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BUSINESS AUTO	o SI	ECT	101	<u></u>							_																							
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NON-OWNED LIABILITY	NO					EMPLOYEES								PHYSICAL DAMAGE												COLL		6						
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ENDORSEMENT															TOS SUBJECT														WNE	D AUT	OS (DNLY		

SIGNATURE

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.

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.

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

TRUCKERS SECTION

TRUCKERS SEC	אווכ	אינ					—						ı									
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(42) OWNED AUTOS O	NLY				(4			JLSORY			A		LERS IN YOUR		ESSIO	N UNI	DER				REEMENT	A IRAILER
(43) OWNED COMMER	CIAL	AUTO	os o	NLY		МО	TOR	RIST LAV	V			A TR	AILER INTERC	HANGE	AGRI	EEME	NT	(50) 1	NON-OW	NED AUT	OS ONLY	
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MOTOR CARRIER SECTION

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MEDICAL		62		64]	FΔC	H PERSO	NI.		\$			TOWING			63			\$			
PAYMENTS		63		67			LAC	TIP LING						& LABOR			67			Ψ			
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LIMITS EQUAL TO) MY	LIAE	BILIT	Y LII	MITS	3. IH	AVE	SELEC	TED TI	HE UI	M LIM	IIT(S) SH	IOWN IN T	HIS APPLIC	ATION	<u> </u>							
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RENEWALS, CON															-			-					-
APPLICANT'S SIGNAT	URE								DATE	•		Р	RODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER

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STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or
- (c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.
- (d) Exemption from residency may be claimed if:
 - (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
 - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
 - (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.
- (g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

CHECK ONE:

	•	d each named insured is, a resident of and that I maintain a permanent resi	•							
	Street Address		Now Hampshire							
	City / Town		, New Hampshire							
		nsured, has met and can demonstrate I in (c) above.	the requirements of RSA 261:52-b							
	I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant t above.									
Si	gned at:									
	City / Town	County	State							
	Signature		Date (MM/DD/YYYY)							
	Signature		Date (MM/DD/YYYY)							