## AGENCY CUSTOMER ID:

| R            |
|--------------|
| <b>ACORD</b> |
|              |

## MARYLAND COMMERCIAL AUTO

|      |              | _ |
|------|--------------|---|
| DATE | (MM/DD/YYYY) |   |

| ACORD   | COVERAGES / LIMITS SECTION |                      |      |           |     |       |             |              |                              |       |         |                                       |          | M/DD/Y  | YYY)  |       |                |                |       |                    |                   |               |        |        |
|---|----------------------------|----------------------|------|-----------|-----|-------|-------------|--------------|------------------------------|-------|---------|---------------------------------------|----------|---------|-------|-------|----------------|----------------|-------|--------------------|-------------------|---------------|--------|--------|
| AGENCY  |                            |                      |      |           |     |       |             |              |                              |       |         | ED INSURED(S)                         |          |         |       |       |                |                |       |                    |                   |               |        |        |
| POLICY NUMBER                                 |                            |                      |      |           |     |       |             |              | EFFECTIVE D                  | ATE   | CARRIE  | ARRIER                                |          |         |       |       |                |                |       |                    |                   |               | NAIC C | ODE    |
| BUSINESS AUT                                  | <u> </u>                   | FCT                  | 101  |           |     |       |             |              |                              |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
| COVERAGES                                     |                            | VERE                 |      |           | VME | en s  |             | -            | IMITS                        |       |         | COVERAGES COVERED AUTO SYMBOLS LIMITS |          |         |       |       |                |                |       |                    |                   |               |        |        |
| COVERAGEO                                     | -00                        | 1                    |      | 4         | ,   | 9     | CSL         | BI<br>EA PER |                              |       |         | COVER                                 | AOLO     | 00      | VLINE | -0 40 | 100            | , , , , ,      | 010   |                    |                   |               |        |        |
| LIABILITY                                     |                            | 2                    |      | 7         |     | ] 9   | BI EACH ACC |              | \$                           |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
|   |                            | 3                    |      | 8         |     |       | PROPERTY D  |              | \$                           |       |         | -                                     |          |         |       |       |                |                |       |                    |                   |               |        |        |
| PERSONAL INJURY                               |                            | 5                    |      |           |     |       | \$ 2,500 F  |              | N                            |       |         |                                       |          |         | MAG   |       |                |                |       |                    |                   |               |        |        |
| PROTECTION                                    |                            | 7                    |      |           |     |       | WAIVER      | OF P.I.P.    |                              |       |         | TOWING                                |          |         | 3     | PHI   | SIC            | AL DA          | IWIAG |                    |                   |               |        |        |
| ADDITIONAL                                    |                            | 5                    |      |           |     |       |             |              |                              |       |         | & LABOR                               |          |         | 7     |       |                |                |       | \$                 |                   |               |        |        |
| PERSONAL INJURY<br>PROTECTION                 |                            | 7                    |      |           |     |       | \$          |              |                              |       |         | COMP / OTO                            | 0        |         | 2     |       | 4<br>7         |                | 8     |                    |                   |               |        |        |
| MEDICAL<br>PAYMENTS                           |                            | 2                    |      | 4         |     | 8     | EACH PERSO  | N            | \$                           |       |         | SPECIFIED<br>CAUSES OF                | LOSS     | 2 4 7   |       |       |                | 8              |       |                    |                   |               |        |        |
|   |                            | 2                    |      | 6         | -   |       | CSL         | BI<br>EA PER | \$                           |       |         | COLLISION                             |          |         | 2     |       | 4              |                | 8     |                    |                   |               |        |        |
| UNINSURED<br>MOTORIST                         |                            | 3                    |      | 7         |     |       | BI EACH ACC | DENT         | \$                           |       |         | COLLISION                             |          |         | 3     |       | 7              |                |       |                    |                   |               |        |        |
|   |                            | 4                    |      |           |     |       | PROPERTY D  | AMAGE        | \$                           |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
|   |                            |                      |      |           |     |       |             |              |                              |       |         |                                       | _        |         |       |       |                |                |       |                    |                   |               |        |        |
| HIRED / BORROWED<br>LIABILITY                 |                            | YES STATES COST OF H |      |           |     |       |             | E            | IF ANY BA                    |       | STATE   | S                                     | AYS      | S # VEH |       |       | COVERAGE / DED |                |       | JCTIBL             | E                 |               |        |        |
|   | YES STATES GROUP TYPE      |                      |      |           |     |       |             | NUI          | HIRED<br>PHYSICAL            |       |         |                                       |          |         |       |       |                | SPEC<br>C OF L | \$    |                    |                   |               |        |        |
| NON-OWNED NO                                  |                            |                      |      | EMPLOYEES |     |       |             |              | DAMAGE                       |       |         |                                       |          |         |       |       |                | COLL           | \$    |                    |                   |               |        |        |
| LIABILITY                                     |                            |                      |      |           |     |       | VOLUNT      |              |                              |       |         | -                                     |          |         |       |       |                | _              |       |                    |                   | $\overline{}$ |        |        |
| COVERED (1) ANY                               |                            |                      |      |           |     |       | PARTNE      | (4) OWNE     |                              |       |         |                                       |          |         |       |       |                |                | SPEC  | ECIFICALLY DESCRIB |                   |               | ECONI  |        |
| AUTO (2) OWI                                  |                            |                      |      |           | ENG | ER AL | JTOS ONLY   |              | D AUTOS SUBJ<br>D AUTOS SUBJ |       |         |                                       | NINSURED | мото    | ORIS  | TS LA | W              |                |       |                    | S ONLY<br>D AUTOS |               | LY     |        |
| ENDORSEMENT                                   | S/                         | REN                  | /IAR | RKS       | (A( | COR   | D 101, Add  | itional R    | emarks Sc                    | hed   | ule, ma | y be attac                            | hed if n | nore    | spa   | ace   | is r           | equ            | ired  | )                  |                   | _             |        |        |
|   |                            |                      |      |           |     |       |             |              |                              |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
| SIGNATURE                                     |                            |                      |      |           |     |       |             |              |                              |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
| ANY PERSON WI<br>WILLFULLY PRES<br>IN PRISON. |                            |                      |      |           |     |       |             |              |                              |       |         |                                       |          |         |       |       |                |                |       |                    |                   |               |        |        |
| IF I HAVE ELECTE                              | D T                        | O W                  | AIVE | PEI       | RSC | NAL   | INJURY PRO  | TECTION      | , I HAVE ALS                 | SO SI | GNED T  | HE MARYLA                             | AND AUT  | o su    | JPPL  | EME   | ENT,           | ACC            | DRD   | 62 MC              | 1.                |               |        |        |
| I UNDERSTAND T<br>RENEWALS, CON               |                            |                      |      |           |     |       |             |              |                              |       |         |                                       | NY STATE | SUI     | PPLI  | EME   | NT۱            | NILL           | APP   | LY TO              | ) ALL F           | UTŪ           | JRE P  | OLICY  |
| APPLICANT'S SIGNAT                            | JRE                        |                      |      |           |     |       |             | DATE         |                              | PRO   | DUCER'S | SIGNATURE                             |          |         |       |       |                |                |       | NAT                | IONAL P           | ROD           | UCER N | IUMBER |

ACORD 137 MD (2015/12)

| <b>AGENCY</b>                           | CUSTOMER ID:                           |
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| TRUCKERS SECTION AGENCY CUSTOMER ID: |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|--------------------------------------|-------|------|-------|-------------|------------|---------------------------------|-----------|------------|-------------------------|---|------|-------|-------|--------|---------|------------|----------|----------|-------------|--|
| COVERAGES                            | со    | VERE | D AL  | JTO SYMBOLS |            | LIMIT                           |           |            | PHYSICAL DAMAGE COVERED |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       | 41   |       | 46          | CSL        | BI<br>EA PER \$                 | 5         |            | COVERAG                 | RED<br>MBO  | LS   |       | L     | IMITS  |         | DEDUCTIBLE |          |          |             |  |
| LIABILITY                            |       | 42   |       | 47          | BI EACH A  | CIDENT \$                       | 5         |            |                         |   |      | 42    |       | 47     |         |            |          |          |             |  |
|                                      |       | 43   |       | 50          | PROPERT    | DAMAGE \$                       | 3         |            | COMP / OTC              |   |      | 43    |       |        |         |            |          |          | \$          |  |
| PERSONAL INJURY                      |       | 44   |       |             | \$ 2,500   | PER PERSON                      |           |            |                         |   |      | 46    |       |        |         |            |          |          |             |  |
| PROTECTION                           |       | 46   |       | _           | WAIV       | R OF P.I.P.                     |           |            |                         |   |      | 42    |       | 47     | so      | CL         | FT       | LSP      |             |  |
| ADDITIONAL                           |       | 44   |       |             |            |                                 |           |            | SPECIFIED CAUSES OF     | LOSS  |      | 43    |       |        | F       |            | FTW      |          | \$          |  |
| PERSONAL INJURY PROTECTION           |       | 46   |       | _           | \$         |                                 |           |            | 0,10020 01              | 2000  |      | 46    |       | -      |         |            |          |          |             |  |
| MEDICAL                              |       | 42   |       | 46          |            |                                 |           |            |                         |   |      | 42    |       | 47     |         |            |          |          |             |  |
| PAYMENTS                             |       | 43   |       |             | EACH PER   | ON \$                           | 3         |            | COLLISION               |   |      | 43    |       |        |         |            |          |          | \$          |  |
|                                      |       | 42   |       | 46          | CSL        | BI<br>EA PER \$                 | 3         |            | 1                       |   | 46   |       | -     |        |         |            |          |          |             |  |
| UNINSURED<br>MOTORIST                |       | 43   |       |             | BI EACH A  |                                 | TOWING    |            |                         | 46  |      |       |       |        |         |            |          |          |             |  |
| MOTORIST                             |       | 45   |       | _           | PROPERT    | DAMAGE \$                       | 6         |            | & LABOR                 |   |      |       |       | \$     |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       | TRAIL | LER IN | ITERCH  | ANGE       | E        |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            | COVERAG                 | GES   | SY   | MBOL  | # TR  | AILE   | RS FAR  | ΓΗ<br>E #  | DAYS     | RADIUS   | DEDUCTIBLE  |  |
|                                      |       |      |       |             |            |                                 |           |            | OOMD / OTO              | ,   |      | 48    |       |        |         |            |          |          |             |  |
| NON-TRUCKERS                         |       | YES  | 3     | STATES      | COST OF I  | RE                              | IF ANY BA | SIS        | COMP / OTC              | ,   |      | 49    |       |        |         |            |          |          |             |  |
| HIRED / BORROWED                     |       | NO   |       |             | \$         |                                 | -         |            | SPECIFIED               |   |      | 48    |       |        |         |            |          |          |             |  |
| TRUCKERS                             |       | YES  | 3     | STATES      | COST OF I  | RE                              | IF ANY BA | SIS        | CAUSES OF               | LOSS  |      | 49    |       |        |         |            |          |          |             |  |
| HIRED / BORROWED<br>LIABILITY        |       | NO   |       |             | \$         |                                 | -         |            |                         |   |      | 48    |       |        |         |            |          |          |             |  |
|                                      |       | YES  | 3     | STATES      | GROUP TY   | PE                              | NU        | MBER OF    | COLLISION               |   |      | 49    |       |        |         |            |          |          | \$          |  |
| NON-OWNED                            |       | NO   |       |             | EMPL       | YEES                            |           |            | TRAILER VA              | LUE   | \$   |       |       |        |         | -          |          |          |             |  |
| AUTO<br>LIABILITY                    |       | -    |       |             | VOLU       | ITEERS                          |           |            |                         | STA   | TES  | # [   | DAYS  | 7      | # VEH   |            |          |          |             |  |
|                                      |       |      |       |             | PART       | ERS                             |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| OTHER                                |       |      |       |             | <u> </u>   |                                 | '         |            | HIRED                   |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            | PHYSICAL<br>DAMAGE      |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            | 1                       |   | CO'  | VERAG | E IS: |        |         | PRI        | MARY     | S        | ECONDARY    |  |
|                                      |       |      |       |             |            |                                 |           |            | OTHER                   |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| COVERED AUTO SYN                     | IBOL  | s    |       | (4-         | 4) OWNED A | TOS SUBJECT T                   | O NO-FAUL | T (46) SPE | CIFICALLY DE            | SCRIBE  | D AU | JTOS  |       | (49    | ) YOUR  | TRA        | ILERS II | N THE PO | SSESSION OF |  |
| (41) ANY AUTO<br>(42) OWNED AUTOS    | ONI V | ,    |       | (4          |            | TOS SUBJECT TO<br>ORY UNINSURED |           |            |                         | ED AUTOS ONLY  ANOTHER TRUCKER UNDER A TRA  ILERS IN YOUR POSSESSION UNDER  INTERCHANGE AGREEMENT |      |       |       |        |         |            |          |          |             |  |
| (43) OWNED COMME                     |       |      | ros ( | ONLY        | MOTORIS    |                                 |           |            | RAILER INTER            |   |      |       |       | (50    |         |            |          | OS ONLY  | '           |  |
| ENDORSEMENT                          | S/    | REN  | /IAR  | RKS (ACOR   | D 101, A   | ditional Rem                    | narks Sc  | hedule, ma | y be attac              | hed if  | mo   | re sp | ace   | is re  | quire   | d)         |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
|                                      |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| SIGNATURE                            |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| ANY PERSON WI                        |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| WILLFULLY PRES IN PRISON.            | ENT   | S FA | ALSE  | E INFORMATI | ON IN AN   | PPLICATION F                    | FOR INSU  | RANCE IS G | UILTY OF A              | CRIME   | E AN | D MA  | Y BE  | SUB    | JECT    | ΓOF        | INES A   | ND CO    | IFINEMENT   |  |
| IN FIXISON.                          |       |      |       |             |            |                                 |           |            |                         |   |      |       |       |        |         |            |          |          |             |  |
| IF I HAVE ELECTE                     | D T   | O W  | AIVE  | PERSONAL    | INJURY P   | OTECTION, I H                   | HAVE ALS  | O SIGNED T | HE MARYLA               | AND AL  | JTO  | SUPP  | LEMI  | ENT,   | ACOR    | D 62       | MD.      |          |             |  |
| I UNDERSTAND T<br>RENEWALS, CON      |       |      |       |             |            |                                 |           |            |                         | IY STA  | TE S | SUPPL | EME.  | NT V   | VILL AF | PPLY       | / TO A   | LL FUTU  | RE POLICY   |  |
| APPLICANT'S SIGNATI                  | JRE   |      |       |             |            | DATE                            |           | PRODUCER'S | SIGNATURE               |   |      |       |       |        |         |            | NATION   | AL PROD  | UCER NUMBER |  |

| AGEI | NCY CUSTOMER ID: |          |          |  |
|------|------------------|----------|----------|--|
|      |                  | PHYSICA  | L DAMAGE |  |
|      |                  | OOVEDED. |          |  |

| MOTOR CARRIE                                  | MOTOR CARRIER SECTION AGENCY CUSTOMER ID: |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|---|---|----------|-----|----------|---------|------------------|--------------------|--------------------|--------------------|----------|-----------------|----------|-----------------------------|--------|-------|----------------|------------|----------|--------------------------------------|---------|-------|----------|------------------|
| COVERAGES                                     |   |          |     |          | SYMBOLS |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   | 61       |     | 67       |         |                  | CSL                | BI<br>EA           | PER :              | \$       |                 |          | COVERA                      | GES    | Al    | COVE<br>JTO SY | RED<br>MBO | LS       |                                      | LIN     | MITS  |          | DEDUCTIBLE       |
| LIABILITY                                     |   | 62       |     | 68       |         | BIE              | ACH AC             | CIDENT             | ;                  | \$       |                 |          |                             |        |       | 62             |            | 67       |                                      |         |       |          |                  |
|   |   | 63       |     | 71       |         | PRO              | PERTY              | DAMAG              | E :                | \$       |                 |          | COMP / OTO                  | 3      |       | 63             |            | 68       |                                      |         |       |          | \$               |
|   |   | 64       |     |          |         | 1.0              | F00                | PER PE             |                    |          |                 |          |                             |        |       | 64             | _          | 07       |                                      |         |       |          |                  |
| PERSONAL INJURY                               |   | 65<br>67 |     |          |         | \$ 2             | l                  | PER PE             |                    |          |                 |          | SPECIFIED                   |        |       | 62<br>63       |            | 67<br>68 | SC                                   | <u></u> | FTW   | LSP      | \$               |
| PROTECTION                                    |   | 0'       |     |          |         |                  | VVAIVE             | IK OI F.I          | .r.                |          |                 |          | CAUSES OF                   | LOSS   |       | 64             |            |          | '                                    |         | ]     |          | <b>"</b>         |
| ADDITIONAL                                    |   | 65       |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       | 62             |            | 67       |                                      |         |       |          |                  |
| PERSONAL INJURY PROTECTION                    |   | 67       |     |          |         | \$               |                    |                    |                    |          |                 |          | COLLISION                   |        |       | 63             |            | 68       |                                      |         |       |          | \$               |
| TROTEGION                                     | LOTION                                    |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        | 64    |                |            |          |                                      |         |       |          |                  |
| MEDICAL<br>PAYMENTS                           |   | 62       |     | 64       |         | EAC              | H PERS             | SON                | :                  | \$       |                 |          | TOWING<br>& LABOR           |        |       | 63             |            |          | \$                                   |         |       |          |                  |
| PATMENTS                                      |   | 63       |     | 67       |         | +                | 001                | ВІ                 | A PER              | •        |                 |          | & LABUR                     |        |       | 67             | TDAII      | ED IN    | FERCII                               | NOT     |       |          |                  |
| UNINSURED                                     |   | 62       |     | 66<br>67 |         | BLE              | CSL<br>ACH AC      | CIDENT             |                    | \$<br>\$ |                 |          | COVERA                      | GFS    | SYI   | MBOL           |            |          | NTERCHANGE<br>RS FARTH # DAYS RADIUS |         |       |          | DEDUCTIBLE       |
| MOTORIST                                      |   | 64       |     | 7        |         |                  |                    | DAMAG              |                    | \$       |                 |          |                             |        |       | 69             |            |          | ZUN                                  |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          | COMP/OTO                    | 3      |       | 70             |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          | SPECIFIED                   |        |       | 69             |            |          |                                      |         |       |          |                  |
|   |   | 1        |     |          |         |                  |                    |                    |                    |          |                 |          | CAUSES OF                   | LOSS   |       | 70             |            |          |                                      |         |       |          |                  |
| NON-TRUCKERS<br>HIRED / BORROWED              |   | YES      |     | S        | STATES  |                  | ST OF H            | IRE                |                    | _ IF AN  | IY BASIS        |          | COLLISION                   |        |       | 69             |            |          |                                      |         |       |          | \$               |
| TRUCKERS                                      |   | YES      |     |          | STATES  | \$               | ST OF H            | IDE                |                    | IE AN    | IY BASIS        |          | TRAILER VA                  | LUE    | \$    | 70             |            |          |                                      |         |       |          |                  |
| HIRED / BORROWED LIABILITY                    |   | NO       |     |          |         | \$               | 31 01 11           | IIXL               |                    | _ " AN   | II DAGIG        |          |                             |        | ATES  | # D            | AYS        | #        | VEH                                  |         |       |          |                  |
|   |   | YES      | 3   | S        | TATES   | GRO              | OUP TYI            | PE                 |                    |          | NUMBER          | OF       |                             |        |       |                |            |          |                                      |         |       |          |                  |
| NON-OWNED<br>AUTO                             |   | NO       |     |          |         |                  | EMPLO              | OYEES              |                    |          |                 |          | HIRED<br>PHYSICAL           |        |       |                |            |          |                                      |         |       |          |                  |
| LIABILITY                                     |   |          |     |          |         |                  | VOLUI              | NTEERS             |                    |          |                 |          | DAMAGE                      |        |       |                |            |          |                                      |         |       |          |                  |
| OTHER   |   |          |     |          |         |                  | PARTI              | IERS               |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
| OTTLEK  |   |          |     |          |         |                  |                    |                    |                    |          |                 |          | OTHER                       |        | CO    | /ERAG          | E IS:      |          | $\perp$                              | PRIMA   | ARY   | 8        | ECONDARY         |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
| COVERED AUTO SYN                              | IBOL                                      | s        |     |          | (6      |                  | NED C              | OMMERC             | IAL AUT            | OS ONI   | LY              | (67) SPE | CIFICALLY DE                | SCRIBE | ED AU | TOS            |            | (70)     |                                      |         |       |          | SSESSION OF      |
| (61) ANY AUTO<br>(62) OWNED AUTOS             | ONL                                       | 1        |     |          | (6      | 65) OW<br>66) OW | /NED AL<br>/NED AL | JTOS SU<br>JTOS SU | BJECT 1<br>BJECT 1 | TO NO-F  | FAULT<br>OMPUL- |          | ED AUTOS ON<br>ILERS IN YOU |        | SESSI | ON UNI         | DER        |          |                                      |         |       | ER UNDEI | R A TRAILER<br>T |
| (63) OWNED PRIVATE                            |   |          |     |          | Υ.Υ     | SO               | RY UNII            | ISURED             | MOTOR              | IST LAV  | ٧               |          | RAILER INTER                |        |       |                |            | ` '      |                                      |         | ) AUT | OS ONLY  |                  |
| ENDORSEMENT                                   | S/  | REN      | IΑ  | RKS      | (ACOF   | RD 10            | )1, Ad             | dition             | al Ren             | narks    | Schedu          | ule, ma  | y be attac                  | hed if | mo    | re sp          | ace        | is re    | quire                                | d)      |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
|   |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
| SIGNATURE                                     |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
| ANY PERSON WI<br>WILLFULLY PRES<br>IN PRISON. |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             |        |       |                |            |          |                                      |         |       |          |                  |
| IF I HAVE ELECTE                              | D T                                       | O W      | AIV | /E PE    | RSONAL  | _ INJL           | JRY PF             | OTECT              | ΓΙΟΝ, Ι            | HAVE     | ALSO SI         | GNED TI  | HE MARYLA                   | AND AL | JTO S | SUPPI          | LEME       | ENT, /   | ACOR                                 | D 62 N  | ИD.   |          |                  |
| I UNDERSTAND T<br>RENEWALS, CON               |   |          |     |          |         |                  |                    |                    |                    |          |                 |          |                             | IY STA | TE S  | UPPL           | EME        | NT W     | ILL AF                               | PLY     | TO A  | LL FUTL  | IRE POLICY       |
| APPLICANT'S SIGNAT                            | JRE                                       |          |     |          |         |                  |                    | DAT                | ΓE                 |          | PRO             | DUCER'S  | SIGNATURE                   |        |       |                |            |          |                                      | N.      | ATION | AI PROD  | UCER NUMBER      |