|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  | A                | GEI                     | NCY CUSTO                   | OMER I   | D: _ |      |       |            |             |              |                      |                   |          |         |         |     |
|-------------------------------|----------------|--------------|------------|--------|------------|------|--------|-----------------------|---------------|-------|-------|-----------------|-----------|--|------------------|-------------------------|-----------------------------|----------|------|------|-------|------------|-------------|--------------|----------------------|-------------------|----------|---------|---------|-----|
| ACORD                         | ®              |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  | RCIAL AUTO MITS SECTION |                             |          |      |      |       |            |             |              |                      | DATE (MM/DD/YYYY) |          |         |         |     |
| AGENCY                        |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  | NAMED INSURED(S) |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
| POLICY NUMBER                 |                |              |            |        |            |      |        |                       |               |       |       |                 | EFF       | FECTIVE DATE                                 | CARI             | CARRIER                 |                             |          |      |      |       |            |             |              |                      | NAIC CODE         |          |         |         |     |
| BUSINESS AUT                  | o s            | ECT          | 101        | N N    |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
| COVERAGES                     |                |              |            |        | SYI        | MBOL | s      |                       |               |       |       | L               | IMITS     | <br>S  |                  |                         | COVERA                      | ED AU    | TO S | YMB  | OLS   |            | LIMITS      |              |                      |                   |          |         |         |     |
| LIABILITY                     |                | 1 2          |            | 4 7    |            | 9    | ı      | BI E                  | CSL BI EA PER |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                | 3            |            | 8      |            |      |        | PRO                   | OPER1         | ΓΥ DA | MAGE  |                 | \$        |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          | -    |      | PHY   | SIC        | AL DA       | MAC          | SE.                  |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         | TOWING<br>& LABOR           |          |      | 3    |       |            |             |              | \$                   |                   |          |         |         |     |
| MEDION                        |                | 2            |            | 4      | Т          | 8    | _      |                       |               |       |       |                 |           |  |                  |                         | COMP / OTC                  |          |      | 2    |       | 4          |             | 8            |                      |                   |          |         |         |     |
| MEDICAL<br>PAYMENTS           |                | 3            |            | 7      |            |      |        | EAC                   | CH PEI        | _     |       | PER             | \$        |  |                  |                         | SPECIFIED<br>CAUSES OF I    | OSS      |      | 2    |       | 4          |             | 8            |                      |                   |          |         |         |     |
| UNINSURED<br>MOTORIST         |                | 3            |            | 7      |            |      |        | BIE                   | CSL<br>ACH A  | ACCIE | ENT   |                 | \$        |  |                  |                         | COLLISION                   |          |      | 2    |       | 4          |             | 8            |                      |                   |          |         |         |     |
|                               |                | 6            |            |        |            |      |        |                       | ,             |       | Y DAN | DED             | \$        |  |                  |                         |                             |          |      | 3    |       | 7          |             |              |                      |                   |          |         |         |     |
| UNDERINSURED<br>MOTORIST      |                | 3            |            | 6<br>7 |            |      | ŀ      | BI E                  | CSL<br>EACH A |       |       | PER             | \$        |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
| HIRED / BORROWED<br>LIABILITY |                | YES          | 3          | S      | TAT        | ΓES  |        |                       | ST OF         | HIRE  |       |                 |           | IF ANY BASIS                                 |                  |                         |                             | ES .     | # D  | AYS  |       | # VE       | Н           | СС           | ٦                    |                   |          | JCTIBLE |         |     |
|                               |                | YES          | 3          | S      | TAT        | ΓES  | $\neg$ | \$<br>GR              | OUP T         |       |       |                 | NUMBER OF |  |                  |                         | HIRED<br>PHYSICAL           |          |      |      |       |            |             |              |                      | SPE<br>C O        | C<br>F L | \$      |         |     |
| NON-OWNED<br>LIABILITY        |                | NO           |            |        |            |      |        | EMPLOYEES  VOLUNTEERS |               |       |       |                 |           |  | DAMAGE           |                         |                             |          |      |      |       | COLL \$    |             |              | \$                   |                   |          |         |         |     |
| OOVEDED /                     | 1) AN          | Y AU         | TO         |        |            |      |        |                       | PAR           | TNER  | _     | (4) (0)         | M/NIE     | D ALITOS OTHI                                | D TUA            | NI D                    | DIVATE DASSE                |          | COVE | RAG  | E IS: | (7)        | ALITO       | _            | PRIM.                |                   | N SC     | _       | SECONDA | .RY |
| AUTO<br>SYMBOLS               | 2) AL<br>3) OV | L OW<br>VNED | NED<br>PRI | VATE   | E P        | ASSE |        |                       | UTOS          |       | (     | (5) AI<br>(6) O | LL O\     | D AUTOS OTHI<br>WNED AUTOS 'D<br>D AUTOS SUB | VHICH<br>ECT TO  | RE(                     | QUIRE NO-FAU<br>OMPULSORY L | J.M. LAW |      |      |       | (8)<br>(9) | HIRE<br>NON | D AU<br>-OWI | ITOS<br>NED <i>F</i> | TIED C            |          | ,ner    | OLE     |     |
| ENDORSEMENT                   | <u>s/</u>      | REN          | ΛAF        | RKS    | <b>3</b> ( | ACC  | DRI    | D 1                   | <u>01, /</u>  | Addi  | tion  | al R            | tem       | arks Sche                                    | lule,            | ma                      | y be attac                  | hed if r | nor  | e sp | ace   | is ı       | equ         | ire          | d)                   |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
|                               |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |
| SIGNATURE                     |                |              |            |        |            |      |        |                       |               |       |       |                 |           |  |                  |                         |                             |          |      |      |       |            |             |              |                      |                   |          |         |         |     |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES LIMITED YOU OTHERWISE IN WRITING

| AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN V | J CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. |                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| APPLICANT'S SIGNATURE                          | DATE  | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                      |                          |  |  |  |  |  |  |  |  |  |  |  |  |

| ACENCY | CUSTOMER | ID: |
|--------|----------|-----|
|        |          |     |

| TRUCKERS SECTION  COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|---|----------|------|------|---------|-------|-------------|---------------------------|----------|--------|----------|----------|--|------------------------------|----------------|-------|----------|---------------|-------------------|-------------|---|-------------|----------|-------------|--|
| COVERAGES   | CO       | /ERE | D AU | JTO SYM | BOLS  |             |                           |          | LIM    | IITS     |          | PHYSICAL DAMAGE  COVERAGES COVERED LIMITS DEDUCTIBLE |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          | 41   |      | 46      |       |             | CSL                       | BI       | PER    | s        |          |  | COVERA                       | GES            |       | LIMITS   | LIMITS DEDUCT |                   |             |   |             |          |             |  |
| LIABILITY   |          | 42   |      | 47      |       | BIE         | ACH ACC                   |          | FER    | \$       |          |  |                              | <b>├</b> ^     | 42    | 3 I IVID |               |                   |             |   |             |          |             |  |
| LIABILITI   |          |      |      | 1       |       |             |                           |          | _      |          |          |  | COMP / OTO                   |                |       | 1        |               | <del>-   47</del> |             |   |             |          |             |  |
|   |          | 43   |      | 50      |       | PRC         | PERTY D                   | AMAGE    |        | \$       |          |  | -                            |                |       | 43       |               |                   |             |   |             |          | \$          |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                | +     | 46       | _             |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  | SPECIFIED                    |                |       | 42       |               | 47                | s           | CL  | FT          | LSP      |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  | CAUSES OF                    | LOSS           |       | 43       |               |                   | 1           | F   | FT\         | V        | \$          |  |
| MEDICAL   |          | 42   |      | 46      |       |             | NI DEDOC                  | .N.I     |        | •        |          |  |                              |                |       | 46       |               |                   |             |   |             |          |             |  |
| PAYMENTS  |          | 43   |      |         |       | EAC         | HPERSC                    | 'IN      |        | \$       |          |  |                              |                |       | 42       |               | 47                |             |   |             |          |             |  |
|   |          | 42   |      |         |       |             | CSL                       | BI<br>EA | PER    | \$       |          |  | COLLISION                    |                |       | 43       |               |                   |             |   |             |          | \$          |  |
| UNINSURED   |          | 43   |      | _       |       | BLE         | ACH ACC                   |          |        | \$       |          |  |                              |                |       | 46       |               |                   |             |   |             |          |             |  |
| MOTORIST  |          | 45   |      |         |       |             | PROPER                    |          | MAGE   |          |          |  | TOWING                       |                |       | 46       |               |                   |             |   |             |          |             |  |
|   |          | 46   |      |         |       |             | 2.                        |          | DED    |          |          |  | TOWING<br>& LABOR            |                |       | 1.0      |               |                   | \$          |   |             |          |             |  |
|   |          | 42   |      | 46      |       |             | 001                       | BI       | PER    |          |          |  |                              |                |       |          | TD/           | ILER IN           | ITEDOL      | J A NI  |             |          |             |  |
| UNDERINSURED  |          |      |      | 40      |       |             | CSL _                     |          | PER    | \$<br>\$ |          |  | 00//504                      | 050            | -     | ***      |               |                   |             |   | DEDUCTION E |          |             |  |
| MOTORIST  |          | 43   |      |         |       | BIE         | ACH ACC                   | COVERA   | GES    |          |          |  |                              | (S ZOI         | NE    | # DAYS   | RADIUS        | DEDUCTIBLE        |             |   |             |          |             |  |
|   |          | 45   |      |         |       | <del></del> |                           |          |        |          |          |  | COMP / OTO                   | 0              |       | 48       |               |                   |             |   |             |          |             |  |
| NON-TRUCKERS  |          | YES  | 5    | STAT    | ES    | COS         | ST OF HIR                 | E        |        | IF A     | ANY BASI | IS   |                              |                |       | 49       | $\perp$       |                   |             |   |             |          |             |  |
| HIRED / BORROWED  |          | NO   |      |         |       | \$          |                           |          |        |          |          |  | SPECIFIED                    |                |       | 48       |               |                   |             |   |             |          |             |  |
| TRUCKERS<br>HIRED / BORROWED  |          | YES  | 6    | STAT    | ES    | cos         | COST OF HIRE IF ANY BASIS |          |        |          |          |  |                              | CAUSES OF LOSS |       |          |               |                   |             |   |             |          |             |  |
| LIABILITY   |          | NO   |      |         |       | \$          |                           |          |        |          |          |  |                              |                |       | 48       |               |                   |             |   |             |          |             |  |
|   |          | YES  | 3    | STAT    | ES    | GRO         | GROUP TYPE NUMBER OF      |          |        |          |          |  |                              | COLLISION      |       |          |               |                   |             |   |             |          | \$          |  |
| NON-OWNED   |          | NO   |      |         |       |             | EMPLOY                    | EES      |        |          |          |  | TRAILER VA                   | ALUE           | \$    |          |               |                   |             |   |             |          | '           |  |
| AUTO<br>LIABILITY   |          |      |      |         |       |             | VOLUNT                    |          |        |          |          |  |                              | STA            | ATES  |          |               | 3 ;               | # VEH       |   |             |          |             |  |
|   |          |      |      |         |       |             | PARTNE                    |          |        |          |          |  | 1                            |                |       |          |               |                   |             |   |             |          |             |  |
| OTHER   |          |      |      |         |       |             | PARTNE                    | K3       |        |          |          |  | HIRED                        |                |       |          |               |                   |             |   |             |          |             |  |
| OTHER   |          |      |      |         |       |             |                           |          |        |          |          |  | PHYSICAL                     |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  | DAMAGE                       |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             | $\perp$   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                | СО    | VERA     | GE IS         | S:                | Щ,          | PI  | RIMARY      |          | SECONDARY   |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  | OTHER                        |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| COVERED AUTO SYME   | BOLS     |      |      |         | (44)  | WO (        | IED AUTO                  | S SUB    | JECT T | O NO-I   | FAULT    | (46) SPE   | CIFICALLY DES                | SCRIBEI        | D AU1 | TOS      |               | (49)              | YOUR        | TRA   | AILERS IN   | THE POS  | SESSION OF  |  |
| (41) ANY AUTO   | NII V    |      |      |         |       | OWN         | IED AUTO                  | S SUB    | JECT T | OA       |          | D AUTOS ONL  |                              | -0010          |       | חבה      |               |                   |             | IER TRUCKER UNDER A TRAILER<br>CHANGE AGREEMENT |             |          |             |  |
| (42) OWNED AUTOS O<br>(43) OWNED COMMER                                 |          | AUTO | os o | NLY     |       |             | IPULSOR`<br>ORIST LA      |          | SURED  | )        |          |  | LERS IN YOUF<br>AILER INTERC |                |       |          |               | (50)              |             |   | ANGE AG     |          |             |  |
| ENDORSEMENT   | s/       | RFN  | IΔR  | RKS (A  | COR   | 2D 1        | 01 Δdc                    | lition   | al Re  | mark     | ks Sch   | edule m  | av he atta                   | ched i         | f ma  | ore s    | nac           | e is r            | eanir       | -ed   | `           |          |             |  |
|   | <u> </u> |      |      |         |       |             | 01,710.                   |          |        |          |          |  | , u                          |                |       |          | -             |                   | <del></del> |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| CICNIATURE  |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| SIGNATURE   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| ANY PERSON  |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| APPLICATION   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |
| THE PURPOSE   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          | COI           | IMITS             | AF          | KΑ  | NUDUL       | ENT IN   | SUKANCE     |  |
| ACT, WHICH IS   | A C      | KIN  | 11 F | AND SI  | NRJE  | -013        | SUCH                      | 1 766    | SON    | 110      | CKIMII   | NAL AND  | CIVIL PE                     | NALÍ           | ı⊏S.  |          |               |                   |             |   |             |          |             |  |
| I UNDERSTAND T  | HAT      | THE  | = C( | OVERAG  | GE SE | ELEC        | TION AI                   | ND LIN   | иIT CI | HOICE    | ES INDI  | CATED HE   | RE WILL A                    | PPLY           | TO A  | LL F     | UTU           | RE PO             | DLICY       | RE  | NEWAL       | S, CONT  | INUATIONS   |  |
| AND CHANGES U   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          | _             |                   |             | _   |             |          | -           |  |
| APPLICANT'S SIGNATI   | JRE      |      |      |         |       |             |                           | DAT      | E      |          | ı        | PRODUCER'S   | SIGNATURE                    |                |       |          |               |                   |             |   | NATIO       | NAL PROD | UCER NUMBER |  |
|   |          |      |      |         |       |             |                           |          |        |          |          |  |                              |                |       |          |               |                   |             |   |             |          |             |  |

| <b>AGENCY</b> | CUSTOMER ID:  |
|---------------|---------------|
| AGENCI        | COSTONIER ID. |

| MOTOR | CARRIE | R SECTIO |
|-------|--------|----------|
|       |        |          |

| MOTOR CARRIE  | RS               | SEC.               | TIO        | N                         |                      |                   |                      |                           |                    |                                     |                                    | 1   | <u> </u>                |                 |       |          |              |                  |                      |                  |                                 |  |  |
|---|------------------|--------------------|------------|---------------------------|----------------------|-------------------|----------------------|---------------------------|--------------------|-------------------------------------|------------------------------------|---|-------------------------|-----------------|-------|----------|--------------|------------------|----------------------|------------------|---------------------------------|--|--|
| COVERAGES   | СО               | VERE               | D AL       | JTO SYMB                  | OLS                  |                   |                      | - DI                      |                    | MITS                                |                                    | PHYSICAL DAMAGE  COVERAGES COVERED LIMITS DEDUCTIBLE          |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
|   |                  | 61                 |            | 67                        |                      |                   | CSL                  | BI<br>EA F                | PER                | \$                                  |                                    | COVERA  | GES                     | A               | UTOS  | YMBO     | LS           |                  | LIMITS               |                  | DEDUCTIBLE                      |  |  |
| LIABILITY   |                  | 62                 |            | 68                        |                      | BI EA             | CH AC                | CIDENT                    |                    | \$                                  |                                    |   |                         |                 | 62    |          | 67           |                  |                      |                  |                                 |  |  |
| 20.0.2  |                  | 63                 |            | 71                        |                      | PROF              | PERTY                | DAMAGE                    |                    | \$                                  |                                    | COMP / OTC  |                         |                 | 63    |          | 68           |                  |                      |                  | \$                              |  |  |
|   |                  | 64                 |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 | 64    |          |              |                  |                      |                  |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    | SPECIFIED   |                         |                 | 62    |          | 67           | SCL              | FT                   | LSP              |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    | CAUSES OF   | LOSS                    |                 | 63    |          | 68           | F                | FT\                  | V                | \$                              |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 | 64    |          |              |                  |                      |                  |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 | 62    |          | 67           |                  |                      |                  |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    | COLLISION   |                         |                 | 63    |          | 68           |                  |                      |                  | \$                              |  |  |
| MEDICAL .   |                  | 62                 |            | 64                        | ]                    | EACH              | l PERS               | ON                        |                    | \$                                  |                                    |   |                         |                 | 64    |          |              |                  |                      |                  |                                 |  |  |
| PAYMENTS  | 63 67 BI         |                    |            |                           |                      |                   |                      |                           | TOWING<br>& LABOR  |                                     |                                    | 63  |                         | J               | \$    |          |              |                  |                      |                  |                                 |  |  |
|   |                  | 62                 |            | 67                        | -                    |                   | CSL [                |                           | PER                |                                     | & LABOR                            |   |                         | 67              |       |          |              |                  |                      |                  |                                 |  |  |
| UNINSURED<br>MOTORIST   |                  | 63                 |            |                           | -                    |                   |                      | CIDENT                    |                    | \$                                  |                                    | 001/504   |                         |                 |       |          |              | ERCHAN           | # DAYS               |                  |                                 |  |  |
|   |                  | 64                 |            |                           | -                    |                   | PROPE                | RTY DAM                   |                    |                                     |                                    | COVERA  | GES                     | SY              | MBOL  | # IR     | AILER        | ZONE             | # DAYS               | DEDUCTIBLE       |                                 |  |  |
|   |                  | 66                 | Г          | 00                        |                      |                   | 001                  |                           | DED<br>PER         |                                     |                                    | COMP / OTC  | ;                       |                 | 69    |          |              |                  |                      |                  |                                 |  |  |
| UNDERINSURED  |                  | 62                 |            | 66                        | H                    |                   | CSL [                |                           | PER                |                                     |                                    |   |                         |                 | 70    |          |              |                  |                      |                  |                                 |  |  |
| MOTORIST  |                  | 63                 |            | 67                        |                      | BIEA              | CH AC                | CIDENT                    |                    | \$                                  |                                    | SPECIFIED CAUSES OF   | LOSS                    |                 | 69    |          |              |                  |                      |                  |                                 |  |  |
| NON TRUOVERS  |                  | 64<br>YES          | <br>S      | STATES                    | s                    | COST              | r of Hil             |                           |                    | IF ANY B                            | Vele                               |   |                         | 70<br>69        |       |          |              |                  |                      |                  |                                 |  |  |
| NON-TRUCKERS<br>HIRED / BORROWED  |                  | NO                 |            | 0171121                   |                      | \$                | OF HI                | ΧE                        |                    | IF AINT B                           | 4919                               | COLLISION   | DLLISION                |                 | 70    |          |              |                  |                      |                  | \$                              |  |  |
| TRUCKERS  |                  | YES                |            | STATES                    | _                    | -                 | r of Hil             | )E                        | $\top$             | IF ANY B                            | 1010                               | TRAILER VA  | LUE                     | \$              | 10    |          |              |                  |                      |                  |                                 |  |  |
| HIRED / BORROWED - LIABILITY  |                  | NO                 |            |                           |                      | \$                | 01 1111              | \L                        |                    | ANT B                               | 1010                               |   |                         | TES             | # [   | DAYS     | #            | VEH              |                      |                  |                                 |  |  |
|   |                  | YES                | <br>S      | STATES                    | _                    | -                 | JP TYP               | <br>F                     |                    | NI                                  | MBER OF                            |   |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| NON-OWNED   |                  | NO                 |            |                           |                      |                   | EMPLO                |                           |                    |                                     |                                    | HIRED   |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| AUTO<br>LIABILITY   |                  | 1                  |            |                           |                      |                   | VOLUN                |                           |                    |                                     |                                    | PHYSICAL<br>DAMAGE  |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| EI/ABIETT   |                  |                    |            |                           |                      |                   | PARTN                |                           |                    |                                     |                                    | _ D/ W// YOE  |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| OTHER   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         | CO              | VERAG | SE IS:   |              | F                | RIMARY               | 8                | ECONDARY                        |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    | OTHER   |                         |                 |       |          |              | 1                |                      |                  |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| COVERED AUTO SYM<br>(61) ANY AUTO<br>(62) OWNED AUTOS (<br>(63) OWNED PRIVATE | ONLY             | ,                  | JTOS       | ONLY                      | (65)                 | OWN<br>OWN        | IED AU               | TOS SUB.                  | JECT<br>JECT       | TOS ONLY<br>TO NO-FAUI<br>TO A COMP | T (68) HIR<br>JL- (69) TRA         | ECIFICALLY DE<br>ED AUTOS ON<br>AILERS IN YOU<br>RAILER INTER | ILY<br>R POSS           | SESSI           | ON UN |          | , ,          | ANOTHI<br>INTERC | ER TRUCK<br>HANGE AG |                  | SSESSION OF<br>R A TRAILER<br>T |  |  |
| ENDORSEMENT   | s/               | REN                | MAR        | RKS (A                    | CORI                 | D 10              | 1, Ad                | ditiona                   | ıl Re              | emarks S                            | chedule, ma                        | ay be attac   | hed i                   | f mo            | ore s | pace     | is re        | quire            | d)                   |                  |                                 |  |  |
|   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| SIGNATURE   |                  |                    |            |                           |                      |                   |                      |                           |                    |                                     |                                    |   |                         |                 |       |          |              |                  |                      |                  |                                 |  |  |
| ANY PERSON<br>APPLICATION I<br>THE PURPOSE<br>ACT, WHICH IS                   | FOF<br>OF<br>A ( | R IN<br>MI<br>CRIM | SLE<br>VIE | RANCE<br>EADING<br>AND SU | OR<br>i, INF<br>JBJE | STA<br>ORI<br>CTS | TEMI<br>MATIC<br>SUC | ENT OI<br>ON CO<br>H PER: | F CI<br>NCI<br>SON | LAIM COI<br>ERNING A<br>I TO CRII   | NTAINING A<br>NY FACT<br>MINAL AND | ANY MATE<br>MATERIA<br>CIVIL PEN                              | ERIAL<br>L THE<br>NALTI | LY<br>RE<br>ES. | FALS  | SE IN    | NFOR<br>MITS | MATIO<br>A FR    | ON OR<br>AUDUL       | CONCE<br>ENT IN: | EALS FOR<br>SURANCE             |  |  |
| I UNDERSTAND T<br>AND CHANGES U   |                  |                    |            |                           |                      |                   |                      |                           |                    | HOICES IN                           | DICATED HE                         | RE WILL AI  | PPLY T                  | ΓΟ A<br>_       | LL FU | JTUR<br> | E POI        | LICY RI          | ENEWAL               | S, CONT          | INUATIONS                       |  |  |
| APPLICANT'S SIGNATU   | JRE              |                    |            |                           |                      |                   |                      | DATE                      | =                  |                                     | PRODUCER'S                         | SIGNATURE   |                         |                 |       |          |              |                  | NATIO                | NAL PROD         | UCER NUMBER                     |  |  |