	•								ZONE	# DATS	KADIUS	DEDUCTIBLE		
		45										COMP / OTC			48								
NON-TRUCKERS		YES	3	ST	TATES	co	ST OF HIR	E		IF ANY BA	SIS			<u> </u>	49								
HIRED / BORROWED		NO				\$						SPECIFIED			48								
TRUCKERS		YES	3	ST	TATES	СО	ST OF HIR	E		IF ANY BA	SIS	CAUSES OF	LOSS		49								
HIRED / BORROWED LIABILITY		NO				\$				1					48								
2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	YES		ST	TATES					NII II	ADED OF	COLLISION									\$		
NON-OWNED			,	01	IAILO	GR	OUP TYPE]			NUI	MBER OF	TD 4 II ED 1/4	=	-	49								
AUTO	_	NO					EMPLOY	EES				TRAILER VA		\$									
LIABILITY							VOLUNT	EERS					STA	ATES	# 0	AYS	#	VEH					
							PARTNE	RS															
OTHER										'		HIRED											
												PHYSICAL											
												DAMAGE											
												-											
														CO	VERAG	E IS:		444	PRIMARY		ECONDARY		
												OTHER											
COVERED AUTO SYME	BOLS				(4.	4) OWI	NED ALITO	S SLIB	IECT TO	NO-FAULT	(46) SPEC	CIFICALLY DES	CRIBE	ΤΙΙΑ C	-OS		(49) V		All ERS IN	I THE POS	SESSION OF		
(41) ANY AUTO						5) OWI	NED AUTO	S SUB	JECT TO		(47) HIRE	D AUTOS ONL	Y				F	NOTHE	R TRUCKE	R UNDER	A TRAILER		
(42) OWNED AUTOS O (43) OWNED COMMER		ALITC	26.0	NII V			//PULSOR ORIST LA		SURED			LERS IN YOUR AILER INTERC							IANGE AG 'NED AUTO	REEMENT			
					/															JS UNLT			
ENDORSEMENT	5/	KEN	IAK	KKS	(ACO	KD 1	01, Add	ition	al Ren	narks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	ıs rec	quirec	l)				
SIGNATURE																							
I ACKNOWLEDGE											MOTORISTS	BODILY INJ	URY (E	3I) C	OVER	AGES	S UP T	O THE	LIMIT(S	OF MY	BI LIABILITY		
COVERAGE. I HAV	/E SE	LEC	TED	THI	E LIMITS	3 INDI	CATED IN	I THIS	APPLI	CATION.													
I UNDERSTAND T	—– ГНАТ	THE	E CC	OVE	RAGE S	SELEC	TION AN	ND LII	MIT CH	OICES IN	DICATED HE	RE WILL A	PPLY 1	ГО А	LL FU	TUR	E POI	ICY R	ENEWAL	S, CONT	INUATIONS		
AND CHANGES U																-					-		
APPLICANT'S SIGNATI	URE							DAT	E		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		
i																							

AGENCY C	USTOMER ID:
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MOTOR CARRIER SECTION

MOTOR CARRIE					VMDOL				LINALT							DUI	/CIC A I	DAMAC	\		
COVERAGES	CO		D AU		YMBOL	.5	100	ВІ	LIMIT			001/504									
		61		67			CSL		ER \$			COVERA	GES	A	COVE UTO SY	MBO			LIMITS		DEDUCTIBLE
LIABILITY		62		68 BI EACH ACCIDENT \$								00110 (070			62		67				
		63		71		PR	OPERTY D	AMAGE	\$			COMP / OTC	;		63		68				\$
		64													64						
															62		67	SCL	. FT	LSP	
												SPECIFIED CAUSES OF	LOSS		63		68	F	FT	W	\$
															64						
															62		67				
												COLLISION			63		68				\$
															64						
MEDICAL		62		64								TOWING			63						
PAYMENTS		63		67		EA	CH PERSO	N	\$			& LABOR			67		'	\$			
		62		66			CSL	BI	ER \$							TRAIL	ER IN	TERCHA	NGE		
UNINSURED		63		67		BI	EACH ACC		=R ♥ \$			COVERA	GES	SY	MBOL			S FARTI		RADIUS	DEDUCTIBLE
MOTORIST		64		- 01			LACITACE	IDLIVI	Ψ			OOTENA	020	ļ .	69	1111	AILLIN	ZUNE	" DATO	INADIGO	DEDOGNIBEE
				00			001	BI	ER \$			COMP / OTC			1						
UNDERINSURED		62		66			CSL								70	+					
MOTORIST		63 67				BI	BI EACH ACCIDENT \$					SPECIFIED CAUSES OF		69							
	-	YES STATES										CAUSES OF LOS		<u> </u>	70	+					
NON-TRUCKERS HIRED / BORROWED		YES	j .	SI	ATES	CC	COST OF HIRE IF ANY BASIS								69						\$
		NO				\$						COLLISION			70						
TRUCKERS HIRED / BORROWED		YES	3	ST	ATES	cc	ST OF HIF	Ε		IF ANY BA	SIS	TRAILER VA		\$					1		
LIABILITY		NO				\$	\$						STA	ATES	# [DAYS	#	VEH			
		YES	3	ST	ATES	GR	OUP TYPE			NUI	MBER OF										
NON-OWNED AUTO		NO					EMPLO	'EES				HIRED									
LIABILITY							VOLUN	EERS				PHYSICAL DAMAGE									
							PARTNE	RS													
OTHER														CO	VERAG	E IS:			PRIMARY		SECONDARY
												OTHER									
COVERED AUTO SYMI	BOLS					(64) OW	NED COM	MERCIAL	ALITO	S ONLY	(67) SPE(CIFICALLY DES	SCRIBE) ALIT	ros		(70)	YOUR TE	PAII FRS II	N THE POS	SESSION OF
(61) ANY AUTO					((65) OW	NED AUTO	S SUBJE	CT TO	NO-FAULT	(68) HIRE	D AUTOS ONL	_Y				` '	ANOTHE	R TRUCKI	R UNDER	A TRAILER
(62) OWNED AUTOS C (63) OWNED PRIVATE		SAUT	os c	DNLY	(NED AUTO RY UNINSI			A COMPUL T LAW		LERS IN YOUF AILER INTERC							HANGE AG 'NED AUT	REEMENT OS ONLY	
ENDORSEMENT					(ACC												. ,				
LIVEORGEMEN		· \ _ \	IIAI V		<u> </u>)(LD 1	or, Add	itionai	IXCIII	ai k3 Oci	ilcuaic, illo	iy be allae	iicu ii	1110	ic sp	acc	13 10	quirec	,		
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SIGNATURE																					
I ACKNOWLEDGE											MOTORISTS	BODILY INJ	URY (E	BI) C	OVER	AGES	S UP	го тне	LIMIT(S) OF MY	BI LIABILITY
COVERAGE. I HA\	/E SE	LEC	TED	THE	LIMIT	rs ind	ICATED I	N THIS A	PPLI	CATION.				_							
I UNDERSTAND	ГНАТ	THI	E CC	OVEF	RAGE	SELE	CTION A	ND LIMI	T CH	DICES INI	DICATED HE	RE WILL AI	PPLY 1	ГО А	LL FU	JTUR	E PO	LICY R	ENEWAL	S, CONT	INUATIONS
AND CHANGES U										•-						•				,	
APPLICANT'S SIGNAT	URE							DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER