AGENCY CUSTOMER ID:

ACORD®	MISSISSIPPI COM COVERAGES / LI		DATE (MM/DD/YYYY)
AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

AGENCY								NAMED INSURED(S)																		
POLICY NUMBER EFFEC									CTIVE DATE	CARRIER											NAIC	CODE				
BUSINESS AUT) SI	ECTI	ON	1																						
COVERAGES	CO	/EREC) AU	то s	SYM	BOLS					IMITS			COVERA	GES	cov	ERE	D AU1	O SY	′МВС	DLS			LIN	/IITS	
1 4 9 CSL BI EA PE									BI EA PER	\$																
LIABILITY		2		7			BI E	ACH /	ACCIDE	NT	\$															
3 8 PROPERTY DAMAGE									AGE	\$			-													
															L DA	МАС										
																	3		SICA	LDA	WIAG					
														* LABOR			7					\$				
														COMP / OTC		2 4				8						
					_									COMP / OTC			3		7							
MEDICAL		2		4		8	EAC	H PE	RSON		\$			SPECIFIED			2		4		8		SCL		FT	LSP
PAYMENTS		3		7						ΒI				CAUSES OF LOSS			3		7				F		FTW	
UNINSURED		2		6			_	CSL	ACCIDE	BI EA PER	\$ \$															
MOTORIST 3 7						TY DAM		\$			COLLISION			3		7		8								
HIRED / BORROWED LIABILITY		YES		ST	ΓΑΤΕ	:S	cos	ST OF	HIRE		IF	F ANY BASIS			STATE	S	# D/	AYS	#	VEH		COV	VERAG	E / DE	DUCTI	BLE
LIABILITY		NO						\$															COMF			
	YES STATES NO					UP T			Г	NUMBER	OF	HIRED PHYSICAL									SPEC C OF					
NON-OWNED LIABILITY								LOYEE		\vdash			DAMAGE									COLL		5		
							VOLUNTEERS PARTNERS							i	C	COVERAGE IS:				Т	F	RIMA	ARY		SECC	NDARY
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	IED A	UTOS			ENG	SER AL			(4 (5) OWNE	D AUT	OS SUBJECT	TO NO-FA	TE PASSENGE ULT IPULSORY UNII	R AUTOS	ONLY	•		N	(8) H	SPEC	IFICA D AU	ALLY DE FOS ON ED AUT	LY	BED A	
ENDORSEMENT	S/I	REM	AR	KS	(A	COR	D 10	1, A	dditi	onal R	emar	rks Sched	ule, ma	y be attach	ed if m	ore	spa	ıce i	s re	qui	red)				

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I ALSO UNDERSTAND THAT STATE LAW ALLOWS ME TO PURCHASE UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, TO REJECT UM PD ONLY, OR TO REJECT UM BI AND UM PD COVERAGES ENTIRELY. ADDITIONALLY, I HAVE READ AND SIGNED THE MISSISSIPPI AUTO SUPPLEMENT, ACORD 62 MS.

ALSO, IF I HAVE FOUR (4) OR MORE COVERED MOTOR VEHICLES AND I HAVE SELECTED "NON-STACKABLE" UM COVERAGE, I HAVE COMPLETED THE STATE SUPPLEMENT, ACORD 61 MS.

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

AGENCY CUSTOMER ID: TRUCKERS SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE COVERED BI EA PER \$ CSL COVERAGES LIMITS **DEDUCTIBLE** 41 42 50 BI EACH ACCIDENT 42 47 LIABILITY COMP / OTC 43 PROPERTY DAMAGE 43 \$ 46 46 LSE 42 SCL FT 47 SPECIFIED 43 F FTW \$ CAUSES OF LOSS 46 42 47 COLLISION \$ MEDICAL 42 46 43 **EACH PERSON** \$ **PAYMENTS** 43 46 BI EA PER \$ 42 46 CSL 46 TOWING UNINSURED BLEACH ACCIDENT & LABOR 43 MOTORIST PROPERTY DAMAGE 45 TRAILER INTERCHANGE #TRAILERS FARTH COVERAGES SYMBOL # DAYS RADIUS **DEDUCTIBLE** COMP / OTC 49 YES STATES COST OF HIRE IF ANY BASIS 48 NON-TRUCKERS SPECIFIED HIRED / BORROWED NO CAUSES OF LOSS 49 TRUCKERS YES STATES COST OF HIRE IF ANY BASIS 48 HIRED / BORROWED LIABILITY COLLISION \$ NO 49 YES TRAILER VALUE STATES **GROUP TYPE** NUMBER OF \$ NON-OWNED NO STATES # DAYS # VEH **EMPLOYEES** AUTO **VOLUNTEERS** LIABILITY HIRED **PARTNERS PHYSICAL** OTHER DAMAGE PRIMARY SECONDARY COVERAGE IS: OTHER **COVERED AUTO SYMBOLS** (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A ANOTHER TRUCKER UNDER A TRAILER (47) HIRED AUTOS ONLY (42) OWNED AUTOS ONLY COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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ACENCY	CUSTOMER	ID:

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																						
COVERAGES	CO	/ERE	D AL	JTO SYMBOLS	L.,												YSICA	L DAMA	GE			
		61		67		CSL		BI EA PER	\$			COVERA	GES	AL	COVI S OTL	ERED YMBO	LS		LIMITS	3	DEDUCTIBLE	
		62		68	BI E	ACH AC	CIDEN	١T	\$						62		67					
LIABILITY		63		71	PRC	PERTY	DAMA	GE	\$			COMP / OTC	;		63		68				\$	
		64													64							
															62		67	sc	L F	T LSF		
												SPECIFIED			63		68	F		TW	\$	
												CAUSES OF	LOSS				1 00		ш'	1 44	9	
															64	+	07					
															62		67					
												COLLISION			63		68				\$	
															64							
MEDICAL PAYMENTS		62		64	EAC	H PERS	NC		\$			TOWING & LABOR			63]	\$				
PATIMENTS		63		67	\vdash			RI	•			& LABOR			67							
UNINSURED		62		66		CSL [BI EA PER						_				TERCHA				
MOTORIST		63		67		ACH AC			\$			COVERA	GES	SYI	MBOL	# TR	AILER	S FART	# DAY	DEDUCTIBLE		
		64			PRC	PERTY	DAMA	(GE	\$			COMP / OTC	;		69							
															70							
												SPECIFIED			69							
												CAUSES OF	LOSS		70							
NON-TRUCKERS		YES	3	STATES	cos	T OF HI	RE		IF	F ANY BAS	SIS				69							
HIRED / BORROWED		NO			\$							COLLISION			70						\$	
TRUCKERS		YES	3	STATES	cos	T OF HI	RE		IF	F ANY BAS	SIS	TRAILER VA	LUE	\$								
HIRED / BORROWED LIABILITY		NO			\$			_					STA	ATES	# [DAYS	#	VEH				
		YES	3	STATES	GRO	UP TYP	E			NUM	IBER OF											
NON-OWNED		NO				EMPLO	YEES	;	Γ			HIRED										
AUTO LIABILITY	TV.					VOLUN						PHYSICAL DAMAGE										
LIABILITY						PARTN				DAMAGE												
OTHER						TAKIN	LIKO							COV	L ∕ERAG	E 10.			PRIMARY	,	SECONDARY	
												OTHER		T	LIVAC	JL 13.		\perp	FIXIMAIXI		DECONDART	
(61) ANY AUTO	BOLS							CIAL AU		ONLY O-FAULT		DIFICALLY DES DIAUTOS ONL		D AUT	os						SESSION OF A TRAILER	
(62) OWNED AUTOS O				(66) OWN	ED AUT	OS SI	JBJECT	TO A	COMPUL-	(69) TRAII	LERS IN YOUR	RPOSSE					INTERC	HANGE A	GREEMENT		
(63) OWNED PRIVATE							_	MOTO	_			AILER INTERC		_			. ,			TOS ONLY		
ENDORSEMENT	S/	REN	/IAR	KS (ACOR	D 10	1, Ad	ditio	nal Re	emai	rks Sch	nedule, ma	y be attac	hed if	mo	re sp	ace	is re	quire	d)			
SIGNATURE																						
I UNDERSTAND AI	ND A	CKN	low	LEDGE THAT	UNIN	ISURE	о мс	TORIS	T (UN	и) BODIL	Y INJURY (E	BI) AND PRO	PERT	Y DAN	ИAGE	(PD)	COV	ERAGE	S HAVE	BEEN EX	PLAINED TO	
ME. I ALSO UNDE																						
REJECT UM PD O ACORD 62 MS.	NLY,	OR	101	REJECT UM I	BI AN	D UM F	יט טי	JVERA	GES	ENTIRE	LY. ADDITIC	JNALLY, I H	AVERI	EAD /	AND :	SIGNI	ED IF	HE MIS	SISSIPPI	I AUTO SC	IPPLEMENT,	
ALSO, IF I HAVE	FOU	R (4) OF	R MORE COV	/EREI	о мот	OR \	/EHICL	ES A	ND I HA	VE SELECT	ED "NON-S	TACKA	ABLE"	UM	COVI	ERAG	E, I HA	AVE COI	MPLETED	THE STATE	
SUPPLEMENT, AC																		,				
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CHANGES UNLES								011		-5 1010				1	5101	'	J_101		,, .	23.111107		
APPLICANT'S SIGNATI	JRE						D	ATE			PRODUCER'S	SIGNATURE							NATIO	ONAL PROD	UCER NUMBER	
	-						[]												1			