



KANSAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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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 \$			
PERSONAL INJURY PROTECTION	5 7	STATUTORY LIMITS \$	PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
ADDITIONAL P.I.P.	5 7	OPTION 1 \$	COMPREHENSIVE	2 4 8	
		OPTION 2 \$		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COMP \$ SPEC C OF L \$ COLL \$
			COVERAGES IS:		PRIMARY SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46			\$		
	42 47	BI EACH ACCIDENT \$		43 47					
	43 50	PROPERTY DAMAGE \$							
PERSONAL INJURY PROTECTION	44 46	STATUTORY LIMITS \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		\$		
				43 47	F FTW				
ADDITIONAL P.I.P.	44 46	OPTION 1 \$	COLLISION	42 46			\$		
		OPTION 2 \$		43 47					
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46			\$		
	43								
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45		COMPREHENSIVE	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COVERAGES IS:	PRIMARY	SECONDARY		
OTHER			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					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	61 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62 <input type="checkbox"/> 67 <input type="checkbox"/>					
	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>					
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>					
	64 <input type="checkbox"/>								
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/>	STATUTORY LIMITS \$	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				
	67 <input type="checkbox"/>			63 <input type="checkbox"/> 68 <input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> FTW	
ADDITIONAL P.I.P.	65 <input type="checkbox"/>	OPTION 1 \$	COLLISION	62 <input type="checkbox"/> 67 <input type="checkbox"/>					
	67 <input type="checkbox"/>	OPTION 2 \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>					
MEDICAL PAYMENTS	62 <input type="checkbox"/> 64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>					
	63 <input type="checkbox"/> 67 <input type="checkbox"/>			67 <input type="checkbox"/>				\$	
UNINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		COMPREHENSIVE	69 <input type="checkbox"/>					
				70 <input type="checkbox"/>					
			SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>					
				70 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/>					
	NO <input type="checkbox"/>	\$		70 <input type="checkbox"/>					\$
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>	\$							
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE		COVERAGE IS:					
	NO <input type="checkbox"/>	NUMBER OF					PRIMARY	SECONDARY	
		EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER			OTHER						

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. _____
(INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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