AGENCY CUSTOMER ID:

R	
ACORD	

DATE	(MM/DD/YYYY)	

ACORD	, B						Κ	пОБ		COVERAGES / LIMITS SECTION													DA ⁻	TE (N	IM/DD/YYY	Υ)	
AGENCY															•												
DOLLOV NUMBER											FEOTIVE D		OARRIE												NAIC COD		
POLICY NUMBER										Er	FECTIVE DA	\IE	CARRIE	K											NAIC COL	<i>,</i> _	
BUSINESS AUT	USINESS AUTO SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS CO																										
COVERAGES	co	VERED	ΑUΊ	то ѕ	YME	BOLS			- DI	LIMIT				COVER	AGES	cov	/ERE	OLS			LIMI	TS					
LIABILITY		1 2	_	7		9	DI E	CSL ACH ACCI	_	PER \$																	
LIABILITI		3		8				PERTY D		\$																	
																PHYSICAL DAMAGE											
																	3					•					
														& LABOR			7					\$					
						_								COMP / OTO	· · · · · · · · · · · · · · · · · · ·		3		7		8						
MEDICAL PAYMENTS		3		7		8	EAC	CH PERSO	N	\$				SPECIFIED CAUSES OF	LOSS		2		7		8						
UNINSURED /		23		6				CSL (BI C	• .					COLLISION			2		4		8						
UNDERINSURED MOTORIST		4						BI EAPI		ACC \$	EA ACC	\$															
	PD EA ACC \$																										
HIRED / BORROWED LIABILITY		YES NO		STA	ATE	S		ST OF HIRI			IF ANY BAS		STATI	≣S	# D	AYS		# VEI	1	cov	ERAGE /	DED \$	UCTIBLE				
		YES		ST	ATE	S	\$ GROUP TYPE NUMBER O						OF	HIRED									SPEC C OF L	э \$			
NON-OWNED		NO						EMPLOY	EES					PHYSICAL DAMAGE									COLL	\$			
LIABILITY								VOLUNTI						-		COVE	BACI	E 10:				PRIMARY			SECONDA	DV	
		Y AUTO		ALITO				FAIRTINE	(4					I PRIVATE PASS QUIRE NO-FA	SENGER			L 10.			S SP	ECIFIE	ED ON SO	_		IX I	
SYMBOLS (3) OW	/NED PI	RIV	ATE	PAS				(6) OWNE	ED AUTOS S	SUBJE	ECT TO C	OMPULSORY	U.M. LAW				(9)		OWN	IED AL	JTOS				
ENDORSEMENT	S/	REMA	\RI	KS	(A	COF	<u>RD 1</u>	01, Add	itiona	I Ren	narks Sc	hed	lule, ma	ay be attac	ched if I	more	sp	ace	is	requ	irec	d)					
SIGNATURE																											
ANY PERSON WI	10 k	(NOWI	ING	GLY	PR	ESEI	NTS	A FALSE	OR F	RAUD	ULENT C	LAIN	/ FOR F	PAYMENT C	OF A LOS	ss o	R B	ENE	FIT	OR	KNC	WING	GLY PR	ESE	NTS FAL	LSE	
INFORMATION IN																											
I UNDERSTAND A															D TO ME			HAVI		ELEC	CTEC) THE	: FOLLO	OWI	NG OPTI	ON:	
2. I REJECT MEDI	CAL	PAYM	ΕN	ITS (CO	VERA	AGE I	N ITS EN	ITIRET	Υ				_			(INI	TIALS	S)								
I UNDERSTAND A THE BODILY INJU ADDITION, I HAVE	JRY	LIMIT	SII	N M	IY F	POLIC	CY.	IF I REJ	ECT T	HIS C	OVERAGE	Ξ, Ι Ι	HAVE R	EAD AND S	SIGNED	THE	STA	ATE A	AUT	o s							
1. I SELECT UM/U 2. I SELECT UM/U	IM PI	D COV	ER.	AGE	E AT	THE	LIM	TS SHOV	VN IN T	'HIS AI	PPLICATIO	N		IT DAMAGE INITI. INITI	ALS)	(ت		IRE	EJE			M			(INITIALS))	
I UNDERSTAND T RENEWALS, CON															IY STATE	SUF	PPLI	EMEI	NT \	WILL	APF	PLY T	O ALL F	UTI	JRE POL	ICY	
APPLICANT'S SIGNATI									DATE					SIGNATURE								NA	NATIONAL PRODUCER NUMBER				

ACORD 137 RI (2014/12)

GEN	101/	~ 110	NTA	

TRUCKERS SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																													
COVERAGES	co	VERE	D A L	JTO	SYI	ивог	_S	LIMITS																L DA	MAG	E			
	41 46 47								cs	L	_ BI _ EA	PER	\$				COVERA	GES	4	ΑU	TO S	ERED YMBO	LS			LIMITS			DEDUCTIBLE
LIABILITY		42		47 50						I ACCIE			\$ \$				COMP / OT	С	H		42 43		47						\$
																	SPECIFIED		L		42		47		SCL	FT		LSP	
																	CAUSES O		} -		43 46				F	FT	W		\$
MEDICAL		42		46	3			FACULDEDOON 2													42		47						
PAYMENTS		43						EACH PERSON \$ CSL (BI Only) EA ACC \$									COLLISION			43								\$	
UNINSURED /	42 46								1	•	• .								+		46 46								
UNDERINSURED MOTORIST	43 45							CSL (BI PD) EA ACC \$ BI EA PER \$ EA ACC \$							TOWING & LABOR	r		40			\$								
									PD	1	E	A ACC	C \$										LER IN				_		
																	COVERA	GES	+		BOL 48	# TF	RAILEF	RS Z	ONE	# DAYS	RA	DIUS	DEDUCTIBLE
NON-TRUCKERS	YES STATES CO								ST C	F HIRE				IF ANY B	ASIS		COMP / OT	С			49								
HIRED / BORROWED		NO						\$									SPECIFIED				48								
TRUCKERS HIRED / BORROWED LIABILITY		YES NO		5	STAT	IES		COS \$	ST O	F HIRE		L		IF ANY B	ASIS		CAUSES O	- LOSS	+	_	49 48	+		+			+		
		YES		5	STAT	ΓES			OUP	TYPE				NL	JMBER O	F	COLLISION				49								\$
NON-OWNED AUTO		NO							EM	IPLOYE	ES							S	TATE	ES	# [DAYS	#	# VEH	+				
LIABILITY							+		1	LUNTE RTNER							HIRED												
OTHER										IVIIVEIV	.0						PHYSICAL DAMAGE												
																	OTHER		\top	COVI	ERAG	SE IS:			P	RIMARY		S	ECONDARY
(41) ANY AUTO (42) OWNED AUTOS C	COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED COMMERCIAL AUTOS ONLY (45) OWNED COMMERCIAL AUTOS ONLY (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY																												
ENDORSEMENT	S/	REM	IAR	RK:	S (AC	OR	D 1	01,	Add	tion	nal R	em	arks S	chedul	le, ma	ay be atta	ched	if ı	moı	re s	расе	is r	equ	ired	l)			
SIGNATURE		W101	AUNI								0.0	FDA		III FNT			DAVAGENT, C				000.1	O CALLED		000		MANAGE	AV DE		UTO FALOR
ANY PERSON WI																												KESE	NIS FALSE
I UNDERSTAND A 1. I SELECT MEDI	CAL	PAYI	MEI	NTS	s co	OVE	RAG	GE A	AT 1	THE LI	MITS	S IND						D TO	ME	Ξ, AI	(INI	ITIAL	.S)	LEC	TED	THE F	OLL	OWIN	G OPTION:
2. I REJECT MEDI																	-				•	ITIAL			, ,,,,,,		n = :		105115 ==
I UNDERSTAND A THE BODILY INJU ADDITION, I HAVE	JRY BEI	LIMI ^T	TS FFE	IN RE	MY D U	PO	LIC ISU	Y. REC	IF I	I REJI JNDEF	ECT RINS	THIS URE	C C D M	OVERAG OTORIS	SE, I HA STS PRO	AVE R	EAD AND TY DAMAGE	SIGNE E (UM/	ED	THE	ST. O) CC	ATE OVER	AUTO	O SI	UPPL	EMEN			
1. I SELECT UM/U 2. I SELECT UM/U															_		`	IALS) IALS)			3		EJEC COV			vi 		(I	NITIALS)
I UNDERSTAND T RENEWALS, CON																		NY ST	ATE	E SI	JPPL	.EME	NT V	VILL	APP	LY TO	ALL	FUTU	RE POLICY
APPLICANT'S SIGNATI	JRE										DAT	ΓΕ			PRODU	UCER'S	SIGNATURE									NATIO	DNAL	PRODI	JCER NUMBER

	CUS		

MOTOR CARRIER SECTION AGENCY CUSTOMER ID: PHYSICAL DAMAGE																				
COVERAGES	CO	VERE	D A	UTO SYMBOLS	s			LIMITS						COVE	PH ERED	YSICA	L DAMA	GE		
		61		67		CSL	BI EA PER	R \$			COVERA	GES	AL	JTO S	MBO	LS		LIMITS	;	DEDUCTIBLE
LIABILITY		62		68		EACH ACCI		\$			OOMD / OTG			62		67				
		63		⁷¹	PR	OPERTY DA	MAGE	\$			COMP / OTC	,		63		68				\$
		64												64 62		67	sci	_ F	Γ LSF	
											SPECIFIED			63		68	- SC		ıcsf	\$
											CAUSES OF	LOSS		64		1 00		Ш'	. **	Ψ
														62		67				
							COLLISION		63		68				\$					
														64						
MEDICAL		62		64		CH PERSON		\$			TOWING			63			\$			
PAYMENTS		63		67							& LABOR			67			Ψ 			
LININGLIDED /		62		66		- `	nly) EA AC										FART			
UNINSURED / UNDERINSURED		63		67		- '	D) EA AC		54 400 A		COVERA	GES	SY	MBOL	# TR	AILER	SZONE	# DAYS	RADIUS	DEDUCTIBLE
MOTORIST		64				BI EAPE	EA AC		EA ACC \$		COMP / OTO	;		69						
						FD	EAAC	 э						70	+					
											SPECIFIED CAUSES OF	LOSS		69 70						
NON-TRUCKERS		YES	3	STATES	CC	ST OF HIRE		IF	F ANY BASI	IS				69						
HIRED / BORROWED		NO			\$		L			-	COLLISION			70						\$
TRUCKERS HIRED / BORROWED		YES	3	STATES	CC	ST OF HIRE		IF	F ANY BASI	IS		STA	TES	# [DAYS	#	VEH			
LIABILITY		NO			\$															
		YES	3	STATES	GR	OUP TYPE			NUME	BER OF	HIRED PHYSICAL									
NON-OWNED AUTO		NO				EMPLOYE	ES				DAMAGE									
LIABILITY						VOLUNTE	ERS				_									
OTHER						PARTNER	RS				OTHER		COV	/ERAG	E IS:		\perp	PRIMARY	· !	SECONDARY
OTHER											OTHER									
(61) ANY AUTO (62) OWNED AUTOS O (63) OWNED PRIVATE	COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL- (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED AUTOS SUBJECT TO A COMPUL- (65) OWNED AUTOS SUBJECT TO A COMPUL- (66) OWNED AUTOS SUBJECT TO A COMPUL- (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																			
ENDORSEMENT	SI	KEN	IΑ	RKS (ACC)RD '	101, Add	itional F	Rema	irks Sch	edule, ma	ay be attac	ched i	t mo	re s	oace	ıs re	equire	d)		
SIGNATURE																				
ANY PERSON WE INFORMATION IN																				NTS FALSE
I UNDERSTAND A												D TO N	ΜE, A				LECTE	D THE I	OLLOWII	NG OPTION:
1. I SELECT MEDI								DICAT	ED IN TH	IIS APPLICA	ATION _			•	TIAL	•				
2. I REJECT MEDI															TIAL					
I UNDERSTAND A THE BODILY INJU ADDITION, I HAVE	JRY BEI	LIM EN C	ITS)FF	IN MY POL	LICY. SURE	IF I REJI D/UNDEF	ECT THIS	S COV	VERAGE, TORISTS	I HAVE R S PROPERT	EAD AND S Y DAMAGE	SIGNEI (UM/U	TH C	E ST. D) CC	ATE OVER	AUTO AGE.) SUPF	PLEMEN		
1. I SELECT UM/U 2. I SELECT UM/U											(INITI.	,		3			TUM/U ERAGE			(INITIALS)
I UNDERSTAND T RENEWALS, CON												IY STA	TE S	UPPL	.EME	NT W	ILL AP	PLY TO	ALL FUT	JRE POLICY
APPLICANT'S SIGNATI	JRE						DATE		F	PRODUCER'S	SIGNATURE							NATIO	ONAL PROD	UCER NUMBER