



AGENCY CUSTOMER ID: _____

**ALASKA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

| | | | |
|---------------|----------------|------------------|-----------|
| 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 \$ | | | |
| | | | PHYSICAL DAMAGE | | |
| | | | TOWING & LABOR | 3 7 | \$ |
| | | | COMP / OTC | 2 4 8 3 7 | |
| MEDICAL PAYMENTS | 2 4 8 3 7 | EACH PERSON \$ | SPECIFIED CAUSES OF LOSS | 2 4 8 3 7 | |
| UNINSURED / UNDERINSURED MOTORIST | 2 6 | CSL BI EA PER \$ | COLLISION | 2 4 8 3 7 | |
| | 3 7 | BI EACH ACCIDENT \$ | | | |
| | 4 | PROPERTY DAMAGE \$ | | | |
| HIRED / BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | COVERAGE / DEDUCTIBLE |
| NON-OWNED LIABILITY | YES STATES NO | GROUP TYPE NUMBER OF | | COVERAGE IS: | PRIMARY SECONDARY |
| | 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)**SIGNATURE**

I ACKNOWLEDGE THAT IF I HAVE REJECTED COMPREHENSIVE / OTC AND/OR COLLISION COVERAGE ON ALL VEHICLES IN MY POLICY, I HAVE BEEN OFFERED COVERAGE FOR DAMAGE TO RENTAL VEHICLES.

(INITIALS)

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 SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | | | | |
|-------------------------------------|------------------------------|---------------------------------|--|----------------------------|-----------------------------|-----------------------------|---|---------|-----------|------------|
| LIABILITY | 41 <input type="checkbox"/> | 46 <input type="checkbox"/> | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | COMP / OTC | 42 <input type="checkbox"/> | 47 <input type="checkbox"/> | | \$ | | |
| | 42 <input type="checkbox"/> | 47 <input type="checkbox"/> | BI EACH ACCIDENT \$ | | 43 <input type="checkbox"/> | 46 <input type="checkbox"/> | | | | |
| | 43 <input type="checkbox"/> | 50 <input type="checkbox"/> | PROPERTY DAMAGE \$ | | 44 <input type="checkbox"/> | 45 <input type="checkbox"/> | | | | |
| | | | | SPECIFIED CAUSES OF LOSS | 42 <input type="checkbox"/> | 47 <input type="checkbox"/> | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP | \$ | | |
| | | | | | 43 <input type="checkbox"/> | 46 <input type="checkbox"/> | <input type="checkbox"/> F <input type="checkbox"/> FTW | | | |
| | | | | | 44 <input type="checkbox"/> | 45 <input type="checkbox"/> | | | | |
| MEDICAL PAYMENTS | 42 <input type="checkbox"/> | 46 <input type="checkbox"/> | EACH PERSON \$ | COLLISION | 42 <input type="checkbox"/> | 47 <input type="checkbox"/> | | \$ | | |
| | 43 <input type="checkbox"/> | | | | 43 <input type="checkbox"/> | 46 <input type="checkbox"/> | | | | |
| | | | | | 44 <input type="checkbox"/> | 45 <input type="checkbox"/> | | | | |
| UNINSURED / UNDERINSURED MOTORIST | 42 <input type="checkbox"/> | 46 <input type="checkbox"/> | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | TOWING & LABOR | 42 <input type="checkbox"/> | 47 <input type="checkbox"/> | | \$ | | |
| | 43 <input type="checkbox"/> | | BI EACH ACCIDENT \$ | | 43 <input type="checkbox"/> | 46 <input type="checkbox"/> | | | | |
| | 45 <input type="checkbox"/> | | PROPERTY DAMAGE \$ | | 44 <input type="checkbox"/> | 45 <input type="checkbox"/> | | | | |
| | | | | TRAILER INTERCHANGE | | | | | | |
| | | | | COVERAGES | SYMBOL | # TRAILERS | FARTH ZONE | # DAYS | RADIUS | DEDUCTIBLE |
| NON-TRUCKERS HIRED / BORROWED | YES <input type="checkbox"/> | STATES <input type="checkbox"/> | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | COMP / OTC | 48 <input type="checkbox"/> | | | | | |
| | NO <input type="checkbox"/> | | \$ | | 49 <input type="checkbox"/> | | | | | |
| TRUCKERS HIRED / BORROWED LIABILITY | YES <input type="checkbox"/> | STATES <input type="checkbox"/> | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | SPECIFIED CAUSES OF LOSS | 48 <input type="checkbox"/> | | | | | |
| | NO <input type="checkbox"/> | | \$ | | 49 <input type="checkbox"/> | | | | | |
| NON-OWNED AUTO LIABILITY | YES <input type="checkbox"/> | STATES <input type="checkbox"/> | GROUP TYPE | COLLISION | 48 <input type="checkbox"/> | | | | | \$ |
| | NO <input type="checkbox"/> | | NUMBER OF | | 49 <input type="checkbox"/> | | | | | |
| | | | | | | | | | | |
| OTHER | | | EMPLOYEES | TRAILER VALUE | \$ | | | | | |
| | | | VOLUNTEERS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | |
| | | | PARTNERS | | | | | | | |
| | | | | | COVERAGE IS: | | | PRIMARY | SECONDARY | |
| | | | | OTHER | | | | | | |

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

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

| | | | |
|---|------|----------------------|--------------------------|
| I ACKNOWLEDGE THAT IF I HAVE REJECTED COMPREHENSIVE / OTC AND/OR COLLISION COVERAGE ON ALL VEHICLES IN MY POLICY, I HAVE BEEN OFFERED COVERAGE FOR DAMAGE TO RENTAL VEHICLES. <div style="float: right; text-align: right;"> _____ (INITIALS) </div> | | | |
| 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 |

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|----------------------|--|--------------|--|--|------------|----------------------|------------|-----------------------|------------|---|------------|--------|-------|----|----|--|--------------------------|----|---------|--|-----|----|-----|--------------------------|-----|--|----|----|----|--|----|--|--|-----------|----|----|-----------|----|--|----|----|--|----|----|--|--|--|--|--|------------------|----|----|-------------|----|----------------|----|----|--|--|----|----|----|-----------------------------------|----|----|-----|-----------|----|---------------------|--|--|--|----|----|------------------|----|--|-----------|--------|------------|------------|--------|--------|------------|------------|----|--|--|--|--|--|----|--|--|--|--|--|--------------------------|----|--|--|--|--|--|----|--|--|--|--|--|-----------|----|--|--|--|--|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------|------------|--------------|--|--------------|--|--|--|--|--|---------------|----|---|--------|--------|-------|--|--|--|--------------|--|---------|-----------|-------------------------------------|------------|--------------|--|--------------|--|---|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--------------------------|------------|------------|-----------|--|--|--|--|--|--|--|----|-----------|--|--|--|--|--|------------|--|--|--|--|--|----------|--|--|--|-------|--|--|--|--|--|--|--|--|--|
| LIABILITY | 61 | 67 | CSL | BI EA PER | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">COVERED AUTO SYMBOLS</th> <th style="width:15%;">LIMITS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">COMP / OTC</td> <td>62</td> <td>67</td> <td rowspan="3"></td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> <tr> <td rowspan="3">SPECIFIED CAUSES OF LOSS</td> <td>62</td> <td>67</td> <td rowspan="3"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SCL</td> <td>FT</td> <td>LSP</td> </tr> <tr> <td>F</td> <td>FTW</td> <td></td> </tr> </table> </td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> <tr> <td rowspan="4"></td> <td></td> <td></td> <td rowspan="4">COLLISION</td> <td>62</td> <td>67</td> <td rowspan="4"></td> </tr> <tr> <td></td> <td></td> <td>63</td> <td>68</td> </tr> <tr> <td></td> <td></td> <td>64</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEDICAL PAYMENTS</td> <td>62</td> <td>64</td> <td rowspan="2">EACH PERSON</td> <td>\$</td> <td rowspan="2">TOWING & LABOR</td> <td>63</td> <td>\$</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>63</td> <td>67</td> <td>67</td> </tr> <tr> <td rowspan="4">UNINSURED / UNDERINSURED MOTORIST</td> <td>62</td> <td>66</td> <td>CSL</td> <td>BI EA PER</td> <td>\$</td> <td colspan="4" style="text-align:center;">TRAILER INTERCHANGE</td> </tr> <tr> <td>63</td> <td>67</td> <td>BI EACH ACCIDENT</td> <td>\$</td> <td> <table border="1" style="width:100%; 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| | COVERAGES | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COMP / OTC | 62 | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 63 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIED CAUSES OF LOSS | 62 | 67 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SCL</td> <td>FT</td> <td>LSP</td> </tr> <tr> <td>F</td> <td>FTW</td> <td></td> </tr> </table> | SCL | FT | LSP | F | FTW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SCL | FT | | LSP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | F | FTW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 63 | 67 | BI EACH ACCIDENT | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">COVERAGES</th> <th style="width:15%;">SYMBOL</th> <th style="width:15%;"># TRAILERS</th> <th style="width:15%;">FARTH ZONE</th> <th style="width:15%;"># DAYS</th> <th style="width:15%;">RADIUS</th> <th style="width:15%;">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | COVERAGES | SYMBOL | # TRAILERS | FARTH ZONE | # DAYS | RADIUS | DEDUCTIBLE | COMP / OTC | 69 | | | | | | 70 | | | | | | SPECIFIED CAUSES OF LOSS | 69 | | | | | | 70 | | | | | | COLLISION | 69 | | | | | \$ | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-OWNED AUTO LIABILITY | YES STATES | GROUP TYPE | NUMBER OF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | VOLUNTEERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PARTNERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY | (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY |
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ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

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| I ACKNOWLEDGE THAT IF I HAVE REJECTED COMPREHENSIVE / OTC AND/OR COLLISION COVERAGE ON ALL VEHICLES IN MY POLICY, I HAVE BEEN OFFERED COVERAGE FOR DAMAGE TO RENTAL VEHICLES. <div style="float: right; text-align: right;"> _____ (INITIALS) </div> | | | |
| 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 |