



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

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

[illegible]

**SIGNATURE**

<p>I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED (UM) AND UNDERINSURED (UIM) MOTORIST OPTIONS:  1) STACKED UM AND UIM COVERAGE   2) NON-STACKED UM AND UIM COVERAGE   3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS</p> <p>I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I AND ALL OTHER NAMED INSUREDS ON MY POLICY, HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT.</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><b>APPLICANT'S SIGNATURE</b></p>		<p><b>DATE</b></p>	<p><b>PRODUCER'S SIGNATURE</b></p>
			<p><b>NATIONAL PRODUCER NUMBER</b></p>

## AGENCY CUSTOMER ID:

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																																																											
LIABILITY	61	67	CSL	BI	EA PER	\$																																																																																								
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